

Nursing before the Hospice Care in Oncology: Integrative Review



Eliana Lessa Cordeiro¹, Thais Almeida da Silva², Liniker Scolfield Rodrigues da Silva^{3*}, Isabelle Albuquerque Alcoforado Ferreira⁴, Caroline Conceição Nascimento Ribeiro⁵, Deborah Targino Campos⁵, Erick Nascimento Oliveira⁵ and Iara Lopes Bezerra⁵

¹Master in Neurosciences, Federal University of Pernambuco (UFPE), Brazil

²Master in Nursing, Federal University of Pernambuco (UFPE), Brazil

³Faculty of Medical Sciences (FCM), University of Pernambuco (UPE), Brazil

⁴Master in Animal Biology, Federal University of Pernambuco (UFPE), Brazil

⁵Salgado de Oliveira University (Universe) reef (PE), Brazil

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***Corresponding author:** Liniker Scolfield Rodrigues da Silva, Nurse Midwife, Resident in the Multidisciplinary Residency Program in Public Health, Faculty of Medical Sciences (FCM) / University of Pernambuco (UPE), Recife (PE), Brazil

Abstract

Introduction: Cancer is still a dreaded disease for many, even in the nineteenth century and is generally associated with death. Palliative care in nursing are a set of procedures that aim to ease the pain and suffering of patients terminally ill. The nurse must act applying palliative care in order to mitigate or remedy any discomfort the patient and / or family present, providing support, assess cancer pain, guide and implement effective therapy.

Objective: To analyze through literature review how to read and apply nursing palliative care in cancer patients.

Methods: The study was based on a survey in nursing journals in the period from 2010 to 2015 in Google's academic databases and BIREME.

Conclusion: It was concluded by the study that palliative care in patients without healing possibilities are understood humanized practices with the team and with the concern to ease the pain of cancer patients and their families.

Results: humanized care; Cancer pain relief and interpersonal relationships.

Keywords: Oncology nursing; Palliative care; Cancer

Introduction

Cancer is still a dreaded disease by many even in the twenty-first century and is generally associated with death. Therefore, requires specialized care due to its complexity, it reaches patients in pain and various diseases, such as the meaning of death generally attributed to the disease, arising physical discomfort of the various types of treatment, high costs of medication, long time to treat, possible sequelae from mutilating operations, among other things [1]. Initially palliative care was provided to patients with cancer and later were extended to other areas. The palliative care in nursing is a set of procedures to alleviate the pain and suffering of terminally ill patients, that is, when the cure is not possible [2].

According to Santos et al. [3], palliative care are part of an integrated and multidisciplinary therapeutic modality to the advanced stage cancer carrier without therapeutic possibility of

healing. These precautions involve low-tech and close contact, in order to provide quality of life for the remaining days for each patient. Nursing plays an important role in the team of professionals involved in palliative care where the humanization has main focus because "considers not only the physical, but also psychological concerns, social and spiritual needs of the patient" [3]. Palliative care is differentiated care approach, to improve the patient's quality of life with advanced disease with no possibility of healing, and their families, through proper assessment and treatment for the relief of pain and symptoms. This is a psychosocial and spiritual support [1]. In oncology, the goals of care in palliative care are in line with what is required by the World Health Organization (WHO). Thus, this assistance consists of the promotion of quality of life, psychosocial and spiritual support offered to patients and their families still at relief of symptoms [4].

According to Avanci [2], both patients and their families are faced with stigma and myths about cancer, which is often seen as synonymous with death. And that causes complex psychosocial impacts, such as: fear, anguish, anxiety, psychosomatic changes. then it is up to the nursing staff to develop a comprehensive care, where the verge of death is present. Thus, the nurse must act applying palliative care to ease any discomfort to the patient and/or family present. In addition, its role is to provide support, assess cancer pain, guide and implement effective therapy for the disease development. For this it is essential that the nurse know about the pain and thus reach a position to assess and measure its complexity [5]. The palliative care in nursing is a set of procedures designed to mitigate the pain and suffering of terminally ill patients, that is, when the cure is not possible [2]. For this study could parse through literature how to read and apply nursing palliative care in cancer patients.

Method

This is an integrative review study featuring a synthesis of knowledge and incorporation of the applicability of results

through a survey of significant studies in practice with data collection performed from secondary sources seeking publications of journals: palliative care, nursing cancer and cancer between the years 2010-2015. For the selection of items databases were used: Google Scholar and Bireme searched articles 20 and 05 deleted; Google Scholar were investigated 19 and 03 deleted; In Medicine® they were searched and deleted 06 02. Using the following descriptors: "Palliative Care", "Oncology" and "Nursing". Articles published between 2010-2015 in English focusing on the objective of the study were included. As for the exclusion criteria of items for selection specify include: items that do not reflect the full content; equal articles published in the two databases; articles fleeing the purpose theme which summary and full text is not available online.

The data were performed by said subject in accordance with the objectives segments giving the criterion of: identifying items after reading the summaries and analysis of data collected in the results of each article. We use for the records a data collection instrument to dispose through tables the information gathered in focus: palliative care; oncology; nursing care to cancer patients.

Results and Discussion

Table 1: Distribution of material collected by Author / Year, Title, Objectives and Methods 2015.

Author / Year	Title	Goals	Methods
Aline Cristine de Oliveira; Maria Julia Paes da Silva [6]	Autonomy in palliative care: concepts and perceptions of a health team.	Analyze the concept that the health team into the context of palliative care is the autonomy of the patient without possibility of cure, and identify what is the attitude of these professionals before the manifestation of that autonomy	Exploratory; Descriptive; Qualitative.
Thailly Faria Costa; Maria Filomena Ceolim [7]	The nursing in palliative care for children and adolescents with cancer: an integrative literature review.	Identify nursing actions in palliative care for children and adolescents with cancer, considering the specifics of the disease and the death process.	integrative review
Vanessa Souza Alves; Tamires Saniely dos Santos; Maria Cristina Soares Figueiredo Trezza; Regina Marioa dos Santos; Fernanda Silva Monteiro [8]	Knowledge of nursing professionals on factors that aggravate and relieve cancer pain.	Assess the level of knowledge of nursing professionals about factors that aggravate and alleviate the pain.	Quantitative; Exploratory
Maria Helena Pinto; Maria Fernanda Cruz; Claudia Bernardi Cesarino; Adriana Pelegrini dos Santos Pereira; Rita of Cascia Helu Mendonça Ribeiro; Lucia Marinilza Beccaria [9]	The nursing care to cancer patients with no chance of cure: Perception of a group of professionals.	Understanding the experience of nursing professional in the care of cancer patients, with no chance of cure.	Qualitative
Adriana Ferreira da Silva; Becker Helena Issi; Maria of Thanks Corso da Motta [10]	The oncology child family in palliative care: The look of the nursing staff	Knowing the experiences and perceptions of the nursing team regarding the child's family in palliative care in oncology	qualitative; exploration; descriptive
Monica Martins Trovo de Araujo; Maria Julia Paes da Silva [11]	communication strategies used by health professionals in the care of patients under palliative care.	Check the relevance and use of communication strategies in palliative care.	Statistical summary; multicenter; Descriptive; Exploratory; transverse
Maria da Gloria dos Santos Nunes; Benedicta Maria Rego Deusdará Rodrigues [12]	Palliative treatment: Perspective of the Family.	The arrest lived the experience of the patient's family in palliative care in oncology.	Interview phenomenological sociologist Alfred Schutz.
Esleane Vilela Vasconcelos; Mary Elizabeth de Santana; Silvio Éder Dias da Silva [13]	the challenges of nursing in palliative care: integrative review	Analyze trends theme nursing in palliative care from 2000 to 2011	Qualitative / Descriptive

Ana Carolina Abeid Mendonça; Marlea Chagas Moreira; Vilma de Carvalho [14]	cancer palliative care in intensive care units: A study of the scientific production of nursing.	Analyze a scientific production of nursing in oncology palliative care in intensive care units.	Exploratory, descriptive and bibliographic retrospective.
Julio Cesar Batista de Santana; Nelma Suely Barbosa; Bianca Santana Dutra [15]	Representation of palliative care to terminal patients for nurses	Understand the representativeness of palliative care for terminally ill patients in the perception of nurses.	qualitative
Marcelle Miranda da Silva; Marlea Chagas Moreira; Milk josete Lucia; Alacoque Lorenzini Erdmann [16]	Analysis of nursing care and family participation in cancer palliative care.	To analyze, through the vision of the family, the nursing care provided to the client affected by advanced cancer during the period of hospitalization, as well as their participation in care.	Exploratory / Qualitative
Luise Felix de Souza; Maria Deguer Misko; Lucia Silva; Poles Katia; Maiara Rodrigues dos Santos; Rgina Szyllit Bousso [17]	Dignified death for children: perception of nurses in an oncology unit.	Identify the meaning and the interventions of nurses working in pediatric oncology in promoting the dignified death.	Exploratory / Descriptive
Cristiani Garrido de Andrade; Solange Fatima Geraldo da Costa; Maria Emilia Lopes Limeira [18]	Palliative care: Communication as a care strategy for the terminally ill patient.	Find out how nurses use communication in the context of palliative care, to assist the terminally ill patient.	Exploratory / qualitative.
Maria Andrea Fernandes; Carla Braz Evangelista; Indiará Carvalho dos Santos Platel; Glendale Agra; Marineide de Souza Lopes; Francieleide de Araújo Rodrigues [19]	Perception of nurses on the meaning of palliative care for patients with terminal cancer.	To understand the perception of nurses before the cancer patient in palliative care.	Exploratory / Descriptive
Ilmara Cecilia Pinheiro da Silva Morais; Suzane Ana Pereira Martins; Smith Erida Oliveira; Edit Alves Farias; Danielle God Sampaio; Moses Lopes Carvalho [20]	Experience nurse opposite end stage cancer patients: A literature review.	Lifting and analyze the scientific literature on the experience of the nurse in end stage cancer patients.	Bibliographic research
Anna Maria de Oliveira Salimena; Rao Simone Teixeira; Thais Amorim Vasconcelos; Andyara do Carmo Pinto Coelho Paiva; Maria Carmen Simões Cardoso de Melo [21]	The experienced nurses in the care of cancer patients.	Know the perceptions and feelings of nurses in an oncology referral hospital for diagnosis and treatment of cancer patients in the Zona da Mata Mineira.	Qualitative.
Holz Ax Jacqueline; Rosemary Silva of Siveira; Lerch Lunardi Valeria; Geani Farias Machado Fernandes; Naiane Glaciele da Costa Gonçalves; Rodrigo Cavalli Prestes [22]	Patient requiring palliative care: nurses Perception	To understand the perception of nurses in a medical unit on palliative care.	qualitative; Exploratory
Marcelle Miranda da Silva; Vidal jahina Moura; Josete Luiza milk; Private Thiago da Silva [23]	care strategy adopted by nurses in the care of children hospitalized with advanced cancer and care of itself.	Nurses organize, plan care according to the child's needs, enhancing the comfort, quality of life, dignity and family.	Description / Qualitative.
Thamiza L., Rosa dos Reis; Cristiane Cardoso de Paula; Patrick Tassiana; Stela Maris de Mello Padoin; Aline bin; Cintia Flores Mutti; Renata de Moura Bubadué [24]	Relationships established by nursing professionals in caring for children with advanced cancer.	Understanding the relationships established by the nursing team professionals in caring for children with advanced cancer without therapeutic possibility.	Description / Qualitative
Cristiani Garrido de Andrade; Adriana Marques Pereira de Melo Alves; Solange Fatima Geraldo da Costa; Franklin Santana Santos [25]	palliative care to the patient in the terminal phase.	Describe the understanding and the strategies adopted by nurse (o) to promote palliative care aimed at the terminally ill patient.	Exploratory / Qualitative

For a better explanation of the articles were placed in Table 1 all 20 articles organized by author / year, title, objectives and methods. The bonds were placed in full. The publications covered the period covered by this study, distributed according to the year of its publication. In the 20 articles studied, it is noted that in Table 1 most published studies were in 2012 and 2013. The study aimed to: "The nurses experience on palliative care in cancer patients," "The perception of nurses for palliative care, "the communication strategy used by nurses

"and" Understanding the vision of the family in palliative care. " This makes us think that nurses are increasingly using in the context of palliative care, as the main tool humanization, and can count as well as its great ally family that cancer patients with no prospect of cure, this union is of paramount importance to the patient. It can thus be offered more comfort, quality of life, dignity and ease cancer pain.

It was observed that of the 20 items surveyed the most used method was the quality that has as its goal "The not want to

explain events with people, individually or collectively, listing and measuring their behaviors or quantitatively correlating events of their lives (Table 2). But he wants to know their background experiences and their representations these people have these life experiences". The authors Oliveira et al. [6] say that the verbal and non-verbal communication is reaffirmed as elements essential to the definition and recognition of the autonomy of the patient without possibility of cure. The Costa authors; Ceolim [7], says that the complexity of care to children / adolescents with cancer, especially during palliative care, nursing practice requires the solidarity actions and guided compassion, so that offer support for parents and children.

Table 2: Palliative care in oncology nursing described in the reviewed articles.

Care	n = 45
Respect the autonomy	2
verbal communication	6
Cancer pain relief	8
ensure Dignity	3
Promote quality of life	4
Humanization in care	8
Respect the individuality	2
interpersonal family / patient	9
Spirituality	3

The authors Alves et al. [8] speaks of the need for a better preparation of the professional for the care provided to patients with cancer pain, so there is a proper evaluation and recording this, aiming to better results in pain management, is tying-knowledge and action. The authors Pinto et al. [9] says that patient care was restricted to physical care and confrontation occurred with individual strategy may jeopardize patient safety. The unpreparedness of the professionals for the emotional care was the main difficulty reported with evidence of their training needs. The authors Silva et al. [10] says that by exposing their conceptions of what they consider palliative care professionals bring the specifics of care that has been improved over time professional in the pediatric oncology, the share of existence with the children and their families.

The authors Araujo et al. [11] says that the most cited verbal strategies were questioning nature of the disease, treatment and, in the non-verbal, stood out the affective touch, look, smile, physical closeness and active listening. They showed little knowledge of communication strategy. professional training regarding communication in palliative care it is necessary. The authors Nunes et al. [12] says that it is up to the nurse to develop comprehensive care from the perspective of interdisciplinary palliative approach as a role model to give visibility to patient-family-professional relationship. The authors Vasconcelos et al. [13] says that nursing can act to support the patient and the family group, making it possible to minimize the fears and anxiety and collaborate with the appropriate involvement of

both in the process. We see the need for training of palliative care professionals that meet the needs not only of patients but to enable a support to the family and the care of the patient.

The authors Mendonca et al. [14] says that in regard to the obstacles to the implementation of the oncology palliative care in the ICU, highlighted the lack of knowledge about this type of therapy by the professionals working in these units. This problem is also given attention in Brazil, given the design of vocational training policies. Santana et al. [15] says that one sees a short unpreparedness of nurses in dealing with situations involving end-of-life. In the hospital the nursing staff is the one that deals with patients in the final stage of life, which brings him both physical and emotional distress, as to provide quality care requires that nurses beyond the knowledge and skills are good about yourself. The authors Silva et al. [16] says that the family value that nursing care is empathetic with good humor, competent, based on communication, participate in the care and may have physical and psychosocial needs of order. Nursing should contribute to the strengthening of relations with family members, and seek to serve their needs, aiming at quality of care.

The authors Sousa et al. [17] says that nurses participating in the study identified the child's dignified death characteristics and described the interventions used to promote dignified death, especially pain relief and family care. Given these results identify not only intrinsic aspects for the promotion of dignified death, such as maturity of the professional and meaning it attaches to the death, as well as extrinsic factors, such as autonomy and comfort. The authors Andrade et al. [18] says that communication between nurses and the terminal patient, emphasizes the importance of a patient-centered care in its entirety, and not only in their disease. The communication is configured as an effective element of care to the terminally ill patient and is of paramount importance for the promotion of palliative care. The authors [19] says that the nurse recognizes that reaching the final destination with dignity is a process that involves respect to the condition and the patient's opinions about being who experiences a phase of life with limitations, fears and anxieties. the nurse involved recognize the importance of the multidisciplinary team, providing the nurse reflections on the use of communication as an essential element of care for patients and family in palliative care.

The authors Morais et al. [20] says that the experiences of nurses is marked by conflicting situations, exposing these professionals to an atmosphere of negative feelings that interfere with patient care and health professionals, in some cases. The use of coping techniques and psychological support that the institution offering this professional can reduce stress. The authors Salimena et al. [21] says that the nursing care can be understood in its technical aspects, ethical and human, since it enables the further development of interpersonal relationships among those who care and those maintained. For nurses to patient care is not only in performing technical tasks, but have

skills to learn to listen, talk and realize that a simple conversation with the patient makes the assistance be given quality.

The authors Machado et al. [22] says that it was realized that there is difficulty in performing palliative care due to lack of knowledge on the part of the nurses and the institutional structure, which is not directed to palliative care. An apparent theme of ignorance on the part of the nurses interviewed and that despite this, the implementation of palliative care for shares is made and valued in their doing. The authors Silva et al [23] says that the nurse who works in the oncology area is housed in a complex and challenging situation facing the possibility of dealing with the death and dying process in their daily work. Nurses organized, plan and implement care according to the child's needs. The authors Paula et al. [24] speaks of the difficulty nurses experience in dealing with children with cancer and their families. Professionals spend to develop palliative care as a way to make the experiences of childhood cancer suffered the least possible, both for children and for your family. The authors Andrade et al. [25] realize the importance of centralized patient care in the terminal phase. Professionals appreciate not only the biological aspects of the patient, but also other dimensions, psychological, social and spiritual [26-30].

Final

Through this study, we address some of view of nurses with a focus on palliative care in oncology, and how the same are dealing with and applying this care in patients with no prospect of cure [31-37]. All cited palliative care, we observed a greater concern of nursing with the humanization and cancer pain of these patients, in addition to the way that nurses deal with their families, causing the same to be involved in the action of caring for a way that adds value to staff and for the patient, contributing to the emotional and psychological comfort during the period of hospitalization. No easy task for the nurse that act of caring without possibility of cure, experiencing the death and dying every day. It is almost impossible there is no emotional involvement. Still they implement, plan and organize palliative care for the patient and his family go through this difficult time maintaining the dignity of this patient, respecting their autonomy and individuality, keeping the verbal and nonverbal and finally respecting their spirituality.

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