



# Ambulatorial report of Brazilian nurses of the National Institute of Cancer: breast cancer women with malignant fungating wounds.

## Authors

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## Introduction

The National Cancer Institute in Brazil includes five hospitals that provide care to people with different types of cancer. In one of the hospitals, lends exclusive service for people affected by breast cancer, with specific nursing consultation directed at women with malignant fungating wounds (MFW). During the consultation, the nurses evaluate the development of the wound, perform topical therapy and guide women on how to proceed to achieve the dressings at home. This outpatient clinic serves about 80 women / month, with a daily average of four patient.

The MFW is complicated wounds arising cancer, from the proliferation of malignant cells that invade and disrupt the skin and expose the tumor. The evolution of these wounds occurs according to the evolution of the disease and often have an unfavorable outcome with bizarre growth, becoming a tumor mass of irregular formation, necrotic tissue, bleeding, exudate, odor, pain and, often, itching in peri-wound skin<sup>1</sup>. These wounds cause intense physical, mental, social and spiritual suffering in the affected people and their families, leading to a drastic worsening of the quality of life<sup>2</sup>. For health professionals, the MFW are little known subject, so that the knowledge about how to care for these patients is still a challenge<sup>3-4</sup>. If on one hand the patients suffer, on the other, health professionals, especially nurses, need more knowledge on the subject.

This study on the perceptions of nurses who provide care to women with MFW arising from breast cancer aims to contribute to the development of best practices in specific nursing care in our country.

## Goals

Know the perceptions of the nurses who come to the topic care of malignant fungating wounds in women affected by breast cancer.

## Methods

Type of study: observational, exploratory and qualitative.

Ethical aspects: research followed the research guidelines in Brazil, Resolution 196/96 of the National Health Council and was approved by the Ethics of the National Cancer Institute Research Committee NHC NCI 132/09.

Sample: The sample included nurses working at the institution (Ambulatory of dressing) according to the following inclusion criteria: work in the specialized institution's clinic, in a period equal to or greater than six months, performing topical therapy in malignant wound in women with breast cancer.

**Data collection:** performed through interviews of nurses, using the focus group strategy - group interview with five or more people is assembled where a moderator discussion guide on issues or topics. The dynamic interaction of the group obtained the informations<sup>5</sup>.

\*For the interview, used a semi-structured in two parts: demographic data (age, gender, training time and length of professional experience) and three guiding questions:

\*Tell me about the experience of performing dressing act in malignant fungating wounds of women affected by breast cancer;

\* What can you say about the malignant fungating wounds?

\* What can you suggest for nursing care practice for these women?

Interviews were conducted in slot reserved for this purpose, in a directors meeting room. Nurses were previously invited to participate in the study and signed informed consent. The meeting was conducted by one of the researchers who initiated the approach to the first guiding question. There was coffee, cookies and cakes and the environment was prepared for nurses to feel free to express their narratives. The meeting lasted two hours and was comfortably and dynamically. The reports were recorded and transcribed, and the search was used to meeting notes to capture feelings and impressions of the participating nurses.

Data analysis: the testimony of the nurses were analyzed using the technique of thematic categorization of the Bardin<sup>6</sup>. The reports were analyzed in three stages: pre-analysis (reading to capture the initial impressions of the material to be analyzed); coding of information by creating categories of themes and final interpretation of the data.

## Results

All nurses working in the unit and who met the inclusion criteria in the study. With an average age of 30, all had lato sensu specialization courses in clinical areas, two of them in oncology and one in stomatherapy. The average time experience was eight years.

Developed four themes, described and exemplified below:

### 1) Outpatient care as sub-specialty of Oncology Nursing

Being nurse oncologist qualifies care, as noted by non oncologists nurses:

"Being a nurse and have specialization in Oncology is very important. We feel the difference. Often, we turn to them [oncologists nurses] to answer questions." (P2)

One of oncology nurses stated:

"You act with greater confidence and understanding assistance to clients when you have this specialty" (P1).

Nurses took up professionally as "outpatient nurses." The mode of outpatient care was identified as a distinct clinical specialty, as exemplified in the report:

"We are different" (P1).

The designation "Nurses Oncologists Outpatients" has no formal recognition in Brazil.

### 2) Entailment in outpatient space

The formation of the bond between nurse and patient as a characteristic associated with the sector's specificity:

"Only clinic that strengthens the bond" (P3).

Another nurse commented on the negative side of the formation of the bond:

"The downside is monitor the worsening of the disease ..." (P5).

### 3) MFW as disfiguration of the body and women's self-esteem, challenging and frustrating care

Nurses recognize the devastating impact of the wound in the body of the woman:

"The woman wound in the breast is like a cut on his face" (P3).

"It's like a monster attached to the body" (P1).

The frustration in caring for these women was revealed as follows:

"It is a wound that destroys self-esteem, secretes others, disfiguring breast. It's frustrating to care." (P5)

The frustration was justified by the fact that the wound does not heal, making constant suffering of women.

"It's frustrating to care. There are patients who note to the extension number of the wound ... it's hard to deal with" (P5).

The risk of bleeding, debridement and odor control were the themes identified as the most difficult in the routine to make of topical therapy. The odor:

"The challenge is to control the odor." (P1).

"The odor: Our !! It bothers the patient and to us. "

Regarding the embarrassment and existential suffering due to the presence of wound nurses indicated the realization of hygienic mastectomy as a matter of little clinical attention:

"... The time to palliare get lost along the way" (P1).

### 4) Suggestions to improve care nursing practice

The suggestions were built from the following questions referred by the nurses:

Professional involvement: "The first thing is like. Otherwise you do not get involved and the thing goes. Have to be involved" (P1)

Professional autonomy "in the clinic, we have autonomy" (P2). "There are issues that are beyond the nurses, then we headed for any other professional who can solve" (P3).

Access to new technologies: "In the clinic, we are always looking for new technologies" (P2).

Encouraging social relationship of patients: "The nurse encourages social relationship, we try to break taboos and encourage coexistence, self-esteem and image. And the work when the customer still exerts his work" (P1).

Therapeutic group as nursing care instrument: "With the completion of therapeutic groups, the woman sitting next to the same" (P1).

Lack of collaboration of the medical staff: "Sometimes the doctor has no idea how is the wound" (P3).

professional stress due to interpersonal relationships: "Lack of complicity of the physician" (P3). "I call, call, call, when there's more, I go there and I try, I try, because the patient must he (the doctor) look at the wound" (P3).

### Suggestions:

- Select nurses who like to watch women with breast cancer in outpatient service areas;
- Encourage social life of patients with MFW through active listening and encouragement;
- Conduct group therapy for patients with MFW;
- Promote autonomy of nurses;
- Promote collaboration between medical professionals and nurses in assisting women affected by MFW resulting from breast cancer.

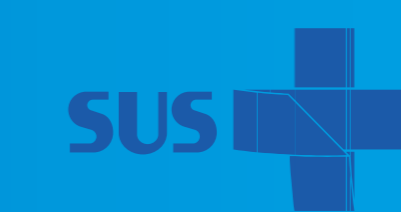
## Conclusion

Nurses who care for women affected by MFW arising from breast cancer consider such a challenging wound care, feeling frustrated by not healing the wound against the unfavorable evolution of the disease. However, build emotional bonds with the patients. To improve care practice suggest promoting greater involvement and professional autonomy; use of early palliative approach, symbolized by the hygiene mastectomy; better relationship promotion with the medical team; and promotion of therapeutic groups

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