ORIGINAL ARTICLE

DIFFICULTIES OF ASSISTANT NURSES BEFORE SPIRITUALITY IN PALLIATIVE CARE

ABSTRACT
Objective: to investigate the difficulties of nurses before the spiritual approach of patients undergoing palliative care. Method: a qualitative exploratory-descriptive study conducted with 12 nurses in a public hospital in João Pessoa/Paraíba. The data were constructed by means of interview form, analyzed by the technique of content analysis thematic. The study was approved by the Ethics and Research Committee, n° CAAE 03317512.9.0000.5183. Results: there were identified three themes: Safety in the realization of spiritual approach - were detected by nurses difficulties in dealing with death and the dying patient; Difficulties encountered - the highlight was the fact of dealing with the finiteness and lack of time; Perspectives advance - it was noted the need for awareness and professional training. Conclusion: it reinforces the incentive to produce new studies, to dissemination and discussion of themes about death and palliative care. Descriptors: Palliative Care, Spirituality, Nursing Care.

RESUMO
Objetivo: investigar as dificuldades dos enfermeiros assistenciais frente à abordagem espiritual de pacientes sob cuidados paliativos. Método: estudo qualitativo, exploratório-descritivo, realizado com 12 enfermeiros assistenciais de um hospital público de João Pessoa/Pará. Os dados foram construídos por meio de formulário de entrevista, analisados pela Técnica de Análise de Conteúdo temática. O estudo foi aprovado pelo Comitê de Ética e Pesquisa, CAE n° 03317512.9.0000.5183. Resultados: foram identificadas três categorias temáticas: Segurança na realização da abordagem espiritual - detectaram-se dificuldades por parte dos enfermeiros ao lidarem com a morte e com o paciente terminal; Dificuldades encontradas - destacou-se o fato de se lidar com a finitude e a falta de tempo; Perspectivas de avanço - constatou-se a necessidade de sensibilização e de capacitação profissional. Conclusão: reforça-se o incentivo à produção de novos estudos, à disseminação da temática e ao debate acerca da morte e dos cuidados paliativos. Descriptors: Cuidados Paliativos; Espiritualidade; Assistência de Enfermagem.

RESUMEN
Objetivo: investigar las dificultades de las enfermeras asistenciales frente al enfoque espiritual de los pacientes que reciben cuidados paliativos. Método: estudio cualitativo, exploratorio-descriptivo, realizado con 12 enfermeras de un hospital público en João Pessoa/Pará. Los datos se construyeron por medio del formulario de entrevista, analizados por la técnica de análisis temático. El estudio fue aprobado por el Comité de Ética e Investigación, n° CAAE 03317512.9.0000.5183. Resultados: Se identificaron tres temas: la seguridad en la realización del acercamiento espiritual - se detectaron dificultades por parte de las enfermeras en lidiar con la muerte y el paciente terminal; Dificultades encontradas - lo más destacado fue hacer frente a la finitud y la falta de tiempo; Perspectivas adelantado - se señaló la necesidad de sensibilización y formación profesional. Conclusión: se refuerza el incentivo para producir nuevos estudios, la difusión de la temática y a la discusión sobre la muerte y los cuidados paliativos. Descriptors: Cuidados Paliativos, Espiritualidad, Cuidados de Enfermería.
INTRODUCTION

Man spends his life rejecting the certainty of death, however, despite technological advances, nothing has yet been created to prevent it. As a result, often sees its connection to feelings and negative conceptions of fear, pain and distress. In turn, there is growing interest in the provision of care to improve the quality of life for individuals who are terminally ill, especially palliative care, whose goal is to relieve physical symptoms, psychological, spiritual and social needs of patients and his family, from the time of diagnosis to death and mourning.

It is known that prioritize palliative care instead of healing and are processed through a humanized, based on respect, ethics and truth in the relationship between professional and patient. This quest for humanized, with emphasis on human values, brings, among others, the importance of spirituality, human dimension that is related to the meaning of life, acquired through the experiences and beliefs of the individual, as well as its relationship with nature, with God, with himself and with others. With regard to palliative care, has been seen that in the midst of disease progression terminal also worsen the existential questions, which is why this approach is essential.

Thus, spirituality promotes peace, well-being, comfort and hope, that help the individual terminal to accept what he lived and face death so serene. Therefore, considering that care to this patient is peculiar, it is for health professionals, especially nurses, who is responsible for care planning, knowing the characteristics of the spirituality of the individual and how he uses the coping with the disease.

Despite nursing professionals stay longer caring for terminal patients, research shows that the nursing staff did not respect confidence in providing this care. This difficulty arises from the professionals themselves face to deal with the finiteness and accept death as something natural.

When analyzing the above, one sees that nurses face difficulties facing the palliative care setting, more specifically, in addressing their spirituality. Thus, to account for the object of study was prepared following research question << What are the difficulties faced by nurses on the spirituality of palliative care patients? >>

OBJECTIVE

- Investigating the difficulties of nurses before spiritual approach of palliative care patients.

METHOD

A qualitative study, exploratory-descriptive study conducted with nurses in clinical medicine, the Intensive Care Unit (ICU) and the Clinic of Infectious Diseases (IHD) in a public hospital in the city of João Pessoa/Paraíba.

The inclusion criteria of the study participants were: clinical nurse such units; be working in the days of data collection; take up the case and sign the Instrument of Consent. There were excluded from the nurses those were not present in the days of data collection or refused to participate in this research. Thus, 12 nurses participated in the study - five from the clinic, five of DIC and two adults at ICU. The decision to elect these sectors to realize the study is justified because they are the places where the number of patients requiring palliative care is greater.

The construction of the data was carried out in the months of December 2012 and January 2013, through form containing identification and discursive questions on the subject. The confidentiality of the source of information was maintained by identifying participants with numbers - Enf.1, Enf.2 ... Enf.12. For data analysis, we used the technique of content analysis in thematic, following these steps: Pre-analysis and organization of the material; material exploration through its coding or classification and categorization, inference and interpretation of results.

During the research, we considered the ethical aspects to it, became the basis of Resolution No. 196/96 of the National Health Council, which addresses the issues inherent in research with humans, serving the ethical principle of autonomy. Thus, the research project which originated this study was submitted to the Ethics Committee in Research of the University Hospital Lauro Wanderley (CEP/HULW) and approved the Certificate of Acceptance and Appreciation Ethics (CAAE) n. 03317512.9.0000.5183.

RESULTS E DISCUSSION

Of the 12 nurses selected for the research ten were female. The age range of the participants presented a range 26-61 years old, mean age of 41, the minimum time
working in hospital was two years and the maximum of 32. The average length of service was 17 years.

Eleven participants reported having experienced death situations during daily work, and of these, nine said they had used some action that would address the spirituality of terminally ill patients during nursing care.

This situation reveals that, despite the difficulties faced in the daily care, and in this respect, the involvement of feelings and emotions, these professionals try to overcome their limitations looking provide assistance that promotes emotional well-being of the patient, addressing the realm of spirituality. So after analyzing the data, we identified three major themes, as Figure 1:

Figure 1. The categories drawn from the difficulties of nurses towards the spirituality of patients in palliative care. João Pessoa, Brazil. In 2013.

♦ Safety on spiritual approach practice

The participants' reports regarding the safety they felt in dealing with the terminally ill patient and, when addressing their spirituality, are expressed in these speeches:

[...] When I'm acting on favorable terms with the physical, material and human resources, I feel safe because I know that all the patient needs is available. (Enf. 3)

[...] We deal with death often, but not always feel safe with it. (Enf. 5)

[...] I think no one feels safe in such a situation; it is very depressing, even with many years of service. (Enf. 6)

[...] I feel safe in dealing with the dying patient; always look at what I can to help the patient feel better. (Enf. 8)

Corroborating previous study2, it is clear that nurses have difficulties dealing with death and with the patient's terminal illness. This is explained by these professionals and little preparation due to the fact that palliative care require more than technical skills to run. Furthermore, the spiritual approach in particular requires professional and self-preparation psychospiritual to be held appropriately, which not always easy to obtain and depends on the characteristics of each individual professional.12-13

Palliative care is complex because it requires constant improvement of professional technical and content, linked to the overall vision and concern for the other9,14, which requires attributes such as experience and clinical practice, cooperation, availability and attention.4 Furthermore, it is necessary to know the individuality of each patient, which includes symptoms, cultural and family and requires teamwork.15

♦ Difficulties encountered in spiritual approach

When asked about the difficulties regarding the realization of the spiritual approach with the patient under palliative care professionals highlighted the fact of dealing with the finitude of the human being and the lack of time to provide holistic assistance involving this dimension. These difficulties were described by the subcategories:

♦ Finitude of being

To accept death as a natural process of human life is not easy for everyone. In health
work, this difficulty is also hefty, as can be seen in the speeches of nurses:

[…] I feel powerless against the finitude of being. (Enf. 3)

[…] Great difficulty dealing with the process is “dying”. (Enf. 8)

[…] It is difficult to know that everything we do is palliative, will not bring back health to be. (Enf. 8)

[…] It is difficult to care for a terminally ill patient, still young, especially the more you do to her relief, it will not bring healing. (Enf. 10)

This situation reflects the positivist and technical education of nurses and other health professionals in general, who learn early to preserve life and seek healing the patient at all costs, unless it is encouraged to reflect on death, which generates feelings of helplessness and failure to deal with its inevitability and often, as a protection against psychological distress, resulting in detachment of the patients who desperately need this care.

To change this context, it is imperative to seize the feelings of professionals, in order to encourage them to reflect and self-know themselves, in order to live better situations guided by death. It should be noted, though, the appreciation of the study of thanatology and the effectiveness of public policies for Bioethics and the recognition of the rights of patients in the imminence of death, since the improvement of care is reflected not only by the best technical and management of the physical aspect, but especially by dissolving psychological disorders covering patients, professionals and family.

♦ Lack of time

The extensive workload and poor working conditions of nurses were highlighted as factors that hinder the realization of the spiritual approach with the patient, as shown by these lines:

[…] Great difficulty is to not have a specific day for meetings and necessary guidance. (Enf. 1)

[…] Unfortunately the workload sometimes does not allow us to do it forever. (Enf. 5)

Nursing care consists of actions that aim to meet the individual’s needs holistically. However, in hospital practice, the demands commonly extrapolate the health care. This reality is characterized also by work overload, associated with the performance of a large number of activities, sometimes simultaneously and conditions are not always favorable. All this eventually affects the care offered and takes some professionals to prioritize actions over others, which culminates in a somewhat comprehensive care and lower quality.

In this context, we emphasize the relevance of Nursing Care System (NCS), through which it is possible to properly assess the key needs of patients, plan better care and interacting with staff.

♦ Advancement perspectives

In discussing what could be done to improve patient care and terminal approach spirituality in palliative care, redeeming the difficulties mentioned above, the nurses emphasized the need to raise awareness and train professionals.

♦ Awareness of professional

Palliative care is an approach based in the shape humanization, respect and solidarity on the part of whoever carries. In this context, sensitivity is an element described by study participants as needed to professionals so that care is done effectively.

[…] We see that it is necessary to sensitize practitioners to contribute to this practice because many are still resistant. (Enf. 3)

[…] There is a major lack in regards to sensitize the multidisciplinary team on the needs of patients and family. (Enf. 5)

Humanize the terminal patient care is paramount and depends, among other things, that the caregivers to arouse sensitivity and put themselves in another’s place, seeing it as a unique and social, not merely a disease.

Although necessary, this process of humanization is complex. A previous study confirms the speech stating that the nurse practitioners still resist, since it requires reflection on practice running, as well as changes in attitude and behavior, which can lead to feelings of fear and anxiety.

♦ Professional training

The training of professionals for the realization of palliative care, specifically, for the spiritual approach, was the issue of greatest importance in the discourse of nurses which is configured as a starting point for the advancement of such assistance. According to participants, this training should be started since graduation and last throughout the practice.

[…] Unfortunately we do not have this very common theme in training, so we restricted […] (Enf. 11)

[…] It could be training in palliative care. (Enf. 9)

[…] There needs to be greater investment in skills training, inclusion in the curriculum. (Enf. 11)

[…] It takes more training, preparation to improve science teaching. (Enf. 2)

The literature shows that education of nurses do not give necessary emphasis to the
needs of dying patients and palliative care, resulting in a shortfall in training aspect and aiding in the spread of inappropriate actions this kind of assistance. 3,15

We stress the need for more comprehensive training programs and the creation of continuing education and training of professionals in order to better prepare them for assistance. This enhancement can be offered by the institutions themselves, which would contribute to the upgrade of its professionals and consequently for offering better care and dissemination of knowledge. 3,15 This is justified because, even though the technology to expand and renew every day, it can only be beneficial if the professionals to use based on knowledge and responsibility.

CONCLUSION

Addressing people's spirituality is not something easy, which can be proven both during the search of professionals to respond to questions of this study, as when analyzing the speeches short but very revealing them. Thus, it was possible to identify deficiencies with regard to the preparation of nurses who assist individuals with no possibility of healing and the need to discuss and improve this type of assistance, in view of the importance of the holistic approach of palliative care setting and the contribution of spirituality in the process of terminal illness.

It was found that these deficiencies arise from the academic and remain during the daily work, represented by insecurity when dealing with terminally ill patients, removal of its most critical and rejection of death often justified by the lack of time.

It is noteworthy that the present study has limitations related to the fact that it was conducted in only one institution and the number of participants has been reduced in order to treat them to a qualitative approach. We also emphasize the challenge of studying a subject involving taboos and restrictions in freedom to express people's perceptions, and difficulties related to the interpretation of the data, this being linked to the author's conception of the world, requiring maturity and understanding of neutrality studied phenomenon.

Reinforces therefore encouraging the production of new studies and dissemination of thematic, and the need to train and update the Health professionals and promote discussions about death and palliative care to students, teachers, professionals, families and patients themselves, in order to remove negative conceptions in favor of its acceptance as part of the life cycle, contributing to the occurrence of death at the proper time, in a dignified manner and with the best quality of life possible.

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