



PRE-OPERATIVE EDUCATION IN THE PERSPECTIVE OF CANCER PATIENTS O ENSINO PRÉ-OPERATÓRIO NA PERSPECTIVA DE PACIENTES ONCOLÓGICOS LA ENSEÑANZA PREOPERATORIA EN LA PERSPECTIVA DE PACIENTES ONCOLÓGICOS

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ABSTRACT

Objective: to analyze the expectations of cancer patients on the preoperative information provided by health professionals. **Method:** it is an exploratory study of a qualitative approach, performed in a surgical inpatient unit of a university hospital São Paulo, with 16 patients with colorectal cancer (CRC). The production of data was performed by individual interviews, transcribed and analyzed by inductive content analysis. **Results:** with the analysis of the interviews, two themes were established: "Needs and understanding of preoperative information of cancer patients", indicated that demand more clearly specific information; and "Satisfaction and expectations of cancer patients with preoperative teaching", in which the importance of preoperative education in decreased anxiety and bond with the professionals was emphasized, but showing the need for improvements. **Conclusion:** it is necessary strategies to improve understanding and meeting the expectations of this patients. **Descriptors:** Patient Education as Topic; Colorectal Neoplasms; Perioperative Nursing.

RESUMO

Objetivo: analisar as expectativas dos pacientes oncológicos sobre as informações pré-operatórias fornecidas pelos profissionais da saúde. **Método:** estudo exploratório, de abordagem qualitativa, realizado em uma unidade de internação cirúrgica de um hospital universitário paulista, com 16 pacientes com câncer colorretal (CCR). A produção de dados foi realizada por meio de entrevistas individuais, posteriormente transcritas e analisadas por meio de análise de conteúdo indutiva. **Resultados:** com a análise das entrevistas, foram estabelecidos dois temas: "Necessidades e entendimento das informações pré-operatórias do paciente oncológico", que indicou demanda de informações específicas com maior clareza; e "Satisfação e expectativas do paciente oncológico com o ensino pré-operatório", no qual se enfatizou a importância do ensino pré-operatório na diminuição da ansiedade e do estabelecimento de vínculo com os profissionais, mas sinalizou a necessidade de melhorias. **Conclusão:** há necessidade de estratégias para melhorar o entendimento e o atendimento das expectativas desta clientela. **Descritores:** Educação de Pacientes como Assunto; Neoplasias Colorretais; Enfermagem Perioperatória.

RESUMEN

Objetivo: analizar las expectativas de los pacientes oncológicos sobre las informaciones preoperatorias fornecidas por los profesionales de la salud. **Método:** estudio exploratorio, de enfoque cualitativo, realizado en una unidad de internación quirúrgica de un hospital universitario paulista, con 16 pacientes con cáncer colorrectal (CCR). La producción de datos fue realizada por medio de entrevistas individuales, posteriormente transcritas y analizadas por medio de análisis de contenido inductiva. **Resultados:** con el análisis de las entrevistas, fueron establecidos dos temas: "Necesidades y entendimiento de las informaciones preoperatorias del paciente oncológico", que indicó demanda de informaciones específicas con mayor clareza; y "Satisfacción y expectativas del paciente oncológico con la enseñanza preoperatoria", en el cual se enfatizó la importancia de la enseñanza preoperatoria en la disminución de la ansiedad y del establecimiento de vínculo con los profesionales, pero se mostró la necesidad de mejorías. **Conclusión:** hay necesidad de estrategias para mejorar el entendimiento y el atendimento de las expectativas de esta clientela. **Descritores:** Educación de Pacientes como Asunto; Neoplasias Colorrectales; Enfermería Perioperatoria.

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INTRODUCTION

Preoperative nursing care to cancer patients has many challenges, because, besides its psycho-emotional preparing for the surgery and its consequences, it is necessary to approach the care and specialized environments of care, such as operating room and post-anesthesia. The approach of these aspects aims to reduce the stress of anesthetic-surgical process, promoting postoperative recovery, preventing complications and promoting hospital discharge planning, but it also requires a multidisciplinary team to meet the several needs of these patients.¹⁻³

Among the possibilities of perioperative nursing care to cancer patients, preoperative education of patients with colorectal cancer (CRC) for epidemiological and therapeutic importance complexity was chosen to highlight in this study. The CRC is the third type of higher incidence of cancer, which requires treatment such as surgery, cancer chemotherapy, radiotherapy and the use of monoclonal antibodies, isolated or in combination.^{4,5} The preoperative education of patients with CRC and their family requires scientific knowledge and relational skills of health staff to approach the surgery and its consequences, adjuvant treatments, in addition to tracking control, and for that, it is essential to know the perspective of these patients.^{2,3,5,6}

Currently, the health institution where the study was developed, providing preoperative information has been carried out by professionals of the surgical team, nursing, and social work, to approach different aspects related to the specific interventions of training of each professional. However, considering that the preoperative period is too intense for patients, depending on laboratory tests and diagnostics, as well as physical fitness, many of them refer assimilation difficulties of all information provided.⁷⁻⁹

It is important to highlight that the educational practice in health aims at developing individual and collective capacities to improve the quality of life. The patients with CRC are most of the time adults and elderly people, so the education and learning process should consider the specificities and needs of this type of patient, since the motivation to learn is due to the satisfaction of their needs and interests, focused on everyday life situations. Such patients need to be self-directed and analyze the differences in style, time, place and pace of learning, underlying based on Adult Education -

Andragogy.^{1,10,11} Many times, there is a way of information provided about the disease and the treatment, but there was greater dissatisfaction in patients hospitalized with the lack of professional support to difficulties in coping with cancer diagnosis and changes in body image, and little investment in preparing the family for home care.^{5,7-9}

Thus, the questions for this study were: Have the preoperative information provided by health professionals helped patients with CRC? Are all important information for these patients being addressed?

OBJECTIVE

- To analyze the expectations of cancer patients on the preoperative information provided by health professionals.

METHOD

This study was extracted from the final report of the Scientific Initiation Project << Preoperative Nursing care to patients who underwent colorectal surgery >> that sought to deepen the analysis of the experience of adult and elderly patients with CRC on preoperative education, provided by professionals in the surgical team, nursing, and social work.

An exploratory study with a qualitative approach.¹² Data collection was conducted from November 2013 to March 2014 in the surgical admission unit, specializing in Coloproctology, at the Hospital of Ribeirão Preto Medical School, after approval research project at the Research Ethics Committee CEP/EERP1293/2011.

The criteria for selecting participants were: patients older than 18 years old with CRC in postoperative, admitted to the surgical unit, regardless of gender, the level of formal education or origin. The study included 16 patients with CRC, which were identified by a sequential number of interviews as a participant (P) from P1 to P16.

The data collected were sociodemographic and clinical data of patients with CRC and experiences of patients with preoperative education in the surgical inpatient unit, through individual interviews, transcribed by the researchers in Word for Windows. The inductive content analysis was used to interpret the data from the interviews, following the steps of capturing the sense of the data, with reading and rereading of the interviews; identifying an initial set of themes or categories; establishing categories and discussion with scientific literature.¹² Also, they were complemented by field notes,

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which consisted of descriptive comments, assisting in the interpretation of data, subsidized by the assumptions of andragogy.¹⁰

With the analysis of data, two themes were built: “Needs and understanding of preoperative information of cancer patients” and “Satisfaction and expectations of cancer patients with preoperative education”.

RESULTS

The study included 16 patients with CRC, seven (43.7%) were women and nine (56.3%) were men, with an average age of 57.75 years old. Of this total, 12 (75.0%) were from the interior of São Paulo, two (12.5%) were from the State of Minas Gerais and two (12.5%) from Ribeirão Preto city.

Regarding the number of years of study, there were one (6.2%) participant with no formal study, five (31.3%) participants with 1-4 years of study, five (31.3%) participants with 5-8 years of study, four (25%) with 9-11 years of study and one (6.2%) participant over 12 years of study. Of the total, 12 (75.0%) patients were married, three (18.8%) divorced and one (6.2%) widowed, and 11 (68.8%) participants had an income up to two minimum wages (MW); 4 (25%) from 3 to 5 MW and one (6.2%) had 6 MW.

The Catholic religion was mentioned by eight (50.0%) participants, Evangelical by five (31.3%), Buddhist by one (6.2%) and two (12.5%) reported not professing any religion.

Of the total, 15 (93.8%) patients had prior experience with hospitalization and one (6.2%) had not such experience. All of them (16) (100%) knew their diagnosis, 13 (81.2%) participants reported having family support and three (18.8%) did not have a family.

These characteristics of the participants of this study are similar to other studies, which it was found that accessibility to information and services and health care was related to the socioeconomic and cultural conditions, influencing the acquisition of knowledge about health, access to tests routine for early detection of cancer and the search for medical care. Knowledge of sociodemographic characteristics and cancer patients experience can help health professionals to the development of preoperative education with appropriate strategies to the demands needs of this patients. However, these characteristics are not always evaluated by the medical staff to provide information about the diagnosis and the treatment, despite their recognition for effective understanding and assimilation of new knowledge.^{2,7}

With the analysis of the interviews, two themes were developed: “Needs and understanding of preoperative information of cancer patients” and “Expectations and satisfaction of cancer patients on the preoperative education”.

In the first theme “needs and understanding of preoperative information of cancer patients”, it was evident that the preoperative information provided by the different health professionals in the surgical inpatient unit were perceived in different ways, by patients with CRC, mainly because they involve the possibility of the intestinal stoma.

For some patients, the surgical team provided the information in an objective and sufficiently way:

The day before the surgery they came to talk to me about my surgery, it was quick and objective (P10)

When the doctors told me, I was more relaxed because I saw that my situation was not so serious and that surgery would not be at high risk. (P12)

In another report, the participant states that during preoperative, the doctor approached specific information about the surgery and its mutilatory consequences, as well as the need for adjuvant treatment:

The doctor explained to me about the surgery; he would try not to put a small bag (colostomy), but everything would depend on the size of the lesion. He did not say much, but the little he spoke was quite enlightening. He also explained that I would have to do chemotherapy 45 days after surgery. (P2)

Providing information about the mutilatory surgery can minimize the psychosocial stress, influencing during hospitalization and discharge of the patient.^{11,13}

In a study of the information provided by oncologists, 81% of physicians responded that they addressed the diagnosis, treatment and prognosis. When the prognosis was bleak, only 28% informed the family about this prognosis, 30% informed the family and the patient together and 7% only the patient. Regarding the quality of the information, 91% assessed it as complete. As regards the use of medical terms in informing the diagnosis, prognosis and/or treatment of patients, 70% used them. However, 94% explained the meaning of these terms. They stressed that they considered education as an important factor in the patient's understanding of the information provided.⁷

On the other hand, to request a greater amount of preoperative information is

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performed by women, particularly for diagnosis, causes, prognosis and self-care, although the medical staff prioritizes the surgical procedure. For providing this information to cancer patients, it is necessary to consider strategies that enhance the understanding of the elderly people, who have specific needs and characteristics. Thus, it is necessary also to involve the family to ensure the continuity of adjuvant treatment.^{14,15}

However, for another patient, the information was insufficient, and he sought to remedy his doubts, including questioning or getting additional information received by caregivers:

Doctors did not talk much about the surgery; I had to ask many things for them. (P1)

I did not have much information, my mother had more, and they were surely important. (P8)

Often, the amount of information provided was considered excessive by harming the understanding by the patient:

Doctors told many things, but I do not understand and do not know how to explain it. (P6)

One participant needed to be submitted to an emergency surgery and reported that the professionals just talked to him, and he believes that it hurt to identify the severity of his problem. Also, it was a traumatic experience for this participant:

If the medical team had talked more with me, they would have seen my situation and would not slow the emergency surgery, I almost died ... I went down very scared to the operating room, not knowing what was going on and it was very traumatizing for me. (P8)

Other reports of cancer patients indicated the preoperative visit the operating room nurses that in this institution is systematic, with description of the aspects covered by them:

I received information from a nurse and the medical staff. She talked about the surgery and after that I would go to a recovery room and then I would go to the surgical ward. (P12)

He talked about the length of my surgery, after that I would get a place to recovery, about my fast and he talked to me a lot, relieving me a lot the day before. (P1)

Regarding the performance of the surgical inpatient unit preoperative education of the nursing staff, patients also showed different experiences:

I saw a few times a nurse, she asked me how I was and if I needed something. (P1)

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The nurse told me all that the nurse of the operating room had no opportunity to explain to me ... To go without jewelry, prosthesis, fasting and after surgery, I would go to the recovery room. (P5)

I could not understand how they were going to connect my gut again, even they explained to me I could not understand. Then, the nurse explained to me how it would be quite simple, and I understood, so I was calmer. My only doubt was that all other information that doctors had passed, I understood. (P10)

For these patients, the nurse had an important role to complement and explained more clearly information that other professionals, as well as valuing the nursing staff in the reception and care needs, including the family:

The technicians and assistants have always been very attentive to me and my son, they always helped me at all. (P1)

The technician takes care of my bandages and puts the medications the doctor prescribed ... (P7)

Currently in this institution, the social worker plays an important role in the preoperative period, especially in patients with mutilatory consequences, as in this case the intestinal stoma, or even to ensure the pension rights of the patients:

The social worker did not come here, and I need her a lot! I have heard that I have rights because now I will use the bag (colostomy). I want to know about my rights. (P7)

This time, the social worker did not come to talk to me, but when I was hospitalized last time to put the bag, she gave me a great help, I retired because of her. (P10)

Considering the great demand of social workers along these patients, their intervention is still timely, prioritizing the assistance. However, their assistance end up having limits, short hospital stay and compromising the clinical condition of cancer patients.

During hospitalization, the caregivers stay with cancer patients, who had different perceptions about providing preoperative information to their families:

I spent most of the time alone, any specific information for my son was not given, who was little present for being a driver and do many trips. (P1)

All that was given to my husband, it was given to me. (P9)

When the doctor found out I had cancer in the intestine, he said this only to my wife. (P11)

For patients, having a caregiver who receives preoperative information can bring

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greater security and confidence during hospitalization and this moment can be used to prepare them for continuing care at home and prevention of postoperative complications.

In this issue, we find that there is a diversity of cancer patients' experiences regarding the information provided by health professionals, indicating specific needs that require individualized approaches and strategies.^{5,16}

Nursing care for cancer surgery patients requires the adequacy of strategies for preoperative education with Andragogy subsidies, to remedy the need to know the adults who only commit time and energy if they really feel the need to understand. To do so, it requires the use of real or simulated experiences to discover their lack of knowledge; adults are self-directed and responsible for their decision making, so professionals need to create targeted and independent learning situations; and consider the life experience of adults. Also, they already have beliefs, values, and attitudes, and the questioning method favors their learning and when they are ready to learn what applies to real-life situations; and their motivation is related to the prospect of improving the quality of life, increased job satisfaction and improved self-esteem.^{1,10,11}

In the second theme, "expectations and satisfaction of cancer patients on the preoperative education", we analyzed the expectations and satisfaction of the study participants in the preoperative information supplied by health professionals, culminating in deepening their real needs.

Sometimes the amount of information provided hindered their understanding, because, according to the participant, it was excessive:

I was a little confused; it was much information and I could not even understand right. (P3)

In another report, the information on the care environment in the immediate postoperative period were not addressed, but it was considered important to insert this topic by professionals:

This recovery room (post-anesthesia) ... I did not know I would be there after the surgery. The nurse should have told me! Have you ever thought, my daughter would wait for me a long time thinking that I would still be in the operating room? (P2)

A participant said that I would have received information about the surgery by the nurse and that did not happen:

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The nurse always remember my fasting, he comes to see how I am, but about my surgery she did not say anything. (P2)

There is also a question by these patients for the information disseminated, emphasizing the need for harmony among professionals, using strategies to facilitate their understanding and assimilation of information, including types of equipment and devices:

The team must be sure of what will be speaking to the patient, for a given indecisive information is terrible for the patient. Especially, when we will make a major surgery. (P5)

The information could be provided so that I could understand, in a simpler form. I received a lot of important information and could have understood better, if they had been explained in another way. (P3)

I did not know how this probe was; I had never seen it before! They could have told me what it was before. I got scared when I saw the kind of needle placed into a vein. (P6)

Regarding the preoperative education, patients value receiving information that might facilitate the understanding of their actual health status and decrease their anxiety:

The information about the surgery was critical, I understood what was happening to me and what will happen. (P5)

If I had not received the information, I would be crazy. (P1)

Information guided me and decreased my anxiety. (P7)

For some participants, providing preoperative information was not considered constructive:

At first, the information was enlightening, but later I got much information that was causing me fear. (P4)

During the preoperative education, study participants expressed they need a moment they can clarify their doubts and fears:

The doctor said very little to me about the possibility to use a bag in the intestine. I was very anxious, and I wanted to know more about it. I had to ask him so many times, but it looks like he did not talk. This gave me insecurity. (P1)

I was happy and satisfied with most of the information, but I would have talked more about the bag, which made me a little afraid one day before the operation. (P1)

About my surgery was passed me information about rectal wash and the colostomy, I should do. A nurse gave me some information and another said something else, this created a very large stress and lost a little confidence. I got nervous and scared. (P5)

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I quietly went down to the operating room, because until then I did not know I had cancer because my wife had said it was just a small lump so that I was not nervous. (P11)

I received a lot of information, which were useful and were enough for me to understand everything from the surgery, even my illness, from both the medical team and the nursing. (P7)

The education of patients enables to decrease anxiety and also prevents complications and assists them in changing behavior over time, with the adoption of healthier habits.^{1,3,8,15,17}

Preoperative education of cancer patients requires a multidisciplinary team because the needs for information includes diagnosis, therapies such as surgery and its consequences, prognosis, adjuvant therapies, self-care and management situations of suffering and finitude. However, to further assimilation of information and its quantity, their condition should be evaluated and give the opportunity they can understand their questions.^{1,5,8,9,18}

Aspects also valued by patients refer to the surgical environments, equipment, and devices to be used during surgery as a way of reducing surgical stress and anxiety.¹⁵⁻¹⁷

Preoperative education should be integrated with the hospital discharge planning because the information may be provided in a way there is a minimum time for the patient to reflect on the surgical experience and so enhance the postoperative period to acquire knowledge that can assist in returning home and managing stress.^{2,13,15-6,19}

The use of strategies that can respect the individuality and needs of each patient, as well with the inclusion of family members, will enhance the achievement of better results with the preoperative educational intervention.^{10,13}

CONCLUSION

With the analysis of expectancy of patients with CRC compared to preoperative education, we identified aspects that have hampered the assimilation of information, as well as the need to use strategies to clarify questions and minimum time to reflect and evaluate on their learning.

Preoperative education of this patients should involve a multidisciplinary team with the range of specific needs related to cancer illness, multilatory surgery, learning need care and ways to adapt to ostomy in daily life involves planning and preparation of the patient and family for discharge. Also,

preoperative should be addressed physical fitness, surgical environment, postoperative equipment, and devices. This can result in learning about hospital care, the stimulus for self-care and prevention of postoperative complications in patients with CRC.

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