



THERAPEUTIC COMMUNICATION BETWEEN NURSES AND PATIENTS OF PREOPERATIVE PROSTATECTOMY

COMUNICAÇÃO TERAPÊUTICA ENTRE ENFERMEIROS E PACIENTES EM PRÉ-OPERATÓRIO DE PROSTATECTOMIA

COMUNICACIÓN TERAPÉUTICA ENTRE ENFERMERAS Y PACIENTES DE PROSTATECTOMÍA PREOPERATORIA

Tatiana Ferreira da Costa¹, Kátia Neyla de Freitas Macedo Costa², Kaisy Pereira Martins³, Danielle Samara Tavares de Oliveira⁴, Jean Talis da Silva Lima⁵, Aurilene Josefa Cartaxo Gomes de Arruda⁶

ABSTRACT

Objective: to investigate the therapeutic communication between nurses and patients in preoperative prostatectomy. **Method:** a descriptive study with a qualitative approach, conducted in a Surgical Clinic Hospital School of João Pessoa / Paraíba / Brazil with 8 nurses. The data were collected through semi-structured interviews and were analyzed by Technic of Analysis of Thematic after approval of the research project by the Research Ethics Committee of the University Hospital Lauro Wanderley, under protocol number 300/11. **Results:** the results were grouped into four categories: << Nurses understanding about therapeutic communication >>, << Perception of the nurse regarding the use of therapeutic communication >>, << Guidelines of the nurse to patient in preoperative prostatectomy >> and << Suggestions of the nurse for improving therapeutic communication >>. **Conclusion:** communication with these patients must have a broader focus, contemplating biopsychosocial tasks in addition to aspects related to sexuality, allowing to attend their specific needs, contributing to a humanized and holistic assistance. **Descriptors:** Health communication; Nursing; Prostatectomy.

RESUMO

Objetivo: investigar a comunicação terapêutica entre enfermeiros e pacientes em pré-operatório de prostatectomia. **Método:** estudo descritivo, de abordagem qualitativa, realizado na Clínica Cirúrgica de um Hospital Escola, de João Pessoa/PB/Brasil, com oito enfermeiros. Os dados foram coletados por entrevista semiestruturada e analisadas pela Técnica de Análise de Temática, depois da aprovação do projeto de pesquisa pelo Comitê de Ética em Pesquisa do Hospital Universitário Lauro Wanderley, sob o protocolo n° 300/11. **Resultados:** os resultados foram agrupados em quatro categorias << Compreensão do enfermeiro acerca da comunicação terapêutica >>, << Percepção do enfermeiro em relação ao uso da comunicação terapêutica >>, << Orientações do enfermeiro ao paciente em pré-operatório de prostatectomia >> e << Sugestões dos enfermeiros para a melhoria da comunicação terapêutica >>. **Conclusão:** a comunicação com esses pacientes deve possuir enfoque mais amplo, contemplando questões biopsicossociais além de aspectos relacionados à sexualidade, permitindo atender suas necessidades específicas, contribuindo para a assistência humanizada e holística. **Descritores:** Comunicação em Saúde; Cuidados de Enfermagem; Prostatectomia.

RESUMEN

Objetivo: investigar la comunicación terapéutica entre enfermeras y pacientes de prostatectomía preoperatoria. **Métodos:** se realizó un estudio descriptivo con un enfoque cualitativo, realizado en una Escuela Hospital Clínico Quirúrgico de João Pessoa / PB / Brasil, ocho enfermeras. Los datos fueron recolectados a través de entrevistas semi-estructuradas y analizados por análisis técnico temáticas después de la aprobación del proyecto de investigación por el Comité de Ética en Investigación del Hospital Universitario Lauro Wanderley, bajo protocolo n ° 300/11. **Resultados:** los resultados se agruparon en cuatro categorías: << << Comprensión de las enfermeras sobre la comunicación terapéutica >>, Percepción de las enfermeras en respecto al uso de la comunicación terapéutica >>, << Directrices de enfermeras en pacientes preoperatorios de prostatectomía >> y << >> Sugerencias de las enfermeras para mejorar la comunicación terapéutica>>. **Conclusión:** la comunicación con estos pacientes debe tener un enfoque más amplio, más allá de cuestiones de aspectos biopsicosociales relacionados con la sexualidad, permitiendo que se adapte a sus necesidades específicas, contribuyendo a una asistencia humanizada e holística. **Descriptores:** Comunicación en la Salud; Enfermería; Prostatectomía.

¹Nurse, Master student, Postgraduation Program in Nursing, Federal University of Paraíba / PPGEN / UFPB, João Pessoa (PB), Brazil. E-mail: tatxianaferreira@hotmail.com; ²Nurse, Professor, Graduation / Postgraduation Program in Nursing, Federal University of Paraíba / PPGEN / UFPB, João Pessoa (PB), Brazil. E-mail: katianeyla@yahoo.com.br; ³ Nurse, Postgraduate in Intensive Care, Specializing, João Pessoa (PB), Brazil. E-mail: kaisyjp@hotmail.com; ⁴Nurse, Doing Master, Postgraduation Program in Nursing, Federal University of Paraíba / PPGEN / UFPB, João Pessoa (PB), Brazil. E-mail: daniellesamara@hotmail.com; ⁵Nurse, Assistant of the Primary Health Attention, João Pessoa (PB), Brazil. E-mail: jeanlima_enfufpb@hotmail.com; ⁶Nurse, Professor, Doing PhD in Health Sciences at Oswaldo Cruz Foundation / ENSP, Rio de Janeiro (RJ), Brazil. João Pessoa (Paraíba), Brazil. E-mail: aurilene_cartaxo@hotmail.com

INTRODUCTION

Among the diseases related to human health stand out from those involving the prostate and is most commonly mentioned in the literature, benign prostatic hyperplasia and prostate cancer. Although there are conservative alternatives for treatment, surgery is an option often still being performed according to the disease stage and presence or absence of certain complications of the disease.¹

In this context, in relation to prostate surgery, it is important that the patient may have various reactions, such as feelings of fear, anxiety, shame, helplessness, hostility, anger and sadness, mainly because it is an invasive procedure, permeated by various technologies.² Moreover, this surgery involves the male urinary and reproductive organ, which can pose risks of incontinence and impotence, the latter being considered the essence of masculinity. Evidence in the literature stigmas related to gender issues based on a socially constructed masculinity as powerful and virile, which can hamper the expressiveness of doubts, fears and expectations with respect to sexual matters.³

It should be noted that hospitalizations for malignant prostate cancer in Brazil are showing an ascending pattern, in 2010, the number of admissions reached 9,322, and the southeastern territory of the highest incidence (5036 cases), followed by the Northeast (1,865 cases), in 2011 the total number of hospitalizations in the country almost tripled reaching 23,640 hospitalizations for prostate cancer, and 12,790 in the southeast and northeast 4,575.⁴

The nursing care should focus on the promotion, prevention, treatment and rehabilitation of patients with this type of morbidity. With regard to hospital for treatment and preparation for discharge, in research on nursing diagnoses for discharge planning for patients prostatectomy revealed the diagnosis of anxiety and risk for situational low high esteem, explaining that the surgery also involves issues related to psychological needs. Moreover, a study on the expectation of the patient preoperatively of prostatectomy identified that communication with the nurse patient has not happened effectively, since patients were not receiving basic guidelines about surgery.⁵

We stress the importance of good communication established between the nurse and the patient who will undergo surgery for prostate cancer, because when used therapeutically, can promote the quality of

care, welfare, learning and retrieval of patient health. Furthermore, through it, the patient can be encouraged to verbalize their feelings and concerns.⁶

Nurses to use communication therapy may promote the guidelines, preoperative, aiming at resolving an assist and according to individual patient needs. For this, you must use some techniques as an accessible language compatible to the intellectual level of the client; attentive listening, with the establishment of non-verbal cues that express safety and tranquility; touch therapeutically to provide support and comfort, and attitudes that raise self-esteem and patient confidence among others.⁶⁻⁷

Thus, we realized the need to address the process of therapeutic communication, seeking to clarify how is occurring interaction between nurses and patients in preoperative prostatectomy in a university hospital with a justification for the large turnover of patients in preoperative prostatectomy, as well as the relevance of therapeutic communication regarding surgical nursing care to these clients

METHOD

A descriptive study with a qualitative approach, conducted in a School Hospital in the City of João Pessoa / Paraíba / Brazil, in the area of Clinical Surgery consists of two wings (A and B) and each with 28 beds.

The study included eight nurses, whose team met the following criteria: the service was providing assistance to patients who would undergo surgery for prostate cancer during the period in which the researcher was collecting data on site and agreed to participate by signing a consent form free and informed consent (IC). The data were collected between April-May 2011. We used a semistructured interview technique, which consists of five subjective questions related to communication between nurses and patients in preoperative prostatectomy.

Data analysis was performed using the thematic analysis that was implemented by the following steps: first, we record certain units - phrases, clippings, a form of categorization and general theoretical concepts that guided the analysis, based on the goals of research then were performed classification and aggregation of data, soon after, was made to interpret the data obtained, as categorized by correlating them with the literature that supports research.⁸

This research has met the requirements of Resolution 196/96 of the National Health Council which regulates research involving

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humans and was approved by the Ethics in Research of the University Hospital Lauro Wanderley / CEP / HULW under protocol number 300/11. The identification of the participating nurses was kept secret, and those identified by acronyms (E1. E8).⁹

RESULTS AND DISCUSSION

Participants were eight nurses who had an average time of service in the profession of 19.5 years. The results were grouped into four categories << Understanding the nurse about therapeutic communication >>, << perception of nurses regarding the use of therapeutic communication >>, << Guidelines of nurses to patients in preoperative prostatectomy >> << Suggestions for improving nurses' therapeutic communication >>.

• Nurses understanding about therapeutic communication

The therapeutic communication with patients who will undergo prostate surgery is a tool for nurses in order to identify the needs of patients throughout their context, allowing information exchange between subjects and learning opportunity of the patient regarding the process of health-disease.¹⁰

Thus, it becomes essential knowledge of the professional about this process. In this context, when the nurses participating in the study were asked about their understanding in relation to therapeutic communication, part of them replied that communication was established between the nurse and the patient; a superficial response that demonstrates little understanding of the topic, this fact is evidenced in the statements below:

Communication is established between the health professional and the patient. (E8).

It is one made between professional and patient to improve the current situation. (E5).

The ability to communicate therapeutically with the patient is essential for quality care by allowing nurses to interact with the same understanding as the person with individual needs, thus providing a humanized care. With regard to prostatectomy, further exacerbates the stress level of the patient, as studies focusing on gender reveal that the sexual life of man is considered a cornerstone in the construction of their masculinity.¹¹ Thus, in the context of human health, it is necessary that nurses make use of therapeutic communication and the elements that compose it, as the techniques of expression, clarity and content validation.¹²

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In the nurses' speech E1 and E4, perceives some understanding about the benefits of therapeutic communication as a support strategy to the situation experienced by the patient, as explained below:

It's the way I have to support him, reassure him [...] offering emotional support. (E1).

Any communication that is clear, objective, and gentle in tone down throughout the procedure. (E4).

• Nurses' perception concerning the use of therapeutic communication

In speaking of E4, we can see that some are reported therapeutic communication techniques related to providing information in accordance with the understanding of the patient, with noticeable concern with using a language accessible to the intellectual level of the patient. In this respect, it is important that nurses refrain from technical jargon, because the use of this language may not trigger the understanding of the patient, and therefore not the effectiveness of care.¹⁰

• Perception of nurses regarding the use of therapeutic communication.

This category was asked the nurses if they consider communication used by them to patients in preoperative prostatectomy as treatment, we observed the following statements:

Yes, because the whole process regarding treatment and stay in the institution is explained in detail in interest to the client, family and community. (E4).

Yes, because I explain their pathology, the medications you are using, its importance, I think it is essential. (E7).

In the statements of nurses, one can see that communication is restricted only to promote information and advice, and often this information is limited to drug treatment. This result, now found, might be related to the hegemonic dominance of the biomedical model and the emphasis on the biological and healing practice, at the expense of psychological attention, which also involves the health-disease.¹³

It is clear that the vision of these professionals is reductionist, so it is necessary that they understand that the phenomenon of illness is permeated not only for physical variable but also by psychological issues, social and cultural rights. Thus, communication between nurses and these patients must elapse biological aspects involving prostate surgery, a claim to break down barriers, prejudices and beliefs brought by men with regard to their own health care.

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Unlike the testimony of E4 and E7, some nurses envision their interactions in communication with means of offering support and trust, and provide information, as illustrated by the statements below:

Yes, because in one way or another, I'm always trying to make things a little nicer than it actually is. (E1).

Yes, because during communication offer support, information, comfort. (E2).

Yes because through communication give guidelines, shot the doubts, and the patient's complaints. (E6).

Perceive themselves through speech mentioned that nurses try from the communicative act, making hospitalization and surgery in less distressing experiences, as it tries to become more pleasing to the reality experienced by the patient, offering support and comfort, plus a wire in relation to patient complaints.

In a study on patients' expectations regarding prostate surgery, doubts, worries and lack of information were the factors identified that generated the highest level of stress and negative feelings about the surgery.⁵ In this sense, it is emphasized that nurses should learn to listen, speak when necessary, to give the opening performance of questions, be honest, show respect, dispense enough time for conversation, show interest in what the patient reports, among other skills.¹⁰

• Guidelines of nurses to patients in preoperative prostatectomy

In this category, we tried to identify how the guidance is given to the patient who will undergo prostate surgery in the preoperative period, including guidelines for hospital discharge, the nurse in sight.

Preoperatively, the patient communication has the purpose of providing welfare, because that is when patients have high levels of stress and may develop feelings that act negatively on the surgical process¹⁴. Thus, when the nurses were asked about the guidelines given to patients who would undergo prostate surgery, got the following answers:

When doing hygiene, shaving, fasting, time of surgery; guide possible bleeding. (E3).

Diet zero, shaving site, explaining the catheterization and irrigation continued, guiding the visit anesthetic explain the procedure. (E4).

Guidelines for the use of an indwelling catheter and suprapubic use that after surgery; orientation to the use of bladder instillation and irrigation continues. (E8).

Given the statements of nurses, it can be noticed that these essential guidelines and perform routine as skin preparation, guidance

for fast, time of surgery, as well as issues such as the use of probes bladder, among others. However, an important aspect to consider is that there is concern about the psychosocial and emotional involving prostatectomy, as noted in the testimony of E3, E4 and E8. The expectations about the surgery as guidance about sexuality and possibility of incontinence, sexuality, fertility, and care should be taken after surgery, were not mentioned.

Urinary incontinence and erectile dysfunction are the most distressing complications in patients undergoing prostate surgery.¹ Accordingly, there must be the development of knowledge and skills in relation to the approach on sexuality and the establishment of appropriate actions before problems related to this issue. Based on this understanding, we can identify that there was some deficiency in relation to the psychosocial aspects of the patient, only E1 and E2 cited psychological support. Follow the lines:

Personal hygiene care (including achievement of trichotomy); guidelines regarding fasting; inform time of surgery, and reassure him about his recovery. (E1).

Prepare the patient psychologically as surgery; regarding the use of urethral anesthesia [...]. (E2).

Thus, it is worth noting that the preoperative period is extremely important to recognize the difficulties these patients face, and nurses need to stimulate the expression, allowing the exchange of information for planning quality care.

• Suggestions of nurses to improve the therapeutic communication

Many suggestions were given by the nurses in respect to improvements to achieve effective communication with patients. The majority were reported some factors that hinder a better interaction with the patient. When asked who should be answered:

Team collaboration with the patient, must have a good relationship. (E8).

Humanistic ethics with the patient (trust and respect); increase the number of professional service and minimize the bureaucratic burden. (E4).

Improving the interaction between doctor and nurse, using the same language, with the goal of passing the information correctly, removing the doubts of the patient, minimizing anxiety and concern. (E3).

In the above discourse is understood that nurses recognize the need for greater interaction with the healthcare team, as

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regards E3, especially with the doctor, so that the joint action of these professionals can reflect in better patient care. The multidisciplinary work has emerged as a strategy to oppose the specialization of health through this, there is the articulation of knowledge, improving the resolution process of individualized health needs.¹⁵

In speaking of E4 show up some problems that hinder the implementation of a so effective care including effective communication, such as work overload, lack of professional bureaucratization of their actions and others. Because of this, often, time becomes insufficient to that nurses engaged in particular the difficulties experienced by each patient, resulting in professional dissatisfaction that ultimately reflect in their care and, consequently, in their interpersonal relationships with patients.¹⁵

Moreover, we perceive in speech E4 of the need for more humane ethics and patient communication. In a study conducted in a hospital school, was reported by patients in the preoperative period, the need for a more humanized care to make the surgical process less stressful.¹⁷

FINAL REMARKS

The results of this study found that there are some weaknesses regarding the communication process between nurses and patients in preoperative prostatectomy. One refers to the partial understanding of the nurses about therapeutic communication, constituting one factor that may hinder an interpersonal relationship based on empathy, respect, and trust, these being essential to the quality of care. It was also identified that few professionals use therapeutic communication to properly cover these patients.

Regarding guidance preoperatively, although relevant and indispensable, was almost unanimous information only with respect to routine surgical procedures, there is no concern regarding aspects and psychosocial and emotional factors involving the man in your surgery prostate. Thus, it is important for nurses to understand that this period should attend to all the needs of the patient, seeing it as a whole, in a holistic way.

It was also found that issues such as workload, little interaction between the team that provides care, beyond the bureaucratization delegated to nurses can contribute to the communication is not

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satisfactory, these facts deserve to be taken into consideration, because care must be also rethought in relation to organizational and structural health services.

To achieve improvements in communication with these patients is necessary that nurses understand the importance of this process, and understand health from an approach that addresses all dimensions of the human being, and focus on issues such as sexuality and gender, which are essential for quality care for patients who will undergo surgery for prostate cancer.

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Corresponding Address

Tatiana Ferreira da Costa
Rua Maria José Rique 369, Cristo Redentor
CEP: 58071-610 – João Pessoa (Paraíba), Brazil