ABSTRACT

Objectives: identifying the effects of cancer therapy for patients in palliative care arising from the interaction between nursing staff and family; understanding the relationship between the nursing staff and family of cancer patients.

Method: a descriptive, exploratory study with a qualitative approach, with eight family members of cancer patients in May 2013. The collection technique was the interview and the data were grouped into categories and analyzed. The research project was approved by the Research Ethics Committee, CAAE 11826913.2.0000.5245.

Results: the effect on treatment for cancer patients in palliative care as a result of the interaction between the nursing staff and family were beneficial. Conclusion: it is up to the nursing role in creating the interaction between her and the family of cancer patients in palliative care, and adequate communication will enable the creation of a stronger link; thus, improving the quality of treatment. Descriptors: Palliative Care; Family; Oncology.

RESUMO

Objetivos: identificar as repercussões na terapêutica do paciente oncológico em cuidados paliativos decorrente da interação entre equipe de enfermagem e família; compreender a relação entre a equipe de enfermagem e a família do paciente oncológico. Método: estudo descritivo, exploratório, com abordagem qualitativa, com oito familiares de pacientes oncológicos, em maio/2013. A técnica de coleta foi a entrevista e os dados foram agrupados e analisados em categorias. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE 11826913.2.0000.5245. Resultados: as repercussões na terapêutica do paciente oncológico em cuidados paliativos em decorrência da interação entre a equipe de enfermagem e a família foram benéficas. Conclusão: cabe a enfermagem o papel de criar a interação entre ela e a família do paciente oncológico em tratamento paliativo, e que a comunicação adequada possibilitará a criação de um maior vínculo, melhorando assim a qualidade do tratamento. Descri托res: Cuidado Paliativo; Família; Oncologia.

RESUMEN

Objetivos: identificar los efectos de la terapia de los pacientes con cáncer en cuidados paliativos que surge de la interacción entre el personal de enfermería y la familia; entender la relación entre el personal de enfermería y familiares de pacientes con cáncer. Método: un estudio descriptivo, exploratorio, con abordaje cualitativo, con ocho miembros de la familia de los pacientes con cáncer, en mayo de 2013. La técnica de recolección fue la entrevista y los datos se agruparon en categorías y analizados. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, CAAE 11826913.2.0000.5245. Resultados: el efecto sobre el tratamiento de pacientes con cáncer en los cuidados paliativos como un resultado de la interacción entre el personal de enfermería y familiares fueron beneficiosas. Conclusión: corresponde al enfermero la creación de la interacción entre la paciente y la familia de los pacientes con cáncer en cuidados paliativos, y la comunicación adecuada permitirá la creación de un vínculo más fuerte, mejorando así la calidad del tratamiento. Descriptores: Cuidados Paliativos; Familia; Oncología.
INTRODUCTION

Cancer is a chronic degenerative disease that, in some cases, after some time, becomes, or it is inevitable that it becomes incurable, making the patient who is affected by this disease a patient out from therapeutic possibilities (FPT), about 518 510 people will be affected by cancer in the year 2012/2013.1,2

Terminality is when you exhaust the rescue possibilities of health conditions of patients and the possibility of imminent death seems inevitable and predictable. Despite the difficulties in establishing this concept, the benefits it can bring to patients, family and professionals will not be compromised.3

Admitting that resources for rescue the cure and the patient is moving toward the end of life, does not mean that there is more to do; rather, it opens up a wide range of behaviors that can be offered to patients and their families. Ducts in concrete plan, aiming now pain relief, decrease discomfort; but, especially, the possibility of situating it against the time of end of life, accompanied by someone who can listen to them and sustain their desires.3

Then walked to a new perspective of palliative care, which is the approach that promotes quality of life of patients and their families facing diseases that threaten the continuity of life through the prevention and relief of suffering.4 In this scenario undesirable and distressing that the role of family is emphasized. Also strengthens the news of a sick family radically changes the routines, ie, it is time to restore the emotional ties that have been broken for some reason.5

During this step one should not forget the critical role that health professionals have, facing this reality, for health professionals, is to adopt the perspective of palliative care, seeing them not as an alternative procedure, but as a paradigm change for patients FPT.6

Patients without therapeutic possibility require a health team, and especially nursing, not only technical skills, not to perform physical care, but also emotional care skills; nursing professional is one that remains the most time with the patient.7 Therefore, it is justified that this study aims to:

- Identify the effects on the cancer patient therapy in palliative care arising from the interaction between nursing staff and family;
- Understand the relationship between the nursing staff and family of cancer patients.

METHOD

A descriptive, exploratory study with a qualitative approach. The scenarios of the study was the Municipal Hospital Alcides Carneiro and Family Health Centers, located in the city of Petrópolis / RJ. There were eight family members of cancer patients who were in palliative care. Thus, criteria for inclusion were: family members who were in effective monitoring of cancer patients in palliative care, of both genders over 18 years old. There were excluded: families who were not in direct deals with cancer patients in palliative care.

The subjects were informed about the study objectives, as well as the confidentiality of their personal identity and total freedom to withdraw, being invited to sign the Instrument of Consent in two ways.

Data collection occurred in May 2013, with interview technique, using a semi-structured script. The interviews were administered individually and to maintain the reliability of the statements of the subjects, the interviews were recorded and later transcribed. At the end of the collection, the data were grouped into categories and analyzed, discussed in light of Technical Analysis content.

To ensure the confidentiality of research subjects, their names were represented by dummy name: Diamond, Emerald, Jade, Aquamarine, Sapphire, Topaz, Turquoise and Amethyst.

In compliance with Resolution 196/96 of the NHC, repealed by Resolution 466/12 of the NHC, this study was submitted to the Research Ethics Committee of the Faculty of Medicine of Petropolis / Faculty Arthur Sá Earp Neto, and approved on May 23rd, 2013 , Opinion No. 281 379, and the number CAAE: 11826913.2.0000.5245.8

RESULTS

From the analysis of speeches of the eight family members, it was seized up two thematic categories:

I - Repercussions on therapeutics for cancer patients due to the interaction between nursing staff and family palliative care.

In this category the majority of respondents reported that the effects on cancer patients in palliative care as a result of the interaction between the nursing staff and family therapy were beneficial, subject to the following statements:
II - The relationship established between the nursing staff and family of cancer patients who are in palliative care.

By considering the relationship established through guidance, support and proximity from the nursing staff about family and oncology patients in palliative care, four respondents answered that nursing team offers support and guidance:

- I guess so. Like I said, it's who's always closest to the patient right. And I think he knows much more patient. (Aquamarine)
- Very, very much. (Topaz)

DISCUSSION

It is understood as cancer patient in palliative treatment, the patient, whose cancer is in an advanced stage, making it a patient out of cure. In this scenario, conventional therapies are no longer able to help and / or influence patient's treatment. At this time, kicks in palliative care, which aims to bring this patient and his family increased comfort and quality of life to live up to its last day. Right now rests on the nursing responsibility to help this patient and his family to experience this process. The nursing staff will show your care not only reduces execution of techniques, but it involves the care of the whole being: physical, mental and spiritual.

The results of this study showed that the interaction and communication between nursing staff and family cause greater safety, the family and patients, leading to better monitoring and improved treatment. The communication effectiveness is sustained empathy established between subjects in relationship of care, but also in respect to each other, to their knowledge and their status as a participant in the communication process. The important that nursing staff tries to increase the interaction between patients and family, and not only interact when requested. It should seek more for knowledge about what is a patient in palliative care, how to communicate with this patient and its family, which would ensure that these patients and their families have better quality of life, even if the death is a condition confirmed. While there is life, there will be the need of nursing care. In this context, the role and interaction of the nursing staff is paramount to offer maximum comfort to the patient in palliative care, helping to experience the process of dying with dignity and quality of life for this patient and his family use the best the remaining time. Noteworthy is how it is important for interaction and its repercussions, when communication occurs. It is known that it is difficult without it, so that treatment becomes longer and sustained. Humanized care prioritizes attitudes, such as skill and sensitivity in verbal and nonverbal communication. Knowing how to listen is essential to know what and when to talk, share ideas and decisions. To talk, share ideas and decisions, since the family can provide to nursing staff critical information to improve the treatment, all these attitudes are key members for the horizontal setting of care. Thus, care assumes no individuality and up righting, but communication from person to person, where the nursing staff works with the patient and family in palliative care and not about them. Even though nursing staff working with cancer patients in palliative care, ie, patients without healing possibilities, consider the communication with patient and his family as an important and effective therapeutic tool, find it difficult to communicate effectively, lying ill prepared this point. Professionals show unaware therapeutic communication techniques, avoiding verbal contact with patients and their families who experience the dying process, moving away from them, knowing not give you the feelings that the situation of death imminent awakening them. Communication to which patients and family refer differs from the statement identified by much of the literature on palliative care as synonymous with information. Patients and relatives identified that it is not just to convey information, but how these messages are transmitted, expressed with words, posture and attitudes verbal and nonverbal, that would pass beneficially in the interaction, in care and attention. Hospice care instead prioritize healing process and through a humanized, based on respect, ethics and truth in the relationship between professional and patient.
The relationship between nursing staff and family of cancer patient, who is in palliative care, touches on the need for preparedness on the part of professionals, which requires the nursing staff a shift in focus and attitude: the do to listen, perceive, understand identify needs for only then plan actions. In this sense the listening is not just hearing, but remain silent, use gestures of affection and smile that express acceptance and encourage the expression of feelings. Realize is not only look, but pay attention and identify the different dimensions of the other, through their experiences, behaviors, emotions and spirituality. 

CONCLUSION

It was found that the interaction between nursing staff and family resonates positively on cancer patients in palliative care therapy. The consequence of this interaction reflects on the safety and reliability of patients regarding their treatment.

The communication between nursing staff and family was configured as prime factor of this interaction, which must occur properly, correct, clear, undeviating speech to be effective.

Effective communication and good quality of the nursing staff influences for better interaction among family members of cancer patients in palliative care that, consequently, improves the quality of treatment, because both are in a place where they feel completely vulnerable and insecure.

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Interaction between family and nursing team...

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