

## KNOWING THE VISION OF NURSING STAFF ON THE PALLIATIVE CARE TO ONCOLOGICAL PATIENTS

*Conhecendo a visão da equipe de enfermagem diante os cuidados paliativos ao paciente oncológico*

Renê Ferreira Da Silva Junior<sup>1</sup>  
Clarissa Andrade Guimarães<sup>2</sup>  
Graciele Aparecida Santos Rodrigues<sup>2</sup>  
Claudiana Donato Bauman<sup>1</sup>  
Sabrina Gonçalves Silva Pereira<sup>2</sup>  
Daniela Alves Flecha<sup>3</sup>  
Henrique Andrade Barbosa<sup>1</sup>

**Abstract: Objective:** to understand the vision of nursing staff on palliative care provided to cancer patients. **Methodology:** this study is an integral part of the umbrella project titled (Con) living with cancer, of qualitative approach, using the principles of the theory of symbolic interactionism as conceptual, technical support with the technique of applying a semi-structured interview in Hospital Foundation Isiaka Godinho de Tables located in the municipality of Montes Claros, Minas Gerais developed with professionals of the Oncology team institution the design of this study has been approved by the Research Ethics Committee of the SOEBRAS, with opinion approving paragraph embodied. 633,361 of 24/04/2014. **Results and discussion:** three central categories were elaborated that deal around the study phenomenon, the meaning, the experiences and relationships, represent the interaction of nursing staff with the symbolism brought by palliative care. **Final thoughts:** for the team of nursing palliative care represent a process of life, which requires these professionals care, zeal and empathy.

**Keywords:** Palliative care; Cancer. Nursing staff.

---

Corresponding author: Renê Ferreira Da Silva Junior.  
E-mail: renejunior\_deny@hotmail.com

1 Universidade Estadual de Montes Claros.

2 Faculdades Unidas do Norte de Minas Gerais.

3 Fundação Oswaldo Cruz.

**Resumo: Objetivo:** compreender a visão da equipe de enfermagem diante dos cuidados paliativos prestados aos pacientes oncológicos. **Metodologia:** este estudo é parte integrante do projeto guarda-chuva intitulado (Con)vivendo com o câncer, de abordagem qualitativa, utilizando dos preceitos da teoria do Interacionismo Simbólico como suporte técnico conceitual, com a técnica de aplicação de uma entrevista semiestruturada na Fundação Hospitalar Dilson Godinho de Quadros localizado no município de Montes Claros, Minas Gerais desenvolvido com profissionais da equipe de oncologia da instituição, o projeto deste estudo foi aprovado pelo Comitê de Ética em Pesquisa da SOEBRAS, com parecer consubstanciado de aprovação nº. 633.361 de 24/04/2014. **Resultados e discussão:** foram elaboradas três categorias centrais que versam ao redor do fenômeno estudo, o significado, as experiências e as relações interpessoais, representam a interação da equipe de enfermagem com o simbolismo trazido pelos cuidados paliativos. **Considerações finais:** para a equipe de enfermagem os cuidados paliativos representam um processo da vida, o que exige desses profissionais cuidado, zelo e empatia.

**Palavras-chave:** Cuidados Paliativos; Câncer; Equipe de Enfermagem.

## INTRODUCTION

---

The World Health Organization has established palliative care as being intense and total care and total number of patients whose disease does not respond to treatment. Its primacy is the relief of pain and other symptoms, as well as psychosocial and spiritual problems. The purpose of palliative cares is, therefore, better quality of life and offer better quality of life and more comfortable to the patient's life until his passing (death).<sup>1</sup>

For Nursing, palliative cares are part of everyday practice, and since the beginning of the profession, Florence Nightingale stated that the care is related to the nursing performing. Adding the science and art for the provision of assistance and care to give comfort, support and aid are arguments in nursing until the present days. From birth to diagnosis an advanced oncological disease, the human being needs planned conducts in different moments of life, especially in front of its terminality.<sup>2</sup>

The nursing professionals have a role of great importance in palliative care, with particular responsibility with respect to information, counseling, and education of patients. Through connecting with the same nurses are more suitable for monitoring and evaluating the pain and other symptoms. It is well known that in patients with advanced oncological disease the predominance of pain reaches 90%; the pain is therefore an expression extremely prevalent in terminal patients. The treatment should be a priority and it should be remembered that customers in the palliative care requires attention and special care since they present neurological disorders, or are elderly and other times they do not know how to mention

the correct way of the disease symptoms. It is essential that the health professionals involved in the care of oncological disease constitute a genuine multidisciplinary team and that have conditions to assess the ability of the patient to decide on all matters involving their disease, treatment and prognosis.<sup>3</sup>

Providing palliative care in nursing is to experience and share moments of love and compassion, discovering with patients and family members that you can die with dignity. As such it is a right, favoring the certainty that they are not alone at the time of death; offer comprehensive care and humanized care, associated with control of events and pain; especially elucidate the society that it is possible to die without fear or pain.<sup>2</sup> Thus, this study aims to understand the vision of the nursing team in the face of palliative care provided to cancer patients.

## METHODOLOGY

---

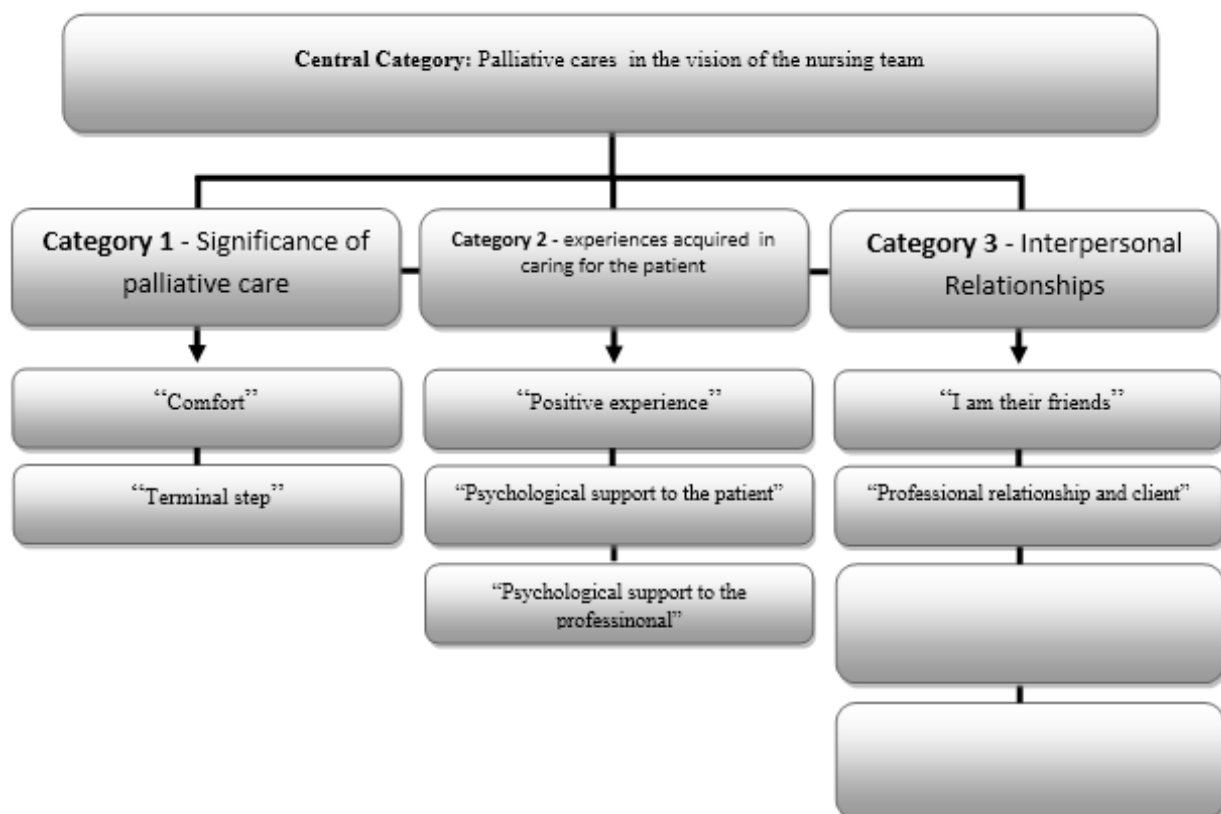
This study is part of the project umbrella titled (con)living with cancer, a qualitative approach, using the precepts of the theory of Symbolic Interactionism as conceptual technical support, with the technique of application of a structured interview in the context of the Hospital Foundation Dilson Godinho de Quadros located in the municipality of Montes Claros, Minas Gerais. In general, it can be said that the Symbolic Interactionism as a theoretical perspective that promotes the understanding of how individuals interpret the objects and the other people with whom they get involved and how this process of interpretation involves the individual behavior in specific occasions.<sup>4</sup>

Interviews were performed with the professional nursing team, the exclusion criterion was for professionals who were not present on the day of the interview. The researchers came into contact with the supervision of the Hospital Foundation Dilson Godinho de Quadros for confirmation of the authorisation of research. It was used, as an instrument of data collection a semistructure script with three questions: 1) What does it mean palliative cares of nursing team? 2) What is your experience, as nursing professional, in taking care of a person with terminal disease as cancer? 3) What is your relationship, as a nursing team, with the oncologic patient? The professionals were approached in their working environment, where the goals were explained the research objectives and the request for signing the Informed Consent Form. The design of this study was approved by the Research Ethics Committee of SOEBRAS, with opinion embodied of approval no. 633.361 de 24/04/2014.

The professionals were identified by the letter E, and properly numbered in accordance with

the order of interviews, to ensure the anonymity of the participants. After data collection, the statements were transcribed in full and then cutouts were made that responded to the objectives proposed by the study, determining the formation of thematic categories, from the thematic content analysis based on the assumptions of the organization, coding, categorization. The review recommends the following steps, namely. Pre-analysis: transcribing of the interviews, in full, detailed reading and in depth, aiming at apprehension of how the family lives this experience; Systematization of data: subsequent readings are made in order to explore the material through the processes of disintegration and family reunification.. As a result, the data, which were already initially separated by the themes, receive a new reading, whose process of reflection and analysis of the results produces the interpretation of the same. The methodological framework is the Thematic Content Analysis based on the assumptions of organization, codification, categorization and inference.<sup>5</sup>

**Figure 1 - Conceptual categories and subcategories of meaning of palliative care in the vision of the nursing team**



## RESULTS AND DISCUSSION

11 professionals were interviewed from the nursing team with ages between 21 and 44 years of age, the majority of brown color, marital status Single, nursing technicians, with an income of a minimum wage and Catholic. Regarding the procedence, all of them reside in the northern region of Minas. As to the time of work in the area, it ranges from two months to five years.

### CATEGORY 1 - Meaning of Palliative Cares

#### Subcategory A - "Comfort".

In palliative care, it is sought to provide a humanized support that is capable of providing physical comfort, psycho-affective and social and even spiritual support with the sick person<sup>3</sup>

E1 "For me are cares that will give greater comfort for the patient."

E10 "(...) a kind of care provided in order to give dignity and a better comfort".

This understanding will meet the philosophy of palliative care that proposes to offer the comfort and relief needed to minimize the suffering and pain of the patient, giving, therefore, quality of life essential component to maintain the dignity in human finitude.

E3 "(...) These are cares which will make him to feel comfortable."

E11 "(...) it provides better quality for the patient in a pain moment and comfort, not only coming from the nursing team but also the personal side."

The purpose of palliative cares is, therefore, better quality of life and offer better quality of life and more comfort to the patient's life until his

passing (death).<sup>1</sup>

#### Subcategory B - "Terminal stage".

In the terminal phase, in which the patient has little time of life, palliative care is imposed, through its procedures, ensuring quality of life, being offered to patients beyond the therapeutic possibilities.

E2 "(...) just to patients who do not have more resolution of cancer."

E4 "It is the care with the patient already in the terminal stage and there is nothing else to do, has already undergone chemotherapy, radiotherapy."

The importance of palliative care directed to the patient in the completion of life, especially the oncologic one because these cares provide a differentiated approach to pharmacological treatment or non- pharmacological treatment that has as main objective the promotion of humanized care.<sup>6</sup>

E7 "(...) when the patient is admitted to hospital, he or she goes there to have a clinical support and take medications for pain."

E9 "(...) it is that care that you have with the patient to pain, to give medication."

In this sense, the nurse is the health professional who stays more time next to the patient; thus, has responsibilities in the management of pain, providing relief of suffering and improving quality of life.<sup>7</sup>

### Category 2 - Experiences acquired when taking care of oncologic patients

#### Subcategory A- "Positive experience"

The nursing care is effective, efficient and satisfactory at the moment that relieves pain,

comforts the patient and family, when he she helps the sick person. In the daily routine of nursing work with oncologic patients there are rewarding and positive factors as you see the patient is recovering, having contact with him or her, help him or her understand the disease and guide him or her .<sup>8</sup>

E1 “(...) it is a good experience, we learn a lot.”

E3 “(...) Very positive experience, because all patients that come here we know how to deal with them.”

E10 “Very positive, we learn a lot with the oncologic patient, it a good, very good experience.”

The team feels professionally fulfilled in being able to help the patient overcome a step considered difficult and complex. The feeling of satisfaction in promoting the relief of suffering of another can mean refitting of energies, seeking the point of balance, well-being, healing of the wounds caused by suffering, allowing new confrontations and better performance in their work.

E2 “(...) for me it is a positive experience because I think it gives me more security of what I am going to face.”

E9 “(...) it is a very positive experience. It does not creat fear, but trust.”

### **Subcategory 2B- “Psychological support to the patient”**

The conducts of care included in the humanistic aspect and in palliative therapy go ahead of the performance of certain technical procedures. Certain acts performed in the act of caring, such as a simple listening, touch, affection, makes the patient contemplate small actions and moments Therefore, offering him psychological support and greater quality of time that he or she has left of life.<sup>9</sup>

E3 “(...) many times they need more psychological support than even the menial support.”

E11 “(...) they are patients who depend on us regarding the psychological side and not only on the professional side”.

Worrying about the emotional side is, above all, to act in the interests of improving the quality of life of terminal patients and their families, enabling him or her to monitor and support the pain and anguish and redeem the lives in a context of eminent death.

E2 “(...) you work the psychological three times, yours, the patient’s and the family’s”.

### **Subcategory 2C- “Psychological support to the professional”**

The nursing professionals need to have a suitable psychological preparation for dealing with these situations, especially those who work directly with the patient.

E4 “(...) it is necessary to have a psychological support.”

E5 “(...) we need to to have a psychological support, because it affects our psychological.”

There are people trained for such assistance, even though there is identification with the type of client, the nurse acquires psychological mechanisms of defense before the patient at the end of his or her life.<sup>10</sup>

E4 “(...) We prepare psychologically because we know that it is a patient who is going to die there.”

## **Category 3 - Interpersonal Relationships**

### **Subcategory A- “I am their friends”**

Oncology patients lack of affection and the diligent contact with the nursing team provides sharing of feelings and emotions, which can result in empathy. This proximity is observed, usually,



with patients being treated for a long period, but professionals' attitudes involving affection, respect and receptivity occur regardless of the treatment time. The nursing staff when engaging emotionally with the patient, establishes a real, vital relationship in therapeutics, supplying his or her needs.<sup>11</sup>

E1 "(...) we always make friends in here and whenever I have the opportunity I'll see them out there."

E5 "(...) *We are friends out of hospital.*

E9 "(...) there are moments when we need to be friends, we need to be companion and give advice".

We realized that the relationship established between the nurses and the patient is important for both and is highlighted in this study, as a relationship of friendship, affection and understanding, which facilitates the treatment. In this relationship, the patient feels important, loved and not abandoned. Therefore, this study shows that the relationship nursing/patient goes far beyond the technical care and treats more than the physical condition of the patient.

E6 "the best possible, whatever I can do to help by supporting and getting on his or her side, this is my role."

E8 "(...) we try to calm the person as most as we can and leave the person as happy as possible".

### **Subcategoria B- "Relationship professional-client"**

It is a fact beyond question that any professional action must be based on care and respect to the bioethical principles of beneficence, non-maleficence, patient autonomy and justice; and be consistent in the use of resources in the definition of health care.<sup>12</sup>

E2 "I try to have just the relationship professional -client".

It is a relationship marked by the oscillation between the involvement - you give yourself to people and give your hand - and the being away - the more distant you stay, the less he/she will suffer.

E7 "I try not to have emotional bonds with the patients, but unfortunately there are times that it is not possible. *We create bonds and we walk with their shoes and then we suffer*".

## **FINAL CONSIDERATIONS**

Admitting that just because there is no cure and that the patient is moving to the end of his or her life, does not mean that there is nothing else to do. On the contrary, there are numerous possibilities to be offered to patients and their families, as their autonomy, their choices and desires, that represent the vision of the nursing team who participated in this study.

In this sense, it is necessary to emphasize that nursing professionals inserted into the study showed the appreciation of the humanisation of palliative care and the correlation of that terminal patients should stay close to the family and to receive appropriate treatment and comfort.

It is perceived that care for terminal patients requires much more than the technical-scientific knowledge, it requires an understanding of the background of his or her individuality, from an interpersonal relationship of exploitation of the human person contributing, consequently, with the process of humanization of palliative care.

Work developed with the own authors resources. There are no conflict of interests.

## REFERENCES

1. SANTOS, O. M. Sofrimento e dor em cuidados paliativos: reflexões éticas. *Revista Bioética*, v.19, n.3, p. 683-95, 2011
2. NUNES, M. G. S.; RODRIGUES, B. M. R. D. Tratamento paliativo: perspectiva da família. *Revista de Enfermagem*, Rio de Janeiro, UERJ, v. 20, n. 3, p. 338-343, 2012
3. SALES, C. A. *et al.* O ensino dos cuidados paliativos em um programa de pós-graduação em enfermagem: concepção dos alunos. *Ciência, Cuidado e Saúde*, v.8, p. 97-17, 2009
4. CARVALHO, V. D.; BORGES, L. O.; RÊGO, D. P. Interacionismo simbólico: Origens, Pressupostos e Contribuições aos Estudos em Psicologia Social. *Psicologia Ciência e Profissão*, v. 30, n.1, p. 146-161, 2010
5. BARDIN L. *Análise de conteúdo*. Rio de Janeiro: Edições 70, 2009.
6. SILVA, E.P.; SUDIGURSKY, D. Concepções sobre cuidados paliativos: revisão bibliográfica. *Acta paul enferm*, v. 21, n. 3, p. 504-508, 2008
7. MELO, A. G. C.; CAPONERO, R. O futuro em cuidados paliativos. In: SANTOS, F. S. *Cuidados paliativos: diretrizes, humanização e alívio de sintomas*. São Paulo: Atheneu, 2011.
8. BECK OL. O sofrimento do trabalhador: da banalização à re-significação ética na organização da enfermagem. Florianópolis: UFSC, 2010
9. SILVA, C. A. X. *et al.* Cuidados Paliativos: uma alternativa para os usuários oncológicos fora das possibilidades terapêuticas. *Revista de Pesquisa*, Rio de Janeiro, v. 4, n. 4, p. 2797-04, 2012
10. COSTA, C.J. *et al.* O enfermeiro frente ao paciente fora de possibilidades terapêuticas oncológicas: Uma revisão bibliográfica. *Vita et Sanitas*, Trindade, v. 2, n. 2, 2008
11. LUNARDI-FILHO, W. D. *et al.* Percepções e condutas dos profissionais de enfermagem frente ao processo de morte e morrer. *Texto Contexto Enfermagem*, v. 10, n. 3, p. 60-81, 2010
12. SANTANA, B.C.J. *et al.* Cuidados paliativos aos pacientes terminais: percepção da equipe de enfermagem. *Centro Universitário*, São Camilo, v. 3, n. 1, p. 77-86, 2009