ABSTRACT

Objective: to understand the perceptions of nursing academics regarding the care of patients with change of facial image. Method: a descriptive and exploratory study with a qualitative approach. In the construction of the data it was used the semi-structured interview with the students of the seventh semester of Nursing of the Federal University of Santa Maria/RS/South Brazil. The information was organized by Atlas Software Ti 5.0 underwent to the Content Analysis Technique. The protocol of the research project was approved by the Ethics Committee in Research, Protocol 0085.0.243.000-08. Results: it showed two categories: 1. <<The perception of care before the change of facial image >> and 2. << Nurse Training and care >>. Scholars believe that it must be very painful and sad for the patients living with changing the image of their faces, and to provide care to these patients is configured in an experience of much impact and stress during their training. Conclusion: it was considered the need for greater theoretical base that bring to light the subjectivity of human being/care. Descriptors: Nursing Care; Body Image; Nursing Education.

RESUMEN

Objetivo: comprender la percepción de académicos de enfermería cuanta al cuidado a pacientes con alteración de la imagen facial. Método: estudio descriptivo, exploratorio de abordaje cualitativo. En la construcción de los datos se utilizó una entrevista semiestruturada junto a académicos del séptimo semestre del Curso de Enfermería, da Universidade Federal de Santa Maria/RS/Sul do Brasil. Las informaciones organizadas pelo Software Atlas Ti 5.0 fueron sometidas a Técnica de análisis de contenido. O Protocolo del proyecto de pesquisa foi aprovado pelo Comité de Ética em Pesquisa, Protocolo 0085.0.243.000-08. Resultados: evidenciaron-se dos categorías: 1. << A percepción do cuidado frente a alteração da imagem facial >> e 2. << A formação da enfermeira e o cuidado >>. Los académicos acreditan que debe ser muy sofrido y triste para estos pacientes convivir con la alteración de imagens de sus rostros e, que prestar cuidados a esas pacientes configura-se em una vivência de mucho impacto e estresse durante su formación profesional. Conclusión: consideraron a necesidad de mayor fundamentación teórica, contenidos que tragam a tona a subjetividad do ser humano/cuidado. Descriptores: Cuidados de Enfermería; Image Corporal; Educación en Enfermería.

RESUMEN

Objetivo: comprender la percepción de los estudiantes de enfermería sobre el cuidado de los pacientes con la imagen facial cambiada. Método: un estudio descriptivo y exploratorio, con enfoque cualitativo. En la construcción de los datos se utilizaron las entrevistas semi-estructuradas con los alumnos del séptimo semestre de Enfermería de la Universidad Federal de Santa Maria / RS /Sur de Brasil. Las informaciones organizadas por el Atlas Software Ti 5.0 fueron sometidas a la técnica de análisis de contenido. El protocolo del proyecto de investigación fue aprobado por el Comité de Ética en Investigación, Protocolo 0085.0.243.000-08. Resultados: mostró se dos categorías: 1. << La percepción de la atención frente al cambio de la imagen facial>> y 2. << La capacitación de la enfermera y la atención >>. Los académicos creen que debe ser muy doloroso y triste para los pacientes que viven con el cambio de la imagen del rostro y que atender a estos pacientes se configura en una experiencia de gran impacto y estrés durante su formación profesional. Conclusión: consideran la necesidad de un mayor contenido teórico que traigan a la luz la subjetividad del ser humano/cuidado. Descriptores: Cuidados de Enfermería; Image Corporal; Educación en Enfermería.

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INTRODUCTION

This paper reports a part of the doctoral thesis\(^1\), which was driven from the perception of caring for patients who have experienced change in facial image in professional career as a teacher by the first author when developing practical activities in the surgical units of the university hospital, along with students from 4\(^{th}\) semester of Nursing, Federal University of Santa Maria/RS. It was faced with numerous patients, who underwent surgeries which alter significantly their body image, such as limb amputation surgeries, surgeries in the head and neck, grafts, among others.

The experience in this reality and complexity of each situation leads to reflect on the role as human beings, nurses, caregivers and educators. Academics, as well as teachers and other professionals, expressed unease with respect to how to take care of these patients: what guide? How to start a dialogue in a situation so impactful? Often, questions remain about the meaning of this experience for the students. If teachers are experiencing another phase of life, more mature and with some baggage of experience facing these situations that arise within and mobilizing feelings of compassion, sadness, anxiety, such as academic at this early stage of the course full of searches, discoveries and realizes fears this context?

As we begin the first search of references to the readings of this research, there was a significant lack of published studies on the subject in nursing, particularly as the vision of the professional body in relation to patient care. Although psychology, sociology, anthropology and philosophy have major and important contributions already published. This effectively demonstrates the need to develop research in this direction and confirms, in a way, that still prefer to work with more technical issues, practices and objectives which may not demand more involvement/suffering to the researcher.

In daily practice for these patients, it is common to observe that some nursing professionals seem to underestimate how certain physical changes are significant to patients, which in a way is also expressed by academics who participate in the care. Appear to perform it in an automated way, mechanistic, only fulfilling the procedure. This can be realized through words, silences, facial expressions, gestures and behaviors, which somehow make difficult their relationship and interaction with the patient.

Even the academics perceive that care is delegated to teachers in an attempt to avoid an approach with these patients, which is likely to be understood. The routine of these professionals certainly causes the most distinct feelings and, therefore, a period of estrangement can be beneficial for the quality of their work process. Minimize issues of tension and complexity contributes to wellness professional.

The experience as a teacher has shown that the richness of the nursing care of patients with abnormal facial image is in the act of watching, a broad conception of the human being as unique and singular, facing a situation that is peculiar. Accordingly, we express our concern as trainers of future nurses.

Observations from the results of this study will provide important insights for educators and health professionals, co-responsible for training, can contribute to assist students in coping with situations impacting during his graduation. With this, it will help minimize negative feelings and stressful experiences, contributing to their personal and professional growth.

Given the above, we elected a guiding question << What are the perceptions of nursing students about the care of patients with change of facial image? >> and aim to:

- Understanding the perception of the academics facing the meaning of the care for patients with change of facial image.

METHOD

Article compiled from the thesis << Visibility of nursing students about the care of patients with abnormal facial image >> presented to the Postgraduate Program in Nursing, of the Center for Health Sciences, Federal University of Rio Grande do Sul/UFRGS, 2010. Porto Alegre (RS), Brazil

It was used the qualitative research, because it is characterized by the search for a dynamic relationship between the real world and subject, that is, an indissoluble link between the objective world and the subjectivity of the subject that cannot be translated into numbers.\(^2\)

The survey was conducted with seven nursing students of the seventh semester of the course aged between 21 and 24, students of the Graduate Nursing UFSM. The inclusion criteria were: academic seventh semester of that course in the period 2008/2, over 18 years old, both sexes. The choice of this academic stage of the course is due to the fact they have already experienced the
practice in various fields, and some scholars are still studying and practice management.

The Protocol of the research project was approved by the Ethical Committee under number 0085.0.243.000-08, following the resolution of the National Health Council No. 196/96, which regulates the standards for research with human beings. The students were informed about the nature and objectives of the study, the guarantee of confidentiality and anonymity, and, after signing the consent form, began the semi-structured interview recorded an average player (MP10). To ensure the anonymity of the students was adopted to identify the letter 'A' to be the initial academic word followed by one digit numeric, for example: A1, A2, A3 successively.

After the interviews, they were transcribed and used the Software Atlas Ti 5.0 (Qualitative Research and Solutions) for data processing. These were subjected to content analysis and revealed the following four categories: The perception of care against changing the facial image and Training Nurse and care.

RESULTS E DISCUSSION

The perception of care category called ahead to change the facial image appeared grouping of themes that were highlighted by the academic as it is reported that for them the experience of care: negative feelings (shame, social prejudice, discrimination, low self-esteem, aspects related to the way we perceive each other and how to treat and care for others), and impactful experience. In this regard a study of patients diagnosed with oral cancer identified that patients need not only the support of caregivers, but also their family and a social service to alleviate the suffering of this experience. The statements below illustrate:

Shame, feel very ashamed [...] he was really always covering he did not want people to see, and when was he wanted to bandage one made the dressing. So, I think they are ashamed and afraid that they will stay this way forever. What society will think of them? (A1)

I think it must be hard, very hard for them! Because the face is the first thing you see, and has a look that will get you and will act normally, others will look at you strange, others will be prejudiced. I think it must be very complicated and difficult to deal with it. (A3)

Activities in this scenario practices are considered unique experiences to the academic, which coexist with different situations both positive and negative. The feelings of shame, fear and difficulty before the patient allowed, according to them, observe the subjective character in care. Furthermore, observed difficulties with the technical procedure, as well as the physical and psychosocial needs that emerge in the relationship and interaction with the patient. This expresses the need to re meaning about teaching and care in order to identify the potentials and limits of each subject involved in such practices and invest in reflexive act to build a skills profile. Skills towards construction that aims to integrate knowledge, skill and behavior in the provision of health care.

In the subject experiences impacting the academic reported their perceptions, feelings, remembering how complex perform care among these patients as illustrate their testimonials below:

I was shocked seeing patients who had, for example, the suture well below the face of the eye, took a part the face! When he was with the tumor, I was! And he was really with it for years, until he was called to surgery that has developed a lot. We are shocked and lost the reaction. (A5)

[...] I try to act normal in all patients, without making faces [...], but feel like something is weird, because it has a hard time talking, you talk normal, but it gets a little unsure do! (A3)

It was observed that care is expressed beyond technique, with a sensitive eye, attributing meanings humanized care. The humanist education of nursing students portrays a process that includes a commitment to life, and understands that this must be seized with significance for the future professional qualification and training of a social subject, active, ethical and solidarity within the perspective of humanization and constant self-reflection and action. The difficulty in communicating generates an instability in the relationship with the patient, requiring academic reassessment of the situation. The learning in different practical situations depends on each one, because each brings its historicity and experiences, highlighting the need to link the personal knowledge and experience in practical classes as a determinant for the choice of actions and decisions.

The category of nurse training and care emerged from grouping of themes, evidenced by the academics, as reported, their perceptions, as the needs for the care of patients with abnormal facial image. One of the issues was the concern with aesthetics as express their testimonials:
I wanted to make it more comfortable as possible. And there he wanted to leave the dressing prettiest possible for him also when they see in the mirror! (A1)

I think for them to be very painful, having a blemish on the face, think and willful. Because for me it's something very important to your aesthetic, especially the face that is a part that appears more than for them to be painful, must be suffered ok in trouble well in that area that does not have as thou hide thy face and that ok there must be quite complicated [...] (A4)

In these testimonies, there is the emotional suffering of the academic front of the patient's condition and the impact that the care provided by them. Therefore, it is critical that academics themselves acquire a sense of self to be able to recognize the uniqueness of the other, and on the human dimension of nursing care. This proximity to the patient is required to listen sensitively, in an understanding of what is spoken, and ability to express them verbally and nonverbally feelings, but rather knowledge is required of you to understand the other, the patient with altered facial image. 11

When someone wants to know what the other feels, his face, his expression is what gives interpret your wishes and expectations. On the face, the eyes, the look, are the most significant elements and the human face. The face speaks, because everything in it is expressive: joy, sadness, disappointment, peace, anxiety among others. 12 When looking for a patient with altered facial image, one wonders what are the feelings present at that time in his life, and despite having repeatedly experienced care with them, often feel impacted and sad!

One of the themes that appeared and deserves to be discussed concerns the preoccupation with content that identified the roots of nursing education centered techniques, models, concepts, standards and rules that have always been present in nurse training. The academic considered the importance of inserting content to assist with the discussion of the topic as illustrated by the following statements:

Sometimes has the theory of something. But I think so, half above, has a well generalization of all. And then at the end you always end up learning in practice and always seeing in practice. I think it could be brought over to the classroom. (A3)

I imagine it has to have class on it, about psychological support, emotional support for these patients. Do not just talk the dressing technique, because what we have in class is that? Aseptic technique, a technique that, but now to bolster the patient knows what to say at such times I think it's just practice. [...] And that is seriously lacking in undergraduate I do not remember having any class that talked like we should see these patients, as should guide, I do not remember. (A5)

The process of nursing education in contemporary points to the training of the professional exercise of general and specific skills, and skills guided the conceptions of students as subjects in their training process, the link between theory and practice. 13 This perspective training approaches students' experiences with the reality, expanding the looks so that these future professionals to exercise reflection based on dialogue to improve nursing care. 14

Realized the importance of the interrelationship of what has been learned in theory and what the academic experience in practical classes. With regard to nursing education is necessary to organize and direct the learning situations to mobilize a reflective attitude in academics. In this perspective, educational institutions need to enable opportunities for discussion and reflection on everyday experiences, feelings, in order to rescue the appreciation and expression of future health professionals. 15 Teachers need to value the individual experiences of the students, providing them opportunities for discussion of experiences with the difficulties of academic training.

The construction of knowledge goes beyond the theoretical classes and academic studies, it should be is present in daily work and personal life. To relate the theoretical knowledge in nursing practice, it is necessary to build new knowledge and learning to learn. 16

CONCLUSION

Provide care to patients is reported by scholars as an experience much impact and stress during their training. Believe to be very painful and sad for patients living with the alteration of the image of their faces and they also suffer from this experience.

Considered that there is a lack of content during graduation they give theoretical support to be able to work with these patients in scenarios of practical content to bring to light the subjectivity of the human being and care, which is understandable, because the student always wants more content, and we desire is that, beyond learning to fetch, he develops the conditions necessary to learn and understand the situations they come and exercise real care.
It is therefore considered the need to rescue philosophical, anthropological and ethical values of care grounded in sensitivity and uniqueness of the individuals involved in the training of nurses.

It is believed to be necessary to rethink the training for care, as this resonates significantly in making the future nurses, signaling the need to reassess not only the content involved in the issue, but also the teaching-learning strategies used by teachers. The experiences in this study, represented by the change in facial image are unique opportunities for the development of skills and competencies necessary for nursing education during the academic trajectory. The aim is to improve the knowledge, lessen the impact of this experience for the students, allowing sensitive care in nursing care and teaching.

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