



OPINION OF TERMINAL CANCER PATIENTS ON NURSING ASSISTANCE: INTEGRATIVE REVIEW

OPINIÃO DOS PACIENTES COM CÂNCER EM FASE TERMINAL SOBRE A ASSISTÊNCIA DOS ENFERMEIROS: REVISÃO INTEGRATIVA

OPINIÓN DE PACIENTES CON CÁNCER TERMINAL SOBRE LA ASISTENCIA DEL PERSONAL DE ENFERMERÍA: REVISIÓN INTEGRATIVA

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ABSTRACT

Objective: to analyze, in the scientific publications, the opinion of the patients with cancer in the terminal phase about the care given by the nurses. **Method:** integrative review, with a search in the BDNF and LILACS databases, in order to answer the following research question: What is the opinion of patients in final stage cancer in scientific publications about the care provided by nurses? For the analysis of the data, the thematic modality of the content analysis proposal was used. **Results:** nurses' care is based on the control of symptoms and physical support, and the necessary emotional support was not established. **Conclusion:** regarding patients' views regarding nurses' care, no article addressed the issue, which concludes that more studies are needed regarding the patients' vision about the care received, as a feed-back, as it will an enrichment of the assistance provided. **Descriptors:** Terminal Patient; Cancer; Perception.

RESUMO

Objetivo: analisar, nas publicações científicas, a opinião dos pacientes com câncer em fase terminal acerca da assistência pelos enfermeiros. **Método:** revisão integrativa, com busca nas bases de dados BDNF e LILACS, no intuito de responder à seguinte questão da pesquisa: Qual a opinião dos pacientes com câncer em fase terminal nas publicações científicas acerca da assistência prestada pelos enfermeiros? Para a análise dos dados, utilizou-se a modalidade temática da proposta da análise de conteúdo. **Resultados:** constata-se que a assistência dos enfermeiros é pautada no controle dos sintomas e suporte físico, não sendo estabelecido o suporte emocional necessário. **Conclusão:** com relação à visão dos pacientes em relação à assistência dos enfermeiros, nenhum artigo abordou a questão, onde se conclui que são necessários mais estudos em relação à visão destes pacientes acerca da assistência recebida, servindo de *feed-back*, pois redundará em um enriquecimento da assistência prestada. **Descritores:** Paciente Terminal; Câncer; Percepção.

RESUMEN

Objetivo: analizar en las publicaciones científicas la opinión de los pacientes con cáncer terminal sobre la asistencia por enfermeros. **Método:** revisión Integrativa, con búsqueda en las bases de datos BDNF y LILACS y con el fin de responder la siguiente pregunta: ¿Qué es la encuesta de opinión de los pacientes con cáncer terminal en las publicaciones científicas sobre la asistencia prestada por los enfermeros? Para el análisis de datos, se utilizó la modalidad temático de propuesta de análisis del contenido. **Resultados:** observó que la atención de los enfermeros se basa en el control de síntomas y de soporte físico, no estableciendo el apoyo emocional necesario. **Conclusión:** con respecto a la visión de los pacientes en relación con la asistencia de enfermeros, ningún artículo ha sido abordada la cuestión, se concluye que es necesario estudios adicionales en relación con la visión de estos pacientes sobre la asistencia recibida, que sirve de *feed-back*, porque redundan al enriquecimiento de la asistencia. **Descriptores:** Paciente Terminal; Câncer; Percepção.

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INTRODUCTION

In Brazil, factors such as urbanization, that is, the growth of cities, the industrialization of capitalism, and the population's increased life expectancy, through sophisticated technologies have contributed to the increase in the incidence of chronic degenerative diseases, such as cancer. The incidence of cancer increases in Brazil, as in the whole world, at a pace that accompanies the aging population due to the increase in life expectancy.¹

In this study, the vision of cancer patients in the terminal phase will be identified about the care received by the nurses appointed in the scientific publications, where the exercise of care provides an exchange of experiences.

During the period of the nursing practice, the professional encounters clients with neoplasias in the terminal phase, arising, as an expectation, the knowledge of how these clients receive and evaluate the nursing care provided to them, even in the midst of the constant presence of pain, sadness, fear and anguish.

It is of fundamental importance that nurses are aware of how their assistance to terminal cancer patients is evaluated, since it will allow an improvement of this assistance, based on a reflection of the practice. Knowing these patients better, the assistance will be more directed, where it can contribute to a better quality of life, about life and minimization of the fears, anguishes, suffering of the clients, as well as of the family and also of the nursing team.

OBJECTIVE

- To analyze, in the scientific publications, the opinion of patients with final-stage cancer on the care of nurses.

METHOD

Integrative review, specific method that enables a synthesis of already published studies, allowing the generation of new knowledge based on results of previous research.²⁻³

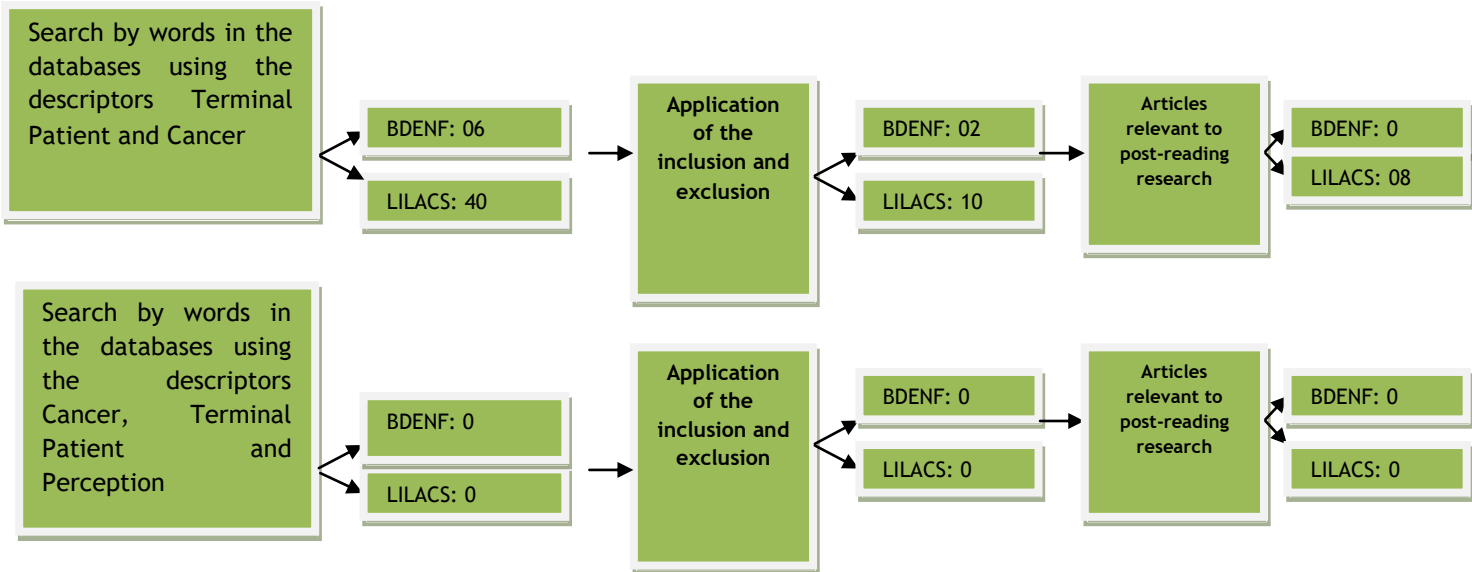
For the development of the review, six stages were carried out: the first one was the definition of the guiding question of the research; in the second stage, the inclusion and exclusion criteria was delimited; in the third stage, the databases were chosen and the search for the scientific productions; in the fourth stage, the data analysis was performed; in the fifth, the data discussion and in the sixth step, the review synthesis was presented.³

The guiding question of the study was: What is the opinion of patients with final-stage cancer in scientific publications about the care provided by nurses?

Research can be considered a formal procedure with a reflective thinking method which requires a scientific treatment and constitutes the way to know reality or to discover partial truths.⁴

A systematized search of articles was carried out, using sources for localization, such as LILACS and BDNF databases and selection and identification of studies. The inclusion criteria used were: completed studies, published in the period 2008 to 2013, which discuss the view of patients with final-stage cancer about the care received by nurses. We excluded studies that did not meet the inclusion criteria published outside the time series stipulated in this study (2008 to 2013) and which do not address the view of final-stage cancer patients about the care received by nurses.

The descriptors (indexed in the Decs) were used: Terminal Patient, Cancer and Perception, using the Boolean operator, completing the path presented by the flowchart:



The data was analyzed according to the thematic modality of the content analysis proposal. It proposes to identify the nuclei of meaning that make up the communication and whose presence or frequency of appearance may have meaning for the issues undergoing treatment.⁴

The articles selected by reading the abstracts were organized in a didactic way, according to the creation of a matrix, for later reading. This matrix, was composed of Title, Author, Year and Magazine, enabled a better understanding of the data obtained and each article was enumerated. In addition, a table was created relating the total of articles found using selected descriptors, according to each database used, the number of articles that fit the inclusion criteria and also the number of articles, that after reading their abstracts, were relevant to achieve the research objectives. The creation of the thematic category, allowed us to organize all the content, improving the visualization of the same one.

Description of the findings in the discussion: according to the category, information offered by the articles found and enumerated was cross-referenced. Therefore, the research period was the first semester of 2014.

DISCUSSION

The basic unit of structure and function of all living beings is the cell. There are approximately, 60 trillion cells in the adult human body, which coexist in perfect cytological, histological, and functional harmony. Although there are many different types, they all have certain common characteristics. Whenever cells are destroyed, the remaining cells of the same type reproduce until the correct number is restored.⁵

Neoplasia means "new growth" and

describes an abnormal tissue mass that expands beyond the tissue boundaries and fails to fulfill the normal function of the cells of that tissue. Neoplasms are characterized by uncontrolled functioning, unregulated division and growth, and abnormal motility. Neoplastic growths are called benign neoplasms or malignant neoplasms.⁵

There is a rupture of the regulatory mechanisms of cell multiplication and, without being necessary to the tissue, a cell and its descendants begin to grow and divide in disorder, resulting in the formation of what is called a tumor⁵. Carcinogenesis can start spontaneously or be triggered by the action of carcinogenic agents (chemical, physical or biological).

The results of cancer therapy depend on factors that relate to the individual, the tumor, and the health care institution that proposes to treat it. As for the resources for treatment, there is surgery, radiotherapy, iodine therapy, chemotherapy and biological therapy, where they can be used, alone or in combination, and in the case of this study, we are talking about terminal patients who have already undergone some of these treatments and did not respond to the treatments described or did not have the opportunity to start treatment because of the disease progression.⁵

It is important to remember that these patients, faced with an incurable disease, go through five stages and the nurse practitioner interacts with the individual in all stages described below⁵:

- First stage: Denial

It is found in almost all patients at the beginning of the disease.

- Second stage: Anger

It follows denial, which includes revolt, envy, resentment, and so on. It is considered the most difficult of the stages, for both the

family, and health professionals.

- Third stage: Bargaining

It is composed of promises to God for the prolongation of his/her life.

- Fourth stage: Depression

It occurs with the progression of the disease, where more hospitalizations and surgeries are necessary and the patient's debilitation is further aggravated. Feelings of revolt and anger give way to the feeling of great loss.

- Fifth stage: Acceptance. Acceptance comes from overcoming the four previous stages, where a sense of tranquility is installed and the disinterest for things around you becomes real.

In ancient times, death was part of daily life. It was not individualized: when someone died, they were buried in mass graves or pits. The death phenomenon was not interpreted dramatically but rather naturally. With Christianity, death came to be seen as a loss, but, the afterlife was believed in. With this form of thinking, the postponement of death was desired. The emergence of European capitalism in Western Europe also contributed to the installation of change.

From the 30s and 40s until today, society has changed a lot, as technology and research advances have contributed greatly to maintaining health. Caring for serious patients, that is, the life and death phenomena have become controlled by men for the prolongation of life, and with this, in contrast, man no longer has contact with death before, leading to a serious lack of interest in the subject.

Nowadays, the attachment to life, to the things of life, leads to rejection, denial of consciousness and death becomes a myth, something fearful, where one cannot even speak of it, as if it would never reach us, by the fact that we reject it. This negation can also be visualized, as far as technological and scientific advances. New procedures that have as sole and exclusive purpose the postponement of the fatality that is denominated death.

A lack of basis regarding death is established, it makes the nurses have incomplete conceptions on the subject of death, restricting death in a frustration for them, for not being able to stop it.

Terminality can be considered perhaps the most difficult phase for the human being, where, in the midst of many technologies, treatments, attempts, certainty of death

becomes more and more real in the daily life of these patients. Even in terminality, these patients have rights guaranteed to them, such as the right to truth, dialogue, autonomy, decision and therapy and benefit. Admitting that the resources for healing have been exhausted and that the patient is moving towards the end of life does not mean that there is nothing more to be done.

Palliative Care are special types of care designed to provide well-being, comfort and support to patients and their families in the final stages of a terminal illness.

To speak of palliative care is to speak of the humanization of care, the humanization of Nursing care, which is given to patients who find themselves, perhaps, in the worst phase of their existence, because they live not only with an illness in their bodies, but also, with all symptoms of this disease and with the certainty that their death sentence has been declared. The goal is to get terminal patients to enjoy their days in the best way, pain free and their symptoms under control, and allow them to live more dignifiedly in their homes near those who love them.

RESULTS

After searching the databases, the following table was created, listing the total of articles found by selected descriptors, according to the databases used; the number of articles that fit the inclusion criteria, as well as the Number of articles that are relevant to achieve the research objectives, by reading their abstracts and by being compatible with the research objectives.

Data Base	Descriptors	Total of articles found	Total of articles with inclusion criteria	Total of articles relevant to the research
BDEF	Terminal Patient and Cancer	06	02	0
BDEF	Terminal Patient, Cancer and Perception	0	0	0
LILACS	Terminal Patient and Cancer	40	11	08
LILACS	Terminal Patient, Cancer and Perception	0	0	0
Total		46	13	08

Figure 1. Search for articles by using selected descriptors.

It should be noted, that among the eight papers that are relevant to the research, all of them have abstracts available for reading.

In table 2, described below, the eight relevant articles found were made available

according to the scientific journals researched and their descriptors selected in the research.

Scientific Magazines	Cancer and Terminal Patients	Cancer, Terminal Patients and Perception
Brazilian Magazine of Nursing	01	-
Nursing Science Magazine	01	-
Dolor Magazine	02	-
Medisan Magazine	01	-
Cogitare Magazine	01	-
Chilean Magazine of Surgery	01	-
Total	07	-

Figure 2. Articles found in scientific journals using specific descriptors of the research.

It should be noted, that of the eight articles relevant to the study, one is a

dissertation from the Federal University of Rio Grande do Sul - Nursing School.

Thematic Categories	Subthemes	Articles
Nursing care opinion by patients with final-stage cancer	Nursing care	1, 7, 8
	Interpersonal relationship	3
	Reports of nursing care by patients	0

Figure 3. Distribution of the thematic category found versus subthemes and related articles.

DISCUSSION

♦ Nursing care opinion by patients with final-stage cancer

- Nursing care: With regard to care, only three authors address the issue.

Palliative care is the total active care provided to patients with malignant progressive and irreversible neoplastic disease and to their families when it is recognized that the tumor can no longer be treated and the focus is on quality of life and relief of symptoms . The control of symptoms becomes essential for the care of the terminal patient. Nurses and doctors play the role of teaching care.⁶

According to the author mentioned above,

both doctors, and nurses are fulfilling their role as health educators for a better quality of life for their patients. Nursing care was restricted to physical care alone and coping with individual strategies could jeopardize patient safety. Unpreparedness for emotional care was the main difficulty reported.⁷

Through the above, it is clear the importance of a more effective training of professionals, where there is emphasis is on nursing, which provides assistance to these patients most of the time, leading to a wider and higher quality of care.

Quality of life performance studies for cancer patients are feasible and allow us to make specific interventions on the patient and his/her relatives to improve their quality of

life.⁸ It is important that nurses who deal with this clientele are interested in scientific studies in the area in which they work, resulting in a gain for the profession, since it will allow a more scientifically based assistance based on the reality of this clientele, which will extend to their families and even to the professionals themselves, where they may be less affected psychically and more emotionally balanced.

- Interpersonal relationship: In relation to this category, one author addresses the subject.

A comparison was made to adherence to a religion, where it shows that patients with advanced cancer have a 95.5% adherence compared to 86.7% of the professionals who serve them, where nursing is included in this care. Patients with cancer without advanced disease have 79% religious adherence compared to 92.5% of the professionals who treat them.⁹ This study, shows that, in this established patient/nurse relationship, many influences in the lives of both patients, and the life of the professionals take place, leading them to resort to a religion, for example.

During nurses' care given to their patients, the relationship between the nurse and the patient, is of the utmost importance, as it helps the professional to provide a higher quality care, based on a deeper understanding of the subjective side of their patients.

- Reports of nurses' care to patients: Regarding this category, no author has addressed the issue.

CONCLUSION

The actions of nurses in the treatment of patients with final-stage cancer are indispensable for the provision of quality and comprehensive care to the terminal patient.

Despite the significant scientific development in oncology, it can be seen that nursing practices, including those of nursing, face serious limitations in order to respond effectively to the real health needs of these clients.¹⁰

Through the articles found, with regard to the development of the nurses' work process to patients with end-stage cancer, it was evidenced that the nurse is one of the professionals who is closest to these patients, where according to the stage of the disease which they are working to control the symptoms that arise, to promote the end of life with the highest possible quality. Nurses who deal with this clientele are often plagued by questions and feelings like impotence, for,

however much they work for patients, it is well known that they will not get the cure but, will evolve to death.

According to the articles found that approached the subject, of the assistance provided by the nurses, studies showed that it is fundamental that these professionals perform their functions not only physically, but as an integral assistance to patients, such as health education, perceive the reality of these patients and can intervene in a specific way, resulting in a higher quality of life for patients and their families. According to the subject of interpersonal relationship, a single study found, showed that in the nurse/patient relationship, there are influences on both sides. According to the subject reports of nursing care by patients, no author addressed the theme.

During the research, the number of articles found within the inclusion criteria was 46 articles, but, when reading their titles and their summaries and texts available to achieve the research objectives, the number was reduced to eight articles that addressed the subject. Therefore, it is noticed that the subject has not been exhausted. Many studies are needed regarding the development of the nurses' work process to patients with final-stage cancer, to serve as a basis for qualified care every day.

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