



PROFILE OF PROFESSIONALS OF A PALLIATIVE CARE UNIT
PERFIL DOS PROFISSIONAIS DE UMA UNIDADE DE CUIDADOS PALIATIVOS
PERFIL DE LOS PROFESIONALES DE UNA UNIDAD DE CUIDADOS PALIATIVOS

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ABSTRACT

Objective: describing the profile of nursing professionals working in a Palliative Care Unit of a Private Hospital. **Method:** an exploratory, descriptive and cross-sectional study with nursing professionals of the Adult Intensive Care Unit (ICU-A) of Eastern Zone of São Paulo/SP. A questionnaire was applied; then, the data were analyzed by statistics and presented in tables. The research project was approved by the Research Ethics Committee, CAAE: 31803214.0.0000.5597. **Results:** participants were 19 individuals with an average age of 38,11 years old. Of these, 84% were female, acting in nursing for 118,74 months, median performance in CP of 16 months. 63% had no specialized or advanced courses. **Conclusion:** it can be concluded that palliative care is a philosophy, which more than alleviate symptoms, should stop the physical and mental decline, helping the client through psychological, family, spiritual and social support. **Descriptors:** Nursing; Palliative Care; Professional Associations.

RESUMO

Objetivo: descrever o perfil dos profissionais de enfermagem que atuam em uma Unidade de Cuidados Paliativos de um Hospital Privado. **Método:** estudo exploratório, descritivo e transversal com os profissionais de enfermagem da Unidade de Terapia Intensiva Adulto (UTI-A) da Zona Leste de São Paulo/SP. Foi aplicado um questionário, em seguida, os dados foram analisados pela estatística e apresentados em tabelas. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE: 31803214.0.0000.5597. **Resultados:** participaram deste estudo 19 indivíduos com média de idade de 38,11 anos. Desses, 84% eram do sexo feminino, atuação na enfermagem há 118,74 meses, mediana de atuação em CP de 16 meses. 63% não tinham cursos de especialização ou aperfeiçoamento. **Conclusão:** pode se concluir que Cuidados Paliativos é uma filosofia, que mais que atenuar sintomas, deve deter o declínio físico e mental, auxiliar o cliente por meio de suporte psicológico, familiar, espiritual e social. **Descritores:** Enfermagem; Cuidados Paliativos; Associações Profissionais.

RESUMEN

Objetivo: describir el perfil de los profesionales de enfermería que trabajan en la Unidad de Cuidados Paliativos de un Hospital Privado. **Método:** es un estudio exploratorio, descriptivo y transversal con los profesionales de enfermería de la Unidad de Cuidados Intensivos de Adultos (UCI-A) de la Zona Este de São Paulo/SP. Se aplicó un cuestionario; a continuación los datos se analizaron mediante estadística y presentados en tablas. El proyecto de investigación fue aprobado por el Comité de Ética en la Investigación, CAAE: 31803214.0.0000.5597. **Resultados:** los participantes fueron 19 personas con una edad media de 38,11 años. De éstos, el 84% eran mujeres, actuando en enfermería para 118,74 meses, mediana de actuación en CP de 16 meses. El 63% no tenía cursos especializados o avanzados. **Conclusión:** se puede concluir que los cuidados paliativos es una filosofía, que más que aliviar los síntomas, se debe detener el declive físico y mental, ayudando al cliente a través del apoyo psicológico, familiar, espiritual y social. **Descriptor:** Enfermería; Cuidados Paliativos; Asociaciones Profesionales.

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INTRODUCTION

The term "palliative" comes from the Latin "pallium" and has as meaning "cloak". It is used in the sense of protection, comfort and care. How to care aims to relieve the physical symptoms, severe pain and the emotional and spiritual distress in patients with chronic degenerative diseases or in the final stages, visualizing them in their entirety and order, above all, improve the quality of life without action to advance or postpone death.¹

Historically the care model, taught since the first schools of Medicine and other professions; therefore, also of Nursing, are rooted in the prevention, diagnosis, and especially in the effective treatment and cure of diseases which led to questions about how to act before incurable situations in recent years.^{2,3}

Although recent and very discreetly, these concerns did emerge the creation of a new branch of traditional medicine, the Palliative Medicine, responsible for the care of those patients whose current treatment options and consecrated no longer respond. It should highlight the pioneering this area with the founding of Saint Christopher's Hospice in England in the 1970s, by Cicely Saunders formed in the areas of nursing, social work and medicine.^{4,5}

In nursing care practice, the focus of the philosophy of palliative care is not a disease to be controlled, but the patient, understood to be active, with the right to information and full autonomy to make decisions about his treatment, and pursuit of excellence in control of all the symptoms and prevention from suffering.³

Palliative care (CP) today constitutes the fourth guideline established by the World Health Organization (WHO) for the treatment of cancer, after prevention, diagnosis and treatment and, according to McCoughla, one can still add to this definition three indispensable elements: compassion, humility and honesty.^{6,7}

In Brazil, CP is a type of service, a humanizing initiative aims to improve the quality of life of patients and their families through a policy that provides, in its guidelines and targets, qualification and humanization of health care, seeking to ensure the link between user and service, characterized by the host and responsibility of professionals working in teams, ie the

National Humanization Policy of Health Care, of the Ministry of Health.⁸⁻¹⁰

For cultural aspects and/or spiritual, and as stated earlier by the educational model for healthcare schools, which can be seen is a lack of preparation of professionals to deal with death, with regard to CP. The emphasize in technical and scientific training focused on physical signs and symptoms of the client, which stigmatizes palliative care as a science or science of suffering pain, contrary to the holistic care proposal in all cycles of life, providing little or nothing to address emotional, spiritual and social human aspects.¹¹

Notes a need go far beyond merely delay or mitigate symptoms with medications, but stop the physical and mental decline, assist the client to maintain a positive outlook on his life and about his current condition, through to psychological, family, spiritual support and even through alternative therapies.¹²

From these premises, the interest in research came through the experiences in the hospital and educational environment and discussions between the authors about the importance of palliative care have today in the daily lives of nursing, especially nurses, helping them in reasoning critical about the existing palliative techniques and practiced in order to developing a holistic care and covering all basic human needs.

The objective of this research is to describing the profile of nursing professionals working in a Palliative Care Unit of a Private Hospital of the East Zone of São Paulo-SP, relating knowledge and forms of palliation employed.

METHOD

This is a descriptive and exploratory study of cross-sectional cohort. The sample consisted of all nurses who acted and composed the Adult Intensive Care Unit (ICU-A) Palliative of a hospital located in the East Zone of São Paulo-SP, after contact, project presentation and permission from the direction of the institution.

There were scheduled in advance and made two visits per shift (day and night) for a total of four visits to the sector to the questionnaire and follow-up throughout the workday, routines, norms and existing protocols involving nursing staff facing the palliation techniques.

Before the application of pre-designed questionnaire all professionals included in the study read and signed the Informed Consent and Informed (IC) in the presence of one of the researchers responsible. We opted for the questionnaire to be a desirable tool when the purpose is to collect information and there is a finite set of questions to be asked and the researcher may be convinced of the clarity and specificity of the questions.¹³

After reading the responses to the questionnaire it was carried out a categorization of units to assist the quantification of results in Windows Excel spreadsheet software. To characterize the sample there were initially performed descriptive data analysis. Categorical qualitative variables are presented by relative frequencies (percentages). Quantitative variables are presented as average, mean, standard deviation and median with interquartile ranges. Statistical analyzes were performed by R Program version 3.1.0.

The inclusion criteria were professionals who had time of performance higher than three months in the unit and they were not momentarily away from their legally or illegally activities. Exclusion criteria: professionals that were leased or allocated time or temporary basis and occupy

administrative positions (engineers, supervisors and manages nursing).

The study had the research project approved by the Research Ethics Committee of the University Ibirapuera, under the CAAE protocol number: 31803214.0.0000.5597.

RESULTS AND DISCUSSION

Responses were obtained during the month of July 2014, through the delivery of semi-structured questionnaire with questions involving personal data; will be general data (profiles of professionals) and specific (knowledge of palliation and its techniques and also the techniques used in the sector for this purpose).

The study included 19 subjects (n = 19) with an average age of 38,11 ± 7,88 years. Being, that more than half consisted of female subjects (84%). Sample characteristics are presented in Table 1.

Table 1. Characteristics of nursing professionals of a palliative care unit of a private hospital of São Paulo -SP, 2014.

Characteristics	n=19	%
Female	16	84%
Male	3	16%
Married	8	42%
Divorced	3	16%
Single	8	42%
Medium	10	53%
Superior	9	47%

The nursing activity time is of 118,74 ± 97,91 months. The median of operating time of nursing professionals in palliative care of this sample was of 16 (6,5 - 24,0) months.

Considering the professionals who had expertise in Postgraduate level (Latu or

Stricto Sensu) or professional residence for the top-level and advanced courses for mid-level professionals in palliative care the results are shown in Table 2.

Table 2. Training in the area of expertise of the professionals of a palliative care unit of a private hospital of São Paulo -SP, 2014.

Educational courses and/or specific training in palliative care	n=19	%
Yes	4	21%
No	15	79%

When asked about the definition of palliative care and based on the definition proposed by the World Health Organization (WHO), where CP consist of active and comprehensive approach to improve the

quality of life of patients and families, the disease coping already is in a progressive stage, irreversible and not responsive to curative treatment, prioritizing interventions for prevention and relief of

suffering.¹⁴ Responses were grouped as shown in Table 3.

Table 3. Answers about definition of palliative care according to the WHO of working professionals in a palliative care unit of a private hospital of São Paulo -SP, 2014.

Definition of palliative care	n=19	%
Meets	12	63%
Does not meet	5	26%
Meets partially	2	11%

Still based on the WHO assumptions about which patients are indicative for the practice of palliative care, the results of this categorization are shown in Table 4.

Table 4. Answers about the indication of palliative care according to the WHO of professionals of a palliative care unit of a private hospital of São Paulo -SP, 2014.

Patients with indication of CP	n=19	%
Meets	9	47%
Does not meet	4	21%
Meets partially	6	32%

Finally, professionals described nursing care provider in the drive to palliative patients and were analyzed according to the proposal of humanizing and holistic care of Waldow with the expansion of CP proposed by McCoughlan, in which care cannot only be seen as a task to be performed in order to treat or assist in curing a disease and, yes, in a broader sense as a care through the 'relationship with each other, as an expression of interest and affection' guided compassion, and humility in honesty,^{15,7} that were tabulated in Table 5.

Table 5. Care provided by nursing staff of a palliative care unit according to criteria established by Waldow and McCoughlan of a private hospital of São Paulo -SP, 2014.

Role of Nursing in CP	n=19	%
Meets	10	53%
Does not meet	0	0%
Meets partially	9	47%

It must be noted, with notoriety that among the care provided cited, stood out sharply, and was observed by means of visits, the preparation and administration of medication by nurses, especially painkillers. Few actions turned to suppress psychosociospiritual needs.

It is indisputable that pain is one of the more physical symptoms reported by palliative patients and important cause reduction in the individual's quality of life because it affects beyond physical well-being and the emotional, social relationships, family and spiritual and, that within a multidimensional construction is clearly the best understood on behalf of nociception knowledge, sensitivity and central neuropathic component of pain, so the more easily perceived and treated, but we need to break this paradigm, transcend the palliation field.¹⁶

That is, when considering the pain in palliative client in a larger context and not just physical, it is understood that this may involve questions of both biological spheres - comprises aspects of physical pain associated with worsening of disease as an unpleasant experience of an actual or

potential tissue damage, - psychological - understand the feelings of abandonment, fear, distress, spiritual pain, religion, guilt, insecurity in the treatment, the discomfort by change in self-image (disfigurement) the difficulties to have leisure, and the lack of being forgiven or receive forgiveness, - and social - includes family problems economic conditions, relationships, social isolation, environmental change, and the distance from home.¹⁷

An applied study at a university hospital in the state of Rio de Janeiro with palliative care patients revealed that they complained of at least four symptoms. The higher prevalence of pain was, gastrointestinal, psychiatric and respiratory. The pain was present in 82 patients. Eleven of them, but did not complain of pain. Constipation, vomiting, anorexia and nausea were the major complaints within the gastrointestinal symptoms. Among the psychiatric symptoms (64%), the most prevalent were delirium and sleep disturbances. As for respiratory problems 47% of patients presented dyspnea.¹⁸

The therapeutic approach must be multidisciplinary and therefore should

address much broader issues than has been done without; it should include several medical specialties, nurses, psychologists, psychiatrists, nutritionists, physiotherapists, speech therapists, social workers, pharmacists, spiritual counselors and priests. All these professionals are important, since the objective Palliative medicine identify and resolve problems related to the admission, physical, psychological, spiritual or social sphere, through various forms of treatment that not only the drug.¹⁹

The nursing staff that works together with palliative care, especially for cancer patients faces stressful situations that result in exhaustion and difficulties related to care, the gaps in knowledge and technology, which undertake to fully care, including pain management.¹⁹

The nurse, supervisor of the nursing team, is an indispensable professional within any healthcare team and therefore has an essential role to front CP. It is responsible for identifying situations where it is not being respected the bioethical principles and clients' rights and develop the Systematization of Nursing Care, all continuously, humane and safe, but both need to have essential knowledge and innovative in this area.²⁰

Independent It is believed that the approach to be used in palliative care patient, the nurse should stand out as updated and trained professional to promote this care.²¹⁻²

Still, it must be a qualified professional to treat these patients, considering it as a unique complex and multidimensional: biological, emotional, social and spiritual. With the ability to also deal with family and serve as a link between all the other professionals in the search for respecting patient autonomy for making decisions about your care and seek all forms of palliation, within their limitations, possible.^{5,23-4}

CONCLUSION

Palliative care is a "philosophy", a "care mode" and not an omission of treatment and care, as it is thought. It is based on the individual proposed to be carried out by a multidisciplinary team, willing to accept the limits of life, turning to care and not to cure.

That the essence of this philosophy should be guide to the practices, reflections and professional attitudes, coming from the corroborate with the promotion of the person's well-being in the dying process, anchored in the four bioethical principles of princialist model, together with the principles underlying this model of care.

It was noted the need to go beyond merely delay or alleviate symptoms with medications, but stop the physical and mental decline, assisting the client to maintain a positive outlook on his life and about his current condition, through to psychological, family support, spiritual and even through alternative therapies, as well as to seeking professional deepening this theme through specialization and advanced courses.

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