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NURSES IN ONCOLOGIC CARE: KNOWLEDGE IN CARE PRACTICE

ENFERMEIROS NA ATENÇÃO ONCOLÓGICA: CONHECIMENTO NA PRÁTICA DO CUIDADO

ENFERMEROS EN LA ATENCIÓN ONCOLÓGICA: CONOCIMIENTO EN LA PRÁCTICA DEL CUIDADO

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ABSTRACT

Objective: to identify how nurses of outpatient and hospitalization hospitals who provide chemotherapy care are prepared to work with the cancer patients. ***Method***: exploratory, qualitative and descriptive study. There were 18 nurses working in oncology inpatient and outpatient units. The selection of participants followed the snowball technique. Data collection used semi-structured interviews and the analysis of the thematic analysis technique. ***Results***: oncology was chosen for a job opportunity, identification with the area, mainly after insertion at work, affinity with the profession. There is a lack of knowledge of professionals from training in undergraduate and precariousness of lifelong education in support of a competent and human practice. ***Conclusion***: the lack of knowledge is preventing the proper preparation of coping strategies in cancer patient care. ***Descriptors***: Nursing; Oncology; Education.

RESUMO

Objetivo: identificar como enfermeiros de unidades hospitalares de internação e ambulatorial, que prestam atendimento quimioterápico, são preparados para atuarem junto ao paciente oncológico. ***Método:*** estudo exploratório e descritivo com abordagem qualitativa. Participaram 18 enfermeiros atuantes em unidades de internação e ambulatórios oncológicos. A seleção dos participantes seguiu a técnica bola de neve. A coleta dos dados utilizou entrevista semiestruturada e a análise pela técnica de análise temática. ***Resultados:*** a oncologia foi escolhida por oportunidade de emprego, identificação com a área, principalmente, após a inserção no trabalho, afinidade com a profissão. Há carência de conhecimento dos profissionais desde a formação na graduação e precariedade da educação permanente na sustentação de uma prática competente e humana. ***Conclusão:*** a carência do conhecimento impossibilita a elaboração adequada de estratégias de enfrentamento no cuidado do paciente oncológico. ***Descritores:*** Enfermagem; Oncologia; Educação.

RESUMEN

Objetivo: identificar cómo enfermeros de unidades hospitalares de internación y ambulatorial, que prestan atendimiento quimioterápico, son preparados para actuar junto al paciente oncológico. *Método:* estudio exploratorio y descriptivo con enfoque cualitativo. Participaron 18 enfermeros actuantes en unidades de internación y ambulatorios oncológicos. La selección de los participantes seguió la técnica bola de nieve. La recolección de los datos utilizó entrevista semi-estructurada y el análisis por la Técnica de Análisis temático. ***Resultados:*** la oncología fue escogida por oportunidad de empleo, identificación con el área, principalmente, después de la inserción en el trabajo, afinidad con la profesión. Hay falta de conocimiento de los profesionales desde la formación en la graduación y precariedad de la educación permanente en la sustentación de una práctica competente y humana. ***Conclusión:*** la falta de conocimiento imposibilitando la elaboración adecuada de estrategias de enfrentamiento en el cuidado del paciente oncológico. ***Palabras clave:*** Enfermería; Oncología; Educación.

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INTRODUCTION

Cancer is considered a public health problem in Brazil, with similar repercussions internationally, with increasing incidence and mortality rates, as well as a challenge for science in search of the best strategies for its prevention, early diagnosis, control, and cure. There were 437,592 new cases in Brazil in 2012 and in 2015 576,000 new cases are estimated.[1,2] In this context, it becomes increasingly the work of a multidisciplinary team that can achieve an interdisciplinary approach specialized in the area. An approach which establishes with the patient and family interrelationship processes that give conditions for a practice that meets the expectations and needs of the patient, ensuring physical, emotional and spiritual comfort.[3]

The nursing staff in oncological care deal continuously with patients and their families, to permanent living situations of hardship, suffering, and death, which are exacerbated by the characteristics of demand and the working environment. This connection requires a skilled and effective assistance, a team with knowledge of the condition, used for the therapeutic control of many cancers and, also, the ability to handle their own and patients feelings.[4]

Nurses who care for cancer patients work in a highly demanding environment, the high complexity of the types of cancers, the expression of each, the production of knowledge that has been changing care in oncology, requiring constant updating professional, where education should be considered an instrument of reflection about reality.[5] Thus, it appears that a continuous preparation is necessary, being part of the health professionals work routine working in the area of oncology nursing. This preparation should be proposed to monitor the dynamics of this area; this should happen both through educational measures and technical and theoretical knowledge improvement as the attention and consideration to aspects of human relationships developed in the institutional context.

There is a considerable gap in the training of nursing in oncology, whose base is the graduation. Most nursing courses usually do not offer a deepening in this area.[6] A study conducted by the National Cancer Institute (INCA), with nurses from the five regions of Brazil, found that nurses working in the public health system refer to shortage of specialist nurses in oncology and the need for training throughout the care from less complex to the most complex procedures.[7]

It was considered important to reflect this theme since the act of caring, intrinsic to nursing actions should be based on ethical attitudes of respect and knowledge of the area of operation. Also, this study focuses on the possibility of contributing as a subsidy for education and professional qualification of nurses and students in the area of oncology.

The development of this study was still considered relevant when presenting the guidelines of the National Policy for the Prevention and Cancer Control in Care Network Health of People with Chronic Diseases in the Health System, which among other things, highlighting the care qualification and promoting continuing education of health professionals involved in cancer care; the promotion of training and specialization of human resources for activities in the oncology care network; continuing education and training of health teams at all levels of care. The policy also emphasizes that the qualification, specialization and continuing education of health professionals are key components for the control of cancer.[8]

Given the above, this study aims to identify how nurses in inpatient units and outpatient clinics, providing care in chemotherapy, are prepared to work with the cancer patients.

METHOD

Exploratory and descriptive study with a qualitative approach, developed in the hospital for inpatient units and clinics that provide care chemotherapy in the cities of Porto Alegre, in the state of Rio Grande do Sul, and Florianópolis, in the state of Santa Catarina. This study emerged from one of the goals of a dissertation << Bioethical dilemmas experienced by oncology nurses in high complexity >> defended in 2013 at the Federal University of Santa Catarina/UFSC.

The research was conducted after the project was approved by the Research Ethics Committee, by the Brazil platform under number 204293. It was observed with attention to the Resolution 196/96 recommendations replaced by 466/2012, in all stages of the study of development, and all participants signed the Informed Consent Form (TCLE).

The selection of participants was made by the sampling technique called “snowball,” which is the selection of survey participants by indicating other participants. This technique is based on statements made by

people who are already in the sample[9,10] until reaching the data saturation point, totaling 18 nurses. Nurses were included providing care services to adult cancer patients, who had a year or more of experience in oncology.

The contact with the first participant of each capital was the choice of the author of the study, due to contact with many colleagues in this research area and the next participant was indicated by this first and so on.

Data were collected in March 2013 through semi-structured recorded interviews, which occurred in the participant´s preferred location. Data analysis was performed by the technique of thematic analysis, divided into three stages: initiated by the full transcript of the interviews and reading them; by identifying some key elements for signaling with different colors to facilitate the assembly of these elements; followed by extended reading testimonials and thorough analysis and grouping of the key elements and, finally, carrying out the composition of a descriptive structure.

To ensure the anonymity of the participants, they were identified in the study by names of Greek gods and goddesses. These nurses are considered the author of the study by Heracleidae beings, that is, inspired by Heracles, the god of strength, according to Greek mythology.[11]

RESULTS

From the analysis of the interviews, it was possible to identify, analyze and organize the results that gave rise to five categories: a) The beginning of the work in oncology and identification with care; b) I chose oncology to work; c) The knowledge gained in the graduation to work in Oncology; d) Learning in practice oncology nursing care; e) Continuing Education in Nursing interventions in oncology; f) Knowledge in oncology: a need felt by the nurse.

Next, the results are presented by category defined by thematic analysis of the interviews.

♦ The beginning of the work in oncology and identification with care

Expressions in the speeches of the interviewees mentioned that work in oncology was not a choice, most of the time, it was a job opportunity that directed to this area. However, some respondents, while not having chosen Oncology reported that they identified with the care provided.

> In fact, oncology was not a choice; I started my activities here in chemotherapy because it was my first job opportunity. (Charis)
>
> I did not choose it; I accepted the position, and I ended up falling in love with this area of care. It was the most rewarding area in which I worked and at the same time that caused me more pain, but for sure was the area in which my work more made sense as a nurse and gave me great growth as a professional and as a human being. (Themis)

♦ I chose oncology to work

Among those who chose oncology, there are several reasons, including curiosity and little development of this theme, while a content at the graduation:

> *Out of curiosity, to know how it was to work in oncology, to have had only a little theoretical in college. (Dicéia)*
>
> *I was teaching on the nursing technician course [...] and I started an internship here at night. I began to experience and became interested [...]. (Iris)*

The affinity with the area and experience in personal life also directed the choice of oncology:

> *I started working in a medical clinic where there was also oncology-hematology, it was my first contact [...] Then, I passed a test in the state [...] and I chose to go to the area of oncology, it pleased me, the experience I had with oncology-hematology here, the affinity with the type of patient, the type of care. (Eileithyia)*

The internship in the graduation also provided an affinity with oncology:

> *My interest in oncology was awakened at graduation when I chose to carry out the final internship in the hospital where I work as a nurse today. (Artemis)*
>
> *Because at graduation, when I had my internship here, I saw on the faces of people, I think the great essence of life, which is to be happy today, looking for this type of patient waited for a vacancy here, I did not accept employment elsewhere, I chose to work in oncology. (Kera)*

♦ The knowledge learned in the graduation to work in oncology

> *In my college I saw cancer as a disease, at no time it was spoken in an emotional relationship, only the disease. Moreover, here, being quite honest, I have no preparation too. So, I opted to look for courses [...]. (Hestia)*
>
> *I was not prepared in graduate and the institution. Lack of concern with the staff providing care to cancer patients by the institution [...] which helps is the exchange of experiences among colleagues, day after day learning to cope with the anguish of the families and the suffering of patients. (Aphrodite)*

According to reports, internships and graduation courses are superficial:

> *At graduation, the university where I graduated, there are few days of internship [...] focused on oncology, I had no*

preparation, chemotherapy, radiation therapy, and basic. (Iris)

I never really had not credited on Oncology, I think that should be talked about in college. I had a class on death, and I think it is very important because it is not only in oncology, since any hospital we go to work we deal with death, I think this is lacking. All I know now is because of the practice. (Persephone)

Training in Oncology is conditional upon completion of the course work (TCC), as professionals mentioned:

At the university, my time in oncology, in the medical clinic, the contact was if you do your TCC there. [...] Today I do not know how it is [...] In my time, there was nursing in psychiatry, an entire semester in psychiatry, but why not oncology nursing? (Pandora)

Look, I had nothing in academic education, I did the TCC in Oncology [...] At that time, even to make specialization, it was difficult because it was only in Porto Alegre and São Paulo and we had the first group in Santa Catarina with a group of interested people. (Métis)

The feeling of protection for the knowledge already acquired at graduation to act with cancer patients was reported by only one interviewee:

My course was very good, but as I gave the class a while, I saw that many students came weak and after the curriculum change. I would have to do a study on curriculum change and the impact or on that person that have grown to the degree course, but it is a problem of several courses. I realize that many teachers teaching have master's and doctorate, but have no care practice. So, the experience brings the experience and knowledge and better training. (Eileithyia)

♦ Learning in practice oncology nursing care

Learning takes place in the workplace, even with feelings of insecurity and fear, professionals are tested:

In Florianópolis there was not a specialization in oncology, I would have to do it elsewhere. However, more is in conversation; the training has been done to get to work and study; it will always appear new medications and new treatment methods. It has laboratories also provide training. (Eucléia)

I was not prepared to work in oncology; I learned with practice, and I was very afraid of working with chemotherapy. (Dicéia)

♦ Continuing Education in Nursing interventions in oncology

The institution does not offer training for nurses working in oncology:

There is no preparation in the institution, but small meetings, small conferences, but nothing that would give me a good support to handle it, even with death is very present, and with family. Today I can say that cancer patients are a totally different management, and lack psychological support and groups of exchange of experience for professionals. (Eros)

I passed the competition and was called to work in the marrow transplant sector. There, I received training in a month following a person; now you go to learn to do something, tomorrow something else. (Pandora)

The pursuit of knowledge is a tool used by two nurses to meet this oncology context:

I have worked for 12 years in oncology and always liked to study and know what I am doing [...] We have to have the foundation for our work be respected. Lack of professionals who is entering education service. [...] In services always have a medical meeting, lessons, but nursing is never involved. (Bia)

When I started working in oncology, I sought help. I participated in psycho-oncology groups, read about death, palliative care, sought structure to respond to the questioning of the patient, family, and colleagues. (Kera)

For two interviewees, there was the host by the institution in the pursuit of professional qualifications of their employees:

The preparation through courses and regular training in oncology-hematology area. (Themis)

The preparation is in the institution because they are specialized services, we do not have much time to leave because there is no one to replace us in the service, we can not release. What helps most is the discussion, the study group, the installation protocols. What is missing is to have more people trained for that could be coming out of the institution and be exchanging with professionals from other places, disseminate results of our work. (Eileithyia)

♦ Knowledge in oncology: a need felt by nurses

Through the study we will be feeling more confident in what we are doing, always talk, talk and spend quiet and apply the knowledge acquired not to harm him or yourself. (Eucléia)

DISCUSSION

As shown above, from the thematic analysis emerged six categories, context units. However, these six units form a single reality, the deficit of knowledge about oncology and nursing oncology, the professionals working in this area. So it opted for a collective discussion of results.

The analyzed communications showed the lack of knowledge and the impact of this shortage on the nursing practice of each

subject and active in oncology nurse, and in the patient care with cancer and their families. Furthermore, they show that the lack of knowledge hinder the nurse, even at the undergraduate level in training, identified with the area of oncology, an area where there is a social need for competent performance of the various health professionals, considering the current incidence of the disease and the high rates of incidence and prevalence expected for the next decades.

The study participants reported in their speeches during the training process; the content taught about the care of cancer patients was non-existent or insufficient. Thus, causing the lack of preparation for the care of patients with cancer because they felt deprived baggage specific knowledge of this area.

The World Health Organization (WHO) has projected that by 2030 the global burden will be 21.4 million new cancer cases and 13.2 million cancer deaths, as a result of the growth and aging of the population. Developing countries will be most affected, including Brazil. The increase in new cases of cancer in the world will be approximately 75%. In poorer countries, cases of cancers linked to infections should increase and, in richer countries, increase cases related to obesity and smoking.[1.12]

Analyzing these estimates already evident to the urgency of training of nursing professionals in the minimum skills for patient care with cancer because they are not being met exclusively in cancer centers, but across the health care network. However, the minimum training is not enough because the active nursing staff in the art need further training to cope with the demands of care, but mainly to see with humanity, quality and effectiveness in the pursuit of the best results for the quality of life of these people and the economic survival of the public health system.

The oncology nursing is of the great complexity of patient care in the technical-scientific and emotional sphere, requiring a great professional competence. This fact leads nurses to be aware of their lack of preparation to deal with these people and the need to have knowledge specific to underpin a competent care.[13]

Thus, training in oncology becomes an even greater challenge, especially of intersubjectivity that is evident in this process, where education should promote the specific knowledge and appropriate professional skills and working practices, always based on the best evidence existing scientific, supported by a robust clinical and epidemiological judgment and ethical principles,[13] and from real experiences guided by professionals competent in oncologic patient care[14] or by distance learning.[15]

In this sense, the reflections by Artemis, Pandora, Kera, Dicéia and Eileithyia about the insertion of oncology education in undergraduate nursing curricula is important, and that this insertion to happen it must be contextualized in the Political Course Project (PPC) of the universities. Thus, ensuring training with subsidies for practice, spreading knowledge among undergraduate students can better cope with cancer in its multidimensional aspect, and thus prevent it and fight it.

Based on the profile of the training of general professionals in graduation, subject such as oncology is seen as a teaching specific level, when they should be encouraged to post-graduation (specialization), where educational institutions do not demonstrate pedagogical reworking initiatives. However, this view does not consider the magnitude of the incidence, prevalence, and mortality from cancer, the cancer association with other acute or chronic diseases experienced by cancer patients, which leads to seeking care at different levels of health care and various professional experts or not constituting the area of health and nursing. In this context, professionals, in general, are faced with the inability and lack of basic knowledge to meet the patient with cancer.

It is also emphasized that teaching in undergraduate nursing should be directed to the most relevant problems of the country, as the case of cancer, based on different nurse´s performance levels subsidized in the progressive development of their skills.[6]

Living with a diagnosis of cancer is a cancer survivor requiring health continuum of care in the different dimensions of the human being, which involves interdisciplinary action on the network of health care. Survival is described as actions taken to stay alive, no matter what happens, starting with the diagnosis of cancer, and continues for life. A healing process that depends not only on biology or medical outcome but that reflects the quality of life. It is the experience of living, through or beyond cancer,[16] in a cancer center, in a prompt service, in basic health units, at home and so on, according to the health demands that emerge over of living with cancer.

Nemesis, Artemis, and Eucléia reported that to meet the demands required of the institutions and the constant development of the area and to keep up with technological

innovations, they sought to bridge the gap with the graduation post-graduation (specialization). The personal search for the additional training is an appropriate act. However, it is observed even though a significant number of professionals do not take such an initiative, the vast majority learn the practice of care, with information that is passed between colleagues.

In this context, it identified clearly in the speeches of the participant's lack of ongoing education in the service, which involves the training and continuing education. The introduction of this tool, as recommended by the National Policy of Permanent Education, which guides this practice in Brazil, could eliminate the difficulties experienced by professionals.[17-8]

To minimize this situation, the Ministry of Health has been providing training in the area of chronic noncommunicable diseases, which includes training in the care of patients with cancer. With Care Lines Course is expected to reach a new level of productivity in the training activities of workers in the health field.[19] However, despite the laudable action, it is yet ignorant, considering the specifics of oncology nursing, the territorial scope of Brazil and the magnitude of cancer. However, it is understood that the inclusion of education in oncology in nursing education and continuing education service are the essential ways to change the reality in this study.

It is noteworthy that the Permanent Education is learning at work, where learning and teaching are incorporated into the daily life of organizations and work. The processes of training of health workers should be directed to the health needs of individuals and populations, the sectoral management and social control in health, having as objective the transformation of professional practices and organization of work and are structured from the questioning of the work process.[17]

Permanent education, the guidance of the Ministry of Health, among other things, identify training needs and development of health workers and build strategies and processes that qualify care and health management and strengthen social control in the sector in perspective to produce positive impact on individual and collective health; and should articulate and encourage the transformation of health and education practices in the SUS assembly and educational institutions, with a view to implementation of national curriculum guidelines for all the health care courses and the transformation of all network services and network management in school.[17]

Following these guidelines and associating with the appropriate training and continuously a more assertive strategic planning, it will be possible to provide a qualification in cancer care in Brazil and meets the claims of the population and health professionals. In this sense, it is reinforced the need for consolidation of permanent health education for the care of cancer patients and consolidation of the Unified Health System.[20]

CONCLUSION

It was possible to identify that knowledge in oncology is deficient from the academic to the work of professionals in the labor market. This situation reflects a paradox in that oncology is an area of high complexity; considered a public health problem in Brazil and worldwide, due to increasing the incidence and one of the areas that most advances in diagnostic and therapeutic techniques.

Patient care with cancer requires preparation and full of professional delivery, implying acceptance and trust, establishing linkages and attitudes of interest, expanded area of skills for the resolution of situations involving patients with cancer and their families. However, the professional nursing has not developed this capacity, also because of a gap in the training, preventing the development of coping strategies.

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