



THE ASSISTANCE OF NURSES TO PATIENTS WITH TERMINAL CANCER: INTEGRATIVE REVIEW

A ASSISTÊNCIA DOS ENFERMEIROS AOS PACIENTES COM CÂNCER EM FASE TERMINAL: REVISÃO INTEGRATIVA

LA ASISTENCIA DE ENFERMERÍA A PACIENTES CON CÁNCER EN ETAPA TERMINAL: REVISIÓN INTEGRATIVA

Viviane Brasil Amaral dos Santos Coropes¹, Geilsa Soraia Cavalcanti Valente², Andréa Cristina Fortuna de Oliveira³, Carmen Lucia de Paula⁴, Cláudia Quinto Santos de Souza⁵, Alessandra Conceição Leite Funchal Camacho⁶

ABSTRACT

Objective: to analyze in the scientific literature on the difficulties in the work process of nurses to patients with final stage cancer and to analyze the proposed solutions for the difficulties in the work process of the nurses to the patients with final stage cancer. **Method:** integrative review, with search in the databases BDEF and LILACS, in the time cut from 2010 to 2014. For the analysis of the data, the thematic modality of the Content Analysis proposal was used. **Results:** the development of the nurses' work process, the emotional, psychological and technical lack of preparation in the area of palliative oncology, came from the formation and lack of institutional investment for professionals was observed. **Conclusion:** a change in training is fundamental, providing nurses with a more solid base to work in palliative oncology and institutional interest in training and psychological support to their employees. **Descriptors:** Nursing; Cancer; Terminal Patient.

RESUMO

Objetivo: analisar a literatura científica sobre as dificuldades no processo de trabalho dos enfermeiros aos pacientes com câncer em fase terminal e analisar as propostas de soluções para as dificuldades no processo de trabalho dos enfermeiros aos pacientes com câncer em fase terminal. **Método:** revisão integrativa, com busca nas bases de dados BDEF e LILACS, no recorte temporal de 2010 a 2014. Para a análise dos dados, utilizou-se a modalidade temática da proposta da Análise de Conteúdo. **Resultados:** constatou-se, no desenvolvimento do processo de trabalho dos enfermeiros, o despreparo emocional, psicológico e técnico na área da oncologia paliativa oriundo da formação e da ausência de investimento institucional nos profissionais. **Conclusão:** fundamental uma mudança na formação, proporcionando aos enfermeiros uma base mais sólida para atuarem na oncologia paliativa e interesse institucional na capacitação e apoio psicológico aos seus funcionários. **Descritores:** Enfermagem; Câncer; Paciente Terminal.

RESUMEN

Objetivo: analizar la literatura científica acerca de las dificultades en el proceso de trabajo del personal de enfermería a pacientes con cáncer terminal y analizar propuestas de soluciones a las dificultades en el proceso de trabajo del personal de enfermería a pacientes con cáncer terminal. **Método:** revisión Integrativa, con búsqueda en las bases de datos BDEF y LILACS, en el período de 2010 a 2014. Para el análisis de datos, modo temático fue utilizado la modalidad temática de propuesta de análisis del contenido. **Resultados:** se encontró en el desarrollo del proceso de trabajo de enfermeras, la falta de preparo emocional, psicológico y técnico en el área de Oncología paliativa, de formación y la ausencia de inversión institucional a los profesionales. **Conclusión:** fundamental un cambio en la formación, proporcionando los enfermeros una base más sólida para actuaren en oncología paliativa y de interés institucional en apoyo psicológico y capacitación a sus empleados. **Descritores:** Enfermería; Cáncer; Paciente Terminal.

¹Nurse, Masters in Sciences of Health Care, Ambulatory of Oncological Gynecology, National Cancer Institute (INCA). Rio de Janeiro (RJ), Brazil. E-mail: vivibrasil83@yahoo.com.br; ²Nurse, Lecturer, PhD in Nursing, Department of Basics of Nursing and Administration, Aurora de Afonso Costa School of Nursing, Federal Fluminense University/EEAAC/UFF. Niterói (RJ), Brazil. E-mail: geilsavalente@yahoo.com.br; ³Nurse, Masters in Public Health, Radiology Sector of the National Cancer Institute (INCA) - Rio de Janeiro (RJ), Brazil. E-mail: andrea.oliveira@inca.gov.br; ⁴Nurse, Masters in Nursing, Ambulatory if Oncology of the Cancer Hospital II / INCA - Rio de Janeiro (RJ), Brazil. E-mail: carmenpaula@ymail.com; ⁵Nurse, Masters in Nursing, Manager of Nursing, Outpatient Unit of the Cancer Hospital II / INCA. Rio de Janeiro (RJ), Brazil. E-mail: claudiaquintobr@yahoo.com.br; ⁶Nurse, PhD in Nursing, Assistant Professor, of the Department of Basic Nursing and Administration of the Aurora de Afonso Nursing School - Federal Fluminense University - EEAAC/UFF. Niterói (RJ), Brazil. E-mail: cicacamacho@gmail.com

INTRODUCTION

The urbanization evidenced by the growth of cities, the industrialization of capitalism, and the greater life expectancy of the population, through sophisticated technologies have contributed to the increase in the incidence of chronic degenerative diseases, including, cancer in Brazil.¹

In Brazil, the incidence of cancer grows as in the whole world, parallel to the aging of the population due to the increase in life expectancy. Neoplasia means "new growth" and describes an abnormal tissue mass that expands beyond the tissue boundaries and fails to fulfill the normal function of the cells of that tissue. Neoplasms are characterized by uncontrolled functioning, unregulated division and growth, and abnormal motility. Neoplastic growths are called benign neoplasms or malignant neoplasms¹. There is a breakdown of the regulatory mechanisms of cell multiplication and, without being necessary to the tissue, a cell and its descendants begin to grow and divide in disorder, resulting in the formation of what is called a tumor. It is known that carcinogenesis can start spontaneously or be triggered by the action of chemical, physical or biological carcinogenic agents.¹

Regarding treatment, the results of cancer therapy depend on factors that relate to the individual, the tumor and the health institution that proposes to treat it. As for the resources for the treatment, there is surgery, radiotherapy, iodine therapy, chemotherapy and biological therapy, where they can be used alone or in combination, and, in the case of this study, we are talking about terminal patients who have or have not had some of these treatments and did not respond to the treatments described or did not have the opportunity to start treatment, because of disease progression.¹

It is important to remember that the terminal patient, faced with an incurable disease, goes through five stages or some of them, such as denial, anger, bargaining, depression and acceptance. The nurse practitioner interacts with the individual in these stages. Terminality can be considered, perhaps, as the most difficult phase for the human being, where, in the midst of many technologies, treatments, attempts, certainty of death becomes more and more real in their day to day life.

Even in terminality, these patients have rights guaranteed to them, such as the right to truth, dialogue, autonomy, decision, therapy and benefit. Admitting that the

resources for healing have been exhausted and that the patient is moving towards the end of life does not mean that there is nothing more to be done. On the contrary, it opens up a wide range of behaviors that can be offered to the patient and their relatives.²

Palliative care is a special type of care aimed at providing well-being, comfort and support to patients and their families in the final stages of a terminal illness³. The palliative treatment is multi-professional, and aims to prolong life and not accelerate death: where this understanding of the team is fundamental. To speak of palliative care is to speak of the humanization of care, which is dispensed to patients who are, perhaps, in the worst phase of their existence, because they live not only with a disease in their bodies, but, also with all the symptoms coming from this disease and With the certainty that their death sentence was declared. The goal is to make terminal patients enjoy their days as best they can, pain-free and with their symptoms under control, allowing them to live with more dignity in their homes near those who love them.

In this study, the nursing work process is addressed to patients with end-stage cancer, as a research question: What is published about the difficulties in the nurses' work process to patients with final-stage cancer? As objectives of the study: to analyze the scientific literature on the difficulties in the work process of nurses to patients with final stage cancer and to analyze the proposals of solutions for the difficulties in the work process of the nurses to patients with final stage cancer.

According to the topic addressed in this research, it is extremely important to know the practice of nursing professionals, the demands that arise, the difficulties that emerge, while noting that they receive innumerable influences when dealing with cancer patients in the terminal phase, where, apparently, they wear a mask of indifference, but, in reality disguise the feeling of helplessness and suffering in these situations.

Thus, it is of fundamental importance that nurses know how to perform their actions with a theoretical basis, for a better practical improvement, in the sense of better caring for clients with cancer in the terminal phase. The relevance of the study, therefore, derives from its great value in the area of care, as it forms a theoretical basis for the strengthening of knowledge, as an important and indispensable component in nursing care for terminal patients.

The contribution will be extended to the process of teaching learning, emphasizing the importance of the approach of this subject since graduation. It will contribute to the health professionals who are involved in the care of patients with final stage cancer, enabling the identification of the difficulties and assisting in their resolution.

METHOD

We selected, as a method, one of the resources of evidence-based practice, the integrative review, a specific method that allows a synthesis of already published studies, allowing the generation of new knowledge based on previous research results⁴⁻⁵. Research can be considered a formal procedure, with reflective thought method, that requires a scientific treatment and constitutes the way to know reality or to discover partial truths.⁵

Six stages were carried out: the first one, was the definition of the guiding question of the research; in the second stage, the inclusion and exclusion criteria were delimited; in the third stage, the databases

were chosen and the search of the scientific productions was carried out; in the fourth stage, the analysis of the data was carried out; in the fifth, the discussion of the data and the sixth step, was presented the synthesis of the revision.⁵

The guiding question of the study was: What is published about the difficulties in the work process of nurses to patients with final stage cancer?

A systematized search of articles was carried out, using sources for localization, such as LILACS and BDEF databases and selection and identification of studies. The inclusion criteria used were: studies completed, published in the period from 2010 to 2014 and that address the work process developed by nurses to patients with final stage cancer, and the unfinished studies published outside the time series of 2010 to 2014 and that do not embroider the work process developed by nurses to patients with final-stage cancer, using the descriptors (indexed in Decs): Nursing, Cancer and Terminal Patients, making the path presented by the Flow Chart below.

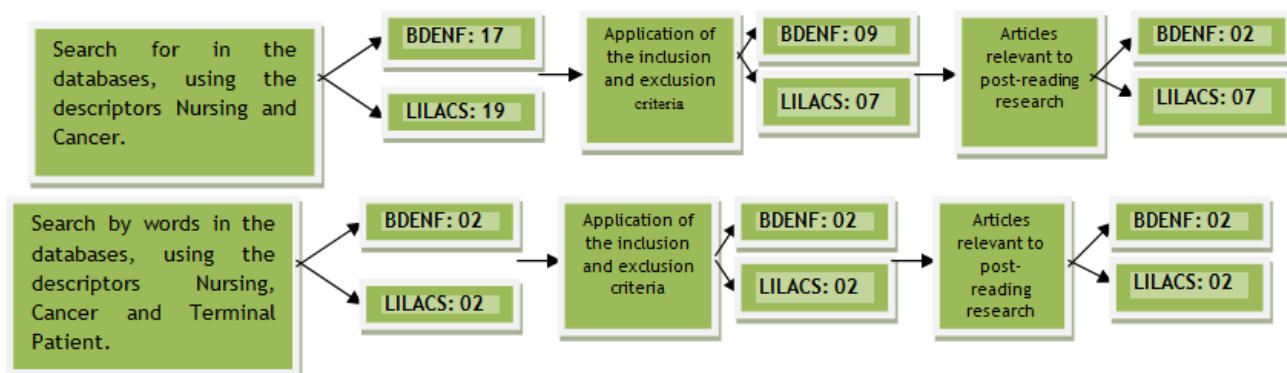


Figure 1. Refining flowchart of the research, prepared by the authors

The data was analyzed according to the thematic modality of the content analysis proposal. This proposal aims to identify the nuclei of meaning that makes up the communication and whose presence or frequency of appearance may have meaning for the issues undergoing treatment.⁶

In the database search, both LILACS, and BDEF, with the descriptors: Nursing, Cancer and Terminal Patient, only two articles were found, as shown in the flowchart above, however, these same articles had already been found in the previous search with the descriptors Nursing and Cancer, therefore, repeated. In this search, two studies are of dissertations, and they will not be used in the present study.

The articles selected by reading the abstracts were organized in a didactic way, according to the creation of a table for later reading. This table, consisting of article

numbering, article title, journal and year, to enable a better understanding of the data obtained.

In addition, a table was created relating the total of articles found using selected descriptors, according to each database used, the number of articles that, fit the inclusion criteria and also the number of articles that after reading their abstracts, were relevant to achieve the research objectives. The creation of the thematic category, allowed to organize all the content, improving its visualization.

Description of the findings in the discussion: according to the category, information offered by the articles found and enumerated was cross-referenced. Therefore, the research period was the second semester of 2014.

RESULTS

After searching the databases, the table below was drawn up, relating the articles selected by reading the abstracts and organized in a didactic way, according to the creation of a matrix, for later reading. This

matrix, consisting of numbering of articles, article title, journal and year, to enable a better understanding of the data obtained and also to achieve the objectives of the research. Nine potential papers were selected for the analysis.

N	Title of the article / Dissertation	Magazine	Ano
01	Nursing care for oncologic patients out of the possibility of cure: perception of a group of professionals	COGITARE NURSING.	2011
02	Close, but distant: the conjugal interaction of fathers and mothers of children with cancer	SCIENCE. CARE. HEALTH	2011
03	Professional practice of nurses caring for cancer patients in general hospitals	BRAZILIAN MAGAZINE OF NURSING	2012
04	Pain in cancer patients undergoing chemotherapy	PAIN MAGAZINE	2012
05	Use of educational technologies with adolescents oncology: A Freirean approach	MAG.RENE	2012
06	Cancer in the family: Perceptions of family members	NURSING MAGAZINE OF UFSM	2012
07	Getting sick from cancer from the perspective of the rural family	NURSING MAGAZINE OF UFSM	2013

Figura 2. Numbering of articles found in scientific journals.

It is worth noting that, of the nine productions relevant to the study, two are master's dissertations from the Federal

University of Rio Grande do Sul - Nursing School, and seven are scientific articles, published in periodicals.

Thematic Category	Subthemes	Numbered Articles	Total
Development of the work process of nurses to patients with end-stage cancer	Difficulties in the work process of nurses	1, 2, 3, 4, 5, 6, 7.	07
	Resolutions for the difficulties in the nurses' work process	1, 2, 3, 4, 5, 6, 7.	07

Figure 3. Distribution of the thematic category found versus subthemes and related articles.

DISCUSSION

◆ Difficulties in the work process of nurses to patients with end-stage cancer

With regard to the difficulties in the nurses' work process, seven authors approach the subject. Faced with such a peculiar area that is oncological nursing, it is noticed that there are gaps in knowledge in this area since the graduation, in which they were not filled. Professionals are leaving their universities with a technical preparation, but, without knowing how to handle the art of dialogue, to communicate, to see the individual as a whole. This care could extend to the relatives of their patients and the environment in which they live.

It is known that professionals are leaving the university without having as priority the question of integrality, being superficial their interaction with the clientele that they are served by them. It should be emphasized that special attention should be given to accessing information, since there is a fragile clientele. Nursing care for the patient who is dying is little or nothing worked during graduation, even though it is inherent in this profession, since we care, educate, welcome, support.

Therefore, it becomes clear and is considered as a difficulty in this area, the scarce baggage of knowledge regarding the complexity of care.⁷

According to the peculiarity of this clientele, it would be fundamental to deepen the subjective issues in the academic environment in order to prepare the future nurses to deal with and better manage the care of this clientele, as they will certainly, be required in their practice.

Nursing must develop strategies for the identification of vulnerabilities of oncology patients, in order to act in the holistic care process of this specific group⁸. It should be considered the context of the practice of caring for the families, their values and habits, that is, nurses must go beyond an already installed routine⁸. They should be prepared to go beyond what is established to them as a nursing professional, to be willing to do something more for terminally ill patients.

In this area of Oncology, nurses are susceptible to caring for a clientele in which many do not like to work, such as in pediatrics, where their clients are children and adolescents. The treatment of the child,

Coropes VBAS, Valente GSC, Oliveira ACF de et al.

The assistance of nurses to patients with...

the adolescent, must be comprehensive not only for physical needs, but also for psychological and social needs⁸. In addition to caring for children and adolescents, their care should extend to the promotion of conjugal interaction, since the family, especially the couples, experience a family maladjustment, where it will directly affect the prognosis and treatment of the child/adolescent.

In view of the above, not only does the child get sick, the family, their social network, also gets sick together, and in this context, the nurse can go further, taking into account the subjectivity and especially the humanization of care. One of the authors⁹ points out, as difficulties in practice, dealing with patients with advanced cancer, as well as their relatives, the sadness of accompanying the death of a child, the shock when faced with deformities arising from cancer.

Mention is made of difficulties in relation to the suffering and feelings expressed by them, such as revolt, death prospect, feeling of impotence, illness, in addition to unfavorable conditions for the nursing practice, lack of employees and organization at work, excessive activities.¹⁰

It is noted that the nurse, in this practice, is overloaded both physically and mentally and emotionally. Another author points out that nurses feel lost, perplexed, tired and frustrated, not being able to deal with the changes that occurred in the cancer patient's cancer process¹¹. Faced with the great difficulty in dealing with this clientele, some are only able to offer physical care and the confrontation occurs with individual strategies as a defense.¹² It is noticed that the emotional side is not much practiced, since there may be a lack of preparation for care both in the professional, and the patient.¹²

According to the World Health Organization, effective palliative care requires a broad multidisciplinary approach that includes the family and makes use of available community resources.¹³

◆ Resolutions for the difficulties in the work process of nurses to patients with final-stage cancer

With regard to this sub-theme, seven authors approach the subject. In the light of all that has already been exposed and of all the problems involved in the care of patients with final-stage cancer, some possible solutions for the improvement of nurses' care are listed.

For one of the authors, academic education is the guiding principle, and considers it

fundamental to include, in the curriculum, disciplines that address palliative care¹⁰. Most undergraduate courses offer the oncology discipline, but it is not compulsory, but, elective or optional. In view of the fact that cancer is a public health problem, and according to its high incidence, it is fundamental to include this discipline as mandatory in the curriculum. Another author emphasizes that it is extremely important to organize and invent a discipline that invests in the subjectivity of individuals and is related to other rationalities, forming a real apparatus that regulates and governs the population, intending to defend life.¹³

For the nursing field, it is important to provoke reflections that may contribute, in some way, to the assistance and teaching¹⁰. It is reaffirmed that the training in the oncology area should promote the specific knowledge and centered on the improvement of the care.¹⁰ Regarding the research area, the involvement of the nurses is important in the research and therapy of chronic pain, which is very effective for the development knowledge for patient care. It is clear that it is imperative to improve the preparation of these professionals who provide assistance to a population that grows rapidly and that increasingly seeks these services for service.¹⁰

Health professionals, especially nurses, must manage health education well, as it is an important strategy in the process of forming behaviors aimed at health promotion.⁹ They should be able to support and encourage the family, to seek mobilization strategies of their own, the possibilities of closer coexistence.

Thus, Nursing must have, as one of the missions, the search for congruence between the caring process and the reality of families, having an open listening; encouraging the participation of all actors in the process, favoring the integral care of the patient. With regard to hospitals and health institutions, it is up to them to promote on-the-job training, with topics related to the practice for a better improvement of their professionals. They should provide a favorable environment, inputs and labor for a better quality of care.

CONCLUSION

In the bibliographical findings related to the identification of difficulties in the work process of nurses to patients with cancer in the terminal phase and the resolution of these, confirms that the nurse is one of the professionals who are closest to these patients and according to the phase of the the disease they are in, works to control the symptoms that arise, to promote the end of life with the

highest possible quality.

It was found that the nurses who deal with this clientele are often affected by questions and feelings like impotence, because, however much they work for patients, it is known that they will not get a cure and they will die.

It has become clear, from the data collected that there is a lack of preparation from the training of the nurse until the moment they act in practice, making it imperative that the faculties incorporate, in their curriculum, disciplines that approach the palliative care with a deepening, that speak of subjectivities, prepare the future nurses in the art of communication, information, health education, in short, training their students for a practice that is not easy.

It is extremely important that the nurse professional can identify patients' vulnerabilities, taking their entire history into account, taking holistic care. It is perceived that in practice, there is a dichotomy in providing physical and emotional care, psychological care. This fact also reveals a personal, and professional lack of preparation.

It is therefore concluded that it is not easy to deal with death and this clientele. According to the authors, there is a need for better preparedness and psychological support for professionals who deal with the death/dying process of their patients¹⁴. The professionals themselves are affected psychologically and emotionally and the research affirms the fact, it is up to the health institutions to promote more capacities, to look different for the subjectivity of their professionals, providing a psychological support so that they diminish damages in the own mental health and, consequently, will cause in a more structured and robust care for the patients being treated.

REFERENCES

1. Instituto Nacional do Câncer. Ações de enfermagem para o controle do câncer [Internet]. Rio de Janeiro: INCA; 2008 [cited 2013 Aug 28]. Available from: <http://www.inca.gov.br/enfermagem/>
2. Silva FL. Direitos e deveres do paciente terminal. Rev Bioética [Internet]. 2009 [cited 2014 Dec 15];2(1):[about 5 p.]. Available from: http://revistabioetica.cfm.org.br/index.php/revista_bioetica/article/view/492/309
3. Melnik BM, Fineout-Overholt E. Making the case for evidence- based practice. In: Melnik BM, Fineout-Overholt E. Evidence-

based practice in nursing & healthcare: a guide to best practice. Lippincot Williams & Wilkins; 2005.

4. Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. Texto contexto-enferm [Internet]. 2008 Oct/Dec [cited 2014 Mar 04];17(4):758-64. Available from: <http://www.scielo.br/pdf/tce/v17n4/18.pdf>
5. Bardin L. Análise de conteúdo. 3th ed. Lisboa: Edições 70; 2008.
6. Pinto MH, Cruz MF, Cesarino CB, Pereira APS, Ribeiro RCHM, Beccaria LM. O cuidado de enfermagem ao paciente oncológico fora de possibilidade de cura: percepção de um grupo de profissionais. Cogitare enferm [Internet]. 2011 Oct/Dec [cited 2014 May 05];16(4):647-53. Available from: <http://revistas.ufpr.br/cogitare/article/view/25433/17052>
7. Silva FM, Nascimento LC. Próximos, porém distantes: A interação conjugal de pais e mães de crianças com câncer. Cienc Cuid Saude [Internet]. 2011 Jan/Mar [cited 2014 May 15];10(1):191-6. Available from: <http://periodicos.uem.br/ojs/index.php/CienCuidSaude/article/view/7867/pdf>
8. Moreira CB, Mendes IC, Bernardo EBR, Bezerra KC, Magalhães NAL, Pinheiro PNC. Utilização de tecnologias educativas com adolescentes oncológicos: Uma abordagem freireana. Rev Rene [Internet]. 2012 [cited 2014 June 10];13(2):463-9. Available from: <http://www.revistarene.ufc.br/revista/index.php/revista/article/view/230/pdf>
9. Visoná F, Prevedello M, Souza EN. Câncer na família: percepção de familiares. Rev Enferm UFSM [Internet]. 2012 Jan/Apr [cited 2014 May 10];2(1):145-55. Available from: <https://periodicos.ufsm.br/reufsm/article/viewFile/3943/3148>
10. Rossato K, Girardon-Perlini NMO, Mistura C, Van der Sand ICP, Camponogara S, Roso CC. O adoecer por câncer na perspectiva da família rural. Rev Enferm UFSM [Internet]. 2013 [cited 2014 Dec 10];3(spe):608-17. Available from: <https://periodicos.ufsm.br/index.php/reufsm/article/view/10989/pdf>
11. Silva JT, Matheus MCC, Fustinone SM, Gutiérrez MGR. Prática profissional de enfermeiras que cuidam de pacientes com câncer em hospitais gerais. Rev Bras Enferm [Internet]. 2012 May/June [cited 2014 Dec 15];65(3):460-5. Available from: <http://www.scielo.br/pdf/reben/v65n3/v65n3a10.pdf>
12. World Health Organization. Cancer: palliative care [Internet]. Geneva: WHO; 2014

Coropes VBAS, Valente GSC, Oliveira ACF de et al.

The assistance of nurses to patients with...

[cited 2014 Dec 16]. Available from:

<http://www.who.int/cancer/palliative/en/>

13. Oliveira BLO, Lucena LF, Spezani RS. Percepções das mães enfermeiras e técnicas de enfermagem frente ao processo morte/morrer em Onco-Hematologia Pediátrica. Rev Enferm UFPE [Internet]. 2013 Aug [cited 2016 May 15];7(8):5165-75. Available from:

http://www.revista.ufpe.br/revistaenfermage/index.php/revista/article/viewFile/4646/pdf_3186

14. Costa AIS, Chaves MD. Dor em pacientes oncológicos sob tratamento quimioterápico. Rev Dor [Internet]. 2012 Jan/Mar [cited 2014 Dec 16];3(1):45-9. Available from: <http://www.scielo.br/pdf/rdor/v13n1/a08v13n1.pdf>

Submission: 2015/04/19

Accepted: 2016/11/10

Publishing: 2016/12/15

Corresponding Address

Viviane Brasil Amaral dos Santos Coropes
Rua Dr. Cláudio Bardy, 48
Bairro Taquara
CEP 22725-20 – Rio de Janeiro (RJ), Brazil