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DEMANDS OF CANCER PATIENTS CARE: PROPOSAL OF INTERVENTION FOR CONVERGENCE AND EDUCATIONAL PRACTICE

DEMANDAS DE CUIDADO DE PACIENTES ONCOLÓGICOS: PROPOSTA DE INTERVENÇÃO PELA CONVERGÊNCIA E PRÁTICA EDUCATIVA

DEMANDAS DE CUIDADO DE PACIENTES ONCOLÓGICOS: PROPUESTA DE INTERVENCIÓN POR LA CONVERGENCIA Y PRÁCTICA EDUCATIVA

Adriane Cristina Bernat Kolankiewicz¹, Marli Maria Loro², Tânia Solange Bosi de Souza Magnago³, Cleci de Lourdes Schmidt Piovesan Rosanelli⁴, Edvane Birelo Lopes De Domenico⁵

ABSTRACT

Objective: to diagnose the reality experienced by cancer patients and health professionals in a municipality in the Mission macro-region of Rio Grande do Sul, from the analysis of the attributes of the Primary Health Care and implement educational intervention, together with the professionals working in the Family Health Strategy. **Method:** it is a quantitative and qualitative study developed in two stages. Stage 1: application of the instrument Primary Care Assessment Tool - Version patients, professionals and managers, and questionnaire of sociodemographic characteristics and clinical conditions. Stage 2: data analysis of phase 1 and the development of educational workshops anchored in methodological theoretical references of the Care Convergent Research. The project was approved by the Research Ethics Committee, Opinion 623.402/2014. **Expected results:** to identify and determine if the teams are guided to the Primary Health investigate the association between the attributes and, from the results, develop educational activities. **Descriptors:** Primary Health Care; Oncology; Education in Health; Patient Care.

RESUMO

Objetivo: diagnosticar a realidade vivenciada pelos pacientes oncológicos e profissionais de saúde de um município da macrorregião missioneira do Estado do Rio Grande do Sul a partir da análise dos atributos da Atenção Primária em Saúde, e implementar intervenção educativa junto aos profissionais atuantes em Estratégia Saúde da Família. **Método:** estudo quanti-qualitativo, desenvolvido em duas etapas. Etapa 1: aplicação do instrumento *Primary Care Assessment Tool* - versão pacientes, profissionais e gestor, e questionário das características sociodemográficas e das condições clínicas; Etapa 2: análise dos dados da etapa 1 e o desenvolvimento de oficinas educativas ancoradas no referencial teórico metodológico da Pesquisa Convergente Assistencial. O projeto foi aprovado pelo Comitê de Ética em Pesquisa, Parecer nº 623.402/2014. **Resultados esperados:** identificar e determinar se as equipes estão orientadas de acordo com a Atenção Primária à Saúde, averiguar a associação entre os atributos e, a partir dos resultados, desenvolver ação educativa pautada nestes. **Descritores:** Atenção Primária À Saúde; Oncologia; Educação em Saúde; Assistência ao Paciente.

RESUMEN

Objetivo: diagnosticar la realidad vivida por los pacientes oncológicos y profesionales de salud de un municipio de la macro-región misionera del Estado de Rio Grande do Sul, a partir del análisis de los atributos de la Atención Primaria en Salud e, implementar intervención educativa, junto a los profesionales actuantes en Estrategia Salud de la Familia. **Método:** estudio cuantitativo y cualitativo, desarrollado en dos etapas. Etapa 1: aplicación del instrumento *Primary Care Assessment Tool* - versión pacientes, profesionales y gestor, y cuestionario de las características sociodemográficas y de las condiciones clínicas. Etapa 2: análisis de los datos de la etapa 1 y el desarrollo de talleres educativos basados en el referencial teórico metodológico de la Investigación Convergente Assistencial. El proyecto fue aprobado por el Comité de Ética en Investigación, Parecer nº 623.402/2014. **Resultados esperados:** identificar y determinar si los equipos están orientados a la Atención Primaria a la Salud averiguar la asociación entre los atributos y, a partir de los resultados, desarrollar acción educativa pautada en estos. **Descriptor:** Atención Primaria a la Salud; Oncología; Educación en Salud; Asistencia al Paciente.

¹Nurse, Ph.D. Professor, Nursing Course, Regional University of Northeastern of Rio Grande do Sul State/UNIJUI. Ijuí (RS), Brazil. E-mail: adri.saudecoletiva@gmail.com; ²Nurse, Ph.D. Professor, Nursing Course, Regional University of Northeastern of Rio Grande do Sul State/UNIJUI. Ijuí (RS), Brazil. E-mail: marli@unijui.edu.br; ³Nurse, Ph.D. Professor, Department of Nursing, Federal University of Santa Maria/UFSM. Santa Maria (RS), Brazil E-mail: tmagnago@terra.com.br; ⁴Nurse, Ph.D. Professor, Nursing Course, Regional University of Northeastern of Rio Grande do Sul State/UNIJUI. Ijuí (RS), Brazil. E-mail: cleci.rosanelli@unijui.edu.br; ⁵Nurse, Ph.D. Professor, Department of Clinical and Surgical Nursing, Paulista Nursing School. São Paulo (SP), Brazil. E-mail: domenico.edvane@unifesp.br

INTRODUCTION

Cancer is a chronic disease currently considered a public health problem by considering several indicators: incidence, prevalence, mortality, hospital costs and consequences to patients as well as professional technical training, and structural and procedural conditions compatible with the demands of health care.

Faced with these aspects, the Ministry of Health (MOH) in Brazil created the National Policy of Oncology Care (PNAO), published in 2005 and repealed in 2013, with the Decree Number 874 establishing the National Policy for the Prevention and Control of Cancer in Health Care Network of People with Chronic Diseases within the Unified Health System (SUS).² The policy was established based on the following principles and guidelines: related to health promotion; the prevention of cancer; surveillance, monitoring and evaluation; comprehensive care; science and technology; the education; and health communication.² Such actions must be conducted in all federal units at the three levels of management, respecting their skills.

The National Policy for the Prevention and Control of Cancer states that the Primary Health Care (APS), including basic units and Family Health Strategy teams (ESF), are developing actions to cancer prevention, early diagnosis, support tumor therapy, palliative care and clinical actions for the follow-up of patients treated.²

In recent years, especially in Brazil, APS is defined as the first level of care within the health system.³ Thus, it is characterized mainly by the continuity and comprehensiveness of care, and the coordination of assistance within the system by the attention focused on the family, guidance and community participation and cultural competence of professionals.³ Also, the four key attributes of primary health care are access to first contact the individual with the health care system, continuity and comprehensiveness of care, and the coordination of care within the system.³

These parameters, a basic service directed to the general population, can be considered a APS provider when it presents the four essential attributes that contribute to the interaction with individuals and the community to also present the derived attributes consisting of family counseling and community.⁴

Corroborating the PNAO, changes in the health care system have taken place in order

to direct individuals affected and or carriers by chronic diseases, hospital care for outpatient or home care, condition blaming both the APS, as family with the individual's care. 5 The family, for financial or family contingency, may not be ready to take over and take responsibility for the care. Invariably, it is necessary to support it and instrumentalize it to the illness condition by cancer.⁶

In this sense, it is up to the team, reflecting on the activities and behaviors taken daily to assess them and make changes from a critical look conducive to good practice in health discussions. It is imperative that staff observe and understand the resulting needs of patients of health services, considering the benefits of the skills of communication and affective relationship between health professionals and patients and family.

Good health practices require a systematic understanding of how the practice is conceived and perceived by health professionals and patients, as well as a critical awareness and the need to undertake best scientific evidence.⁷ Thus, good practices shall be construed as intervention models, requiring different social actors in the process to generate efficient and effective results.

There is still a lack of studies that address the thorough analysis of the assistance provided by the ESF to cancer patients and their families.⁸ Even with a diversity of projects, programs, campaigns, specific strategies or at the national level, there is the fact that the Brazilian population has difficulty in different sizes to meet their demands care in the health-disease.⁹

The practicality condition is complex and difficult to be operationalized educationally, assistentially and administratively having as scenario the reality in health in the country. Even with the establishment of the National Policy for Cancer Prevention and Control preventive actions, screening and treatment of individuals affected by cancer as a chronic disease seem to be in a less privileged position, before the impact and range of actions that other chronic diseases such as hypertension and diabetes mellitus, already acquired in the context of public policies for health.²

By forming more than 100 different diseases with the same designation and the high financial costs giving rise due to the aggregate technological innovation, high hospital costs and outpatient, sophisticated and costly therapies, and the increasing number of patients due to the susceptibility to

diagnosis as the population ages.^{10,11} From health professionals there is individualized care since the numerous side effects related to treatment, and to live with this condition.¹²

The combination of the reported facts about the illness by cancer and the conformation of the care organization in the public area, with the ESF as a resource, this research is to study questions:

- How health professionals working in family health teams include the attributes of primary health care to cancer patients?
- What proposals for innovation or refurbishment can be undertaken in the health team working process from the search of results related to the attributes of APS?

OBJECTIVES

- To diagnose the reality experienced by cancer patients, medical professionals, nurses and Ijuí's manager, from the attributes of primary care by analyzing the data from the instrument Primary Care Assessment Tool (PCATool) - Version patients and professionals.
- To identify the weaknesses in the health team working process from the analysis of the APS attributes.
- To implement educational intervention, with health professionals working in the family health teams of Ijuí, from the demands and identified reality.

METHOD

It is a descriptive study of mixed, quantitative and qualitative nature, which will be developed in two stages. Stage I: Instrument analysis PCATool version patients, professionals and managers. Analyzing data from 268 questionnaires answered by cancer patients, and 15 professionals working in the Family Health Teams, doctors, and nurses, a municipal health manager through the instrument already answered (PCATool). It is noteworthy that the participants answered the following instruments: questionnaire on sociodemographic and economic characteristics such as: age, gender, ethnicity, marital status, family income, dependents of this income and people living in the house.

Questionnaire of clinical conditions: medical diagnosis, tumor site, stage, adjuvant schemes and current neoadjuvant therapy, surgery, presence of clinical artifacts (drains, probes, catheters, cannula, stomata), family history and these data were obtained from patient records.

And PCATool instrument - Brazil Adult version and professional version which is

based on the valuation model of service quality and measurement of aspects of structure, process and outcomes of health services.

Data were entered into the Epi-Info® software, version 6.4, and after evaluation of errors and inconsistencies the data bank was transferred to the Statistics® PASW (Predictive Analytics Software from SPSS Inc., Chicago - USA) 18.0 for windows respectively.

The PCATool shows originally self-administered versions for children (PCATol Child version), adults 18 years (PCATool Adult version), health professionals and also the coordinator/health service manager.¹³ Created by Starfield & Cols in Johns Hopkins Care Policy Center (PCPC), the PCATool measures the presence and extent of four key attributes and the three derived attributes of Validated APS.¹² into Portuguese in population-based research with adults and caregivers in Porto Alegre.⁴

The PCATool was created based on the valuation model of quality service and is based on the measurement aspects of structure, process and outcomes of health services.¹³ Each key attribute identified in PCATool instrument - Brazil is formed by a component related to the structure and another to the care process.

This instrument validated in Brazil for adults over 18 years old (PCATool adult version) is intended to identify aspects of structure and process of services requiring restatement or reformulation in the pursuit of quality both for planning, as for the implementation of APS actions from the perspective of the system's users.⁴

Initially, the descriptive statistics will be used. Quantitative variables will be evaluated by the average and standard deviation if they meet normal, median and interquartile range is not meeting normality. The qualitative variables will be evaluated by absolute frequencies and percentages. Later, bivariate analyzes will be used for verification purposes association between socio-demographic, clinical, and the essential attributes and derivatives of APS.

For data that attended the normal distribution parametric tests can be used: Student t test and ANOVA to data with non-normal distribution, non-parametric tests such as Chi-square test or Fisher's exact test, Mann-Whitney and Kruskal-Wallis. To examine possible relationships between scales and intra-scales the Spearman and Pearson correlation coefficients will be used. The

results will be considered statistically significant if $p < 0.05$.

These analyzes will establish the diagnosis of actions effected by the APS, which will subsidize the planning and execution of Stage 2 of the project on the screen.

Stage 2 is characterized by a study of educational intervention, qualitative, based on methodological theoretical references of Care Convergent Research (PCA), proposed by Trentini and Paim.¹⁴ As basic foundation, there is the relationship between the healthcare or educational practice, in the workplace and investigative art, the results of which should bring contributions that help to qualify this practice.¹⁴ For the above authors, research that proposes an applicability aims to create instruments to operationalize the results. Thus, the PCA is held in conjunction with the actions involving researchers and research subjects in a mutual cooperation perspective.

In this context, this methodological theoretical reference proposes active participation of the subjects involved. Thus, the PCA has the characteristic of eliciting an intentional conjunction with effective practice. From this perspective, identifying how is the cause of the health team implies to understand, beyond concepts, images and imagination present in the thinking process, which directly interfere in knowledge and interpretation of reality. Analyzing professional practice based of the PCA as a method, enable to understand subjective aspects of the subjects involved. And in possession of the first stage of the data will be proposed the holding of educational workshops, which will be planned based on the results of the previous stage.

This methodology aims to understand and explain the dynamics of social relationships. Part of the dialogue with the living, experience, everydayness, as well as understanding of the structures and institutions as a result of objective action. Thus, it involves researchers and research subjects which are of deepening condition of inter-subjective relationship that allows us to understand a reality. Thus, educational workshops will be developed, which will enable the pooling of information and assistance which is closer to reality experienced by the subjects. The technique used is through convergence of groups to reflect the professional do, replace concepts, attitudes and practices.

Open groups will be favored in that PCA allows this flexibility. Also there will be the freedom of individuals to aggregate to the

independent group of their participation both in the previous stage, as well as during the development of the workshops. They will be developed in the Family Health units, more specifically in the meeting room on time and turn to be agreed with the manager, which will last on average 1 hour and 30 minutes.

It is important to highlight that the effectiveness of the workshops will be discussed with the health city manager in order to define days, shifts and strategies to ensure the participation of the subjects.

All health workers will be invited to participate in the second stage of the study, that is from the educational workshops (doctors, nurses, nurse technicians, nutritionists, dentists and community health workers), which are registered to the Municipal Health Secretary in the municipality of Ijuí/RS Brazil. That municipality is located in the northwest of the State of RS and has an estimated population of 82,563 inhabitants in 2014 according to the Brazilian Institute of Geography and Statistics.¹⁵

The inclusion criteria will be integrating units of the family health strategy team - ESF of Social Urban Center 7, ESF of Social Center Urban 8, Pindorama, Thomé de Souza, Herval, Tancredo Neves, Luiz Fogliato, Assis Brazil and Glória for at least six months and be at least 18 years old. Workers that are on sick leave and vacation at the moment of the workshops will be excluded.

Workshop participants will also be asked to answer a self-questionnaire with questions related to academic and occupational sociodemographic profile, that, age, gender, education, professional practice time in public health and the ESF, marital status, participation in continuous learning and/or other professional activity.

The workshops will be recorded on tape audio and later transcribed in full and coordinated and developed by the researchers with the help of scholars and volunteers from December 2015. It should be noted that the scholars will be exploited to participate in educational interventions.

The number of workshops to be held will depend on the screen theme exhaustion. Initially there will be the main outcomes of the diagnosis through an expository presentation and these results will serve as references for discussions in the field, as required by PCA method.¹⁴

The analysis of the proposed information on this methodology are guided by four defined processes: apprehension, synthesis, theorization and recontextualization.¹⁴

Apprehension starts with the collection of information requiring organization and the reports of interviews, observations or triggered actions during the period; Synthesis: part of the analysis that subjectively examine associations and variations of information. The researcher achieves the synthesis when he dominates the subject to be searched, that is, when passed, with detail and depth, the scenario studied in context; Theorization: at this stage the researcher develops a theoretical reference to interpret the data based on the theoretical and objective reasons to the association of the data to be analyzed; Transfer: is to give meaning to the findings, through the results of socialization.

To this end, the analysis and interpretation of findings includes the transcription to enable categorization by content analysis.¹⁶ Thus, the analysis will occur cyclically with the production of information, from the cut and choose content linked to intentionality of each methodological stage of the PCA. The process of inferential analysis and categorization will be endorse in the theoretical and conceptual constructs that guide SUS principles and documents that support the qualified assistance, integrated and humanized Oncology.

The ethical aspects will be observed as required by Resolution 466/2012.¹⁷ and the project was approved by the Research Ethics Committee (CEP) of UNIJUÍ, by number 623,402 / 2014.

EXPECTED RESULTS

Among the expected results of this research the most important are: to identify and determine whether the family health units are or are not guided to the APS, the presence or extent of these attributes indicate quality in health services, lower costs, greater satisfaction and greater equity in perspective of cancer patients and health professionals; to investigate the association between the attributes of the APS, which identifies the effectiveness of care on the health of the community.

A careful evaluation of these initiatives should contribute to the establishment of public policies and reorganization of work processes and there is the possibility of changes in work processes from the discussion of the results from the perspective of workers with the subjects involved in the process.

FINANCING

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Corresponding Address

Adriane Cristina Bernat Kolankiewicz
Rua Tiradentes, 231 / Ap. 804
CEP 98700-000 – Ijuí (RS), Brazil