Head and neck cancer: communication...



HEAD AND NECK CANCER: COMMUNICATION AND ITS MEANINGS CÂNCER DE CABEÇA E PESCOÇO: A COMUNICAÇÃO E OS SEUS SIGNIFICADOS EL CÁNCER DE CABEZA Y CUELLO: LA COMUNICACIÓN Y SU SIGNIFICADOS

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ABSTRACT

Objective: to understand the communication and its meanings in the light of the perspective of nursing professionals caregivers of people with cancer of the head and neck. *Methods*: this was a qualitative study, exploratory, descriptive, for the case study method, with the nursing team professionals who cared for people with cancer of the head and neck/CHN. The data were collected by means of semi-structured interviews by recording them with the utilization of resources of electronic media. Transcribed and analyzed the interviews by the technique of Content Analysis in the modality of Thematic Analysis, presenting themselves in categories. *Results*: emerged four thematic axes: Adaptation to communication; Empathic communication; Communication for care; Mechanisms of defense before bad news. Conclusion: communication is considered one of the border-keys to success in care provided to the person with CHN, a working tool for efficiency of a humanistic care and that brings the sense of approximation of close relations. Have, when communication occurs in an effective way, positive repercussions for the patient and contributes to implementation of care and treatment of the person with CHN. Descriptors: Nursing Professionals; Caregivers; Patients; Head and Neck Neoplasia; Communication; Understanding.

RESUMO

Objetivo: compreender a comunicação e os seus significados à luz da ótica dos profissionais da Enfermagem cuidadores de pessoas com câncer de cabeça e pescoço. Métodos: se trata de um estudo qualitativo, exploratório, descritivo, por método de estudo de caso, com profissionais da equipe de enfermagem que cuidaram de pessoas com câncer de cabeça e pescoço/CCP. Coletaram-se os dados por meio de entrevista semiestruturada gravando-as com a utilização de recursos de mídia eletrônica. Transcreveram-se e se analisaram as entrevistas pela técnica de Análise de Conteúdo na modalidade Análise Temática, apresentando-se em categorias. Resultados: emergiram-se quatro eixos temáticos: Adaptação para a comunicação; A comunicação empática; A comunicação para o cuidado; Mecanismos de defesa diante das más notícias. Conclusão: considera-se a comunicação um dos postos-chaves para a obtenção do sucesso nos cuidados prestados à pessoa com CCP, um instrumento de trabalho para a eficiência de uma assistência humanística e que traz o sentido de aproximação das relações estreitas. Têm-se, quando a comunicação ocorre de forma efetiva, repercussões positivas para o doente e contribui-se para a execução do cuidado e tratamento da pessoa com CCP. Descritores: Profissionais de Enfermagem; Cuidadores; Pacientes; Neoplasia de Cabeça e Pescoço; Comunicação; Compreensão.

Objetivo: comprender la comunicación y sus significados a la luz de la perspectiva de los profesionales de enfermería cuidadores de personas con cáncer de cabeza y cuello. Métodos: se realizó un estudio cualitativo, exploratorio, descriptivo, por el método de estudio de caso, con el equipo de enfermería que atiende a las personas con cáncer de cabeza y cuello/CCC. Los datos fueron recolectados por medio de entrevistas semiestructuradas grabando-las con la utilización de los recursos de los medios de comunicación electrónicos. Las entrevistas transcritas y analizadas por la técnica de Análisis de Contenido en la modalidad de Análisis Temático, presentando en categorías. Resultados: emergieron cuatro ejes temáticos: Adaptación a la comunicación; Comunicación enfática; Comunicación al cuidado; Mecanismos de defensa frente a la mala noticia. Conclusión: la comunicación es considerada una de los puntos-clave para el éxito en la atención prestada a la persona con CCC, una herramienta de trabajo para la eficiencia de un cuidado humanístico y que trae el sentido de aproximación de estrechas relaciones. Tienen, cuando la comunicación ocurre de una manera eficaz, repercusiones positivas para el paciente y contribuye a la aplicación de la atención y el tratamiento de la persona con CCC. Descriptores: Profesionales de Enfermería; Cuidadores; Pacientes; Neoplasia de Cabeza y Cuello; Comunicación; Comprensión.

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INTRODUCTION

Represent, by the head and neck cancer (CCP-in Portuguese), malignant neoplasms of the upper aerodigestive tract. It is a specific area of Oncology, which aims to treat people with cancer affected in regions of the head and neck. It is clarified that the CCP involvement occurs in regions of the lips; oral oropharynx, nasopharynx, cavity, hypopharynx, nasal cavities; sinuses; larynx involving the glottic and supraglottic area including, even, the salivary glands; thyroid and parathyroid; the skin, mucous membranes and bones of the head and neck region.1

Please note that the most common histological type is the squamous cell carcinoma, with approximately 90% of the tumors developed. It turns out that the CCP is the sixth most common type of cancer in the world affecting generally, males from the fifth decade of life.²

Join the main risk factors for the emergence of the CCP to the habits of smoking and alcoholism. It is multiplied by bad habits like drinking and smoking, in up to 20 times, the chances of a healthy person develop the disease. It is estimated that 75 to 90% of cases are related to these agents considered carcinogenic. Associates, among other factors, to the bad feeding habits and to contamination by viruses, for example, the Human Papilloma Virus HPV.³

There are, in Brazil, approximately 70% of patients diagnosed with CCP at an advanced stage of the disease, but, when it occurs, early diagnosis, the chances of cure can reach 80%.³

It is known that the person diagnosed with CCP faces the most diverse health needs as a result of the new condition imposed by cancer and need of integral care, due to the emergence of complications and demands related to physical changes, physiological and psychosocial; need of care geared to social and cultural aspects; low self-esteem due to the change in body image as the disfigurement of face; communication affected; discomfort by the presence of pain, secretions, odors; loss of autonomy for hygiene, feeding and physiological eliminations impaired submission of patients to various technical procedures; changes in work routine; needs in accessing health services; suffering related to treatment; fear and uncertainty about the prognosis.4 Cause for such conditions. dysfunctions with adverse physical, psychological and psychosocial problems in the person with CCP and their family. 5-6

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the CCP **Explains** that can affect anatomical structures such as the larvnx and impair the functionality of the parties responsible for the phonation, pronunciation and articulation of words. Adds that, depending on the location and extent of cancer of the larynx, the impact on the phonation is greater, which makes necessary to perform laryngectomy that is a surgical procedure with the partial or total removal of the larynx. Affects directly the process of speech, when there is the removal of structures that produce the laryngeal sound and the neighboring muscles, being the most common method of verbal communication.⁷

Become necessary, due to the diverse needs of care to be executed when a patient with CCP, the completion of the work and the watchful eye of an interdisciplinary team of health about the subjective aspects of the patient and staff-patient-family relationship, through active and effective communication.⁸

Engage cultural issues in the care to people with CCP that can be perceived and interpreted, and for obtaining a good relationship team-patient-family, the nursing professional is based on the communication. It becomes impossible to analyze the complexity of the activities of the nursing team, with dependence on communication for the feasibility, exercise its functions without communicating with people inserted in this context.⁹

It is believed that the communication process is one of the key points for success in care provided to patients with CCP, as well as is one of the important points to the efficiency of the humanistic care. It is the premise, bearing in mind that care is the object of nursing work, of the need for improvement of existing tools to a qualified and holistic assistance, this being the communication.⁸⁻⁹

It describes that communication is a way of exchanging information and interacting, experiences and the same allows the understanding, mutual identification interconnectivity, being that the forms of communication can be verbal, such as speech and writing, or type non-verbal, the example of gestures, facial/body expressions, hearing, others. among It involves complexity of the process of communication in many channels of expression, it being an instrument in care in health/nursing used to face the challenges and become an agent of transformation to a practice based on sensitive communication.8-9

Excepts, by the nursing staff, most of the time in providing patient care, as well as with

their relatives. It is recognized, therefore, that an effective professional-patient communication, performed since the diagnosis and throughout treatment, provides bonds of trust, allows the recognition of feelings associated to the disease, in addition to providing support to patients and relatives as a way of coping with the disease.⁸

OBJECTIVE

• To understand the communication and its meanings in the light of the perspective of Nursing professionals caregivers of people with cancer of the head and neck.

METHOD

It is a qualitative study, descriptive and exploratory, by case study method. It looks the qualitative approach to understand the subjective phenomena present in the processes that permeate the experiences of people. It constitutes the population of this study by nursing professionals caregivers of people with CCP. ¹⁰

It applies also to the "Study of history, of relations, representations, beliefs, perceptions, opinions, producers of interpretations that humans do about how they live, build their artifacts and themselves, feelings and thoughts". Supported it, in addition, to the production of this study, in the perspective of socioanthropology, in order to understand the communication in the care of nursing professionals providers of care for people with CCP. ¹⁰

The study was conducted in a large city in the State of Mato Grosso, Brazil, in an oncology hospital classified as Assistance Unit of High Complexity in Oncology (UNACON) reference in the treatment of cancer.

There were interviewed 12 professionals from the nursing team providers of care for people with CCP.

Chose the participants from the following eligibility criteria: professional nursing workers specifically active in clinical medicine and surgery, in addition to the outpatient service, with a minimum of one year experience in care for people with CCP. There were excluded other professionals of the multiprofessional team and those who had no experience in care with CCP.

Occurred the participation and acceptance on the part of the subjects of spontaneous way, being informed them that they could give up to participate at any time. The interviews were developed in a place and time convenient for professionals to avoid discomfort or changes in routine work.

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The data were collected by means of semistructured interviews by recording them with the utilization of resources of electronic media. We used the following guiding questions: "What is the meaning of the patient with cancer of the head and neck for you, Nursing professional?" How to care for people with CCP? Directed to the other questions, on the part of the researchers, according to the interviews.

The transcribed speech after the data collection, by means of interviews, when it formed a rich corpus and, subsequently, the analysis of the data. It was established the amount of participants by the saturation criterion of qualitative data.¹¹

We analyzed and understood the interviews through the technique of Content Analysis for the understanding of communication, and its meanings in the light of the perspective of nursing professionals caregivers of people with cancer of the head and neck. Composed, after the analysis of the data, categories on the basis of the information submitted by the Nursing team professionals.¹¹

This study was submitted to the Ethics and Research Committee (CEP) of the University of the State of Mato Grosso (UNEMAT) given to resolution 466 of 12nd December 2012, of the National Council of Health Research. The same was approved by the Ethics in Research Committee of the University of the State of Mato Grosso (CEP-UNEMAT) under Opinion N 1,899.601/2017. It is provided to the participants in this study, the Informed Consent Form containing explanations about the research, as well as the risks and benefits. It presented the document into two ways: one remained with the researcher and another, with the participant.

We identified the research participants by a fictitious name and academic training by letter, as examples, the letter "E", referring to the nurse, and the letter "T", referring to the technical professional nursing. The objective of this measure was to preserve and guarantee the anonymity of those involved.

RESULTS

Composed the general corpus by 12 subjects of nursing team professionals, being five nurses and seven nursing technicians. Organized, in relation to the characterization of the sociodemographic data, the sharers by fictitious names, age, academic training and working time, as shown in table 1.

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Identification *fictitious name	Age	Nurse's Education - F Nursing Technician - T	Time working with people with CCP
Giovana*	31	E	7 years
Talita*	30	T	3 years
Janaína*	28	Т	1 year and 7 months
Rosa*	38	E	1 year
Osvaldo*	28	E	6 years
Carina*	44	E	1 year
Anna*	25	E	1 year
Júlia*	34	Т	1 year and 6 months
Júnior*	29	T	1 year
Malvina*	31	T	5 years
Fernandes*	40	Т	4 years
Eslan*	31	T	1 year

Figure 1. Characterization of sociodemographic data of the subjects participating in the research. Cuiaba (MT), Brazil, 2017.

Resulted in a thematic analysis of the contexts in the construction of four thematic axes in order of relevance: Adaptation to communication; The empathic communication; The communication to care; Mechanisms of defense before bad news.

DISCUSSION

♦ Adaptation for communication

It is observed in the category "Adaptation for communication", the need for adaptation patients who underwent cases of laryngectomy and/or to tracheostomy as a result of involvement and complications arising from the CCP. It seeks, therefore, by the team, the use of resources to adapt forms of verbal communication of speech for writing, or even the use of non-verbal communication such as gestures, the corporal expressions, signs and the use of objects. Work out the tactics of adaptation of speech attached by nursing staff employed to patients. Prejudice or even leaves, before that, when people with CCP have the larynx removed or when they are submitted to tracheostomy, the communication by speech and writing is one of the forms used by health professionals to patients in the process of communication, as is evident in the following speeches:

[...] patient who had the full withdrawal of the larynx. Thus, communication is in writing, as well. So, we have to have a whole preparation to deal with the person, understood? Have patience because he makes the question and everyone answers, she can hear, she writes. It is by writing, understand? Then, you have to have an entire performance, thus, a preparation to cope with these patients. (Janaína)

Calls, in the care of people with CCP under these conditions, from the professional, a preparation aimed at dealing with the situation in which the patient can listen and write, but cannot speak.¹²

[...] the notebook is also important for him to communicate. (Julia)

They organize themselves, by means of communication, through the human being, thoughts, the inner world, their beliefs, and this information can be externalized also by means of writing. Characterize the forms of verbal language, speech and writing in different ways and own using the same linguistic system.¹³

Demonstrate, through studies, the seriousness and the severity of the impact of laryngectomy in patients' quality of life, in the physical aspects, personal, family, social and professional, once difficulties arise for use or replace the natural method of speech.⁷

We need, therefore, when the patient has the main resource for impaired verbal communication, which is the speech, adjustments on the part of the team, and one of the tasks throughout the action of care, this being inherent to nursing professionals; it is communication. It is indispensable, since the patient is outside the family environment with changes in routine, exposed to invasive procedures and, many times, he is found fragile, nervous and anxious.¹⁴⁻⁵

Employ, when there are no possibilities of use of the verbal communication, resources of non-verbal communication. Another aspect is highlighted by the research subjects: the term "Patience", which may be associated with the availability required from the professional to the realization of communication, which can be expressed not just in time, but in listening to the needs of the sick, and these can be expressed in the behaviors seized by observation, according to the report below.

[...] he communicates in gestures, shakes his head. [...] this communication is more in signs and have patience with them. The

notebook is also important for him to communicate. (Julia)

It is positive or negative how communication occurs affecting human life, especially when it affects relationships, since this communication process is complex and goes beyond the senses of the words involving gestures and expressions.¹⁶

Facilitates, by the creativity of the nursing team professionals, the communication process of the patient overcoming verbal methods, as seen in the following narrative.

[...] I brought a little snare-drum for him to call us. It is the only way for us to listen! The nursing staff was with hatred. With the little snare-drum, the whole world looks [...] and has another (patient) that calls only at the gesture, spoke to daughter become well aware of the issue of his movement when calling. "Where does it hurt?" (Julia)

Nursing is considered the art of improvisation, because it arises from the need of urgent care and is mobilized quickly to an immediate resolution of practical problems.¹⁷

Require, to take care of patients with CCP, where there are changes of the facial image, adaptations to the communication, and this is to be seen as a complex and impactful experience, and may be able to interfere in caring and in the interaction between the professional and the patient and family. We need, in the practice of care for patients with CCP, physical and emotional balance, it is necessary to acquire the ability to adapt to reality to cope with the disease.¹²

♦ The empathic communication

Bring, by communication among professionals and people with CCP, the sense of approximation of relations and the establishment of trust. It should be noted that, when communication occurs in an effective way, there are positive repercussions for the patient and contributes to the implementation of care and treatment of the person with CCP.

They like to be called so. Life means charisma, attention and understanding, right? It is better than death. Life is what they are willing to seek life!!! [...] I call them life because, for me, they are life [...] "ah, we measure the pressure, life?" [...] "So, okay, life!" (Julia)

lt should he emphasized that communication is essential for a good relationship between people. It allows, by the establishment of the empathic communication between people, the freedom to expose the anguish, fear, uncertainties of the prognosis, providing greater freedom within the communication and active listening. You Head and neck cancer: communication...

qualify and give value, from the formation of bond, the other as active participant that requires humility, listening and solidarity.¹⁴

Sweeten pain and the feeling caused by CCP obtaining mutual respect, empathy and understanding. Realize the gratitude of the person with CCP to professionals and the satisfaction of the same when witnessing cheerful moments of emotion and gratitude. Indicate, as well, the benefits of empathic communication.

She only smiled with my presence. [...] had a patient tracheostomized, with jejunostomy and was discharged, danced with me in the corridor. Had no one who did not laugh. He was all happy! [...] had a patient who, in return, saw me and not believed: "Life, you're there, life?" (Imitating the patient); she had another tear that came out of the eye when she saw me. Had that brought gift to me, a lot of cup writing thus: I love you, love, love, love, love, love. (Julia)

Sees the interpersonal relationship in the health area on a day to day basis of care using the resources of the verbal and non-verbal communication. 9 It provides, by interaction and communication among the professionals, greater safety to the person with CCP. effectiveness Maintains the of communication on empathy built between people in respect of care. It becomes essential, in addition, the performance of the nursing staff to cope with the disease inferring that the know to hear, knowing when to speak, share ideas, decisions, these are all attitudes that comprise the quality of empathic communication.¹⁸

♦ Communication in the care to the patient with CCP

It is evident, among the aspects of communication, the importance of language and communication carried out properly. It adds that the technical language exercised by professionals for the person with CCP can be an obstacle and interfere directly on the quality of care.

Patient Z had a tracheoesophageal fistula and couldn't take anything from water, but no one explained to him why he couldn't get a drink of water. Simply came to him and said: "You can't drink water". There, he called us and said: "Oh, I'm thirsty!" One day, I decided to make the design of the trachea and the esophagus that had a hole and that if he were to take water, in his case, would go to the lung. [...] It's not that he accepted, but he got to put water in his mouth, wetting the mucosa and throw away. So, this demand of information we feel enough. There is this need. (Rosa)

It considers appropriate communication the goal is to reduce misunderstanding and seek the solving of problems presented in the interaction with the patient by improving the aspects related with the treatment.9 It is, moreover, that communication one of the is instruments of care, especially when facing the people who face the diagnosis and treatment so feared, as in the cases of cancer.8

♦ Defense mechanisms in the face of bad news

It appears that, in the professional practice of Nursing, caring for people, which often have a negative prognosis and without possibility of cure makes that communication, in this case, do not limit itself to the notes in relation to the disease itself, but in positions and responses in the face of difficult news. It is believed that dealing with communication of bad facts is, perhaps, one of the most complicated tasks for the health professional.

[...] Why it hurts so much my head? How am I going to tell him it's your tumor is doing hurt? Sometimes, I get out and I say nothing. You don't have to answer to him, let the air is bad and this is the hardest part because they want you to talk that will heal. Also ask this: Have you ever seen a case like this and the person heal? It's complicated. (Carina)

It is understood that communication of bad news is an arduous task for health professionals and those moments cause disruption for both the person who receives the news, as the sender of the message. 19 Generate, in action to give an information of negative impact, in the nursing team and the person with CCP, fear, anxiety, feelings of irrelevance, discomfort, disorientation and false hopes. 8

It is perceived that health professionals are not prepared to deal with the bad news, where the communication ambiguous and the omission of the truth.

[...] Said: we'll give you all your medicines straights, we do everything right and anything you call me. And I had to get away because my newborn child, guy! You talk: true, take your medicine, everything right, we're going to take care of you, we're going to do everything. But he's not going to work. He's bleeding to death and not going to come home, will not. (Anna)

Bring up, by communication of bad news, various feelings, and professionals need to accept these emotions; however, do not have a theoretical apparatus or emotional as the foundation and, inevitably, the scape and the omission of truth happen. ²⁰⁻²¹

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It is known that, above all, due to the workload demands, the need to improve communication, in order to be more efficient and better able to manage their cases without the added pressures due to communication failure. ²²

Comes the lack of professionals in dealing with the bad news of the training process, because it develops a barrier, since it is impossible to ignore the side that the professionals are human beings entered into a culture, contexts of feelings and emotions. It turns out that it is noticeable the difficulties faced by the nursing professionals, this relates to the management and proper care to the patient, and a lot of times goes beyond the theoretical practice. It is essential to make reflections concerning nurses working in the area of oncology, as well as the teaching institutions, and managers with views to the qualification of assistance through improvement of the communication the person with cancer and family members. 23

CONCLUSION

Enabled the understanding, for this study, on the communication and its meanings in the light of the perspective of nursing professionals caregivers of people with CCP.

It affects the life of the patient by CCP, especially in cases where communication becomes impaired and there is the need for adjustments to the forms of verbal and nonverbal communication.

Notes the creativity of the nursing team professionals as a facilitator for communication process of the patient. To realize how important is the preparation of the nursing team to deal with the person with CCP, because taking care of patients with alterations of facial image, in addition to the impaired speech and the demands adaptations to the communication fundamental. Understand the difficulties on the part of the nursing team in dealing with the communication of bad facts, this being considered one of the most complicated tasks for the health professional.

Considers that the communication is one of the key points for success in the care provided to the person with CCP, it being an instrument of work for the efficiency of a humanistic care. It brings up, by communication established, the sense of approximation of close relations, since it operates in the form of interacting, exchanging information and experiences, enables the understanding, mutual identification and interconnects the subjects. Have positive repercussions for the

patient, when communication occurs in an effective way, contributing to the implementation of care and for the treatment of the person with CCP.

Correspond to the findings of the survey the objective of this study, since the study based, brought information which contribute to the scientific advances in the area of Oncology and nursing, because it reflective the analysis importance of communication in care for the person with CCP. The communication shall be deemed fundamental tool for care, as well as essential for the implementation humanistic and qualified assistance.

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