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ORIGINAL ARTICLE

THE PERCEPTION OF NURSES OF A GENERAL HOSPITAL ON PALLIATIVE CARE A PERCEPÇÃO DOS ENFERMEIROS DE UM HOSPITAL GERAL SOBRE OS CUIDADOS PALIATIVOS LA PERCEPCIÓN DE LOS ENFERMEROS DE UN HOSPITAL GENERAL SOBRE LOS CUIDADOS PALIATIVOS

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ABSTRACT

Objective: to identify the perception of nurses about palliative care. **Method:** a descriptive study, with a qualitative approach, performed in a medium-sized hospital. The data were collected and analyzed from the Content Analysis Technique. **Results:** the team demonstrated knowledge about the definition and the team of professionals that encompass this care. However, in relation to the place where it is carried out, they have shown a lack of information; Also, an inadequate perception regarding the indication of this care was perceived. Today, it extends to every patient with a disease that causes intense pain, in addition to physical symptoms, emotional and spiritual suffering. **Conclusion:** the provision of palliative care is part of humanization. The study team still presents some incorrect perceptions about this type of care, which indicates a need for improvement in continuing education. **Descriptors:** Palliative care; Nursing; Death.

RESUMO

Objetivo: identificar a percepção de enfermeiros sobre os cuidados paliativos. **Método:** estudo descritivo, com abordagem qualitativa, realizado em um hospital de médio porte. Os dados foram coletados e analisados a partir da Técnica de Análise de Conteúdo. Resultados: a equipe demonstrou conhecimento sobre a definição e sobre a equipe de profissionais que englobam esse cuidado. Porém, em relação ao local onde é realizado, demonstrou-se falta de informação; também, foi notada uma percepção inadequada quanto à indicação desse cuidado. Atualmente ele se estende a todo paciente portador de alguma doença que cause dor intensa, além de sintomas físicos, sofrimento emocional e espiritual. **Conclusão:** a prestação de cuidados paliativos faz parte da humanização. A equipe estudada ainda apresenta algumas percepções incorretas sobre este tipo de cuidado, o que indica uma necessidade de aperfeiçoamento em educação continuada. **Descritores:** Cuidados Paliativos; Enfermagem; Morte.

RESUMEN

Objetivo: identificar la percepción de enfermeros sobre cuidados paliativos. **Método:** estudio descriptivo con un enfoque cualitativo, realizado en un hospital de medio porte. Los datos fueron recogidos y analizados a partir de la técnica de Análisis de Contenido. Resultados: el equipo ha demostrado conocimiento sobre la definición y el equipo de profesionales que incluyen ese cuidado. Sin embargo, en relación con el lugar donde se lleva a cabo, demostró la falta de información; también, percepción inadecuada fue percibida como la indicación de este cuidado. Actualmente se extiende a todos los pacientes con cualquier enfermedad que causa dolor intenso, además de los síntomas físicos, sufrimiento emocional y espiritual. **Conclusión:** la prestación de cuidados paliativos hace parte de la humanización. El equipo estudiado todavía tiene algunas percepciones incorrectas sobre este tipo de cuidado lo que indica una necesidad de perfeccionamiento en educación continuada. **Descriptor:** Cuidados Paliativos; Enfermería; Muerte.

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INTRODUCTION

The World Health Organization (WHO) defines Palliative Care (PC) is the approach that promotes the quality of life of patients and their families in the face of diseases that threaten the continuity of life through prevention and relief of suffering. It requires the early identification, evaluation and impeccable treatment of pain and other problems of a physical, psychosocial and spiritual nature.¹

Palliative Care are multi-professional actions that have the goal of controlling the symptoms of body, mind, spirit and social, which afflict man in his finitude, that is, when death approaches. Palliative Care continues after death, with the care of family members' mourning. The family is also embraced by the multi-professional team, as it shares the patient's suffering.²

In Palliative Care (PC), care is not the illness to be cured or controlled, but, the patient, understood as a biographical, active, with right to information and full autonomy for decisions regarding their treatment. The proper practice of Palliative Care prioritizes individualized attention to the patient and his family, seeking excellence in the control of all symptoms and prevention of suffering.³

Patients with no possibility of cure accumulate in hospitals, receiving assistance, almost always focused on the recovery attempt, using invasive and high technology methods. Sometimes, these approaches are insufficient, exaggerated, and unnecessary, and, they almost always, ignore suffering and are unable, because of a lack of adequate knowledge, to treat the most prevalent symptoms of the terminally ill. Pain is highlighted as the principal and most dramatic. It is not a question of cultivating a stance contrary to technological medicine, but questioning "technology" and reflecting on our conduct towards human mortality, trying to strike the necessary balance between scientific and humanistic knowledge to rescue the dignity of life and the possibility of dying in peace.⁴

Developing countries, such as Brazil, are moving towards a situation in which the population is affected by diseases that are eminently chronic, and often of slow evolution. In this way, the death event - which, some centuries ago, was considered an "episode" - became a "process", requiring more and more referrals to palliative care.⁵

The IOELC (International Observatory of Life Care) found that, in Brazil there are only 14 palliative care services and no official

initiative to expand this care. But, this reality apparently tends to change. Only in the State of São Paulo, between known and structured services, can we count on at least 13 initiatives. Judging from the participation in congresses and the dissemination of services, it is estimated that there are at least 40 initiatives in the country, this still represents very little for our continental extension.⁶

It is necessary to act, in an interdisciplinary way, to reach the main goal, that is the quality of life, seeking the attention to the definition of palliative care and, thus, to break a common myth between the "laymen" and among many health professionals - according to which "The person who needs palliative care is always a patient with neoplasia".⁵

It is known that other patients presenting with various types of chronic-degenerative and progressive diseases need palliative care, such as: patients with advanced heart failure; dementia of various etiologies; chronic pulmonary patients with severe hypoxemia; sequelae of several episodes of cerebral ischemia; patients with amyotrophic lateral sclerosis and other progressive degenerative neurological diseases, etc. The list of diseases is almost infinite and involves situations that require attention focused on the quality of life, individualization and respect for the patient and their relatives.⁵

There should be a 24-hour palliative care unit, to provide continuous prevention information so that emergency signals are perceived and the family is able to identify problems, provide patient safety, individualize complaints, attempt to answer all questions, to improve their physical suffering, to listen, above all, to the patient, and to have a trained and trained team to coordinate the activities. It is necessary to train the team to acquire fundamental attitudes and skills for effective and successful assistance.⁶

The professionals who integrate the team are those who control the symptoms of the body (physician, nurse, physiotherapist, occupational therapist), the mind (psychologist, psychotherapist, psychoanalyst, psychiatrist), the spirit (priest, pastor, rabbi, guru, different religious beliefs professed by patients), social (social worker, volunteer). In addition, depending on the clinical evolution of the case, other professionals and specialists may be called upon to cooperate with the team.⁷

Studies show that the implementation of a palliative care program brings benefits to the institution, patient, family, health

professionals and community. It is necessary to recognize that there are several steps involved in the program development process: the first step is to assess the hospital's needs for unhealthy patient care and with limited life expectancy, and the second stage is the development of a plan of goals that meets the needs of the institution, careful planning, team work, as well, as recognition of potential obstacles and institutional support is essential for success.⁶

In Brazilian society, patients are treated within the reality of each institution, with few resources or total lack of training on the part of professionals. Patients seek health services late, which makes it difficult to cure or improve survival of these people and places health services in first place in the urgent need for such care.⁶

Palliative care is the main focus for those patients who are already in a terminal state of health, where cure and technology, no longer indicated. Then, it has as "final care" this practice, focused especially on the patient's well being and pain relief.

OBJECTIVE

- To identify the perception of nurses in a hospital unit about palliative care.

METHOD

A descriptive study of a qualitative nature.⁷⁻⁸ In order to develop it, the authorization of a private hospital in the interior of São Paulo was requested, which it agreed to participate. To avoid the identification of the subjects, it was decided not to disclose the municipality and the name of the participating hospital. The hospital is medium-sized, has ready service, infirmary, surgical ward, surgical center, material center, intensive care unit, radiology, specialty outpatient clinic, laundry, pharmacy, kitchen, has 44 hospital beds and 14 beds Outpatient and emergency services. Regarding the size, the hospitals are classified by the number of existing beds, in: a) small - up to 50 beds; B) medium - 51 to 150 beds; C) large - 151 to 500 beds; D) extra large - above 500 beds.⁹⁻¹⁰

The research was carried out with nurses from the mentioned hospital, having, as inclusion criterion all the nurse professionals of the institution, totaling, thus, 19 professionals, being all employees that provide assistance throughout the hospital. Of the 19 nurses, ten participated in the study, since three were on vacation, four were on

health leave and two did not want to participate.

The data were collected by means of a questionnaire, which was applied, at the place of performance of the participants, during the work shift. A semi-structured questionnaire was carried out, with five questions, based on a guide to the topics of study on the level of knowledge about palliative care, the overview on palliative care and its importance.

Before the questionnaire was applied, a pilot test was carried out with two randomly selected nurses from the institution. These answered the questionnaire to determine if there were aspects of the questionnaire that should be improved, modified or eliminated.¹¹⁻² The pilot test indicated that the questionnaire was adequate, clear and there was no doubt.

Data collection was done only after approval of the research project by the Research Ethics Committee and with the consent of the subjects, who were informed about the purpose of the study, interview dynamics and guarantee of anonymity.

The analysis of information and the interpretation was based on the technique of content analysis in which the approach considers the presence or absence of a given characteristic of content or set of characteristics in a particular fragment of the message.⁷

In order to guarantee the anonymity of the subjects, during the analysis, they were named: E1, E2, E3, E4 [...] E10, according to the order of the interview. We chose to follow the path of content analysis of the thematic type, that unfolds in three stages: A) Pre-analysis - consisted in the organization of the information to be analyzed, followed by floating reading, becoming exhaustive contact with the material and determining the registration units, the clippings and the modality of codification; B) Exploration of the material - cut in the text of the selected registry units, with the proper aggregation of information and choice of categories that contributed to the specification of the themes; C) Treatment of results and interpretation - this step was performed based on the inductive method, and mediated by the theoretical information about the subject.⁸

RESULTS AND DISCUSSION

A qualitative study was carried out with ten nurses from a medium-sized private hospital unit, eight females, who were between 27 and 44 years of age, and two males, who were 30

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and 35 years old. Among the interviewees, eight had some kind of specialization. The working time in the institution in which they work, ranged from one month to ten years.

The results presented in the information analysis were divided into categories for better understanding, such as: definition, professionals involved, location, beginning of palliative care and indicated diseases.

In the analysis of the answers, regarding their definition for palliative care, it was noticed that all responded according to their knowledge. A correct knowledge about palliative care was noted, nurses showed concerns regarding the care that involved the patient's family and their quality of life and not only pain:

[...] care is paramount for quality of care and patient and family comfort [...] (E6).

It is the care provided to the patient and his / her family members, in order to improve their quality of life in the face of a life-threatening illness [...] (E7).

[...] reducing suffering, by treating symptoms and pain, welcoming both the client, and family members (E5).

Both the patient, and the family and the people around him should receive as much information as possible [...] (E10).

It is the improvement in the quality of life for the client and his / her relatives [...] (E9).

It is relief from suffering, control of symptoms and pain, compassion for the sick and the family [...] (E8)

[...] aims at the quality of life of patients and their families [...] (E3)

According to the World Health Organization (WHO), the goal of CPs is to reduce the suffering of the terminally ill patient and his / her family member, providing the best quality of life possible and stating that the process of dying is a part of life and not Must be denied in any moment, so it is extremely important for the professional to know what can really be done for his terminal patient, respecting his limits and his wishes.¹²

When questioned about the professionals involved in palliative care, it was observed that all responded correctly, aware of the importance and need of a multidisciplinary team:

Multiprofessional team. (E1)

Multidisciplinary team (psychologist, doctor, nutrition, nurse) [...] (E2)

Health professionals [...] (E3)

[...] a multiprofessional team [...] (E7)

It is necessary for the multidisciplinary team, due to the needs of the indispensable care to the rehabilitation of the patients, so that they can coexist with its limitations,

provided by a well-qualified interdisciplinary team. The professionals who make up the interdisciplinary team are: doctor, nurse, pharmacist, physiotherapist, speech therapist, nutritionist, psychologist and occupational therapist, volunteers and religious.¹³

Regarding the place where the palliative care is carried out, it was observed, in the answers, limited knowledge, since they reported only hospitals and residences, forgetting that palliative care extends to the patient's relatives and, thus, needing the places that care for them, such as therapy clinics and support for mourning, for example:

In a hospital environment or in your own residence [...] (E3)

Hospital and home. (E5)

Home or hospital. (E8)

Home. (E9)

[...] in the home or hospital environment. (E6)

The literature demonstrates that palliative care is provided by specific teams and units, either in hospital or at home, according to levels of differentiation. They have as essential components: the relief of symptoms; Psychological, spiritual and emotional support; Family support; Support during mourning and interdisciplinarity. It can be provided in inpatient, outpatient or at home, by any clinical professional and at all levels of institutions and health care. Thus, many professionals believe that palliative care is limited only to hospitals or homes, demonstrating a lack of more in-depth knowledge about treatment sites, including follow-ups for grief.¹⁴

Regarding the question about the ideal time to start palliative care, there were divergent answers on the subject:

[...] early identification of pain [...] (E9)

Before reaching the advanced stage of the disease. (E10)

Prognosis determined. (E2)

At any time when the patient can no longer perform his basic functions [...] (E4)

It is a medical conduct along with relatives [...] (E5)

Palliative care begins at the time of diagnosis and may be offered concomitantly to therapy directed at the underlying disease. Thus, they act not only in the control of symptoms, but also in the treatment of intercurrents that have great potential for morbidity and mortality.¹⁵

In this category, are described which diseases are indicated for the palliative care mentioned by the nurses interviewed. It is observed that many nurses still think that palliative care is only for cancer patients.

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They did not seem to be aware of the fact that this care is performed in several Diseases that do not have a cure.

The Cancer. (E7)

Cancer. (E10)

Oncology, cancer patients [...] (E8)

Cancer. (E3)

Such care, also called end-of-life care, was born primarily to care for patients with advanced cancer. Hence some professionals believe that it only applies to oncology, but, today, palliative care extends to every patient with an illness which causes intense pain, as well as physical symptoms, emotional and spiritual suffering so deep, that make life extremely unbearable.¹⁶ Therefore, this care applies to any individual who needs it.

Regarding the perception and knowledge of nurses, it is emphasized that the multidimensionality of comfort in palliative care requires the nurse to know the philosophical references of care and comfort and care of self, so that he can perceive the needs of the other and of itself¹⁷. This way it becomes necessary to have studies on the subject for better understanding.

Therefore, discussing the knowledge of nurses about palliative care means encouraging the discussion of this topic, as well as stimulating the professionals to seek to deepen this theme, through specialization and improvement courses.¹⁸

CONCLUSION

Palliative care is of utmost importance in the quality of life of patients with unhealthy illnesses and their family members, who usually fall ill at the diagnosis of their loved one. Humanization is indispensable in this kind of care. The type of illness does not matter in the face of such care, which must be addressed to the patient, their needs and needs, listening to their complaints and attending them in a coherent manner, according to the available resources.

It is concluded that the training of health professionals in palliative care is extremely important. Institutions should invest in continuing education, as this study identified a need for a broader approach on which type of patient can receive palliative care and the places where care should be performed.

We emphasize the importance of new studies in other units, since each institution has its peculiarities and difficulties. What is important is to identify that there is a lack of information on the subject and to make institutions aware that education about the subject is necessary.

It is hoped that this study may contribute to other studies on the subject.

REFERENCES

1. Instituto Nacional do Câncer (BR). Ações de enfermagem para o controle do câncer [Internet]. Rio de Janeiro: INCA; 2008 [cited 2016 Aug 25]. Available from: <http://www.inca.gov.br/enfermagem/>
2. Oliveira RA. Cuidado Paliativo. In: Montagnani M. Plano de diretrizes implementação de um programa de cuidados paliativos em hospital geral. São Paulo: CREMESP; 2008.
3. Oliveira RA. Cuidado Paliativo. In: Maciel MGS. Definições e Princípios. 1st ed. São Paulo: CREMESP; 2008.
4. ANPC. Edição 1º. Manual de Cuidados Paliativos. In: Matsumoto DY. Cuidados Paliativos: Conceito, fundamentos e princípios. 1st ed. Rio de Janeiro: Diagramic; 2009.
5. Oliveira RA. Cuidado Paliativo. In: Chiba T. Relação dos cuidados paliativos com as diferentes profissões da área da saúde e especialidades. 1st ed. São Paulo: CREMESP; 2008. p.46-54.
6. Kappaun NRC, Gomez MC. O trabalho de cuidar de pacientes terminais com câncer. Ciênc Saúde Coletiva [Internet]. 2013 [cited 2016 Oct 27];18(9):2549-57. Available from: <http://dx.doi.org/10.1590/S1413-81232013000900009>
7. Minayo MCS. O Desafio do Conhecimento: pesquisa qualitativa em saúde. 11th ed. São Paulo: Hucitec; 2010.
8. Neves JL. Pesquisa qualitativa - Características, usos e possibilidades. Cad de Pesq em Adm [Internet]. 1996 [cited 2017 Jan 23];1(3):103-13. Available from: http://ucbweb.castelobranco.br/webcaf/arquivos/15482/2195/artigo_sobre_pesquisa_qualitativa.pdf
9. Polit DF, Beck CT, Hungler BP. Fundamentos de pesquisa em enfermagem: Métodos, avaliação e utilização. 5th ed. Porto Alegre: Artmed; 2004. p.488.
10. Preto VA, Pedrão LJ. O estresse entre enfermeiros que atuam em Unidade de Terapia Intensiva. Rev esc enferm USP [Internet]. 2009 Dec [cited 2017 Feb 28];43(4):841-8. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342009000400015
11. Paiva APO, Setti JR. Avaliação da qualidade de serviço em rodovias rurais de pista dupla com base na percepção dos usuários. Escola de Engenharia de São Carlos - USP, AnPET [Internet]. 2014 [cited 2017 Jan

18] Available from:
<http://www.anpet.org.br/xxviiianpet/anais/documentos/RT277.pdf>

12. Berni N, Luz MH, Kohlrausch, SC. Conhecimento, percepções e assistência à saúde da mulher no climatério. Rev Bras Enferm [Internet]. 2007 [cited 2016 Oct 18];60(3):299-306. Available from:
http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672007000300010

13. Vargas MAO, Vivan J, Vieira RW, Mancia JR, Ramos FRS, Ferrazzo S, Bitencourt JVOV. Ressignificando o cuidado em uma unidade especializada em cuidados paliativos: Uma realidade possível?. Texto contexto enferm on line [Internet]. 2013 [cited 2016 Dec 29];22(3):637-45. Available from:
<http://www.scielo.br/pdf/tce/v22n3/v22n3a09.pdf>

14. Santana JCB, Campos ACV, Barbosa BDG, Baldessari CEF, de Paula KF, Rezende MAE, Dutra BS. Cuidados Paliativos aos pacientes terminais: percepção da equipe de enfermagem. Rev Bioethikos [Internet]. 2009 [cited 2016 Jan 19];3(1):77-86. Available from:
<http://www.saocamilo-sp.br/pdf/bioethikos/68/77a86.pdf>

15. Associação Nacional Cuidados Paliativos - ANCP. Critérios de Qualidade para Unidades de cuidados paliativos. Organização de Serviços de Cuidados Paliativos. 1st ed. Rio de Janeiro: Diagraphic; 2006.

16. Costa TF, Ceolim MF. A enfermagem nos cuidados paliativos à criança e adolescente com câncer: revisão integrativa da literatura. Rev Gaúcha Enferm [Internet]. 2010 [cited 2017 Jan 23];31(4):776-84. Available from:
http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1983-14472010000400023

17. Durante A, Tonini T, Armini L. Conforto em cuidados paliativos: o saber-fazer do enfermeiro no hospital geral. J Nurs UFPE on line [Internet]. 2014 [cited 2017 Jan 30];8(3):530-6. Available from:
<http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/5849>

18. Marçal R, Freitas B, Lima S, Xavier F, Silva F. Perfil dos profissionais de uma unidade de cuidados paliativos. J Nurs UFPE on line [Internet]. 2015 [cited 2017 Jan 30];9(5):7910-16. Available from:
<http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/7571>

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