PALLIATIVE CARE: UNDERSTANDING OF THE ASSISTANT NURSES

CUIDADOS PALIATIVOS: COMPRENSÃO DE ENFERMEIROS ASSISTENCIAIS

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ABSTRACT

Objective: to investigate the understanding of nurses about palliative care. Method: exploratory, qualitative, conducted at the University Hospital of João Pessoa/PB/Brazil, with 18. Data were collected with form, analyzed by the Technical Content Analysis after the approval of the Ethics Committee of the Universidade Federal da Paraíba, protocol n. 184/10. Results: three categories emerged: Care provided by a multidisciplinary team, with emphasis on humanization and respect for human dignity, care provided to the patient for the relief of suffering and pain and Comprehensive care aiming at enhancing the quality of life of patients and family. Conclusion: the study suggests evidence that nurses involved in the study recognize the valuation of the multidisciplinary team, led by a look humanized nurse to patient and family under hospice care. It is hoped that the data obtained can support further research on the topic. Descriptors: Palliative Care; Nursing; Terminal Care.

RESUMO

Objetivo: investigar a compreensão de enfermeiros acerca de cuidados paliativos. Método: estudo exploratório, de natureza qualitativa, realizado em um Hospital Universitário, de João Pessoa/PB/Brasil, com 18 enfermeiros. Os dados foram coletados com formulário, analisados pela Técnica de Análise de Conteúdo após a aprovação do Comitê de Ética em Pesquisa da Universidade Federal da Paraíba, protocolo nº 184/10. Resultados: surgiram três categorias: Cuidados prestados por uma equipe multiprofissional, com ênfase na humanização e no respeito à dignidade humana, Cuidados prestados ao paciente para o alívio do sofrimento e da dor e Cuidados integrais que visam a promoção da qualidade de vida do paciente e da família. Conclusão: o estudo possibilitou evidenciar que os enfermeiros envolvidos no estudo reconhecem a valorização da equipe multiprofissional, propiciou ao enfermeiro um olhar humanizado para paciente e família sob cuidados paliativos. Espera-se que os dados obtidos possam subsidiar novas investigações sobre a temática. Descriptors: Cuidados Paliativos; Enfermagem; Assistência Terminal.
Health is part of a complex scenario involving social and technological aspects in the use of science provides increased longevity, excessive fighting and controlling diseases that culminate with a detachment of the phenomenon of death and dying. The insistence of the denial of man's finitude brings the search for new therapeutic treatments that prolong the life of patients with incurable diseases. This behavior prompted the emergence of new forms of care, including the care of hospice. They are active and total care of patients whose disease no longer responds to curative treatment.

The word 'palliative' originates from the Latin 'pallium', meaning cloak, mantle. In the context of palliative care, connotes the idea of cozy protection for the person who is dying (or is facing its finitude process). Palliative care is in charge of the management of patients with diseases in which therapy is not developed further in order to cure and the worsening of the clinical condition, with the purpose of strengthening the patient through the alleviation of pain and suffering, which involves support to families facing the process of terminally ill loved one. However, to achieve such purpose, professionals should promote a guided tour on respect and humanization.

Palliative care is practiced by the multidisciplinary team consisting of health professionals who work together, in order to assist the patient and family, that meets your needs, as provided philosophy of palliative care. Considering Nursing integral part of this team, it is for professional help establish relationship with the patient and family through effective communication, symptom control, measures for relief of suffering and support to families facing the terminal illness of life.

As a member of the health team in palliative care, the nurse plays an essential role, because monitors daily the patient from the moment they accept the diagnosis until the end of the process of finitude, helping it to cope with a reality steeped in pain and fear of a terminal illness. This scenario may be modified or mitigated through the implementation of palliative care in the management of these patients.

Based on such understanding and considering the importance and magnitude of this theme for care practice of professional nursing area and reduced number of publications on the topic said on the national scene, comes our interest in conducting this research, whose guiding principle is the following question: How do nurses understand palliative care? To answer the question proposed, this study aims to investigate how nurses perceive palliative care.

An exploratory study with a qualitative approach, held in Lauro Wanderley University Hospital, Federal University of Paraíba / UFPB, located in the city of João Pessoa / PB / Brazil. The choice of this location to develop the research is justified by the fact that nurses interested in the subject about palliative care.

The study population involved nurses enrolled in the introductory course Multiprofessional Palliative Care, held at the institution selected. To select the sample, we considered the following inclusion criteria: that health professionals are enrolled in that course, were present at the time of data collection and had availability to participate in the study. Thus, participants were 18 nurses.

Data collection occurred in March 2012, on the occasion of the opening of the course. To capture the empirical data, we used a form containing questions relevant to the purpose of the study. Data were analyzed using the technique of analysis conteúdo6 which presupposes the following stages: pre-analysis; material exploration or coding; treatment results, inference and interpretation.

In pre-testing, the preparatory operations were developed for the analysis itself. This phase consists of a selection process or the documents defining the corpus of analysis, formulation of hypotheses and objectives of the analysis, development of indicators that underlie the final interpretation. In the stage of exploration of the material or encoding, the process occurred through which the raw data were systematically processed and aggregated into units, which allowed an accurate description of the characteristics relevant to the content expressed in the text. In the treatment phase, the categories were used as units of analysis and subjected to statistical operations simple or complex, depending on the case, so that the information obtained emphasize allowed. They were then made inferences and interpretations provided the theoretical framework adopted.

It is noteworthy that during the collection...
of empirical data was presented to the participants the Terms of Consent IC, established by Resolution 196/96, which provides guidelines and regulatory standards for research involving humans, explaining the purpose of research, ensuring their anonymity and confidentiality of data confidencials. The project which follows this study was approved by the Research Ethics Committee of the University Hospital Lauro Wanderley (CEP / HULW), registered under the protocol number 184/10. It is worth mentioning that, to ensure the anonymity of study participants, they were coded generically as E1 to E18.

RESULTS AND DISCUSSION

Regarding the characterization of the sample, the study consisted of (18) eighteen nurses, aged (27) twenty-seven to (54) fifty-four years, and (14) fourteen nurses and four (4) nurses. These results show that nursing is a profession still predominantly female, due to a historical construct. According to the Federal Board of Nursing, most nursing workers are female, which is, statistically, 88.02% of nurses, 86.85% and 87.29% of the technical assistants.

Qualitative analysis of the empirical material revealed three categories: Care provided by a multidisciplinary team, with emphasis on humanization and respect for human dignity, care rendered to the patient for the relief of suffering and pain, and Comprehensive care aimed at promoting quality of life of patients and their families, which will be presented below.

♦ Category I - Care provided by a multidisciplinary team with an emphasis on humanization and respect for human dignity

The class I highlighted statements that show the understanding of the participants on humanization in palliative care actions as provided by a multidisciplinary team focused on terminally ill patients, to promote wellness through the minimization of suffering, guaranteeing respect and dignity. This understanding can be glimpsed in the following reports:

- Care provided by a multidisciplinary team that aims to provide the terminally ill patient the less painful a death as possible, [...] (E06)
- Palliative care is the care, assistance, care to be out of therapeutic healing. It is facing the need for careful maintenance of human dignity even in its finitude. (E07)

Palliative care: understanding of...

[…] The patient should be entitled to the care of the surgical team, be treated with respect and humanization […] (E17)

Care are to be provided by the whole multidisciplinary team in considering the health conditions of the patient who does not respond to therapies used. (E18)

Care to bring well-being and comfort to our customer […] (E12)

Are caring for people with diseases […] incurable who need an ultimate comfort at that time to reduce suffering physically, psychologically, socially and spiritually. (E02)

Based on these statements, one realizes the importance given by nurses to the multidisciplinary team in the context of palliative care. They reported that this team is able to provide the patient with terminal a less painful death through practices based on respect and humanization. Importantly, to assist a person in later life, it is necessary to know who her and her family, what are their capabilities, needs and limitations, because palliative care involve interactive actions, based on knowledge and respect for values of the patient and his family, through a dynamic relationship, in which the care covers a humanistic vision.

Saunders points out that the multidisciplinary approach is a significant factor for the promotion of palliative care to terminally ill being. So should happen through a change of attitudes and education of all professionals involved. This requires a commitment of human whole team (with specific skills, but in tune with each other). Thus, this patient may receive dignified care and humane.

Humanize, from the perspective of palliative care is to appreciate the careful technical and scientific dimensions, recognize the rights of the patient, their individuality, their dignity and their subjectivity. Furthermore, we need to value it as a human being, and this presupposes a relationship between practitioner and patient. Humanization in this context requires a discernment you care to face increasingly common situations in patient care terminal, a posture of commitment, love, perseverance and, above all, a human detachment almost supernatural in the exercise of knowledge / act. Affection, attention, respect and donation are some of the many ingredients that alleviate pain and nurture not only the physical, but mainly the people within.

It is worth mentioning that, lately, there is much emphasis on the multifaceted aspect of humanized care and interdisciplinary
Palliative care, which aims to establish measures of improvement and specification (supportive measures for the relief of pain and suffering, among others, to meet the needs of comfort, well-being and quality of life) through the rethinking of practices and theories.

A study highlights that the services offered by interdisciplinary teams, the patient is most welcomed, has access to professional assistance is the most effective, and it feels more supported in their needs. Other research highlights the interdisciplinary teamwork is a fundamental property in palliative care. To become effective, this activity must occur with the recognition of the characteristics of the performance of each professional team. However, it must be established between the different disciplines a link so that they modify each other and start to depend on each other, creating new concepts and different perspectives in the search for solutions to a problem. Thus, interdisciplinary and multidisciplinary approach is important for palliative care, since they emphasize that no professional acts so lonely can cover all aspects involved in caring for patients not amenable to cure, what does highlight the significance of the work in team, which promotes a synergy of skills to promote human assistance.

Palliative care adopts a humane and comprehensive approach to assist patients and it reduces symptoms and improves their quality of life. This requires a multidisciplinary team able to understand all the physical, psychological and spiritual gifts in these situations where the end of life approaches.

♦ Category II - Comprehensive care provided to the patient for the relief of suffering and pain

The nurses participating in this study believe that palliative care aimed at alleviating the suffering and pain of the patient, as evidenced by the excerpts listed below:

- It is one that lends itself to careful patient seeking relief from their suffering. [...] (E16)
- Patient care seriously ill or terminally ill care where these [...] absence of pain and humanized care. (E13)
- Hospice are actions that provide [...] improvement in pain [...]. (E03)
- Palliative care is care provided to patients without any chance of healing through therapies and techniques applied in order to ease the pain when cure is no longer possible. (E05)
- Hospice are actions for patients with advanced disease without therapeutic possibilities of healing in order to meet their physical, psychological, social, emotional and spiritual, providing [...] improvement in pain [...]. (E08)

Care and are intended for patients who are in the terminal phase of life, whether or not due to diseases, and alleviate the pain [...]. (E14)

In these reports, survey participants expressed that palliative care is offered to patients with the main objective of alleviating their suffering and pain, the everyday people facing an incurable disease and the proximity of death, the turn away from your world, their families, their lives.

Suffering exposes the person to take her own fragility and autonomy and individuality, which is why your life tends to suffer life changes and need adequate information to know the reality and decide what you want. The fact always being informed the patient about their condition and soothes anxiety reduces vulnerability. Such an approach leads to a behavior of respect for the person in your individuality and encourages the patient without therapeutic possibility of healing and willingness to take decisions.

The suffering is inherent to human beings, so take care of patients with progressive diseases and no possibility of healing often means dealing with symptoms associated with suffering, which highlights the pain.

It is important to remember that a person who finds himself with an incurable disease suffers, constrained by dependency and anguished by the lack of the most basic functions. Contributing to rescue her dignity is worth mentioning that besides the physical pain, the other severely ill patients experience pain much more complex and profound that refer to the meaning of life and death, that Sanders defined as total pain. It is [...] a complex set of physical, emotional, social and spiritual". The author believes that the painful experience experienced by the patient care demands that transcend the physical body and see the man as a complex being, broad subjective dimension it represents and which falls within the context of relationships.

Pain control is an individual right and a
duty of professionals, who must develop strategies to reduce the suffering caused by this one.17 These strategies will result in a more gentle and soft, delicate and arduous situation, the process of death. Therefore, the physical pain should not be addressed in isolation and can not be ignored.

It is necessary to note that one of the fundamental principles of palliative care is to promote pain relief. Therefore, it is undeniable the importance of palliative sedation to relieve the pain and suffering of the terminally ill patient of. However, one study notes that, to provide palliative care to patients under a care effective for the control of physical pain, is necessary before the drug administration, the realization of pain assessment, which must be recognized by health professionals as an activity in your care imperative atuação.18 Other research also highlights that physical pain poorly controlled, and impact the physical sphere, affect the other components (psychological, social and spiritual) for the individual patient, for the family and for Health professionals.17

In this sense, the discourse of professional research participants also mentioned the importance of death less painful and humanized care. On that point, a study claims that provide nursing care with dignity and respect is to provide a good death and a terminally ill with minimal suffering and pain.19

Pain assessment, especially by the nurse, as a member of the palliative care team, is the crucial point for the planning of care. And as the pain has its own characteristics (subjectivity, complexity and individuality) and is a unique experience for each individual, nurses need educational support, tools and expertise that help its proper management for the ailing patient to experience this process of finitude best way possible.

♦ Category III-Comprehensive care aimed at enhancing the quality of life of patients and their families

In this category, nurses express their understanding of palliative care with an emphasis on enhancing the quality of life for patients with incurable and terminal illness, extended family, as shown by the following excerpts from the reports:

 [...] Watching, watching the terminally ill, [...], let him have [...] quality of life. (E9)

Are maintained to provide a quality of life that still near death for both the patient and the family [...]. (E11)
past life and adjusting to a new reality, and it triggers a process of reorganization in its structure, roles and affective relationships.\textsuperscript{24}

It is worth noting that the family is the social, is the beginning of the formation of each and the main and most important reference to adulthood. She will remain present and engaged until the end of life. And when it comes to patients who are experiencing the process of finitude, family members have special needs and have high rates of stress, anxiety and mood disorders during follow-up admission that commonly persists after the death of their loved one.\textsuperscript{25}

For Palliative Medicine, the family is a major focus of attention. Therefore, the exchange of information between family and healthcare team should be facilitated and encouraged, in order to conduct a comprehensive care and promote quality of life for all involved. Thus, the purpose of care aimed at relieving family implies, help welcome and support during the course of the disease and even death in the process of their loved one.

It should be noted that one of the major goals of palliative care is to make the patient has a good quality of life in the days you have left to live and not only chances of living longer. This represents a major challenge for the palliative team, in particular, for nurses, for being the healthcare professional and more present in this situation because the goal of curing gives rise to the abilities of care in order to promote comfort, dignity and support people involved in the binomial patient / family.\textsuperscript{26}

Before the considerations above, the nurses involved in the study recognize the value of good quality of life, mentioned in category three, for the palliative care patient and his family.

**CONCLUSION**

Palliative care presents itself as a great challenge and inciting regarding the consolidation of its application in the care of patients with incurable and terminal diseases. Its formula, as shown in the statements of professional participants, minimizes pain and suffering - whether physical, psychological or spiritual - of patients, by operating a multidisciplinary team, which highlights the role of nursing.

As stressed by the study nurses, palliative care, and modify the current management of patients who experience terminality, can help them to cope imminent end of life and your entire hard journey, which culminates in the death and their painful grief. From this perspective, from the reports obtained in this study, one notices that the deponents greatly appreciate palliative care, because they understand that, through them, you can provide a less painful evolution and improved quality of life and comfort for patients and their family.

Based on the analysis of statements obtained in the present study, we determined the relevance of the research topic and the need to broaden the knowledge regarding palliative care, so that the entire nursing and multidisciplinary health care team to take ownership of this rich and transformative form of therapy, as construct a humanized care to patients and family care-thirsty.

**REFERENCES**


Lopes MEL, Fernandes MA, Platel ICS et al. Palliative care: understanding of...

Mar [cited June 11];18(3):677 - 90. Available from:
