



INTERVENTION IN PALLIATIVE CARE: KNOWLEDGE AND PERCEPTION OF NURSES

INTERVENÇÃO EM CUIDADOS PALIATIVOS: CONHECIMENTO E PERCEPÇÃO DOS ENFERMEIROS

INTERVENCIÓN EN CUIDADOS PALIATIVOS: CONOCIMIENTO Y PERCEPCIÓN DE LOS ENFERMEROS

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ABSTRACT

Objective: to evaluate nurses' perception of palliative care before and after an intervention. **Method:** quantitative, almost experimental study, developed in the units of a secondary care hospital. The data collection instrument was adapted from a study carried out with anesthesiologists, these were analyzed in the Excel program and organized into tables, being applied the statistical test of chi-square of Pearson, with tables that present the values obtained within distinct categories, but that they were relatable. The proportion of differences between pre-test and post-test responses was also calculated, and the results with $p < 0.05$ were considered significant. **Results:** there was a predominance of professionals before the intervention who chose the term Dignified Death to designate palliative care (72.9%). After the intervention, professionals chose the term Quality of Life (55.9%). **Conclusion:** nurses' perception about palliative care was deficient. This fact was associated to the deficiency in the technical-scientific formation still in the graduation. The intervention promoted an improvement of the understanding of concepts related to palliative care collaborating for differentiated assistance and promoting the quality of life of professionals **Descriptors:** Palliative Care, Nursing, Quality of Life, Hospital Care.

RESUMO

Objetivo: avaliar a percepção dos enfermeiros sobre cuidado paliativo antes e depois de uma intervenção. **Método:** estudo quantitativo, quase experimental, desenvolvido nas unidades de um hospital de atenção secundária. O instrumento de coleta de dados foi adaptado de um estudo realizado com anestesiolistas, esses foram analisados no programa Excel e organizados em tabelas, sendo aplicado o teste estatístico de qui-quadrado de Pearson, com tabelas que apresentam os valores obtidos dentro de categorias distintas, mas que eram relacionáveis. Foi calculada, também, a proporção das diferenças entre as respostas do pré-teste e pós-teste, sendo considerados significantes os resultados com $p < 0,05$. **Resultados:** houve predominância dos profissionais antes da intervenção que escolheram a expressão Morte Digna para designar cuidado paliativo (72,9%). Após a intervenção, os profissionais escolheram a expressão Qualidade de Vida (55,9%). **Conclusão:** a percepção dos enfermeiros acerca dos cuidados paliativos foi deficiente. Esse fato esteve associado à deficiência na formação técnico-científica ainda na graduação. A intervenção realizada promoveu melhoria da compreensão de conceitos relacionados ao cuidado paliativo colaborando para a assistência diferenciada e promotora da qualidade de vida dos profissionais. **Descritores:** Cuidados Paliativos; Enfermagem; Qualidade de Vida; Assistência Hospitalar.

RESUMEN

Objetivo: evaluar la percepción de los enfermeros sobre el cuidado paliativo antes y después de una intervención. **Método:** estudio cuantitativo, casi experimental, desarrollado en las unidades de un hospital de atención secundaria. El instrumento de recolección de datos fue adaptado de un estudio realizado con anestesiólogos, se analizaron en el programa Excel y organizados en tablas, siendo aplicado el test estadístico de chi-cuadrado de Pearson con tablas que presentan los valores obtenidos dentro de categorías distintas, pero que eran relacionables. Se calculó, también, la proporción de las diferencias entre las respuestas del pre-test y post-test, siendo considerados significantes los resultados con $p < 0,05$. **Resultados:** hubo predominancia de los profesionales antes de la intervención que eligieron la expresión Muerte Digna para designar cuidado paliativo (72,9%). Después de la intervención, los profesionales escogieron la expresión Calidad de Vida (55,9%). **Conclusión:** la percepción de los enfermeros acerca de los cuidados paliativos fue deficiente. Este hecho estuvo asociado a la deficiencia en la formación técnica-científica aún en la graduación. La intervención realizada promovió la mejora de la comprensión de conceptos relacionados al cuidado paliativo, colaborando para la asistencia diferenciada y promotora de la calidad de vida de los profesionales. **Descriptores:** Cuidados Paliativos, Enfermeira, Calidad de Vida, Atención Hospitalaria.

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INTRODUCTION

In recent years, there has been a progressive increase in population aging, the prevalence of cancer and other chronic diseases in the population, which increases the number of patients eligible for Palliative Care (PC). On the other hand, the technological advance and the development of therapeutics have been able to render diseases previously considered mortal in chronic diseases, taking their patients to longevity.¹

The prolongation of life can lead both the patient and the family to deep physical, psychic, social and spiritual suffering.² PC promotes quality of life for patients and their families, in face of diseases that threaten the continuity of life, through prevention and relief of suffering.³

In PC, the patient is seen as an integral being, worthy to understand his therapeutic possibility and being able to appropriate his own means, wants and principles that must be respected. The vision related to the curativist aspect of the disease should be replaced and its focus be the individual.

Through assistance, Nursing participates directly in the treatment process and is present at the end of life, being able to assist the patient without therapeutic and familiar possibilities.⁴

Due to the need to deepen the nurses' perception of differentiated care, it is important to establish strategies to raise awareness among nurses in order to seek humanized care in which the patient's well-being is in the first place.

OBJECTIVE

- Evaluate the perception of nurses about palliative care before and after an intervention.

METHOD

A quasi-experimental, quasi-experimental study of the before-after type 5, developed in a secondary care hospital in Fortaleza, CE, from August 2015 to July 2016. Participants in the study were nurses working in the units that provided assistance to patients in PC .

The inclusion criteria were: to work in a fixed scale in the units that provide assistance to patients in PC and who accepted to participate in the study. The exclusion criteria were: sector change in the study period. The study sample consisted of 59 nurses. It should be noted that all the participants signed the Term of Free and Informed Consent and the study was approved by the Research Ethics

Committee of the Institution with the opinion nº 1. 132.137.

The data collection instrument was adapted from a study carried out with anesthesiologists.⁶ The adaptations were made based on the Manual of the Brazilian PC Association, which presented nine questions based on palliative care.⁷ It was applied before and after the intervention for the perception of PC. Then, the intervention was carried out, which consisted of an educational session and a moment of awareness with the use of videos.

The educational session took place in the care unit and in the auditorium and consisted of three moments. In the first one, the questionnaire and the colored cards for the professionals were delivered and it was requested to fill in a word that represented PC. Soon after, a debate began on the word that was filled in the card and on the meaning of the PC for each one. Next, a video was presented on the definition of PC, the importance of the Nursing team in achieving the well-being of each individual in PC, the acceptance and management of the death process. The video was obtained on a website, presenting a public domain, and it is an interview with a geriatrician and specialist in PC that occurred in the program Oncoguia TV.

The second one consisted of the patient care approach in PC. A clinical case was presented and words related to the types of procedures and care that should be performed with the patient in PC of the clinical case were made available. Each participant was asked to choose two words and justify why they chose. A discussion began on the importance of combining technical care with patient values, symptom management, and care for the family.

In the third, another video, also in the public domain, was presented on a documentary presented in the Reporter Profession program, which portrayed the day-to-day life of the professionals who provide PC and their management in the face of palliation. Afterwards, it was requested that they fill in another card with a word that represented something that the participant learned at the moment of PC training.

The data generated were organized into tables in the Excel program, and Pearson's chi-square statistical test, was applied with tables that present values obtained within distinct categories, but which were relatable. The proportion of the differences between pre-test and post-test responses was also calculated, and the results were considered significant with $p < 0.05$.

RESULTS

It can be observed in Table 1 that the majority of the participants are aged between 30-39 years, corresponding to 54.4% (n = 31). Regarding gender, the predominant was the female, with 86.4% (n = 51). Participants

working in the other units (with potentially palliative patients) corresponded to 76.3% (n = 45). The predominant training of these professionals was graduation, with 55.9% (n = 33), and the training time was mostly less than five years, corresponding to 80.0% (n = 24).

Table 1. Distribution of sample characteristics, specifying by age, sex, unit, training and training time. Fortaleza (CE), Brazil, 2017.

Variables	n	%
Age years)		
20-29 years	9	15.80%
30-39 years	31	54.40%
40-49 years	9	15.80%
> 50 years	8	14.00%
Sex		
Male	8	13.60%
Female	51	86.40%
unity		
UCE (palliative patient profile)	14	23.70%
Other units (potentially palliative patients)	45	76.30%
Formation		
University graduate	33	55.90%
Specialization	23	39.00%
Master	2	3.40%
Doctorate degree	1	1.70%
Training time / years		
<2 years	2	6.70%
2-5 years	4	13.30%
> 5 years	24	80.00%

Table 2 summarizes the results on the degree of difficulty of participants in PC. In the "Difficult Communication" feature, most reported "reasonably" with 66.1% (n = 39). In the "Knowledge about Legal Implications" characteristic, 45.8% (n = 27) answered "reasonably". After the intervention, there was an increase of the item "reasonably", with 52.5% (n = 31), and a decrease in "nothing", with 5.1% (n = 3).

Regarding the results, when asked "Check, in the scale below, how much you feel prepared to attend a patient that requires PC", most answered "reasonably", corresponding to 69.5% (n = 41) . Immediately after the intervention, there was an increase, with 74.6% (n = 44), corresponding to "reasonably" and also, in the item "very", with 11.9% (n = 7).

Table 2. Distribution of the degree of difficulty in CP. Fortaleza (CE), Brazil, 2017

	Before intervention		After intervention		(p Value)
	n	%	n	%	
Communication in difficult situations.					.937b
Anything	4	6.8%	3	5.1%	
Little	13	22.0%	10	16.9%	
Reasonably	39	66.1%	41	69.5%	
Much	3	5.1%	5	8.5%	
Knowledge about legal implications.					.927b
Anything	4	6.8%	3	5.1%	
Little	18	30.5%	17	28.8%	
Reasonably	27	45.8%	31	52.5%	
Much	10	16.9%	8	13.6%	
Check on the scale how comfortable you feel to be for a patient requiring CP.					.459b
Anything	5	8.5%	1	1.7%	
Little	8	13.6%	7	11.9%	
Reasonably	41	69.5%	44	74.6%	
Much	5	8.5%	7	11.9%	

Table 3 shows that, in relation to the sentence "Check which of the words below expresses CP for you", most answered, before the intervention, the sentence "Died Death", corresponding to 72.9% (n = 43) . After the intervention, the sentence "Quality of Life" predominated, with 55.9% (n = 33).

Table 3. Distribution of data referring to the questions: "Word expressing CP and which options represent the principles of CP". Fortaleza (CE), Brazil, 2017.

	Pre-test		Pos-test		(p Value)
	N	%	N	%	
Which words below express CP for you.					
Ache	0	0%	0	0%	.003*. b.c
Dignified Death	43	72.90%	25	42.40%	
Orthopedics	1	1.70%	1	1.70%	
Quality of life	15	25.40%	33	55.90%	
Check one (X) in the options that represent the principles of CP.	N	%	N	%	
Recognition and acceptance of one's own values and wishes.	41	69.50%	44	74.60%	0.538
Advanced care planning for a healing and healing technology.	1	1.70%	3	5.10%	0.538
Favoring a dignified death at the place of choice of the health team.	21	35.60%	15	25.40%	0.23
Management of the symptoms developed with the progression of the disease.	36	61.00%	40	67.80%	0.442
Holistic patient care and family-centered care.	32	54.20%	44	74.60%	.021*

In the question "Check the options that represent the principles of PCs", the item that had the greatest choice was "Recognition and acceptance of the patient's own values and wishes", with 69.5% (n = 41), followed by "Management of symptoms developed with disease progression", with 61.0% (n = 36). After the intervention, it was observed that the principle "Recognition and acceptance of one's own values and wishes" remained the choice of most participants, with 74.06% (n = 44), and there was a considerable increase in choice of the principle "Holistic patient care and family centered care", with 74.06% (n = 44).

DISCUSSION

According to the analysis in table 1, the majority of professionals are in the 30-39 year age group, which shows a young audience. With regard to sex, the majority belongs to the female sex. These data differ from the characteristics of the samples of other studies used as theoretical basis, since it involves the analysis of other professionals.^{6,8}

The data referring to the type of training revealed that the participants with graduation and training time less than five years were predominant, corresponding to 80%, which shows a sufficient time that can guarantee a professional experience already lived. Faced

with a situation without therapeutic possibilities, the nurse is expected to have knowledge, skills and attitudes allied to their personal and ethical values, that favor an adequate professional action.⁹

With the analysis of Table 2, it was observed that the results are similar to the studies that have a limitation in relation to the understanding of PC by the nurses, and this fact is linked to the deficit of the approach on the care delivery to patients outside the therapeutic possibility during academic training. Emphasizing the assumption, there are Nursing undergraduate courses that still present a model focused on pathophysiological aspects and aimed at healing and rehabilitation of the disease. This results in a feeling of helplessness, frustration, and insecurity, as graduation does not prepare them to deal with this phase of the disease process: the terminal phase.¹⁰ In fact, what occurs is the absence of preparation to work with this fact of the same way that there is emphasis for the maintenance of life.

Through the variables presented in table 2, it was observed that nurses feel difficulties in relation to communication in difficult situations. Communication is a preponderant factor in the execution of care. It is through this that the nurse can interact with the subjects and ensure a closeness that facilitates the therapeutic process. Emphasizing the assumption, a study indicates that a large part of the participants in this study feels unprepared to exercise their communicative ability with certainty, making the therapy difficult in a considered structural aspect for the adequate exercise of palliative care for patients, families and staff.¹¹

It was also verified that few professionals feel fully prepared to attend PC patients. This has been reflected since the academic formation, becoming evident the unpreparedness of some professionals when they face palliative care situations. One study demonstrated that professional work with patients in the process of finitude requires special training including training and continuous updating on the subject.¹²

The data referring to table 3 indicated that when asked about the word that expresses PC before the intervention, most of the nurses chose the term "Dignified Death". It is noticed that few professionals associate PC with quality of life in which this is a determinant concept to guarantee a significant care delivery. Soon after the intervention, the participants modified their perceptions and the concept of "Quality of Life" prevailed.

It is possible, to observe that in relation to the choice of the word "Ortotanásia" to represent CP, the numbers were significantly lower. It was found that some professionals have difficulties in understanding this concept and that many of them do not know the term. Even the acceptance of death, the preparation of professionals, the participation and autonomy of the family and the PC are indispensable issues for the success of this practice.¹³

When emphasizing this idea, a study pointed out that the majority of the professionals who participated in this study, responding to a questionnaire about PC, does not know which of the principles that govern PCs and others emphasize pain relief.⁸ After the intervention, emphasize that it is possible to establish the management of the symptoms, even with the progression of the disease, thus ensuring a dignified and comfortable care of the patient.

The limitations of this study focus on the resistance to completion of the questionnaire after the moment of intervention (post-test) and in the study being only in a hospital.

CONCLUSION

The nurses' perception about PCs was deficient. This fact was associated to the deficiency in the technical-scientific formation still in the graduation. The intervention promoted the improvement of the understanding of concepts related to PC collaborating for differentiated assistance and promoting the quality of life of professionals.

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