








## ARTIGO ORIGINAL

### MENTAL HEALTH AND CHEMOTHERAPY TREATMENT: PERCEPTION OF THE NURSING TEAM\*

#### SAÚDE MENTAL E TRATAMENTO QUIMIOTERÁPICO: PERCEPÇÃO DA EQUIPE DE ENFERMAGEM

#### SALUD MENTAL Y TRATAMIENTO DE QUIMIOTERAPIA: PERCEPCIÓN DEL EQUIPO DE ENFERMERÍA

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#### ABSTRACT

**Objective:** to know the perception of the nursing staff of a chemotherapy unit about the mental health care of patients. **Methodology:** This is qualitative, descriptive research, developed in a chemotherapy unit of a university hospital in Curitiba - Paraná. Four nurses, three nursing technicians, and three nursing assistants were included as participants. Data were obtained through semi-structured recorded interviews and submitted to thematic-category Content Analysis. **Results:** After the analysis, the following thematic categories emerged: Nursing care in mental health for patients undergoing chemotherapy; Difficulties found by the nursing staff in mental health care, and Recognition of mental disorders in patients undergoing chemotherapy. The participant's commitment to the general care of patients was verified. Difficulties were found to develop specific mental health care due to the lack of knowledge on the topic. The participants admitted the need for professional training in care in the psychic and emotional dimensions. **Final considerations:** it is concluded that nursing professionals perceive the psychological and emotional suffering of patients undergoing chemotherapy and their families. It was perceived that mental health care must be offered with quality and comprehensiveness.

**Descriptors:** Oncology Nursing; Nursing Care; Drug Therapy; Mental Health; Hospitals, Generals; Nursing, Team.

#### RESUMO

**Objetivo:** apreender a percepção da equipe de enfermagem de uma unidade de quimioterapia sobre os cuidados da saúde mental dos pacientes. **Metodologia:** trata-se de pesquisa qualitativa, do tipo descritiva, desenvolvida em uma unidade de quimioterapia de hospital universitário de Curitiba - Paraná. Incluíram-se como participantes quatro enfermeiros, três técnicos de

enfermagem e três auxiliares de enfermagem. Obtiveram-se os dados por meio de entrevista semiestruturada gravada e submetidos à Análise de Conteúdo temático-categorial. **Resultados:** emergiram-se, após a análise, as seguintes categorias temáticas: Cuidados de enfermagem em saúde mental aos pacientes em tratamento quimioterápico; Dificuldades encontradas pela equipe de enfermagem no cuidado em saúde mental; e Reconhecimento dos transtornos mentais nos pacientes em tratamento quimioterápico. Verificou-se o comprometimento dos participantes com o cuidado geral dos pacientes. Constataram-se dificuldades para desenvolver cuidados específicos em saúde mental devido ao *deficit* de conhecimento na temática. Os participantes admitiram a necessidade de capacitação profissional aos cuidados nas dimensões psíquicas e emocionais. **Considerações finais:** conclui-se que os profissionais de enfermagem percebem o sofrimento psíquico e emocional do paciente em quimioterapia e da sua família. Apreendeu-se que os cuidados de saúde mental devem ser ofertados com qualidades e abrangência.

**Descritores:** Enfermagem Oncológica; Cuidados de Enfermagem; Quimioterapia; Saúde Mental; Hospitais Gerais; Equipe de Enfermagem.

## RESUMEN

**Objetivo:** conocer la percepción del personal de enfermería de una unidad de quimioterapia sobre el cuidado de la salud mental de los pacientes. **Metodología:** se trata de una investigación descriptiva cualitativa, desarrollada en una unidad de quimioterapia de un hospital universitario de Curitiba - Paraná. Los participantes fueron cuatro enfermeros, tres técnicos de enfermería y tres auxiliares de enfermería. Los datos se obtuvieron a través de entrevistas semiestructuradas grabadas y se sometieron a análisis de contenido de categorías temáticas. **Resultados:** luego del análisis, surgieron las siguientes categorías temáticas: Atención de enfermería en salud mental para pacientes sometidos a quimioterapia; Dificultades encontradas por el personal de enfermería en la atención de la salud mental y Reconocimiento de los trastornos mentales en pacientes sometidos a quimioterapia. Se verificó el compromiso de los participantes con la atención general de los pacientes. Se encontraron dificultades para desarrollar una atención específica en salud mental debido al desconocimiento sobre el tema. Los participantes admitieron la necesidad de una formación profesional en el cuidado en las dimensiones psíquica y emocional. **Consideraciones finales:** se concluye que los profesionales de enfermería perciben el sufrimiento psicológico y emocional de los pacientes sometidos a quimioterapia y sus familiares. Se observó que la atención en salud mental debe ofrecerse con calidad e integralidad.


**Descriptores:** Enfermería Oncológica; Atención de Enfermería; Quimioterapia; Salud Mental; Hospitales Generales; Grupo de Enfermería.

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\*Article extracted from the Final Paper of the Undergraduate Nursing Course at the Federal University of Paraná called: Perception of the nursing staff of a chemotherapy unit about mental health care. Federal University of Paraná (UFPR), 2016.

#### **How to cite this article**

Paes MR, Kowalski ICL, Silva AC, Paes RG, Nimtz MA. Mental health and chemotherapy treatment: perception of the nursing team. Rev enferm UFPE on line. 2021;15(2):e246318 DOI: <https://doi.org/10.5205/1981-8963.2021.246318>

## INTRODUCTION

For the development of care to human beings, nursing professionals are required for responsibility, professionalism, affection, and humanization for the person they take care of. Their actions need quality, with involvement and professional commitment to the one who needs the care, considering their multiple dimensions and the unique aspects of that person.<sup>1</sup>

Nursing actions on the care needs of individuals must go beyond routines, the development of procedures and techniques. Thus, the importance of implementing care that values the interpersonal relationship, communication, exchanges, and empathy between those who provide care and those being cared for is emphasized.<sup>1</sup>

The fragility that people present in the transition from the health-disease process is recognized, especially when they are in the hospital. It is considered an experience that impacts people's routine, due to the impairment of organic functions and, consequently, of their health, requiring specialized professional care. In the face of this experience, uncertainties, anguish, feelings of anger, worry, fear, and anxiety are usually triggered, and therefore, the need for care of emotional and psychological aspects.<sup>2-3</sup>

Among patients with chronic, terminal, or severe illnesses, there is a greater risk of experiencing some psychic and emotional changes, including the emergence of mental disorders, especially depression and anxiety, due to their clinical condition and treatment. Such conditions are exemplified in the health-disease process, the experience of patients undergoing treatment for oncological or hematological diseases.<sup>4</sup>

It is noteworthy that hematological/oncological diseases affect a person's life in the physical-biological and psychosocial dimensions, especially due to the high mortality rates of the disease, interruption of daily activities, aggressive and prolonged treatment.<sup>4</sup> A study with 67 women undergoing adjuvant and neoadjuvant chemotherapy treatment for breast cancer showed that changes in emotional functions were the most affected during treatment, with impairment of physical and functional functions.<sup>5</sup>

In addition to the physical changes, debilitating and limiting signs and symptoms associated with the natural course of the disease, there are many side effects of chemotherapy or radiotherapy, such as alopecia, nausea, vomiting, loss of appetite, weight loss, among others. In the psychosocial aspects, the patient faces numerous adaptation difficulties, which, without adequate coping conditions, can result in psychological suffering, expression of hopeless thoughts, uncertainty about the future, and dissatisfaction with body image.<sup>4,6</sup>

Thus, health professionals should identify these factors during the treatment of the disease to support the implementation of joint actions with the person and family, to minimize suffering and optimize quality of life.<sup>7-8</sup>

We reaffirm the essentiality of nursing professionals for effective care in the psychic and emotional dimensions, promoting the mental health of patients undergoing cancer treatment. For this, it is essential to value the patient's narrative, the recognition, and understanding of physical and mental suffering, interpersonal and person-centered care, based on communication.<sup>9</sup> It is relevant to know how these professionals perceive and perform such care, which is largely developed in a context of subjectivity.<sup>10</sup>

An Israeli study is cited, which investigated the perceptions of 61 professionals from oncology clinics in the mental suffering of cancer patients. The study found that participants correlated the side effects of the disease and treatment, loss of bodily functions and concerns about body image, socioeconomic stress, loneliness/lack of social support; dependence/fear of being a burden, death anxiety and grief and loss, with the mental suffering of patients.<sup>6</sup>

Thus, after the entry, the question that guided the research arises: what is the perception of the nursing staff of a chemotherapy unit about mental health care?

**OBJECTIVE**

To know the perception of the nursing staff of a chemotherapy unit about the mental health care of patients.

**METHOD**

This is qualitative descriptive research, developed in an oncology/hematology inpatient unit for high-risk chemotherapy at a general and teaching hospital, in October and November 2016.

Ten nursing professionals participated (four nurses, three nursing technicians, and three nursing assistants). The number of participants was established considering the data obtained. Fluctuating readings of the interviews were carried out and participants were included until the data met the objectives proposed for this study.<sup>11</sup> Nursing professionals were recruited through verbal and individual invitations during their working hours. The place and time for the interviews were established together with the participants.

The inclusion criteria were: nursing professionals working in direct care, who were not on vacation or away from work. Exclusion criteria were: nurses with administrative or management or auxiliary functions and nursing technicians in elementary or support functions.

For data collection, semi-structured, audio-recorded interviews were used, consisting of two parts: a) characterization of the participants and b) open question with the following question: how

do you perceive the mental health nursing care developed for patients undergoing chemotherapy in this service?

Data were analyzed by Content Analysis of the thematic-category type.<sup>12</sup> In the pre-analysis phase, the transcription and careful reading of the recorded interviews were carried out. The second phase, called material exploration, was followed by the characterization of the participants and the grouping of similarities in the results from the interviewees' statements. The categories resulting from the speeches were identified. The results were treated by inference and interpretation of the data obtained, in the third phase. We sought to make the raw results and the meaning subjectively found in the interviewees' statements meaningful and valid. Then, there was a discussion with the literature pertinent to the themes that emerged from the speeches.

The study was approved by the Research Ethics Committee of the Hospital de Clínicas of the Federal University of Paraná (UFPR) under opinion 1.567.675, CAAE: 58822416.1.0000.0096, under Council Resolution 466/2012 National Health Service (CNS).

Study participants were asked to sign the Informed Consent Form (ICF). Secrecy and anonymity were guaranteed to the participants, which were coded by the letter N (nurses), NT (nursing technicians), and NA (nursing assistants) followed by Arabic numerals unrelated to the order of the interviews.

RESULTS

The characterization of the ten nursing professionals participating in the study is presented below (Figure 1).

Figure 1. Characterization of the participants, according to gender, work shift, time since graduation, and time of experience in the chemotherapy service. Curitiba, PR, Brazil, 2016

Participant	Gender		Work shift				Time	
	Man	Woman	Morning	Afternoon	Night	Day	Graduation	Working in the service
N.1		X	X				32 years	26 years
N.2		X		X			7 years	5 years
N.3		X			X		2 years	7 months
N.4		X			X		10 years	10 years
NT.5		X				X	27 years	20 years
NT.6		X				X	35 years	22 years
NT.7		X				X	29 years	25 years
NA.8		X				X	5 years	3 years

NA.9	X	X	36 years	24 years
NA.10	X	X	13 years	2 years

The following thematic categories resulted from the interviews: Mental health nursing care for patients undergoing chemotherapy; Difficulties found by the nursing staff in mental health care and Recognition of mental disorders in patients undergoing chemotherapy.

### Mental health nursing care of patients undergoing chemotherapy

The results showed that the participants were concerned about offering quality care. They endeavored to contribute to the recovery of patients with hematological or oncological diseases undergoing chemotherapy. It was mentioned that the nursing team is concerned, committed, and is patient, and attentive to the care provided and the medications prescribed. They described as important aspects, the observation of the psychic and emotional alterations of the patients and the valuing of comfort. Communication was pointed out as a fundamental part of caring for patients' emotional issues.

*The nursing team is committed and concerned about helping to improve these patients. The team is very patient in these cases, they are concerned about the medication and are also concerned about the periods of consultation with the psychiatry, they are very attentive and show a lot of attention and patience with these patients. (N.1)*

*The team here is very united and tries to help the patient to understand the disease and the moment he is living, we are concerned with the family, we value the comfort and life of this patient. (N.4)*

*I try to observe this patient, if he is communicative, I try to talk to him, if he is quiet, I will respect that. I think I help a lot, because even being on the side of patients in difficult times, we are already doing good for them. (NT.1)*

*We try to know about the patients' lives, to try to be important, and provide support in this moment of anxiety (...) I always try not to get into their personal lives and respect them, but even so, I try to have a little knowledge about the situation that they are living in, that when they need it, I will be there to help and support what I can. (NT.3)*

*In nursing, what we do differently for these patients would be more the part of identifying these disorders, knowing how to identify their signs and symptoms. (N.2)*

### Difficulties found by the nursing staff in mental health care

We observed that nursing professionals face a series of difficulties related to the care of patients who have mental or emotional alterations. They referred to the lack of time, the high demand for

activities in the work process aimed at comprehensive care, and the reduced number of professionals to meet these demands.

*Our time in the unit is rushed, we are not able to give exclusive attention to these patients, as we work much more in care. I believe that more employees would be needed on the team so that we could handle all these demands. (N.4)*

*Our work here is more in care and we can barely handle our work, which is already heavy, so imagine taking care of the patient's psychological part. (NT.2)*

*Patients need attention, that we keep talking (...) we don't have this time to give ourselves totally to patients with shaken emotions, because care is already very rushed. (NA.1)*

The lack of professional training in the area of mental health is admitted, which directly interferes with the provision of care to patients with mental disorders or psychological and emotional changes in this service. We can observe the deficit in the participants' knowledge on the topic. The nursing staff mentioned the need to be trained in the care of patients with mental disorders or in mental suffering who are undergoing chemotherapy.

*I see that in a situation of psychological disorder, we try to do the best we can, but we are not fully prepared, as these are adverse reactions that can occur daily. These adverse reactions are sometimes a surprise to us, we do what we believe is best. (N.1)*

*I think that if there were suddenly some training for the teams in this area of mental health it would be interesting, it would contribute a lot to our care, it is important to know the area of mental health even to identify the disorders. (N.2)*

*We have already had patients who were hospitalized and who had more severe mental disorders and for the whole team, it was stress. This stress on the team, I think it is a little lack of knowledge of how to deal and how to manage these patients, especially when he is in crisis (...) treating a patient who is hospitalized and stuck on chemotherapy, a crisis can occur, being that for them the whole treatment is very distressing. (N.3)*

*For the care of this type of patient, when we have these cases here, I prepare myself psychologically and physically to face the challenges, but I don't feel able to face a more serious mental disorder (...) I'm not able to take care of this area. In my opinion, there is also a lack of continuing education on mental health content for the team (...) this training could come from a teacher or other professional specialized in this area. (N.4)*

*So, I don't think I'm capable of that because I didn't study for that. (NT.3)*

*I think that the care for these patients is very weak here, we even comment that we needed a person with more attention to these issues, because they are patients who demand a lot and there has to be a person who understands them. (NA.2)*



Recognition of mental disorders in patients undergoing chemotherapy

The participants recognized that it is common for patients undergoing chemotherapy to present signs and symptoms of psychological and emotional changes, psychological distress, and even mental disorders. Anxiety and depression were pointed out as common mental disorders among patients. Prolonged treatment was cited as one of the causes for the emergence of psychological and emotional changes in patients. Also, the family that accompanies the patient undergoing chemotherapy may present mental suffering.

*The issue of mental health in our unit is mainly related to the long hospital stay, which causes some anxieties and depression. We have some patients who come with a previous mental illness, I remember seeing bipolar disorder and schizophrenia. (N.2)*

*Here in the sector, we see several cases of anxiety and depression due to prolonged treatment and diagnosis, which greatly affects the patient and the whole family. (N.4)*

*The most common cases are depression and anxiety. Sometimes the anxiety is so great that they even panic. (NA.1)*

*We need a few days to see their anxieties and see if it can be considered an emotional change or just a moment of anguish for the diagnosis. (NT.3)*

*Often, it is not only the patient who is suffering from depression, it is also the family. (NA.2)*

From the participants' statements, we learned that nursing care should be centered on the safety of patients when they present behavioral changes or suicidal intent.

*We do the protection part such as locking the windows, keeping the patient with a companion, we also release more visits. (N.2)*

*In the most serious cases, we realize that it's not just depression or just anxiety, but that the patient comes to despair of trying against his own life or making this threat, we take steps to close the windows and take care with safety. There have already been cases where we had to stay on top because there are patients who panic also in the face of these disease situations, we have already had to ask to lock down the windows so that they cannot open them, due to the suicide threats made by the patient. (NA.1)*

DISCUSSION

We understood that the complexity of cancer treatment requires technical and scientific skills from health professionals, as well as interpersonal skills. In addition, knowledge combined with affection, sincerity, communication, and empathy form constructive elements for care, which in turn influence the development of care provided to cancer patients. Therefore, care should be based on technical-scientific knowledge and the interaction between the patient, the family, and the nursing professional.<sup>13</sup>

Emotional suffering and psychosocial problems are commonly found in the daily lives of individuals who face an oncological or hematological disease due to the possibility of death. The psychosocial vulnerability to this condition is specific to each individual and depends, in addition to the circumstances in which it occurs, on the personal meaning attributed to the disease. It is known that this process may depend on a greater or lesser risk of the patient developing a psychiatric disorder, in which therapeutic interventions are necessary.<sup>4-5,8,13</sup>

Health professionals who deal with cancer patients need to have the technical capacity to identify and assess them with a comprehensive look, contemplating their needs in multiple dimensions.<sup>8,13-14</sup> It should be distinguished when social isolation or changes in social roles are signs of depression and when pain and disease symptoms have a strong psychological component, requiring a psychiatric or psychological approach.<sup>15-16</sup>

By the results of this study, we observed that the participants recognized the complexity and high demand of care for people undergoing chemotherapy. It was also noticed that the daily reality of those professionals facing cancer or hematological patients is experienced in an environment of expression of varied feelings both by patients and professionals.

The nursing team requires more time to work with the patient, and this differential should be used to have the approximation and creation of bonds in a faster and more effective way. Thus, it is necessary to know and understand the humanity expressed through communication, interaction, and mutual feelings in the care environment.<sup>9,13</sup>

The important role that nursing professionals play in the therapeutic trajectory of patients is highlighted, as they receive, evaluate, carry out procedures and, when necessary, make referrals to other members of the multidisciplinary team. Because they are the professionals with the best chances of creating bonds through communication, as they spend more time close to the patients, they are often recognized as the main link between the members of the health team.<sup>8,13</sup>

The profile of the participants in this study is corroborated by the findings in other publications, and it appears that nursing professionals working in oncology services usually show sensitivity to the suffering of patients and their families, empathy, availability, affection for being care and for their profession, patience and positive attitudes towards welcoming and humanization.<sup>8,14</sup>

The approximation between professional, patient, and family become the maximum of understanding and affection, but it also entails negative feelings in workers.<sup>8</sup> Thus, the emergence of ambivalence in the work of nursing professionals is considered. caring for cancer patients, who at the same time experience feelings that promote positive attitudes, but report experiencing sadness, stress, suffering, frustration, and vulnerability when accompanying the decline, suffering in treatment, and in some cases the finitude of the other.<sup>8,14</sup>

In this situation, there is a need for nursing professionals to be aware of their emotional reactions and attitudes about cancer patients. It takes into account the importance of promoting self-knowledge, defining their physical and psychological strengths and limitations to properly deal with the psychological and emotional changes triggered by patients who face this disease.<sup>16</sup>

The participants end up leaving mental health care in the background, as they report not having trained for such care.

The need for training of nursing professionals to acquire competence for care that encompasses the psychic and emotional dimension of patients is recognized. On the other hand, such qualification should promote, in addition to theoretical-practical instrumentalization, an environment of reflections that trigger awareness of care within such a subjective context, such as those of mental health.<sup>17</sup>

Training combined with awareness strategies in mental health care, promotes professionals, especially nursing, the possibility of taking care of people undergoing chemotherapy or radiotherapy and also protects their mental state. It is expected that such actions promote attitudes of readiness and motivation in nursing professionals in the care of patients and families.<sup>17</sup>

We reinforce that the team knows the areas of oncology and mental health, for the early recognition of emotional and psychological changes in cancer patients. Therefore, there are greater chances of evaluating the influence of such changes on treatment and implementing appropriate interventions.<sup>13</sup>

The diagnosis of the disease and the chemotherapy treatment interfere with the normal physical condition of the person, and can also trigger anxiety and depression. Thus, psychiatric disorders affect the quality of life at any stage of treatment. It is known that the prevalence rates of anxiety and depression in the population with cancer are higher than in the general population, we must take into account the type and time of treatment, gender, depressive signs, and symptoms.<sup>18</sup>

This study pointed out that for the participants, it is common to identify patients with depressive and anxious conditions, as well as the concern with the worsening of these disorders and the presence of suicidal behavior. It is mentioned that these results are in line with the findings of an international study carried out with oncological nurses, which demonstrated that the first psychiatric signs that are more easily observable are those of depressive disorders.<sup>6</sup>

The greatest concern of health professionals with the safety of patients with mental disorders, especially in non-psychiatric environments, is clear. It is known of the existence of stigma, which many health professionals have concerning patients with mental disorders. It is reported that they are aggressive, furious, and uncontrolled, resulting in low quality of care or negligence of care, especially when receiving care in general hospitals and other non-psychiatric specialties.<sup>9-10</sup>

The participants' perception regarding suicidal behavior and related care is highlighted. The concern is intensified when citing the higher risk of suicide among cancer patients. Several factors that may be associated with the suicidal behavior of patients with oncological or hematological diseases are described: history of mental illness, pain, type of tumor (head and neck, prostate, lung, and pancreas); the presence of functional and physical limitation and certain chemotherapy treatments.<sup>19</sup>

We observed the literature that indicates the high incidence of suicide attempts and effectiveness in general hospitals in Brazil. Two environments with the highest frequency of suicide are cited, firstly the person's residence (51%) followed by hospitals (26%) during periods of hospitalization. Some items of hospital routine that need to be taken into consideration for readjustment to avoid such a problem can be mentioned: unprotected windows on higher floors; bathrooms or the bedroom itself that can be locked from the inside; access to sharp objects.<sup>19-20</sup>

It should be noted that adequate mental health nursing intervention assisting in the treatment of people with cancer can potentially affect the course of the disease, length of stay, treatment adherence and efficacy (Kennard et al., 2004), satisfaction with the treatment and quality of life. Thus, it seeks to identify the patient's psychosocial needs early and implements care aimed at alleviating suffering regardless of the prognosis.<sup>21</sup>

As a limitation for this study, the results are related to a single inpatient unit of a general hospital, limiting the group of participants, and cannot be considered as a reality in other institutions or other contexts. However, this study can be a methodological or theoretical example for replication in other realities to show how nursing care is performed, covering the psychological and emotional needs of patients undergoing chemotherapy.

## CONCLUSION

We conclude that nursing professionals perceive the psychological and emotional suffering of patients undergoing chemotherapy and their families. The participants' perception about mental health care is highlighted, which must be offered with quality and comprehensiveness. The appropriation of knowledge by professionals to mental health care is necessary. Professionals' perception of the exhaustive demand for activities that reduce the possibility of developing mental health promotion in oncology/chemotherapy services should be taken into account.

We noted that the data collected during the research can be an incentive for further studies that encourage the qualification of professionals about the care of patients with mental disorders in general hospitals.

We contribute to the practice by demonstrating that mental suffering and care needs in the multidimensional scope of the person need to be perceived by the nursing team for mental health care and the promotion of comprehensive health.

## CONTRIBUTIONS

We inform that all authors contributed equally in the design of the research project, data collection, analysis, and discussion, as well as in the writing and critical review of the content with intellectual contribution and the approval of the final version of the study.

## CONFLICT OF INTERESTS

Nothing to declare.

## ACKNOWLEDGMENTS

We thank Mrs. Vilma Machado, Librarian at the Federal University of Paraná, for reviewing the article's references.

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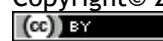
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Submission: 26/06/2020

Accepted: 31/05/2021

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