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ORIGINAL ARTICLE

END OF LIFE AND PALLIATIVE CARE IN ICU: SPEECH OF NURSING TECHNICIANS

TERMINALIDADE E CUIDADOS PALIATIVOS EM UTI: DISCURSO DOS TÉCNICOS DE ENFERMAGEM

FIN DE LA VIDA Y CUIDADOS PALIATIVOS EN LA UCI: DISCURSO DE TECNICOS DE ENFERMERÍA

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ABSTRACT

Objective: identifying the perceptions of nursing technicians about the terminally ill and palliative care in the ICU. ***Method:*** an exploratory study with a qualitative approach, with 11 nursing technicians, who work in the adult Intensive Care Unit of the Federal University Hospital, in the city of João Pessoa/Paraíba. Analysis of the material occurred through the Collective Subject Discourse. The research project was approved by the Research Ethics Committee, Protocol 184/10. ***Results:*** the nursing technicians respondents had an ideal perception of the terminally ill and palliative care, though not always, felt prepared for such care, value the participation of the multidisciplinary team and measures used for pain control and therapeutic methods. ***Conclusion:*** nursing technicians seek to rescue the autonomy and dignity of patients and their families in the process of finitude. It is hoped that the data obtained can support further research on the subject. ***Descriptors:*** Palliative Care; Terminal Care; Intensive Care Units.

RESUMO

***Objetivo*:** identificar a percepção dos técnicos de enfermagem acerca da terminalidade e dos cuidados paliativos na UTI. ***Método*:** estudo exploratório, de abordagem qualitativa, com 11 técnicos de enfermagem, que atuam na Unidade de Terapia Intensiva adulta do Hospital Universitário Federal, no município de João Pessoa/PB. A análise do material ocorreu por meio do Discurso do Sujeito Coletivo. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, Protocolo 184/10. ***Resultados*:** os técnicos de Enfermagem entrevistados tinham percepção ideal sobre a terminalidade e os cuidados paliativos, embora, nem sempre, sintiam-se preparados para tais cuidados, valorizam a participação da equipe multiprofissional e utilizavam medidas para o controle da dor e métodos terapêuticos. ***Conclusão*:** os técnicos de enfermagem buscam resgatar a autonomia e a dignidade do paciente e de sua família frente ao processo de finitude. Espera-se que os dados obtidos possam subsidiar novas investigações a respeito do tema. ***Descritores*:** Cuidados Paliativos; Assistência Terminal; Unidades de Terapia Intensiva.

RESUMEN

Objetivo: identificar las percepciones del personal de enfermería sobre el cuidado de enfermos terminales y cuidados paliativos en la UCI. ***Método:*** un estudio exploratorio con abordaje cualitativo, con 11 técnicos de enfermería, que trabajan en la Unidad de Cuidados Intensivos de Adultos del Hospital Universidad Federal, en la ciudad de Joao Pessoa/Paraíba. El análisis del material se produjo a través del Discurso del Sujeto Colectivo. El proyecto de investigación fue aprobado por el Protocolo de Ética de la Investigación 184/10. ***Resultados:*** los técnicos de enfermería entrevistados tenían percepción ideal a cerca de la terminalidad y cuidados paliativos, aunque no siempre, si se sintlam por dicha atención, el valor de la participación del equipo multidisciplinario y de las medidas utilizadas para el control del dolor y los métodos terapéuticos. ***Conclusión:*** los técnicos de enfermería tratan de fomentar la autonomía y la dignidad de los pacientes y sus familias en el proceso de la finitud. Se espera que los datos obtenidos puedan apoyar más investigaciones sobre el tema. ***Descriptores:*** Cuidados Paliativos; Cuidado Terminal; Unidades de Cuidados Intensivos.

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INTRODUCTION

Due to the progress of medicine and especially improving the living conditions of populations, health practices have undergone profound transformations around the world throughout the twentieth century. The advances in medical practice and technology have brought significant improvements in the control and treatment of diseases. The average life expectancy grew and led to an increase not only the number of chronic diseases, but also for terminal patients, bringing up ethical decisions about the conduct of health professionals in relation to palliative care.[1]

Terminality is the term used when exhausts the possibilities of recovering health conditions, and the possibility of death is inevitable and predictable. The individual becomes "unrecoverable" and approaching death, without being able to reverse this walk.[2]

The World Health Organization defines palliative care as active and full shares given to patients with progressive and irreversible disease. Such care is focused on the psychosocial and spiritual aspects, and alleviating pain and suffering of the sick person and his family. [3] Palliative care is more than a method; it is a philosophy of care and prevention and alleviates human suffering in many of its dimensions.[4]

Most deaths occur in hospital intensive care units (ICU) due to severity.[2] Therefore, the ICUs are seen as sectors that denote fear and suffering, and despite the implementation of humanitarian programs in these sectors is still necessary to promote structural changes that can prioritize communication between professionals, patients and family members with a view to make this process less painful for everyone, especially for those who are at a terminal.[5] In this sense, there is an urgent deployment of protocols palliative care in the ICU.

As for palliative care developed in the ICU, there must be an ethical conviction based on the assumption that life cannot be shortened, much less prolonged unnecessarily, so it should be avoided painful invasive procedures and unnecessary tests. [6] The professionals involved in this care should give patients emotional, psychological and spiritual support, because this is a way to ease the pain and suffering, always respecting the person made vulnerable by the verge of quitting the life.[7]

Considering the importance and magnitude of this theme to the practice of nursing professionals, came our interest in conducting this study, whose guiding principle is the following question: How Nursing technicians who work in ICUs perceive terminally and care hospice?

Based on the foregoing, the aim of this study is to identify the perceptions of nursing staff about the terminally ill and palliative care in the ICU.

METHODOLOGY

An exploratory study with a qualitative approach, performed in adult intensive care unit of a Federal Government Hospital, located in the city of João Pessoa (PB). Said ICU is composed of six inpatient beds and isolation. Currently has 25 Nursing technicians performing their professional duties in it. This site was chosen due to the significant number of patients needing palliative care.

The sample consisted of 11 nursing technicians working in the ICU of the hospital, who met the following criteria: have at least one year of experience in ICU and take part in the study by signing the informed consent form (ICF). Data were collected in the months of October and November 2012, through a form containing relevant to the purpose of the study, two-step issues: first, the characterization data were requested, and the second, qualitative data issues subjective.

After reading the material, proceeded to the coding of study participants and extracted the categories of discourses grouped by similarity. Thus was formed the collective corpus of speeches.

For data analysis, the technique of collective subject discourse, a technique of organizing discourse data by which the researcher was used rescues understanding of certain phenomena in a given universe, through depositions This method is composed of four methodological approaches: expression key (ECH), the central idea (IC), the collective subject discourse (DSC) and anchor (AC).[8] In this study, the analysis followed the following steps: 1) reading every single testimony; 2) extraction of key expressions in each statement; 3) grouping of key expressions homogeneous; 4) extracting the central idea of each group of key expressions; 5) composition of CSDs corresponding to each central idea.

The research project was approved by the Research Ethics Committee of the University Hospital Lauro Wanderley - CEP / HULW, under protocol number 184/10 and has met the requirements of Resolution 196/96 of the

National Health Council, for research involving humans.

RESULTS AND DISCUSSION

The study included 11 nursing technicians who work in the adult ICU of the Lauro Wanderley-HULW University Hospital, in the city of João Pessoa, Paraíba-PB.

Among study participants, there was a significant prevalence of females (67%), most aged between 20 and 29 years old (40%) and 30 and 39 (40%) years. The results showed that 73-3% have technical training in nursing. 60% reported long and up to six years of service.

The results presented by the speeches of the participants of the study were presented in five core ideas, together with the Collective discourse correspondent. The following core ideas were obtained: 1- Understanding the terminally ill; 2- Understanding palliative care; 3 - promoting patient comfort; Assets and total patient-care terminal 4.

In response to the question "How do you understand the terminally ill", obtained the **Central Idea 1 -**

● Understanding the terminally ill.

Collective discourse: *State in which by organic dysfunction, the body nears the end of its functionality. [...] End of life, irreversible dysfunction of organs and systems. [...] When there is no more to do only hope your day comes. [...] When the patient no longer has prognosis, [...] No possibility of technological investment intended. [...] When nothing is possible to be done for healing. [...] Internship patient's health, which is a clear evolution become the death. [...] This refers to the completion of a cycle, an activity, a function process.*

The central idea 1 depicts that participants understand the meaning of terminally and point biopsychospirituals various aspects around the concept. Therefore, define the terminally with expressions such as "finitude", "completion", "close cycles", "bankruptcy", "only hope your day comes."

Besides being a biological process, completion is presented as a social construct, usually a consensus decision of the medical team, based on objective and subjective data. A patient is considered terminally condition when their disease, regardless of the therapeutic measure progresses inexorably to death. Established this diagnosis, palliative care is the primary goal of patient care.[2]

Based on the foregoing, the process of terminally ill can be lived in different ways, according to the shared meanings that experience, because these meanings are influenced by the historical moment and the sociocultural contexts. So it is important to conceive death as a process, not as an end. This is justified because, considering that the patient is a social and historical being, take care of him in his final moment means to understand it, hear it, and above all respect him.[9]

In response to the question "How do you understand palliative care?" The central idea came 2

● Understanding palliative care.

Discusrso Collective Subject: *[...] Care that together maintains the dignity of the patient in pain control, maintenance of basic human needs, hygiene, nutrition, hydration, sleep and rest, communication and spirituality. [...] It's all that care provided in the ICU, to alleviate the patient's suffering. [...] There are care provided to the patient to better quality of life, symptom relief does not cover the bandage. [...] Shares of the healthcare team, family, for the terminally ill patient in life. [...] There is care to patients with no prospect of life. [...] There are care to ease the suffering of a person who has no more healing. [...] There are reparative care and at the same time intense.*

The DSC 2 participants have expressed ideal of what is palliative care and to comply with the WHO, which defines palliative care as a set of active and integral actions provided to patients with progressive and irreversible disease understanding, aimed at the psychosocial and spiritual aspects, and alleviating pain and suffering of the sick person and his family.[3]

Palliative care constitute a new approach to care, which aims to improve the quality of life of patients with incurable disease and limited prognosis, promoting relief of suffering by means of appropriate assessment and treatment to relieve pain and symptoms, and provide psychosocial and spiritual support.[10]

The crux of understanding of palliative care is the humanization. The interviews show that technical nursing greatly value the multidisciplinary team in the context of palliative care. They state that this team is capable of providing terminal patients a death less painful, through practices based on humanization, respect and preservation of their diginity.[11] Scholars point out that watching a person at the end of life, the professional nursing needs to know who her and her family, what their capabilities, needs and limitations, because palliative care involve interactive actions, based on the knowledge and respect for the values of the patient and his family, through a dynamic

relationship that care encompasses a humanistic vision.[12]

Therefore, in palliative vision is to humanize especially appreciate the care in the technical and scientific dimensions; recognize the rights of the patient, their individuality, their dignity and their subjectivity. This requires discernment caregiver to face increasingly common situations in patient care terminal, in addition to commitment, love, and perseverance and, above all, human uncanny detachment in the exercise of knowledge and action.[11]

In response to the question "What are the therapeutic modalities of palliative care that you know", extracted the central idea 3 - Promoting patient comfort.

Collective Subject Discourse: *Measure comfort, use of analgesics. Pain control, family involvement, maintenance of human needs: nutrition, hydration, elimination and hygiene. [...] Make the bath, and other handlings. [...] All that we do to improve the patient stay, while hospitalized. [...] I do not know of therapeutic modalities is only medicine for pain. [...] Massage comfort. [...] Physical, social, human (spiritual) and technicians. [...] Pain control, changing positions and words of comfort.*

The DSC 3 indicates that most of the professional point factors and correct technical measures for palliative care. Only one participant showed not knows any therapy. This indicates that even if palliative care is a practice of great importance, it is necessary to seek more knowledge about it. However, although many practitioners know these precautions, are not yet fully prepared to deal with this situation. [13]

Most professionals cited as the main measure of palliative care pain control. Particularly for nursing professionals, pain assessment is crucial for planning the care point. And as the pain has its own characteristics (subjectivity, complexity and individuality), unique to each individual, Nursing technicians need a good educational support, technical knowledge and tools that help to your good management, so that the sick patient to experience this process of finitude in the best possible way.[5]

From this perspective, one of the recommendations ribbons by the National Palliative Care Association (PCNA) is the constant training and continuing education of professionals involved in palliative care for pain control, especially with regard to the pharmacological and therapeutic measures, such as acupuncture, massage and meditation, among others.[14] Point out, however, that the inclusion of palliative care in the health system is still a challenge in Brazil. Health facilities opened rare spaces for this new modality of care, which is proven by studies that discuss the reality of professionals unprepared to deal with these patients and their family members, who also get overwhelmed and unsure cope with physical stress, emotional and financial burden. Understanding of the magnitude of philosophy of palliative care, investment, distribution and mainly interested in developing projects that enable the deployment of this type of care lacking, since chronic patients are very costly for the health system.[15]

As to the question **"What are the palliative care that you realize when watching the patient being terminally ill in the ICU,"** has become the central idea 4 - total assets and Care of the terminal patient.

Collective Subject Discourse: *comfort measures, administration of drugs, etc. [...] Activities to promote pain control, communication skills, helping with the family business with flexibility. [...] At the change of position. [...] Humanization assistance aimed at alleviating symptoms. [...] Technical (physical), human (when possible), social (when possible) and family. [...] From the moment that has no inpatient recovery prognosis and exercise our nursing care we are giving to this palliative care. [...] It's definitely something important for patient comfort. [...] Body and oral hygiene, pain relief with massage and use of moisturizers. Promote the well-being of the patient lying in the terminal stage. [...] When prescribed by a nurse and when I find it necessary. [...]*

The results of this survey show that the majority of survey participants performed palliative care, as only one participant responds negatively. About this, it is important to emphasize that targeted assistance to terminally ill patients is predominantly peculiar to nursing, so this area is the professional who must stay with the patient and operationalize care.[16] To this end it is suggested that training and continuing education are offered, aiming to train professionals constantly to palliative care.

Studies show that among the professionals of University Hospitals, there is a relationship of pleasure and suffering, because they suggest that nurses should provide care and dedication to their patients so that they can face with equanimity those moments. Moreover, these professionals reveal that assist terminally ill patients in the ICU process is one of the most stressful situations to be faced.[17]

In the context of palliative care, it is necessary to consider that the goals of care, in accordance with what is recommended by the World Health Organization (WHO), include

the promotion of quality of life and comfort of patients and their families facing together, the disease that endangers life by preventing and relieving symptoms and supporting psychosocial, emotional and spiritual needs.[18]

On the question "Tell us about your experience to assist the adult in terminality," the central idea emerged 5 - Involvement and comfort.

Collective Subject Discourse: *Involvement and comfort, all the while working, lived some emotions after losing a patient, every death (loss) and other, some suffer more than others, and one in particular hurts me to this day. [...] I note that the family is more comfortable when they see good patient care, although terminally ill. [...] I always try to be present, watching. [...] Sometimes it distresses is losing someone is not bad. [...] Is always there looking to be close to relieve the patient's pain, I think this is important, the good death.*

The speeches show that members of the multidisciplinary team in ICUs become distressed with doubts about the real meaning of life and death, which has expressed mixed feelings towards the patient in the terminal stage. There is a great emotional toll of the team members leading patient care in terminal condition in the ICU. In this sense, this team should not only be recognized as a provider, but also as an object of care.[19]

It was possible verifying the statements of nursing technicians' fundamental aspects in palliative care, such as quality of life, comfort, analgesic, dignity, presence at the time of the match and support to family members. The interviews show concern for patient comfort, as eases pain and reduces psychological stress professionals. All these aspects were also highlighted in recent studies with children and adolescents, given that palliative care is significant, regardless of the clientele that is palliative.[20]

When you talk about feelings experienced in the ICU, it is important to emphasize the role of the nurse in palliative care as fundamental as acceptance of the diagnosis and aid the patient to live with the disease. Thus, develops comprehensive care to patients and families, through attentive listening, aiming to reduce anxiety due to fear of disease and the future.[21]

Palliative care is still a challenge for nursing professionals, who need preparation to deal with feelings that may emerge, such as impotence and depression. They have difficulty in dealing with death, exemplified by suffering and negativity brought by the feeling of shame and failure.[21]

CONCLUSION

Caring for terminally ill patients, especially in ICUs, requires professionals involved much more than technical and scientific knowledge, it requires that they understand the background, their individuality, born of interpersonal relationship and valuing people and contributes therefore with the process of humanization of palliative care.

According to the nursing staff, the key points of palliative care should cover comfort measures, pain control and biopsychospiritual support. They always envision the redemption of the quality of life of these patients before death, through some attitudes that aim to control symptoms, an honest relationship with emotional support and communication with patients and their families.

Based on the foregoing, there is a concern to advance in skills, training and research related to this issue as it believes that this type of care requires, as a condition sine qua non, consistent scientific basis and professionals involved in the process reflect on the relevance of the value of life for patients with chronic degenerative diseases, and human finitude.

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