ASSISTANCE TO USERS WITH CANCER IN A FAMILY BASIC HEALTH UNIT

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ABSTRACT

Objective: Identifying the service performed by professionals of a Health Family Unit directed to users with cancer. Method: a descriptive study with a qualitative approach conducted through semi-structured interviews recorded with MP3 player with workers of two teams of the Family Health. After transcribing the speech, it was analyzed by Thematic Analysis. The research project was approved by the Research Ethics Committee, CAAE Nº 23116004220/2011. Results: the assistance to the user with cancer would be related to their clinical condition. The difficulties reported by respondents in care are the lack of preparedness of workers and non-acceptance of the disease by the user with cancer. Conclusion: FHS workers have encountered challenges in achieving further assistance to users with cancer. Even being a disease which has increased its demand, still missing to fulfill gaps such as lack of preparation referred to by professionals. Descriptors: Neoplasms; Family Health; Assistance.

RESUMO


RESUMEN

Objetivo: identificar los servicios prestados por los profesionales de la Unidad de Salud de la Familia dirigidos a los usuarios con el cáncer. Método: estudio descriptivo con enfoque cualitativo realizado a través de entrevistas semi-estructuradas grabadas con reproductor de MP3 con trabajadores de dos equipos de la Salud de la Familia. Después de transcribir el discurso se analizó mediante el Análisis Temático. El proyecto de investigación fue aprobado por el Comité de Ética de la Investigación, CAAE nº 23116004220/2011-71. Resultados: la asistencia al usuario con el cáncer podría estar relacionada con su condición clínica. Las dificultades señaladas por los encuestados en la atención es la falta de preparación de los trabajadores y la no aceptación de la enfermedad por parte del usuario con el cáncer. Conclusión: los trabajadores de la ESF han encontrado con retos en el logro de una mayor asistencia a los usuarios con el cáncer. Aun siendo una enfermedad que ha aumentado su demanda, todavía falta llenar las lagunas, como la falta de preparación a que se refiere por los profesionales. Descriptores: Neoplasias; Salud de la Familia; Asistencia.

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INTRODUCTION

Cancer is a chronic and treatable disease, when diagnosed early. However, the diagnosis usually has a devastating effect for the user with cancer and his families, yet referring the idea of death, although many cases of healing currently occurring. It brings users the fear of mutilation and disfigurement, painful treatments and emotional and material losses that may be caused by the disease. Thus, the emotional processes triggered in user, require a professional concerned and willing to seek interventions and coping methods those can reduce the suffering of the user with cancer and their families.¹

The policies of health care in Brazil are encouraging territorial care for patients with chronic diseases through initiatives such as the Family Health Strategy (FHS), a strategy created by the Ministry of Health in 1994 to reorganize the practices of health care, that were being developed in the country, with activities centered on the individual care and treatment of diseases.²

The proposal of the Ministry of Health was to bring health closer to families and communities, thereby improving the quality of life, giving priority to prevention, promotion and restoration of health of users, fully and continuously in all stages of life. Thus, the possibilities are extended-care outside the traditional areas of health services, especially hospital care in people suffering from chronic diseases like cancer, for example.²

Tracking users with cancer by FHS workers, besides being an important strategy for establishing and strengthening the bond with the carrier Username and your family, enables the staff to provide quality care according to the needs presented for this user, even though not done by professionals with expertise in oncology. The presence of staff among users and their families to experience both enable and work a variety of feelings resulting from the disease process, thus tracing targets to minimize the difficulties faced by the family and patient.¹

With regard to the labor process and health practices, the proposal submitted by the Family Health focuses on teamwork that is characterized by the multidisciplinary team approach where each team consists of at least one doctor, one nurse a nurse and four to six community health agents (CHA). The working process of the FHS is divided into outpatient care, scheduled appointments, home visits, group activities, group scheduling consultation and team meetings.³

This new model enables workers to perform actions comprehensive assistance in all phases of the life cycle and to conduct health activities in different environments at FHU and, when necessary, at home, combining the performance of different knowledge, but with the same goal, quality of life of the user and their family.⁴ Thus, this study aims to:

- Identifying the care provided by professionals in a Basic Family Health Unit by users with cancer.
- Describing the difficulties faced by workers in care for these users.

METHOD

The present study was extracted from the Work Completion of the Graduate School of Nursing - FURG. Rio Grande, RS. Brazil. 2011 << Assistance for Users with cancer at a Basic Family Health Unit >> conducted between the months of March to November 2011. As a descriptive study with qualitative approach in a Basic Family Health Unit (BHPU) a municipality located in the extreme south of the Rio Grande do Sul. The subjects selected for this study were the workers in the two health teams located in this UBSF (in Portuguese).

Their production occurred from August to October 2011, days, hours, and agreed with each participating site. To this end, we built a semi-structured instrument with open and closed questions, divided into two parts: the first consists of data relating to the identification and performance of employees in the Family Health Strategy; and the second, consisting of guiding questions that will serve as subsidies to meet the objectives proposed by this study. The interview was recorded via MP3 player and, after transcription of the speeches was analyzed by the proposed Thematic Analysis.³ This technique is defined as a communication analysis, where the researcher tries to build a knowledge analyzing the speech, aimed not only meanings of words, but the message is implicit.⁵

Respecting the National Council of Health 196/96 of the Ministry of Health (MOH), this study was submitted for approval to the Municipal Center for Continuing Education in Health (NEPES) (Opinion n° 023/2011) and the Ethics Committee of Health (strains) of the Federal University of Rio Grande (FURG) (Opinion n° 134/2011). It was even built a Term of Free and Informed Consent Form (ICF), delivered to each team of workers, in order to request their agreement to participate in the study. To ensure anonymity, the workers were identified according to the
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Most at home because they are bedridden and are terminally ill. What I do is more psychological care to hear welcome. At this stage what we can do is listening and trying to give comfort to the user and family. (TEC 1)

The main difficulties reported by the workers UBSF studied for the service to users with cancer are related to the lack of preparedness of staff to deal with this type of pathology and non-acceptance of the disease by the user.

Regarding the lack of preparedness of workers, the majority of respondents reported not having received specific training for service users with cancer in UBSF, referring not feel able to deal with this type of patient and family.

I think the team is well unprepared about it (to patient care). (ENF 2)

(...) Not on the network. What I know and try to approach with my patients is what I learned while hospital nurse. (NFE 1)

We had neither guidance nor preparation. Nothing, nothing. (ACS 4)

Look I had several courses and training on various subjects but cancer that is very important and as we had not have been missing. (TEC 3)

Not specific, what I try to do to deal with this type of user is autodidactic. (2 MED)

This is the reality found in UBSF’s workers reported the necessity of a specific preparation to monitor cases in the unit, with information that includes the different pathologies, the specific types of treatment and pipelines for each case. However, state that, in the absence of this knowledge, make use of experienced personal experiences by a member of staff who has just sharing their experiences with other colleagues in order to guide and encourage staff, patients and families facing the illness.

What I know about this disease is through unit nurse passing us information about some type of cancer such as breast and colon, the importance of routine exams for prevention. (ACS 3)

Should have a stroke because the patient asks for us more than to the professional; and we know very least, try to let them informed on questions we try to ask the doctor. (ACS 5)

No, only in coexistence even though we adapts day to day with professional post, but we had no training. (ACS 1)

I did, just for the same experience. I try to give my experience as a way to help them and give example to not give up. I think we should have training with specialists in the field of oncology, have a psychological...
preparation and we know information to keep them informed. (TEC 2)

Another difficulty reported, besides the lack of preparedness of workers, is not acceptance by users of the disease. Some ignore the disease do not want to know about your diagnosis, others do not want to perform any procedure for fear of the result or by past experiences that brought unpleasant consequences.

It's hard to deal with some patients because many think that it has no cure; others do not want treatment because they think they will die. It is very difficult. (...). (TEC 3)

(....) Of course some do not want treatment. Had one that died, that would not make treatment even giving family support, she had liver cancer. (ACS 10)

Another difficulty that I perceive in some patients during the approach is the non-acceptance of the disease. They get angry; they think it's all over. (2 MED)

(...) Now in relation to the patient that I see is a very delicate situation, because some of them do not want to deal with. Other undergo trauma due to mutilation of his body. (NFE 1)

DISCUSSION

From the analysis of the data set into two main categories: first, assistance to the user with cancer UBSF; and second, the difficulties encountered by workers in caring for these users.

The care given by the Professional Family Health in basic unit is defined by the responsibility of each employee to tamper with the present reality in its area of operation and, from the identification of the major health needs of its users, seeking to promote health based establishment of humanized and cozy relationships within individual and collective.7

One of the instruments used by the Family Health Team for tracking users with cancer is the home visit, which allows workers to intervene in the care of the patient and their family process by providing opportunities for staff to plan and promote a care in accordance with the reality experienced by the family.8

A home visit is important to the understanding of family dynamics, establishing itself as a working tool to assist those patients.8 For those patients who require more frequent visits, it takes time available for the team, with an agenda to facilitate the visit his house. It is known that the closer to death the patient is, the greater the needs of the family and requiring more frequent visits.9

Patient and caregiver need to feel that staff members are present and interested, which can facilitate the bond strengthening. To optimize the time of the home visit, different authors suggest that the most stressful symptoms, which may be relevant to provide a better quality in patient care are focused.9

As the disease continues to worsen, the frequency of home visits is increasing, and the assistance provided by the staff is directed to the emotional support of users and the family. In the final stage of the disease is important that the staff offers frequent monitoring this type of user and their family, as this is a critical moment that increases fear, insecurity and feelings of powerlessness in the face of life.10 Although the final step disease, for many families, is difficult and demanding, preceded by feelings of disillusionment forward to impotence in successfully achieving a cure for the disease, and the heavy workload, because the care of their sick family member become more constant thereby aiming at maintaining the comfort of the same.11

Terminally ill cancer patient usually is weak and dependent. In this phase the pain is frequent, many have mental confusion, respiratory and feeding difficulties, are bedridden, unable to move around, which brings to the weaker feelings of depression and anxiety. It is during this phase that the care these users are intensified. Thus, the role of the caregiver is extremely important because it needs to devote long periods to their sick relative.12

In the care of a user with cancer, the family has an important role and deserves special attention from the health team during the organization of their work, because caregivers often overworked, stressed or worn, have to maintain their health and quality of also threatened by the responsibility of caring, giving, in many situations, feelings of helplessness, worry, fatigue and emotional exhaustion, offering resources for the life reactions of helplessness, emotional distress and anxiety, expressed by family members or caregivers of patients with cancer, are minimized.13

It is believed that workers may need to stimulate families to expose their fears and anxieties, in order to help in their unpreparedness to the disease. It is considered that the interdisciplinary support to the family and / or caregivers is also important, when there is no possibility of cure for this disease; is necessary to improve the quality of life for both patients who are
experiencing this painful situation, as their families which need support, help and guidance. Thus, controlling the physical, emotional, spiritual and social suffering are essential aspects and also in guiding the care of Family Health.14

Among the difficulties and challenges encountered by professionals against cancer care to patients with cancer, the main one is the lack of preparedness of workers that is reflected in the absence or the lack of knowledge about the disease, treatments and types of conduct which should be performed to guide both the patient and the family.15

The period preceding the diagnosis of cancer requires both the patient and his family constant adaptations, different times when decisions must be made that will affect the course of disease and family reorganization. During this period, the worker must be prepared to guide the user with cancer and their family aspects as: types of treatment and its complications, change in family routine, need constant flow of that patient in other health institutions and the numerous feelings that may arise during this period.15

Professionals who accompany the holder and your family need to know their perception in relation to all factors that involve their lives after diagnosis. The process of action to be successful identification of the real needs which requires a training of professionals to offer service for the carrier and the family in this new condition and also means to facilitate their adaptations.16 Thus, it is necessary the training offered to workers Family Health should be considered important tools for building collective knowledge, allowing new strategies to make the actions of health promotion, training and change the attitudes of healthcare staff, considered requirements for the needs of individuals are seen to integral form. Even trainings are described as part of the Family Health Model; its lack is reflected in the difficulties encountered by professionals at the lack of preparation, bringing to the same disesteem front of his work.17

CONCLUSION

The FHS workers have encountered challenges in the realization of the assistance to users with cancer. Even being a disease which has increased its demand, still misses to fulfill the gaps such as lack of preparation referred by professionals. Thus, the importance of a closer approximation of the Family Health with other health services those provide assistance to that user, in particular, the Department of Oncology. This, being specialized in the area, has trained professionals who could provide continuing education courses that would facilitate the approach of workers.

REFERENCES

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http://www.revistas.ufg.br/index.php/fen/article/viewArticle/878


