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PALLIATIVE CARE IN AN INTENSIVE THERAPY UNIT: PERCEPTIONS OF NURSING PROFESSIONALS

CUIDADOS PALIATIVOS EM UNIDADE DE TERAPIA INTENSIVA: PERCEPÇÕES DOS PROFISSIONAIS DE ENFERMAGEM

CUIDADOS PALIATIVOS EN UNIDAD DE TERAPIA INTENSIVA: PERCEPCIONES DE LOS PROFESIONALES DE ENFERMERÍA

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ABSTRACT

Objective: to understand the perception of the Nursing team about palliative care in terminally ill patients. **Method:** a descriptive study, with a qualitative approach, carried out with 15 Nursing professionals enrolled in Adult Intensive Care Units. The interviews were conducted using an open questionnaire. The speeches were submitted to the Content Analysis technique, in the category Analysis category. **Results:** after the data exploration, three categories were found: << The perception and experience of the nursing team about palliative care >>; << How palliative care is applied >> and << Working with the family in facing the terminal state >>. **Conclusion:** palliative care is still poorly understood and integrated into the actions of Nursing in an Intensive Care Unit, requiring greater staff preparation. **Descriptors:** Palliative Care; Hospice Care; Nursing Care; Comprehensive Health Care; Humanization of Assistance.

RESUMO

Objetivo: compreender a percepção da equipe de Enfermagem sobre os cuidados paliativos a pacientes em estado terminal. **Método:** estudo descritivo, de abordagem qualitativa, realizado com 15 profissionais de Enfermagem inseridos nas Unidades de Terapia Intensiva adulto. As entrevistas foram realizadas utilizando-se questionário aberto. As falas foram submetidas à técnica de Análise de Conteúdo, na modalidade Análise Categorical. **Resultados:** após a exploração dos dados, foram encontradas três categorias: << A percepção e a vivência da equipe de Enfermagem sobre cuidados paliativos>>; << Como o cuidado paliativo é aplicado>> e << Atuando junto à família no enfrentamento do estado terminal >>. **Conclusão:** o cuidado paliativo ainda é pouco conhecido e integrado às ações da Enfermagem em Unidade de Terapia Intensiva, necessitando maior preparação da equipe. **Descritores:** Cuidados Paliativos; Terminalidade; Cuidados de Enfermagem; Assistência Integral à Saúde; Humanização da Assistência.

RESUMEN

Objetivo: comprender la percepción del personal de Enfermería sobre cuidados paliativos en pacientes terminales. **Método:** estudio descriptivo, de abordaje cualitativo, realizado con 15 profesionales de Enfermería inseridos en Unidades de Cuidados Intensivos Adultos. Las entrevistas se llevaron a cabo mediante cuestionario abierto. Las hablas fueron sometidas a la técnica de Análisis de Contenido, en modo de Análisis Categorical. **Resultados:** después de registrar los datos, se encontraron tres categorías: << La percepción y experiencia del personal de cuidados paliativos de Enfermería >>; << Como el cuidados paliativo es aplicado>> y << Trabajado con la familia en la confrontación a la terminal >>. **Conclusión:** el cuidado paliativo es aún poco conocido e integrado a las acciones de Enfermería en la Unidad de Terapia Intensiva, que requiere una mayor preparación del equipo. **Descriptores:** Cuidados Paliativos; Cuidados Paliativos al Final de la Vida; Atención de Enfermería; Atención Integral de Salud; Humanización de la Atención.

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INTRODUCTION

In recent decades, with scientific and technological advances, along with biomedical development, there has also been a significant increase in the institutionalization of terminal patients in Intensive Care Units (ICUs). The individual, who previously spent his last moments of life with his relatives now dies in health centers.¹

Working with terminality has always been a problem for many people, due to the innumerable mysteries and taboos that surround it, however, it has now become possible to delay, attenuate and reduce the pain of the terminally ill individual. Dying ceases to be an event to become a process in the phases of life.²

This condition imposes on health professionals, especially nurses, the preparation to provide care that goes beyond the technique, but which is based on integral care, focusing on the patient and not on the disease. Thus, the paradigm of care in the terminality has been modified, requiring the professionals to have specific skills to help the patient to adapt to the changes and to promote the necessary reflection to face this condition, life for themselves and in the family context.²⁻³

In ICUs, health professionals occupy different places and roles, participating in life-threatening patient care and / or eminence of death. In these cases, different endpoints are allowed, where the patient can recover, or, in other cases, only extend their life time.³⁻⁴

The assistance model generally adopted in these units, based on interventionism and curativism, does not allow care in all its dimensions, that is, taking into account the patient's various needs, regardless of the stage of life in which he is found.¹

From the perspective of terminality, the use of the most sophisticated resources to maintain life will not suffice for this patient.^{1,3} In this context, palliative care, which, although still little used in terminal ICU patients, is considered Studies, especially the criteria for their application. Thus, acceptance of death becomes important, interpreting it as a natural event, without neglecting respect for the patient's autonomy and not maleficence.⁴⁻⁶

In 2004, the World Health Organization (WHO) redefined the concept of palliative care, understanding it as an approach that promotes quality of life for patients and their families in the face of diseases that threaten

the continuity of life, for the prevention and relief of suffering. In this way, it demands the early identification, as well as evaluation, follow-up and effective treatment of pain and other physical, psychological, spiritual and family problems.⁷

It is believed that, for a comprehensive and adequate approach in terminality, there is a need for effective preparation in palliatism or exercise of the art of caring during dying, thus linking scientific knowledge to the relief of suffering. As a fundamental part of clinical practice, it can develop in parallel or complementary to the biomedical paradigm of cure and prolongation of life.⁸ In this process, nurses assume a primary role in forecasting and providing the necessary resources for care, as well as evaluating the demands of Each patient, planning and implementing actions that allow the individual to pass through terminality without suffering. In short, to offer palliative Nursing care is to experience and share moments of faith, love and compassion, understanding that it is possible to die with dignity, with professionals, family members and spiritual support.⁹⁻¹⁰

As the studies show⁹⁻¹¹, palliative care, although well described, is still little known and performed by Nursing professionals in the national context. Considering the need for deepening for subsequent interventions, the purpose of this study is to understand the perception and experience of the Nursing team in an adult ICU on the palliative care provided to patients in the terminal state.

METHOD

To better understand the meaning attributed to palliative care to patients, terminals by the Nursing team, a descriptive study with a qualitative approach was used.¹²

The study participants were nurses and Nursing technicians linked to the adult ICU of a medium-sized philanthropic hospital, accredited as a teaching hospital, located in a small town in the Zona da Mata Mineira. The presence of the professional relationship with the institution was used as inclusion criterion, and, the fact of being away from work for any reason, including the vacation period, as exclusion criterion.

In order to capture the desired information, interviews were conducted with an open questionnaire, between July and August, using a digital recorder. The guiding questions were: What do you mean by palliative care? How and when do you apply this kind of care? How do you work together

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with the family / caregiver in facing the terminal state?

After the interviews, the lines were transcribed integrally, forming the corpus of analysis that was submitted to the thematic analysis. For this, it was initially, performed floating reading, followed by careful reading of the text, identifying the communication sense nuclei, whose presence or frequency stood out for analysis in the categories¹².

As a way to guarantee the anonymity of the participants, the nurses' statements were represented by the letter E followed by a random number, and the technicians' speeches by the letter T also accompanied by a number.

In order to carry out the research, the project was presented and approved by the Human Research Ethics Committee of the Federal University of Viçosa, under the protocol number 1,119,631.

RESULTS AND DISCUSSION

Individual interviews were conducted with 15 Nursing professionals, of which four were nurses and 11 were Nursing technicians. In relation to the profile of the sample, seven professionals were male and eight female, ranging in age from 24 to 43 years. The time of professional performance was also a variable considered in the study, being professionals with experience from two months to 20 years of performance in Nursing.

After the organization and analysis of the interviews, the following categories of analyzes emerged: the perception and the experience of the Nursing team on palliative care; How palliative care is applied and Acting with the family in facing the terminal state;

♦ The perception and the experience of the Nursing team about palliative care

In a comprehensive way, palliative care encompasses the appropriate assessment and handling of the clinical manifestations of patients unable to cure. Therefore, it constitutes a therapeutic proposal for the various symptoms that can lead to physical, psychic, social or spiritual suffering.^{1,10} Thus, palliativeness is inserted at the moment when the recovery and stabilization of a disease are no longer possible.

In the following statements, the interviewees describe what they mean by palliative care.

Palliative care in the case is you give comfort to the patient who has no more prospect of investing (T11).

For me, palliative care are those with patients out of therapeutic possibility of

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improvement, but they are essential care to maintain well-being. It is not because he is out of therapeutic possibility that you will fail to do, to continue taking care of him. So, I understand palliative care you continue to care for, continue to believe, care for the patient and provide comfort, well-being even for the patient's family (E2).

It's all the care you can do to minimize the pain, or you make that person comfortable, because as much as you do not have more of what you do for it in relation to the illness, we can provide care so that it is comfortable, not Feel pain in the end of time he still has (E4).

The speeches reiterate fundamental aspects to be considered in the terminality, as the comfort, the well-being and the relief of the patient's pain. In this sense, the focus of the care provided by the nurse will not be the remaining life time of the patient, but the necessary comfort and quality of life, supported by a multiprofessional team and family members.¹³

In addition to the technical-scientific competencies inherent in Nursing, the professional should be able to develop behaviors and attitudes, such as understanding of finitude, empathy, respect for human dignity and ability to deal with crises. Thus, insofar as it seeks to minimize the effects of an unfavorable physiological situation, the Nursing professional protects, welcomes and defends the autonomy of the patient.¹⁴ In turn, even acting in the same work environment of professionals who know how to define care Palliative, it is possible to find other professionals who are unaware of it, as verified in the statements below:

Never hear about palliative care. How does this care work? This term I do not know, maybe I've even heard of it, but with another name (T1).

I never heard that word, I do not even know what it is. Sometimes, we even know what it is and practice, just do not know the name it has (T10).

The lack of understanding of the term or words can be perceived, by the speakers, indicating a possible lack of formal training and / or fragility in professional training. Although during the training the professional has had contact with the subject in classes or disciplines, the approach is still fragmented and superficial.^{11,15} This curricular gap can directly influence the care provided by the professionals, maintaining the assumption that the terminal patient is patient without Therapeutic possibility.^{8,11}

In this context, the discussion of basic concepts in palliative care, as well as their

different approaches, become relevant not only in educational institutions but also in workplaces. In an ICU, a place where technique and procedures are generally privileged, there must also be spaces to signify care in the terminal, disseminating, in intensivists the ideals of palliativeness.

♦ How Palliative Care Is Applied

Joining palliative care to a comprehensive care proposal is fundamental, not only as an obligation, but as an act of respect and solidarity to the patient.

In this sense, aspects of caring, such as the perception of verbal and nonverbal manifestations, the need for contact or privacy, cultural and religious expression are basic, regardless of the state of the patient.

The speeches of professionals make explicit the importance of this care, of respect for the other in its totality, ratifying how palliative care should be applied. In this regard, they report that:

The same care with those who have a chance of cure is with the terminal phase. Pay attention to the complaint of pain, sensitivity to pain, to be able to soften. Beard made, leave well sanitized (T2).

Even if he is unconscious you are explaining to him, you provide him with the best Nursing care, you will have to be careful to change, to change his position, the same care he would have with another patient, try within the possibilities to see if he This with pain, do not leave without diet, do not leave out the parameters (E2).

(...) the questions of the patient's wishes too, the question of even comfort. It is not because there is nothing to be done about the disease that we will leave a wound, then, it is offered food, change of decubitus, hydration for the skin, all the care that will leave it comfortable, without pain ... it goes Also have the question of the religious entity often requested by the family (E4).

It can be observed from the speeches that applying palliative care consists, among other things, in providing the basic care to the patient, such as food, hydration, hygiene, comfort and pain relief. In addition to always maintaining a dialogue, even if the patient is unconscious and, whenever possible, meet their personal needs and wants.

Thus, the focus of attention will not be the illness to be cured or controlled, but the individual, understood as an active being, with the right to information and with autonomy, when possible, to decide about their treatment. In this sense, the desirable practice of palliative care takes into account

the patient's and his family's special attention, aiming for excellence in care and prevention of suffering.¹⁶

Systematized Nursing practice favors the identification of the care needs expressed and / or referred to by patients and their families, allowing caregivers and caregivers to cope with this phase of life, using strategies and resources that are relevant.¹⁷

♦ Acting with the family in facing the terminal state

The family represents a fundamental nucleus in the constitution of the values, beliefs and principles, as well as understanding and knowledge of its entities and, in general, when one becomes ill, the family suffers.¹⁸⁻⁹ In the face of the terminality, the family suffers with illness and with the proximity of Death of his family member, coming to the surface the issues of mourning, affection, fear, and also attempts at decision-making or completion of unfinished processes.¹⁸⁻²⁰

In the case of a hospitalized patient, keeping the family close is not a simple task, since the hospital is an institution with norms and routines that must be strictly adhered to, ¹⁸⁻⁹ however, in cases of termination professionals Should be able to overcome some of these rules, such as the hours of visits and stay in the sector, aiming to provide the patient and the family a greater interaction, from greater contact. In this respect, the professionals affirm:

I had a family of a middle-aged lady, who came to release twelve family members in one day, was a family of many children, and she was in a very serious picture ... it was a different thing we broke the routine Of the ICU and put twelve people in to provide that farewell moment and in some ways even welfare for the patient and the family (E3).

When it comes to a more serious patient I always ask family if there is someone else who wants to see, who can go. We always end up getting a way so that family and other important people can be closer to patients at such times (E2).

As stated in the speeches, despite all necessary criteria and norms, establishing flexibility in a judicious way can be important and become more of a positive care experience, thus establishing a closer relationship between staff and family members. It is emphasized that all experiences of death and dying can be perpetuated positively or negatively in the lives of family members, thus determining, the meanings and meanings surrounding the process of loss of the entity.¹⁵

Thus, in any situation, it is necessary to involve everyone in the search for patient care, as evidenced in the following statements:

During the visit, of the day the staff always met with the family outside the CTI and talk, explains the situation, guides, talks how it has evolved. During the day, there is contact family, patient and staff. At night, it is only family and patient. So, what we do is guide the family to the edge of the bed, saying, for example, that even the patient being unconscious that the family can talk to him, hold the hand, valuing the contact, this is important for the patient (E2).

So we started implanting that before the visits we talk with the relatives explains the environment of the ICU so they do not get scared. We talk to the family orients the question of touching, because they often think that because the person is there unconscious that they can not touch if they will not take the monitoring. Then we talk to them that they can play, they can talk, the people Always talk to them about talking good things too ... (E4)

These statements reflect some strategies used for greater involvement and understanding of the family about the patient's health / illness situation and also about the care environment.

These actions are of great value, since they represent a movement of family involvement in the care process. However, there is always the need to explain, teach important aspects to maintain patient and family health, with emphasis on biological precautions. In this way, it is emphasized that, in the process of palliative care in the ICU, the communication, orientation and training must permeate the actions of the professionals, favoring the care provided to the patients and family, with a view to better results.

CONCLUSION

The results of this study show that palliative care in the ICU consists, among other things, providing the basic care to the patient, using technical-scientific skills associated with specific behaviors and attitudes.

Despite its obvious importance, palliative care is still not uniformly known by the ICU Nursing team, which reveals weakness in the process of training and professional training.

The family assumes a fundamental role in facing the terminality, being an allied to the treatment in the care process. However, the relatives must be clarified at all times, about the particularities of the situation.

Finally, the limitations of this study are related to the number of subjects and the study site, a single sector, which prevents the generalization of the findings. But these are considered valid, since they reflect similar conditions verified in larger surveys, Highlighting the need for complementary studies that involve the theme.

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