

PERCEÇÃO DOS PROFISSIONAIS DA EQUIPE DE ENFERMAGEM SOBRE O CUIDAR DE PACIENTES EM CUIDADOS PALIATIVOS

PERCEPTION OF NURSING STAFF PROFESSIONALS ABOUT THE CARE OF PATIENTS IN PALLIATIVE CARE

PERCEPCIÓN DE LOS PROFESIONALES DEL EQUIPO DE ENFERMERÍA SOBRE EL CUIDADO DE PACIENTES EN CUIDADOS PALIATIVOS

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RESUMO

Objetivo: compreender a percepção dos profissionais de enfermagem em relação ao cuidar de pacientes em cuidados paliativos. **Método:** trata-se de um estudo de natureza qualitativa, na abordagem fenomenológica, desenvolvido em uma instituição hospitalar do Sul de Minas Gerais. A técnica de coleta de dados utilizada foi a entrevista aberta, pela questão norteadora: como é para você cuidar de pacientes em cuidados paliativos? A análise de dados foi segundo a compreensão existencialista de Heidegger. **Resultados:** foram apreendidas três categorias: o ser profissional de enfermagem na assistência a pacientes em cuidados paliativos; ser profissional de enfermagem e o outro: relação interpessoal com o paciente e a família e o ser profissional de enfermagem: a formação e a equipe multiprofissional. **Conclusão:** o estudo evidenciou situações que levam a expressões de sentimentos e emoções, reconhecimento da humanização e a necessidade de capacitação do profissional de enfermagem atuante na assistência paliativa.

Descritores: Cuidado paliativo; Equipe de enfermagem; Enfermagem.

ABSTRACT

Objective: to understand the perception of nursing professionals regarding the care of patients in palliative care. **Method:** it is a qualitative study, in the phenomenological approach, developed in a hospital institution in the South of Minas Gerais. The data collection technique used was the open interview, for the guiding question: how are you going to care for patients in palliative care? The data analysis was according to the existentialist understanding of Heidegger. **Results:** three categories were seized: the nursing professional in the care of patients in palliative care; being a nursing professional and the other: interpersonal relationship with the patient and the family and the nursing professional: the training and the multi-professional team. **Conclusion:** the study evidenced situations that lead to expressions of feelings and emotions, recognition of humanization and the need for the training of the nursing professional involved in palliative care.

Descriptors: Palliative care; Nursing team; Nursing.

RESUMEN

Objetivo: comprender la percepción de los profesionales de enfermería en relación al cuidar de pacientes en cuidados paliativos. **Método:** se trata de un estudio de naturaleza cualitativa, en el enfoque fenomenológico, desarrollado en una institución hospitalaria del sur de Minas Gerais. Se utilizó la técnica de investigación de entrevista abierta, por la cuestión orientadora: ¿cómo es para usted cuidar de pacientes en cuidados paliativos? El análisis de datos fue según la comprensión existencialista de Heidegger. **Resultados:** se aprehendieron tres categorías: el ser profesional de enfermería en la asistencia a pacientes en cuidados paliativos; ser profesional de enfermería y el otro: relación interpersonal con el paciente y la familia y el ser profesional de enfermería: la formación y el equipo multiprofesional. **Conclusión:** el estudio evidenció situaciones que llevan a expresiones de sentimientos y emociones, reconocimiento de la humanización y la necesidad de capacitación del profesional de enfermería actuante en la asistencia paliativa.

Descriptor: Cuidados paliativos; Grupo de enfermería; Enfermería.

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INTRODUCTION

Palliative care is a new modality of care fostered by a multidisciplinary team that aims to improve the quality of life of patients and their families, in the face of a life threatening illness, through the prevention and mitigation of suffering, early identification, evaluation pain and physical, social, psychological and spiritual symptoms, offering protection and support to live more actively when possible, to the point of death⁽¹⁻²⁾.

The World Health Organization (WHO) has reported that the estimated total number of people in palliative care in the world is about 40 million, including those who are in the initial stage, approximately 6% of whom are children and, about 20 million people per year need palliative care at the end of their lives⁽³⁾.

The increase in the population's life expectancy, in years, is accompanied by impairment of the organic functions, contributing to the appearance of chronic non-communicable diseases and incapacitating diseases and, therefore, the increase in the demand for palliative care⁽⁴⁾.

Due to the peculiarity of this new modality of care, it stands out the performance of the nursing professionals, who offer continuous care, considering the person in the biopsychosocial and spiritual dimensions, not only being limited to the technical procedures⁽⁵⁾.

The rescue of the essence of Nursing, as art and science of care is also corroborated, which allows them to understand that in the care of patients in palliative care, even if there is no cure, it is possible to offer care for the quality of life, through interdisciplinary assistance and the participation of family members⁽⁶⁾.

There is an expressive number of professionals in the nursing team who have difficulty communicating with patients in palliative care, generating intense stress for these patients⁽⁷⁾. Urgent studies to address the challenges faced by multi-professional palliative care teams on a daily basis⁽⁷⁾.

In addition to this, the need to insert, in the Curricular Dynamics of undergraduate and postgraduate courses in Nursing, disciplines that address the subject of palliative care and death⁽⁸⁾.

The objective of the study was to understand the perception of the professionals of the nursing team regarding the care of patients in palliative care.

METHOD

Qualitative study, with a phenomenological approach. Held in a hospital in the South of Minas Gerais, which treats, mostly, clients of the Unified Health System (UHS), which is a Center for High Oncological Complexity (CACON), has a Renal Replacement Therapy Unit, an Intensive Care Center and Neonatal Intensive Care Unit, reference for 26 surrounding municipalities. As inclusion criterion, nurses and nursing technicians who work in the medical and surgical hospitalization units that treat oncological and palliative care patients, were considered as inclusion criteria.

In the sectors that provide assistance in palliative care, there are 70 professionals in the nursing team, in which 27 professionals participated in the study. To ensure anonymity, study participants were identified by the letter P (participants), followed by the Arabic number from one to the last interviewee, for example: P1, P2 ... successively.

For the data collection, the open interview was used, being previously requested the authorization for recording in electronic audio device and the signing of the Free and Informed Consent Term (TCLE). The interviews were conducted in December 2016, individually, during the shots of each participant in the study, in a place without interference, after approval by the Research Ethics Committee, Ordinance num. 1.817.762.

For phenomenological analysis, Martin Heidegger's existentialism was chosen, through the perceptions of the interviewed nurse in his / her day-to-day experiences, to understand their meanings in the sense of the being that cares for patients in palliative care⁽⁹⁻¹⁰⁾.

Thus, the phenomenological analysis was performed in three stages. It began with the description of the interviews of the nurses interviewed. The second was the reduction in nuclei of meaning, emphasizing the essence of the experiences lived in the day to day. And the understanding, the last stage of the analysis, consisted in interpreting the meanings in the form of experience that expressed the professional being of nursing, in relation to itself, the other and the profession⁽⁹⁾.

RESULTS AND DISCUSSION

Of the 27 participants, nine were nurses and 18 nursing technicians, six males and 21 females, aged between 20 and 60 years, mostly in

the age group between 20 and 40 years old, with children and belonging to the catholic and evangelical religions.

It is reiterated that, in the analysis of the results, we considered the Heideggerian principles, which seek to clarify the meanings of the professional nursing BEING, based on their experience in the care of patients undergoing palliative care. From the testimonies of the study participants, three categories.

Category 1: The professional being of nursing in the care of patients in palliative care

This study identified that participants experienced daily conflicts in the care of patients in palliative care, with feelings of sadness, sorrow, impotence. These feelings differed in the face of the particularity of each professional, since the feelings manifested resulted from a set of particular circumstances or influenced by the environment.

“It's a complicated, sad situation” (P24).

“Caring for the patient in palliative care, at first, can be painful, suffered” (P25).

“It is a feeling of pity, of sorrow, for being in this situation” (P4).

“I've cried a lot due to losing patients, my feeling as a nurse is like this: powerless in the face of the situation and ignorant, even being trained and qualified” (P7).

Feeling is the ability of the human being to feel in the face of some situation and everyday experiences. In a hospital environment, feelings of sadness, pity, impotence are constantly expressed by nursing professionals, arising from the process of caring for patients in palliative care⁽¹¹⁾.

In the training of health professionals, saving lives is postulated as the basis and goal for caring, and when it no longer depends on their abilities, it was perceived that the nursing professional experienced feelings towards the other that referred them to the suffering. Since palliative care escapes curative treatment, focusing on the relief of pain and suffering, not only physical but also psycho-spiritual, extending the attention to the family, which requires of the nursing professional psycho-emotional skills that, often, are fragile.

In nursing, for the process of caring for patients in palliative care, it is fundamental the professional's qualification for an integral vision of the patient, for the valorization of the care before the suffering of the other, so as not to be

limited to the technological conceptions of the treatment⁽¹²⁾.

Thus, there is a need for hospital institutions to offer psychological support to nursing professionals and continuing education about this modality of care, so that the team has a balanced psychic and emotional structure to intervene with patients and family⁽¹³⁻¹⁴⁾.

It is also added the testimony that reveals gratification and pleasure to help the other.

“(…)But it is very gratifying, in the day to day, I feel grateful to take care of the other” (P3)

Gratification in caring, demonstrated by gratitude and pleasure, minimizes suffering in your field of work. It is said that pleasure and suffering are the results of independent and circumstantial causes of the work of balancing. It is corroborated that, professionals who are satisfied to take care of the other look for learning and knowledge, for being instrumental to the service, with a view to the quality⁽¹⁵⁾.

It can be inferred that gratitude starts from the concept of recognition of actions given to the other person and refers to the form of gratitude. Being grateful adds individual values to the human being, which can generate various lines of thoughts and understandings. Thus, being a nursing professional who experiences the feeling of caring for others without their own benefit, without something in return, refers to other feelings such as love, fidelity and compassion, which makes them experience gratitude and pleasure in taking care of the other.

The importance of the religiosity dimension in the practice of care and personal coping was addressed by only one participant:

“(…)Only God to give us strength” (P16).

In the face of cultural diversities and religious customs, every care worker has different values, creates his own way of caring and his own principles of spirituality and religiosity⁽¹⁶⁾.

Spirituality is not related to a religious doctrine, to organized practices or to teachings, as experienced in the field of work, nor to institutionalized religious values, but rather must be associated with the understanding of humanization of work⁽¹⁷⁾.

To this end, the spirituality for the nursing professional of this study, unveiled by P16, is a state of consciousness and inner understanding that served as a contribution to the confrontation both for him and those who were under his care. Thus, spirituality strengthens the professional being to be able to be empathic with the patient,

to seek for compassion, essential for continuity of the bond to the care of the patient in palliative care.

However, the nursing professional often faces the superficiality of the care offered, far short of the holistic requirement required for the clientele in palliative care.

The professional of this study reported experiencing the psycho-emotional impairment that led to the routinization of care manifested by the coldness in caring:

“(...)You become a cold person, the day to day routine contributes to emotional and psychological wear and tear. I see the need for a psychological contribution to the nursing team, it is tiring, it is a lot of suffering” (P5).

Emotional exhaustion is established by the reduction or lack of energy related to the feeling of emotional exhaustion. The demonstration can be physical, psychic or its concomitant association⁽¹⁸⁾.

The nursing professional emphasizes the need for emotional support, since the intensity of the workload and the intensity of care experienced with patients in palliative care triggers a psychological breakdown that compromises their self-control and leads to coldness, tiredness, suffering and emotional exhaustion.

Thus, it is evident in the present study, the relationship between emotional exhaustion and the continuous need for follow-up for the professional, since the long exposure time causes their illness.

Category 2: The professional being of nursing and the other: interpersonal relationship with the patient and the family

The nursing professional emphasizes interpersonal communication as essential for caring, favoring the development of a bond of trust with the patient and family, knowing their difficulties, fears, longings, expectations and their knowledge about the pathology.

“(...)The palliative came to offer comfort and quality of life, if you live that lives well, there is always something to do, talk, listen. Sometimes, in the running of the shift, we do not talk and, maybe, that's all he needs, or just vent” (P7).

Communication is essential in comprehensive and humanized care because it empathizes with the needs of patients and their families. The professional, when using the means

of communication, whether these are verbal and non-verbal, they favor the participation of the patient in decisions and care, enabling a dignified treatment⁽¹⁹⁾.

Creating a bond is fundamental to the care of patients in palliative care, since, for the success of an intervention, it is essential to listen, to dialogue, in order to provide a safe and harmonious environment for the patient, family, and for professionals.

In the interviews, the nursing professionals associated palliative care with practical procedures, giving a connotation to a fragmented care, focused only on food, hygiene and comfort of position of the individual as presented in the following sections:

“(...)Always has palliative care to offer not only medication, but comfort, diet, change of decubitus, otherwise it is also desired for him” (P20).

“(...)thinking about the care, diet, change of decubitus, hygiene ... is a special care of the patient” (P19)

Comfort is the result of nursing practices, their meanings differ from individual to individual, resulting from the balance of the individual and the environment. Although the technical procedures performed by the nursing team are of paramount importance in the recovery of patients' health, it is necessary to provide full care by involving basic human needs, since palliative care requires the promotion of comfort, encompassing it in addition to its physical dimension, and which also involves the aspects: psycho-spiritual, environmental and sociocultural⁽²⁰⁾.

In relation to the other, empathy can be perceived in the testimonies of professionals and the importance of humanization, both with the patient and with the family, according to the following section:

“For me, palliative care is to be with the patient, to offer support to family members, not only to carry out their technical work and to leave the family aside. Palliative care is not only in the medicines part, but also in patient-directed care and there has always to be a look at the family” (P10).

Humanized care is understood as an opportunity to bring back human qualities like empathy, which has the sense of having a look at the world, at the other, as feelings and opinions. The commitment of the team and the family to the patient is one of the necessary conditions for humanization, as well as the balance between

team and family, which contributes to the involvement in therapeutics⁽²¹⁾.

Humanizing refers to the search for respect, acceptance of the individual in its multiplicity, involving his feelings, his pains, difficulties, all the baggage of knowledge and his own values. And the family collaborates so that the hospitalization time is smaller and better understood⁽²²⁾.

When nursing professionals rescue the principles of humanization in their work process, they are able to seek out feelings of their existence, their values, and reflect their action, in order to put oneself in the place of the other in a holistic way.

Another important point that all referenced in their testimonies is the association of palliative care to the patient's terminality, as follows:

"(...)Because we initially think of death as a final stage. However, in the course of the treatment, I observe that the most important thing is being done: it is the valorization of life in its terminality "(P25).

The patient in the final stage of life is presented in the literature, mostly as a terminal patient, ie, when the disease is progressively directed towards the exhaustion of possibilities of curative treatment, and death is imminent in the short term⁽²³⁾.

The association of palliative care with termination, by nursing professionals, may be related to two aspects that involve the difficulty of recognizing when to initiate palliation, which reflects in the insufficient knowledge. The other aspect is to initiate palliative care when the patient is in a late stage of disease progression.

The professional being of nursing recognizes its difficulty in caring for patients in palliative care and the family, highlights the importance of humanized care and refers to the confrontation of terminality, since the human being is not accustomed to dealing with losses, referring to the expression of different feelings. It understands that the difficulties experienced may also be related to the lack of knowledge during their performance.

Category 3: The professional being of nursing: the training and the multi-professional team

Nurses showed little knowledge about palliative care and referred to the need for:

"I think we still have a lot to learn, we would have to have training, knowledge of pain

scales, management with patients in palliative care and recognition of the stages of mourning. Preparing the multidisciplinary team is very important" (P7).

"(...)because the patient, the family and the team were not prepared to be able to take care of the patient in palliative care" (P14).

The statements pointed to the need to implement the Pedagogical Projects in the insertion of content on palliative care, in the curricular dynamics, still approached with superficiality, little instrumentalizing the future professionals to provide assistance to those with chronic diseases and to understand the meaning of palliative care⁽²⁴⁾, since in the formation of professionals it is necessary to contemplate reflections on finitude and to develop the abilities to understand existence and to exist, turning the look to its like as a unique being, unique, with particular aspects⁽²⁵⁾.

Palliative care becomes increasingly present at all levels of health care. It occurs that the content on palliative care has been explored in postgraduates, when it should be approached in undergraduate courses, in order to prepare the professional with aptitude in the development of their work.

The professional being of nursing reveals little prepared in his professional formation to take care of patients in palliative care and of his family, referring to the necessity of a greater understanding of the lived situations and to the preparation as to the quality of the assistance by the multidisciplinary team. It is essential to include the topic of "palliative care" in the Pedagogical Political Projects of undergraduate nursing courses.

FINAL CONSIDERATIONS

Nursing professionals, in the care of patients in palliative care, experienced feelings of sadness, pity, and impotence, which, referred to the recognition of the need for emotional support. In contrast, they experienced gratification and pleasure in taking care of the other, the importance of spirituality as a support for this modality of care.

The nursing professional recognizes their difficulty in caring for patients in palliative care and family care, in the face of termination. They emphasize the importance of being instrumentalized for humanized care; empathy and verbal and non-verbal communication as tools for caring for these patients.

Regarding professional training, they are poorly prepared for palliative care, pointing out the need for adjustments in the training of nursing professionals. In this way, it is imperative that the team involved in the care is trained and trained so that care is efficient and qualified.

The topic of "palliative care" has been the subject of much debate in the last decade; however, there are still few studies that point out the professionals involved in care, especially the nursing team, who requires the early preparation and development of skills for this type of care.

Thus, we suggest new studies on the subject, rescuing the importance of teamwork, interdisciplinarity and a look at nursing professionals, who are routinely faced with the care of patients in palliative care.

It is also reiterated the inclusion of the "palliative care" content in the Pedagogical Political Projects of undergraduate nursing courses.

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