

AMBULATORY NURSING CARE TO PATIENTS WITH FACIAL IMAGE CHANGE CUIDADO DE ENFERMAGEM AMBULATORIAL A PACIENTES COM ALTERAÇÃO DA IMAGEM FACIAL

ATENCIÓN DE ENFERMERÍA AMBULATORIA A PACIENTES CON ALTERACIÓN DE LA IMAGEN FACIAL

Sadja Cristina Tassinari de Souza Mostardeiro¹, Marlene Gomes Terra², Adão Ademir da Silva³, Keity Laís Siepmann Soccol⁴, Valquíria Toledo Souto⁵

ABSTRACT

Objective: to analyze the perception of nursing staff about the care for individuals with changing of the facial image. *Method:* descriptive and exploratory study, with qualitative approach. The data were constructed in an ambulatory of head and neck, using semi-structured interview, between the months of September to November 2012, with five members of the nursing staff. The analysis of the information was backed by the Technique of Content Analysis. The research project was approved by the Research Ethics Committee, Protocol 0396.0.243.000-11. *Results:* followed by the analysis of the information, two categories emerged: 1. Concern with aesthetics and, 2. Ambiguous feelings, and their respective themes. *Conclusion:* it was evidenced that take care of patients with facial image change is difficult given the range of feelings involved. It is believed that this study will allow the expansion of the debate on the ambulatory care to patients with facial image change *Descriptors:* Nursing Care; Body Image; Face.

RESUMO

Objetivo: analisar a percepção da equipe de enfermagem quanto ao cuidado a indivíduos com alteração da imagem facial. *Método*: estudo descritivo, exploratório, de abordagem qualitativa. Os dados foram construídos em um ambulatório de cabeça e pescoço, por meio de entrevista semiestruturada, entre os meses de setembro a novembro de 2012, com cinco integrantes da equipe de enfermagem. A análise das informações foi respaldada pela Técnica de Análise de Conteúdo. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, Protocolo 0396.0.243.000-11. *Resultados*: seguida da análise das informações, emergiram duas categorias: 1. Preocupação com a estética e, 2. Sentimentos ambíguos, e seus respectivos temas. *Conclusão*: evidenciou-se que cuidar de pacientes com imagem facial alterada é difícil em face da gama de sentimentos envolvidos. Acredita-se que este estudo permitirá a ampliação do debate sobre a questão do cuidado ambulatorial a pacientes com alteração da imagem facial. *Descritores*: Cuidados de Enfermagem; Imagem Corporal; Face.

RESUMEN

Objetivo: analizar la percepción del equipo de enfermería sobre el cuidado de individuos con alteración de la imagen facial. *Método*: estudio descriptivo, exploratorio, con enfoque cualitativo. Los datos fueron construidos en una clínica ambulatoria de cabeza y cuello, mediante entrevista semi-estructurada, entre los meses de setiembre a noviembre de 2012, con cinco miembros del equipo de enfermería. El análisis de la información fue respaldada por la Técnica de Análisis de Contenido. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, protocolo 0396.0.243.000-11. *Resultados*: seguido por el análisis de la información, emergieron dos categorías: 1. *Preocupación por la estética y, 2. Sentimientos ambiguos, y sus respectivos temas. Conclusión*: se evidenció que cuidar de pacientes con imagen facial alterada es difícil dada la variedad de sentimientos involucrados. Se cree que este estudio se permitirá la ampliación del debate sobre la atención ambulatoria a pacientes con alteración de la imagen facial. *Descritores*: Atención de Enfermería; Imagen Corporal; Cara.

¹Nurse, Professor in Nursing, Nursing Department, Federal University of Santa Maria/UFMS. Santa Maria (RS), Brazil. Email: sadjasm@yahoo.com.br; ²Nurse, Professor in Nursing, Nursing Department, Federal University of Santa Maria/UFMS. Email: martesm@hotmail.com.br; ³Nurse, Master in Nursing, Nurse Assistant, University Hospital of Santa Maria/HU/UFSM. Santa Maria (RS), Brazil. Email: martesm@hotmail.com. Canta Maria/HU/UFSM. Santa Maria (RS), Brazil. Email: <a href="mailto:mailto

Mostardeiro SCTS, Terra MG, Silva AA da et al.

INTRODUCTION

The cult of the body is one of the remarkable features of contemporary society. This can be seen by the growing number of esthetic surgeries performed daily, as well as the gyms are increasingly frequented by men and women of all ages, and thus, the body will become object of consumption and investments, causing people being in constant pursuit of the ideal body.

Body image is something that is developing continuously since childhood along with the process of physiological maturation of the nervous system and the progressive psychosocial interaction that the human being establishes with the environment surrounds it. The changed image concerns to intra and interpersonal relationships, to emotions and feelings of the individual with itself, with others and his environment, with the use of vestments and adornment objects, as well as its relations with the whole body.1

Certainly, the individual who presents the altered body image will suffer with the social stigma, because currently exists the idea of ideal body, idolized, renovated by technology, by plastic surgery and for science, modified in desire to gain youth, health, perfection and power.² beauty, noteworthy that the concept of ideal body has suffered changes throughout history and the current standards of beauty are different from those in force before. However, the cult of the body, in one form or another, has always been associated with the image of power, beauty and social mobility.³

Based on this context, in a study about the individuals care with facial image change and the implications of impacting situations on the formative process of the nurse, it was revealed that the care of patients with facial image change is perceived as a complex, difficult and striking experience for both patients and for the students and teachers of graduation course in Nursing. It signals that these experiences, of any nature and, in this study, represented by the facial image change, constitute unique opportunities for the development of skills necessary for the formation of the nurse in the course of the academic trajectory.4

To understand the meaning that the facial image change has for Nursing is crucial, because, in this way, the body or the face of the patient will be perceived of a singular form by professionals who seek to carry out a closest care to their needs. In addition, the visualization of interference and the impact that the image can cause in the care actions

may contribute to a reflection both on education level, as of assistance, which can result in the provision of subsidies for professional performance.

The search of references about the subject identified the lack of studies in scientific production of national nursing, which focus on the impact of disturbances of body image of patients in the professionals who take care. Given this, it confirms the necessity of developing investigations in this sense and corroborating the fact that is still an option for technical, practical and objective dimension, which may not require greater involvement/suffering to the researcher.

It is considered that the publications found on the subject are resent, which reinforces the view that it evolves to a current trend in the rescue of the aspects related to the body, opening paths to new approaches of care. It is still evidenced that perceptive scope searches, related to body image, are seeking their space, based on the understanding that it can't be seen the pure and simple image of the subjects, but the phenomenon that arises from the body identity and of the subject's relationship with the world, since the object of study has multidimensional character and needs to be seen under various angles. 6

On the basis of the considerations presented, this article proposes as question of research: What do the members of the nursing staff think about the individuals care with facial image change? and, as objective:

• To analyze the perception of nursing staff about the individuals care with facial image change.

METHOD

This is a study of qualitative exploratory nature. The choice was made by the fact of the process taking as main material everyday speech seized from informants, because it reveals values, symbols and representations that enable the capture and recovery of subjectivities; also, it seeks a dynamic relationship between the real world and the subject, that is an inseparable link between the objective world and subjectivity of the subject.⁷

The study participants were members of the ambulatory nursing staff of a teaching hospital of Rio Grande do Sul/RS, location for postoperative treatment, realization of dressings to patients from head and neck clinic and, therefore, where nursing staff exercises care to patients with facial image change. To this end, the day shift nursing staff was invited to participate in the study,

Mostardeiro SCTS, Terra MG, Silva AA da et al.

consisting of five participants, according to the criterion of exhaustion of the data. The information has been collected, from September to November 2012, through semistructured interview, which was recorded in an electronic device. It was held in a reserved room of the ambulatory, from the availability of time, and prior scheduling with participants.

The interview provides personal a approach, enabling better individuality, being possible to obtain more faithful reports from participants. For this, the issues are worked out directly about the topic that it is wanted to understand. We try to be careful to avoid misleading answer to the question; the more open it is, the more extensive will be the answer and, from this one, may arise other questions as needed. So, initially the following questions were done: What do you think about the feelings and reactions of the patients with facial image change? How do you believe they face this situation?

The participation was voluntary, by reading and signing the Free and Informed Consent Statement(FICS). lt was ensured anonymity of the subjects, which were encoded by the letter E followed by a numeric digit: E1, E2, and successively. The project protocol was approved by the Committee of Ethics in Research with Human Beings of the Federal University of Santa Maria under no 0396.0.243.000-11, in accordance resolution No. 196/96 of the National Health Council.8

To analyze the findings, it was chosen the Technique of Content Analysis, due to the fact that the involved procedures are structured in such a way as to promote the data organization, by stages or steps, which lead to a result structurally organized of its content. It is a method that provides a flexibility of implementation to different approaches in the essence of the content. Thus, the analysis obeyed the following steps: meeting of analysis corpus (transcribed interviews and documents pertinent to the study); pre-analysis: floating reading of the collected data; categorization of data: from reading in-depth of the analysis material, seeking the establishment of categories and/or subcategories. Interpretive analysis; the categories were worked based on the authors of the literature review, adding to the data interpretation by researchers.

RESULTS AND DISCUSSION

Analyzing the socio-demographic profile of the participants, it has been found that four were female and one male, with a predominance of ages between 49 and 60 years old, and length of service in the Ambulatory between 15 to 32 years.

After the interviews analysis, two categories were evidenced: concern for aesthetics and ambiguous feelings. They identify with a nursing staff that believes how to care patients with facial images change.

♦ Concern for aesthetics

This first category emerged from topics such stigmatizing condition, appearance enhancement and facial change. Such questions refer to the discussion about the importance given to the body and to the fashion in the context of the western industrialized societies, which in standards of beauty are diffused by cultural industry. The imperfections and bodily boundaries are exposed, as well as the singularities and potentialities of the subjects are devalued, becoming disposable. At the same time, television, cinema, fashion, advertising, medicine and sports ensure its recovery, putting the body appearance as core of charm, of success, health and happiness. 10

A study, which assessed quantitatively the relationship between changes in appearance and distress in cancer patients, revealed that most respondents (80.3%) were in pain with changes in appearance caused by the treatment. In this race search for the beauty, in which more important than to be is to appear, the subject, marked especially by some pathology that caused the aesthetic change on their face, looking to rebuild their auto-images.

In the perception of nursing staff, still showing awareness of the impossibility of their images back to exactly as before, patients show concern with the appearance on the facial disfigurement, as it can be evidenced as follows:

[...]A patient here had no nose or ear, and when the plastic surgeon said he would do the reconstructive surgery, I saw the happiness he was. He said to the doctor: "Thank God I'll have a nose! No matter how it will, doctor." (E1)

The nursing staff realizes the satisfaction and gratitude of patients in the possibility to reconstruct an organ disfigured or lost. To have a nose again, although this might not be as before, as expressed above, it is to rebuild the human appearance, that out that brings them closer to the "normality". When an individual presents traces which do not converge to a common characteristic, that is, on their social relationship with others, it has a distinction that may require special attention and, in general, the spread of those he meets, he suffers a stigma. 12

Mostardeiro SCTS, Terra MG, Silva AA da et al.

The modern man has his conflicts largely related with the development of individualism. The interaction as a strategy to communicate and to be part of the social is in disrepute. And the man, influenced by modern culture, came to see the body as the result of whom he is. Looking nice, safe and confident meets the need of social acceptance of human being. Thus, it ratifies the symbolic dimension of what an ideal body represents currently in society.

Stigmatizing condition that patients live with facial image change was perceived by nursing staff when discuss as how they consider that patients face the situation, as the testimonials:

[...] I think with a lot of discomfort, because everyone is a little vain, likes to be well dressed, take care of the appearance, and with a problem like that, I'd feel very embarrassed, and would seek to hide me a bit more, don't expose me in public a lot, because people have certain preconceptions about it [...] (E4)

Manifestations of prejudice, rejection, stigma and exclusion, can happen in various spaces and situations, and even, in the inner institutional space. The amendment on facial appearance is considered discomfort factor for the nursing staff, as evidenced in interviews:

The first question is how the we faces when you come and see them for the first time, because really you see and you get a shock, then you get used to that image of them as normal to them that [...]. (E3)

We like to be around people who are physically fit, smelling and fragrant. And in the case of those people who have any scars, or even any wound that gives off a bad smell, put these people away from us, and we also feel uncomfortable with that. (E4)

In this perspective, the whole occasion, without even realizing it, it is verified constantly an aesthetic judgment about what we observe, whether persons or objects. 14:28 This posture of aesthetic judgment, and even moral, is culturally intrinsic to the human being. With regard to health professionals, it is good to alert the risk of such conduct becoming a barrier to the patient who seeks treatment, especially when this one already suffer with stigmas in other ways in which coexists.

In measuring the way as how an individual perceives the body, and expectations regarding their body image, it is intended to overcome the limitations of normative standards and exclusive judgment by the professional, considering also the subjective or the perceived needs. 14-5 The nursing staff, when takes into account aspects such as self-

image, self-esteem and expectations of the patient, in addition to meet the new concepts of health related with quality of life, it can incorporate an important differentiator relative to the approach and direction of treatment.

Studies conducted with patients with head and neck cancer have shown deficiencies relating to support of the nursing staff to physical and psychosocial needs of long duration of these patients. 16 It is worth remembering that the way the individual will react to body image change will depend on the coping strategies, source of the change, the importance of the new image for their future and the types and support possibilities that the patient will receive to adjust to the new image.4 For patients in this situation, as well as for all those who live an experience of illness, it can count on a trust professionals relationship, which act directly on the care, is fundamental in search of encouragement to face the disease and its impact.¹⁷

It is stressed therefore the importance of relations established between the nursing staff and the patient, so that these can serve as allies in the treatment process, since the guarantee of success will depend on the way in which the physical, mental, social and spiritual needs of the patient's will be attended to.

Ambiguous feelings

The second category was structured from the resignation and hope themes that permeated the testimony of members of the nursing staff, revealing the perception of ambiguous feelings in the caring for a patient with facial image change.

The self-image is constituted as a viewpoint of them, i.e. is the self-portrait based on past and future experiences. It is related to the shape, size, body parts and feelings towards him. With it, it is realized that the changes generated in the body of a person can sometimes change their self-image. Maybe that's why it is so complex and confusing to health professionals, as well as to the own patients, to define what they feel. In the perception of nursing staff, patients demonstrate the acceptance of their new condition as the theme resignation:

Even with all the trouble, he's always for good, he is not an angry person [...]. (E5)

[...] they resign themselves with the situation [...]. (E3)

Resignation in patients with body image change is manifested due to the fact that, as time passes, they need to live with and adapt to their new condition and body image, a convenient strategy.¹⁸ It is realized that, for

Mostardeiro SCTS, Terra MG, Silva AA da et al.

some of these patients, the difficulties on the acceptance, in relation to the changes evident and significant on their faces, were being postponed, maybe in an attempt to see a clinical improvement and the damage reversed, which is understandable when it comes to the human condition.²

When the body is subjected to sudden changes, as in the case of structural changes on the face, the consequences transcend the physical repercussions, generating conflicts that develop also in psychological of those that the experience. Soon, it has to evaluate necessity of practice of professionals and, in particular, the nursing staff, daily contact with these patients, for valuation of feelings, physical conflicts, psychic and social, and such professionals act as facilitators of self-knowledge strategies and acceptance.19

While the resignation is seen as a confrontation strategy of these situations, the expectation of recovery was also cited by the participants, represented by the theme hope, as evidenced below:

[...]they have a lot of hope that can improve. (E1)

At the bottom they have hope of cure, the return of the normal face as they had before [...] they dream of something that will be near to their normality [...] the hope of returning to the way it was. (E3)

The hope is walked by a force that gives meaning to the life of the person, which may be related to their children, the family, work or other important dimension to them. The maintenance of hope seems to favor initiatives efforts decisions, and for overcoming, denoting a facilitator belief of individuals capacity in overcoming their problems.¹⁷

A descriptive study performed with chronic patients revealed a positive correlation between hope and self-esteem, that is, the bigger the hope, the greater the selfesteem.²⁰ Thus, it can be see that the hope also boosts the life of these patients who have facial image change, being essential the performance of nursing staff in the form of support and promotion of that feeling. Nursing, on the established proximity with the patient, during the process of care, can stimulate the feeling of hope and appreciation of life. The meeting with the patient needs to go beyond the completion of the bandage, and seek the establishment of a relationship of and complicity. In addition, assistance lacks guidance to the individual needs of the patient.

FINAL REMARKS

To take care of patients with facial image change is difficult because of the range of feelings involved. It is considered that rebuilding the self-image demand physical, mental, spiritual effort as well as time to adapt to changes.

According to the members of the nursing staff who participated in the survey, they can observe the appearance of patients under their care several meaningful information. Similarly, various emotions and feelings can be observed or projected in this image: sympathy for the most beautiful or rejection to those who have some type of change. They still believe that the acceptance and hope in recovery, is what stimulates patients on continuity of treatment.

It is believed that the development of this study will allow the expansion of the debate on the question of care to patients with facial image change, with regard to the performance of ambulatory nursing staff. With this, it is hoped that the discussion would allow for construction of new meanings for the care, especially when it comes to the everyday work of nursing. Given the magnitude of the phenomenon, it is understood that other perspectives contemplate and other approaches can be explored.

ACNOWLEDGEMENTS

The authors gratefully to the Assistance Program to Newly Doctor Research CCS (Edict 014/2012) for resources financing, from the Center for Health Sciences and "Pro-Reitoria" of Postgraduate at the Federal University of Santa Maria, which enabled the execution of this research.

REFERENCES

- 1. Schilder P. A imagem do corpo: as energias construtivas da psique. São Paulo: Martins Fontes; 2000. 320 p.
- 2. Mostardeiro SCTS, Pedro ENR. Pacientes com alteração da imagem facial: circunstâncias de cuidado. Rev gaúcha enferm [Internet]. 2010 Mar [cited 2013 Apr 20]; 31(1): 100-7. Available from: http://seer.ufrgs.br/RevistaGauchadeEnfermagem/article/view/11071/8443
- 3. Pereira EF, Graup S, Lopes AS, Borgatto AF, Daronco LSE. Percepção da imagem corporal de crianças e adolescentes com diferentes níveis socio-econômicos na cidade de Florianópolis, Santa Catarina, Brasil. Rev bras saude matern infant [Internet]. 2009 July/Sept [cited 2013 June 5];9(3):253-262.

Mostardeiro SCTS, Terra MG, Silva AA da et al.

Available from: http://www.scielo.br/scielo.php?pid=\$1519-38292009000300004&script=sci_arttext

- 4. Mostardeiro SCTS, Pedro ENR. O cuidado de enfermagem em situações de alteração da imagem facial. Rev gaúcha enferm [Internet]. 2011 June [cited 2013 Apr 20];32(2):294-301. Available from: http://seer.ufrgs.br/RevistaGauchadeEnfermagem/article/view/13970/12774
- 5. Bittencourt AR, Alves DY, Luzia NS, Menezes MFB, Sória DAC. A Temática da Imagem Corporal na Produção Científica Nacional da Enfermagem: um Destaque para os Pacientes com Câncer. Rev bras cancerol [Internet]. 2009 July/Aug/Sept [cited 2013 Jun 3];55(3):271-278. Available from: http://www.inca.gov.br/rbc/n_55/v03/pdf/75 revisao_literatura2.pdf
- 6. Tavares MCGCF, Campana ANNB, Tavares Filho RF, Campana MB. Avaliação perceptiva da imagem corporal: história, reconceituação e perspectivas para o Brasil. Psicol estud [Internet]. 2010 July/Sept [cited 2013 May 20];15(3):509-518. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S141373722010000300008&lng=en&tlng=pt. 10.1590/S1413-73722010000300008
- 7. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 12 ed. São Paulo: Hucitec, 2010.
- 8. Ministério da Saúde (Brasil). Conselho Nacional de Saúde. Diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Resolução n. 196, de 10 de outubro de 1996. Brasília; 1996.
- 9. Bardin L. Análise de Conteúdo. Edições 70. São Paulo: 2011, 229p
- 10. Dantas JB. Um ensaio sobre o culto ao corpo na contemporaneidade. Estud pesqui psicol. [Internet]. 2011 Dec [cited 2013 May 21];11(3):898-912. Available from: http://www.revispsi.uerj.br/v11n3/artigos/html/v11n3a10.html
- 11. Nozawa K, Shimizu C, Kakimoto M, Mizota Y, Yamamoto S, Takahashi Y, et al. Quantitative assessment of appearance changes and related distress in cancer patients. Psychooncology [Internet]. 2013 [cited 2013 June 30]; Feb 25. Available from: http:/

http://dx.doi.org/10.1002/pon.3268/dx.doi.org/10.1002/pon.3268

12. Borenstein MS, Padilha MI, Costa E, Gregório VRP, Koerich AME, Ribas DL. Hanseníase: estigma e preconceito vivenciados por pacientes institucionalizados em Santa Catarina (1940-1960). Rev bras enferm [Internet]. 2008 Nov [cited 2013 June 14]; 61(spe):708-12. Available from:

 $\frac{< http://www.scielo.br/scielo.php?script=sci_arttext&pid=S003471672008000700009\&lng=en \\ \&nrm=iso>.$

- 13. Silva MT. A relação do corpo com o cotidiano da população adulta e suas implicações no que se refere ao contexto cultural na contemporaneidade. Europ rev of artist stud [Internet]. 2010 Dec [cited 2013 June 22];1(3):94-104. Available from: http://www.eras.utad.pt/docs/corpo%20e%20 contemporaneidade.pdf
- 14. Cadena SMD, Guerra CMF. Aparência facial e a imagem ideal.R dental press estét [Internet]. 2006 Jan/Feb/Mar [cited 2013 Apr 12];3(1):27-38. Available from: http://www.dentalpress.com.br/cms/wp-content/uploads/2009/04/v3n1_2.pdf
- 15. Pinto KKO, Spiri WC. A percepção de enfermeiros sobre o cuidar de pacientes com problemas físicos que interferem na autoimagem: uma abordagem fenomenológica. Rev latinoam enferm [Internet]. 2008 May/June [cited 2013 June 22];16(3):407-13. Available from:

http://www.scielo.br/pdf/rlae/v16n3/pt_12.pdf

- 16. Larsson M, Hedelin B, Athlin E. A supportive nursing care clinic: conceptions of patients with head and neck cancer. <u>Eur Joncol nurs</u> [internet]. 2007 Feb [cited 2013 June 26];11(1):49-59. Available from: http://www.ncbi.nlm.nih.gov/pubmed/17185
- 17. Naressi DA, Girardon-Perlini NMO, Sand ICP, Beuter M, Rosa BVC. Beliefs and resilience in patients who are survivors of leukemia. J Nurs UFPE on line [Internet]. 2013 Jan [cited 2013 June 14];7(1):67-75. Available from:

http://www.revista.ufpe.br/revistaenfermage m/index.php/revista/article/viewArticle/3253 18. Pedrolo TF, Zago MMF. A imagem corporal alterada do laringectomizado: resignação com a condição. Rev bras cancerol [Internet]. 2000 Oct/Nov/Dec [cited 2013 Apr 16];46(6):407-15. Available from: http://www.inca.gov.br/rbc/n_46/v04/artigo 6.html

- 19. Alves PC, Santos MCL, Fernandes AFC. Stress and coping strategies for women diagnosed with breast cancer: a transversal study. Online braz j nurs [Internet]. 2012 May/June/July [cited 2013 Apr 16];11(2):305-18. Available from: http://www.objnursing.uff.br/index.php/nursing/article/view/3714/html
- 20. Balsanelli ACS, Grossi SAA, Herth K. Avaliação da esperança em pacientes com doença crônica e em familiares ou cuidadores. Acta paul enferm [Internet]. 2011 [cited 2013

DOI: 10.5205/reuol.4843-39594-1-SM.0801201416

Ambulatory nursing care to patients with...

Mostardeiro SCTS, Terra MG, Silva AA da et al.

ISSN: 1981-8963

23];24(3):354-8. from: June Available

http://www.scielo.br/pdf/ape/v24n3/08.pdf

Submission: 2013/07/25 Accepted: 2013/10/26 Publishing: 2014/01/01 **Corresponding Address**

Valquíria Toledo Souto Universidade Federal de Santa Maria Centro de Ciências da Saúde Av. Roraima, 1000 - Campus UFSM

Bairro Camobi

CEP: 97105-900 - Santa Maria (RS), Brazil