



FEELINGS OF ELDERLIES HOSPITALIZED FOR CANCER: EXPECTATIONS ABOUT HOSPITAL DISCHARGE AND THE FAMILY INFLUENCE

SENTIMENTOS DE IDOSOS HOSPITALIZADOS PELO CÂNCER: EXPECTATIVAS SOBRE ALTA HOSPITALAR E A INFLUÊNCIA FAMILIAR

SENTIMIENTOS DE ANCIANOS HOSPITALIZADOS CON CÁNCER: LAS EXPECTATIVAS DE LA ALTA HOSPITALARIA Y LA INFLUENCIA FAMILIAR

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ABSTRACT

Objective: to identify feelings of elderlies hospitalized for cancer, expectations about hospital discharge and family influence. **Method:** descriptive study, with qualitative approach, conducted at medical and surgical clinics of an oncological hospital of João Pessoa - PB, with 14 elderly patients. The technique used to produce the data was a semi-structured interview with a recorder. The answers were transcribed and analyzed according to the Thematic Analysis. **Results:** the following categories emerged: Feelings experienced during hospitalization, expectations about the hospital discharge and the importance of family and/or companion during hospitalization. Among the many experienced feelings in hospital, hope was the most common answer. Many felt anxious with the expectation of discharge and returning to family life. **Conclusion:** the elderlies showed hope as a way of fighting the disease and considered the presence of family and/or companion during hospitalization positive, as they show interest in caring. **Descriptors:** Oncology; Elderly; Hospitalization.

RESUMO

Objetivo: identificar sentimentos de idosos hospitalizados pelo câncer, expectativas sobre alta hospitalar e a influência familiar. **Método:** estudo descritivo, de abordagem qualitativa, realizado nas clínicas médica e cirúrgica de um hospital oncológico de João Pessoa - PB com 14 pacientes idosos. A técnica utilizada para a produção de dados foi a entrevista semiestruturada, com uso de gravador. As respostas foram transcritas e analisadas de acordo com a Análise Temática. **Resultados:** emergiram as categorias: Sentimentos vivenciados durante a hospitalização, Expectativas quanto à alta hospitalar e A importância da família e/ou acompanhante durante a hospitalização. Dentre tantos sentimentos vivenciados na hospitalização, a esperança foi o mais presente nas respostas. Muitos se mostraram ansiosos com a expectativa da alta e do retorno ao convívio familiar. **Conclusão:** os idosos apontaram a esperança como uma forma de enfrentar a doença e consideraram positiva a presença do familiar e/ou acompanhante durante a hospitalização, visto que segundo eles, estes demonstram interesse no cuidar. **Descritores:** Oncologia; Idoso; Hospitalização.

RESUMEN

Objetivo: identificar los sentimientos de ancianos hospitalizados con cáncer, las expectativas de alta hospitalaria y la influencia familiar. **Método:** estudio descriptivo de enfoque cualitativo, realizado en clínicas médicas y quirúrgicas en un hospital oncológico de João Pessoa - PB, con 14 pacientes de edad avanzada. La técnica utilizada para producir los datos fue una entrevista semi-estructurada con un grabador. Las respuestas fueron transcritas y analizadas de acuerdo con el Análisis Temático. **Resultados:** surgieron las siguientes categorías: Sentimientos experimentados durante la hospitalización, las expectativas sobre el alta hospitalaria y la importancia de la familia y/o acompañante durante la hospitalización. Entre muchos sentimientos experimentados en el hospital, la esperanza era el más presente en las respuestas. Muchos estaban ansiosos con la expectativa de alta hospitalaria y el regreso a la vida familiar. **Conclusión:** los ancianos mostraron la esperanza como una manera de enfrentar a la enfermedad y consideraron positiva la presencia de la familia y/o acompañante durante la hospitalización, ya que muestran interés en el cuidado. **Descriptor:** Oncología; Anciano; Hospitalización.

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INTRODUCTION

The word cancer refers to a set of more than 100 diseases that have in common the uncontrolled growth of cells that invade tissues and organs and may spread to other regions of the body. Dividing rapidly and uncontrollably, these cells acquire pathological characteristics and tend to be very aggressive and uncontrollable, causing the formation of tumors or malignancies (INCA).¹

Cancer is considered a public health problem and has become relevant both in the qualitative as the quantitative aspects. It features increasingly high mortality rates and an increasing incidence, mainly affecting people over 65 years old.² It has several causes, but the extension of life expectancy and the population aging design the elderlies as the most susceptible age group to this disease and are, therefore, inserted in an environment with a non-modifiable risk factor: the age. Thereby, one can say that cancer is a prevalent disease of aging and promotes biological changes, making the elderlies less able to develop their routine activities.

Since the elderlies are more susceptible to diseases, when they are hospitalized, their organic functioning tends to decline and, hence, they make their way towards the development of disability, generating an emotional stress. The prolonged hospitalization, especially in cases of cancer, intermittently, may lead to an aggravation of the elderlies' health status, making them more fragile. The decline in functional capacity generally leads the elderly person to restrictions or total loss of ability to independently perform their daily activities, resulting in the appearance of negative feelings that start during hospitalization.

All stressful disease process, from discovery, passing through the prolonged hospitalization, to the possible rehabilitation and emotional adjustment of the patient, can cause emotional stress, emerging signs and symptoms such as apathy, depression, discouragement, feelings of hopelessness, emotional hypersensitivity, anger, anxiety, irritability. Given the above, one can say: "what can make difference in the outcome of the individual adaptation is coping, where the elderly, in general, can finally regain the proper emotional balance".⁵ The injury caused by negative expectations is unquestionable, because the existing preconceived beliefs in society and in the

medical field, regarding cancer, cause direct harm to the patient.⁶

Considering the relevance of the theme and its current importance about the concerns of hospitalized elderlies, the feelings that arise when affected by oncologic pathology, the disease's diagnosis, the various stages of treatment, as well as the inclusion by the researcher in practical scenario as intern, the interest of developing this study arose. Therefore, the objective of this study is to identify feelings of elderlies hospitalized for cancer, expectations of hospital discharge and the family influence.

METHOD

This is a descriptive study, with qualitative approach^{7,8}, developed in the surgical and medical clinics of a hospital specialized in oncology, in the city of João Pessoa/PB, considered a reference in the state of Paraíba, where the medical and social assistances provided serve a large number of people affected by cancer or diagnosis to be clarified, regardless of age group or socioeconomic conditions. Among the assisted population, the elderlies are the most frequent as they are part of a considerable quantity in this type of service, coming from various locations in the state.

The study population consisted of 100 elderly patients. The sample consisted of 20 elderlies, and 14 showed interest in voluntarily participate in the study by signing the Informed Consent Form - ICF. The inclusion criteria for the study were: being hospitalized for more than five days in the institution, which is considered a reasonable period of hospitalization, given the distance of homes and families of these elderlies; being over 60 years old, a period where there is a higher percentage of vulnerability to physiological and functional disability, which may result from not only diseases, but also emotional stress. The exclusion criteria were: being hospitalized for less than five days, being 60 years old or less, and not agreeing to voluntarily participate in the research.

For collecting the data, the two-part form was used as instrument: the first part refers to the sample characterization data, taking into account age, gender, educational attainment, profession/occupation, religion and marital status, and second part refers to the data related to the feelings experienced during hospitalization, the importance of family and/or companion during the hospitalization and the expectation about hospital discharge. This collection was made in July 2014, on business days, in morning and

afternoon shifts through prior contact with each respondent, the explanation about the objectives and importance of the research, and presentation of the Informed Consent Form.

The data were analyzed and interpreted, following the Thematic Analysis technique that consists in finding the units of meaning to build a communication in which the presence of certain themes express reference values and behavior models of the speeches related to the analytic object.⁸

The research Project was approved under the Protocol CEP number 034377/2014, with Ethical Appreciation certificate (CAEE)

number 30866414.3.0000.5188, based on the Resolution 466/2012, of the National Health Council,⁹ and in accordance with Resolution 311/2007, of the Federal Nursing Council, which addresses the Ethical Code of Nursing Professionals.¹⁰

RESULTS AND DISCUSSION

◆ First Part

Sample characterization data, study of the variables: age, gender, educational attainment, profession/occupation, religion and marital status.

Table 1. Distribution of the variables according to age, gender, educational attainment, profession/occupation, religion and marital status. João Pessoa - PB, jul. 2014.

Case	Age	Gender	Educational Attainment*	Profession/Occupation	Religion	Marital Status
I1	72	F	IES	Retired	Catholic	Widow
I2	70	F	IES	Farmer	Catholic	Married
I3	60	F	IES	Tradesman	Catholic	Married
I4	60	M	CSS	Artist	Non defined	Divorced
I5	67	F	IES	Housewife	Catholic	Married
I6	60	F	I	Farmer	Catholic	Married
I7	64	F	IES	Farmer	Catholic	Married
I8	67	F	IES	Housewife	Protestant	Married
I9	62	F	IES	Retired	Protestant	Widow
I10	84	M	IES	Farmer	Catholic	Married
I11	61	F	I	Housewife	Catholic	Widow
I12	67	F	IES	Housewife	Protestant	Married
I13	61	M	CSS	Salesman	Catholic	Married
I14	66	M	CES	Retired	Catholic	Widower

Source: Oncologic Hospital Institution, July 2014. João Pessoa-PB.

*I = Illiterate; IES = Incomplete Elementary School; CES = Complete Elementary School; CSS = Complete Secondary School.

Table 1 shows that, among the elderly respondents, 85.72% were between 60 and 69 years; 7.14%, between 70 and 79 years, and 7.14%, over 80 years. In relation to gender shows a predominance of females representing 71.42% of the total, while 28.58% were males.

Regarding the educational attainment, 14.28% of respondents have never studied, 64.44% say they have not finished elementary school, 7.00% mention they have completed elementary school, and 14.28% have completed secondary school.

As for profession versus occupation, 28.57% mention being farmers and housewives, respectively; while 21.44% were retired; in contrast, in the same proportion, 7.14% of the respondents answered they were tradesmen, artist and salesmen.

Concerning religion, Catholic was predominant, with 71.42%, followed by

Protestant, with 21.42%, and, less representative, 7.16% did not get a definite religion. In the aspects related to marital status, 64.28% are married; 28.57% are widowers and 7.15%, divorced.

Considering the study’s sample, the age group between 60 and 69 years was the most affected, being women most of them, due to the quantity of hospitalized women in the period of data collection. Most of them have incomplete elementary school, facilitating the understanding of the aspects related to the disease. They are workers, highlighting farmers and household with the highest frequencies of the answers, being most of them Catholic and married.

Age is determinant in the emergence of oncologic pathologies, given the vulnerability caused by functional decay of the body. Most elderlies said they followed a religion and they had enough faith and spirituality. It is

believed that faith and spirituality are means found by them to minimize the anguish and to find the strength to continue the treatment.

Concerning spirituality, regardless of religion, there is the search for a spiritual support, surrounded, at this moment, by uncertainty and insecurity. The attachment to spirituality is closely related to the need for not losing hope, change proposals and waiting for a miracle.¹¹

The biological changes related to the aging process, associated with the homeostatic dysfunction when exposed to physiological stress, as well as advanced chronological age, determine greater susceptibility to illness, with increasing vulnerability and greater likelihood of death.⁴

♦ Second Part

Data related to the feelings experienced during hospitalization, the importance of family and/or companion during hospitalization and the expectation about hospital discharge from the inquiries of the elderlies regarding their experience with previous hospitalizations.

When asked about previous hospitalizations, 92.86% answered positively, while 7.14% said they have not had this experience. When asked about the time spent in the study institution, the average number of hospital days was 21 days, considering that each one of them was hospitalized for disease treatment for more than five days in the mentioned institution.

Regarding the process of analyzing the data obtained through interviews, the following categories emerged: Feelings experienced during hospitalization, expectations regarding the discharge and the importance of family and/or companion during hospitalization.

♦ Feelings experienced during hospitalization

One believes that the situation of disease in elderlies, with a perspective of short or long hospitalization for therapeutic treatment, makes the elderlies realize they are fragile, dependent and helpless in the face of contingencies imposed by life and, in this sphere, they recognize many feelings easily externalized to those around them, generally sadness and suffering.

Regarding the most frequent feelings in their routine, the elderlies answered a variety of feelings, in especial, hope, sadness, loneliness, animation, discouragement, fear, sorrow, regret, anxiety, calm, satisfaction and joy. However, among the answers, hope, fear, sadness and suffering were the most frequent

feelings mentioned by all seniors during interviews.

The word hope, identified in the elderlies' responses during hospitalization, was a feeling quite observed in the context of the oncologic pathology, as the patients 'cling' to this feeling "hope" for believing they will be cured from their respective pathologies, and they will be discharged to return to their lives. Studious reveal that:

*[...] hope doesn't cure, but can cheer up the patient so that he keeps on fighting, she makes the patient the last referee of his destiny, as she is a source of energy to keep on trying, even when it's known there are few possibilities of surviving [...]*¹²

Hospitalization mobilizes different feelings and is marked by suffering, as it is often related to the fear of the unknown. Elderlies experience, during this period, situations of distress, which strengthens the human frailty when facing the risk of death. They intensely experience fear, sadness and suffering, which are characterized by emotional states intrinsic to any human being deprived of certain personal and emotional satisfaction. It is a reaction of the body when the subject deeply faces the fragility.¹¹

♦ Importance of the family and/or companions during hospitalization

In fact, the need for a companion is reinforced by several studies, when considering elderlies are dependent on their families and the hospital keeps them away from their families. The presence of a family member in the hospital is very important, not only to accompany the elderly, but also to be guided in their role as a lay person caregiver.¹³

In this category, 92.85% consider important and only 7.14% thought otherwise. A type of care that emerged from the reports was the companion. Some seniors realized it is very important, even when not requested, demonstrating a willingness to be present as much as they can and providing welfare, as pointed out.

[...] The companion is important for the dialogue, for sharing the feelings. Family is essential and, when they don't come, it's a deception...but we look for other means. [...] (I₄)

[...] Because I think it's very important the Family company, because if not the family, who would take care of us? And my family is everything to me. When we're with our families, we feel safer, you know? [...] (I₅)

[...] To provide a constant support, especially at my age [...] (I₂)

[...] Because it's important to have a company [...] (I₉)

Knowing the feeling of gratitude implies the awareness and recognition of their own vulnerability and dependence experienced at that moment and it is very difficult to recognize it in a society where people generally prefer to think themselves as self-sufficient, one of the respondents reported experiencing this feeling, as described below:

[...] My grandson did everything for me! I die and I'll not pay for what he's done for me, I'm very grateful for him [...] (I₁)

In aspects regarding gratitude, "several authors have pointed out the fact that gratitude can help promote welfare and improve the quality of life of those who experience it"^{14:12} What, in turn, makes us see gratitude as an important feeling to maintain emotional stability of the hospitalized elderlies.

Some seniors also reported several features in having someone during hospital treatment, as identified below:

[...] Because she helps me, takes me to the bathroom, to put a diaper on, a thing. She's helping me, you know? I think it's good, important [...] (I₁₁)

[...] Because, sometimes, we feel alone, we talk, right? A little bit, and, sometimes, you want to go to the bathroom, a thing, then we have a person to help us [...] (I₁₂)

Family members and/or companions start to collaborate with the sick person, in order to face the changes in their routine as well as the limitations resulting from their own health condition.

◆ Expectations regarding the discharge

Initially, the elderlies voiced the desire to return to their homes and, thus, to their everyday activities, since the hospitalization process breaks the family and work routines, when present, leaving the individual more vulnerable to experience situations of emotional stress.

[...] I want to go home to return to my activities [...] (I₂)

[...] I'll go home, go back to normal activities [...] (I₃)

[...] To go on working, because art is a therapy for me [...] (I₄)

Another aspect revealed during the questioning was a concern for the family members who stayed at home without their presence and without the care directed them.

[...] I want to go home, live my life. My family is all there, doing nothing [...] (I₈)

[...] To get healed, and live just for my old man, my Family and granddaughters...it's my dream [...] (I₅)

Returning home may also highlight changes in the tasks developed by the elderlies before their experience with the oncologic disease. They will be able to take on new responsibilities and care in order to restore health, as shown by the following statements:

[...] When leaving this place? No, for now, just leaving and resting. I'm not going to do anything else. It's, thanks to God, I'm spending these days left for me here [...] (I₁₀)

[...] Home. While I'm not fine, I'm not doing anything, just recovering, right? Getting healed, recover from the surgery, that's it. And, stay at home, doing things. While I'm like this, I do nothing, right? Only when I'm healed [...] (I₁₁)

The need to take more care and responsibilities with the family has been a source of stress, especially for the closest relatives of cancer patients. For family members, returning home means the need to change the social relations among the family system.¹⁵

Knowing spirituality is part of a person and it is what enables finding meaning and purpose in life, as well as overcoming situations that cause distress and suffering, actively contributing and allowing accumulate experience for coping with the disease, as we can see in the speech below:

[...] My expectation is that, when I'm discharged, I'll be able to rest a lot, to take care of my health, ask Jesus, God and Our Lady for my health, and the health of everyone who's just like me, or worse, right? God help us, because only He cures us and saves us. I trust in Him a lot! [...] (I₇)

One way of coping with the disease is directly linked to the strength of faith and religious beliefs; ways of expressing spirituality. For elderly people with chronic health conditions, one way of coping with adverse and favorable situations is the feeling of faith in God.¹⁶

Faith is a source of support for the confrontation, which helps overcome the challenges of events and also the treatment, given that the demand for spirituality and the establishment of faith give mothers a comfort when facing death possibilities.¹⁷⁻⁸

Based on this approach, despite death being a phenomenon intrinsic to life, its probability is always surrounded by a lot of fear of the unknown and uncertainty of what is to come. In this sense, nursing professionals have as their main objective the care, facing the direction of promoting life, welfare of human beings, both collective as individual and the vital potential. This care includes

therapy, healing, comfort or preparation for death when inevitable.¹⁹⁻²⁰

Therefore, one highlights the role of the nurse in this context, considering he/she is responsible for making decisions that guide the patient's care in the routines and procedures developed by the nursing staff, providing welfare for all patients under his/her care during their stay at the hospital unit.²¹

The spiritual dimension occupies a prominent place in the life of this elderly woman, and makes it clear that it is essential to know the spirituality of the users to plan nursing care. Thus, according to the identified reports, one notices that the discharge expectation brings a mix of ambiguous feelings, where the patient feels relieved to return to family life and, at the same time, is confused for not knowing how the post-discharge period will be and if he/she will be able to handle the events to come.

CONCLUSION

Hope was the most present feeling in the testimonies of the elderlies who showed anxiety with the expectation of discharge and returning to family life, and considered, positively and significantly, the presence of family and/or companion during hospitalization, as they show interest in caring.

One believes that health professionals working in hospitals may know and adopt effective strategies to deal with these feelings, and one hopes that this study will contribute to future research and the work of professionals in this specialty in order to promote safe, efficient and holistic action, based on both emotional as physical needs of customers seeking these services.

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Submission: 2016/03/26

Accepted: 2016/06/14

Publishing: 2016/10/01

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