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RESEARCH

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Cuidados paliativos: enfrentamento dos enfermeiros de um hospital privado na cidade do Rio de Janeiro – RJ

Palliative care: coping nurses in a private hospital in the city of Rio de Janeiro - RJ

Cuidados paliativos: enfrentamiento de los enfermeros de un hospital privado en la ciudad del Río de Janeiro – RJ

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ABSTRACT

Objective: The study's purpose has been to highlight the nurses' understanding regarding the Palliative Care; to identify the main challenges faced by nurses who care for patients outside the therapeutic possibility, and also to detect the confrontation of these nurses in dealing with this clientele. **Methods:** It is a descriptive-exploratory study with a qualitative approach. Data collection was performed through a semi-structured interview. The sample consisted of 13 nurses, aged over 20 years old, who had at least one year of experience in hospital practice and who had assisted patients in palliative care practices. **Results:** The data were analyzed through the Bardin's content analysis, which has allowed us to create three categories. **Conclusion:** We have observed that nursing professionals face internal conflicts by providing care to patients with no cure expectancy.

Descriptors: Palliative care, nursing, terminal care services.

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RESUMO

Objetivo: evidenciar o entendimento dos enfermeiros sobre Cuidados Paliativos, identificar os principais desafios encontrados pelos enfermeiros que cuidam de pacientes fora da possibilidade terapêutica e detectar o enfrentamento destes enfermeiros ao lidarem com essa clientela. **Métodos:** tratou-se de um estudo de caráter exploratório, descritivo numa abordagem qualitativa. O instrumento de coleta de dados foi por meio de uma entrevista semi estruturada. A amostra foi composta por 13 Enfermeiros, com idade superior a 20 anos, que possuíam no mínimo um ano de experiência na prática hospitalar e que tivessem prestado assistência ao paciente em cuidados paliativos. **Resultados:** os dados foram analisados pelo conteúdo proposto por Bardin e nos permitiu a criação de três categorias. **Conclusão:** percebemos que os profissionais de enfermagem enfrentam conflitos internos ao prestarem assistência à pacientes sem possibilidade de cura.

Descritores: Cuidados Paliativos, Enfermagem, Assistência Terminal.

RESUMEN

Objetivo: destacar la comprensión de las enfermeras sobre cuidados paliativos, identificando los principales retos encontrados por las enfermeras que cuidan a los pacientes fuera de la posibilidad terapéutica y detectar la confrontación de estas enfermeras cuando se trata de este Clientela. **Métodos:** se trataba de un estudio de carácter exploratorio, descriptivo en un enfoque cualitativo. El instrumento de recolección de datos fue a través de una entrevista semiestructurada. La muestra se compuso de 13 enfermeros, mayores de 20 años, que tenían al menos un año de experiencia en la práctica hospitalaria y que habían prestado asistencia al paciente en cuidados paliativos. **Resultados:** los datos fueron analizados por el contenido de Bardin y nos permitieron crear tres categorías. **Conclusión:** percibimos que los profesionales de enfermería enfrentan conflictos internos cuando prestan asistencia a pacientes sin posibilidad de curación.

Descriptores: cuidados paliativos, enfermería, asistencia terminal.

INTRODUCTION

Faced with so many subjects in the field of research, it is believed that there is a significant importance in addressing issues that involve the purpose of life process, in order to identify if the conceptions are being understood either correctly or erroneously.

Palliative care is the approach that promotes the quality of life of patients and their families facing diseases that threaten the continuity of life, through prevention and relief of suffering. It requires the early identification, evaluation, and impeccable treatment of pain and other physical, psychosocial, and spiritual problems.[4]

The verb 'to palliate', from the Latin *palliare, palium*, means in its most comprehensive way, protect, cover with cover. Nonetheless, palliation is more commonly used in the hospital setting, such as provisionally relieving, remediating, false looking, concealing, delaying, and postponing. Authors point out that the main objectives of palliation consist in promoting full comfort to human nature, contemplating the following aspects: physical, emotional, spiritual and social, where each individual and family is attended in a complete and individual way.

Palliative care is a care directed to patients where there is no cure, since the disease is already in a progressive, irreversible stage and not responsive to curative treatment, and the purpose of these care is to provide quality of life in the final moments.[5]

The nursing team deserves special attention, since it occupies the largest number of workers in the health area, composed of auxiliaries, technicians and nurses, has a wide diversification of tasks, often requiring physical contact to perform them, responsibility for about 60% of the actions directed to the client and the provision of uninterrupted care during the 24 hours of the day.[8] Caring for a patient outside the therapeutic possibility encompasses several challenges for the health team, more specifically the nursing since they are these professionals who most experience the reality of the patient, being their responsibility to promote well-being, comfort in the face of the particularities of each patient and family. "The professionals, however, need the preparation and sensitivity to act in these circumstances."[6]

In the process of termination, what should be taken into consideration is the quality of life of the person while he remains alive. The process of caring for someone, coupled with this premise, requires a sensitive auditory ability to the patient's reports and complaints and knowledge about the main symptoms present in the terminal phase, since the intervention measures go beyond the physical plane, since the emotional dimensions and spiritual may be the most affected.[6]

Therefore, professional preparation becomes indispensable, since it requires humanization, self-control in face of the challenges faced, and commitment so that the assistance provided reaches the goal of palliative care that is to promote quality of life for the days.

It is noteworthy that health professionals undergo an ongoing process of learning focused on this theme, whose objective is to promote the well-being of their patients in their finitude of life. It is believed that this concept of well-being can promote a somewhat relativistic discussion regarding palliative care, where the following conflicts and questions may arise: How to promote well-being to someone who will not have a cure for his/her illness? Or: How can the nursing team relate the care provided to the purpose of life? Since the nursing profession is focused on treatment, cure of disease and other synonyms, where the professionals are then formed to promote health.

Thus, in palliative care the "dying well" is preconized, in other words, living intensively expressively the last phase of life, since this stage before death is understood as the last opportunity to work on his personal identity.[17]

The responsibility of the nursing team in the practice of care is observed, where the nurse who is the team leader, in addition to overcoming their challenges, is responsible for encouraging the team to offer quality, humanized and

sensitive care to the limitations and suffering of the patient and family.

This article aimed to highlight the nurses' understanding regarding the Palliative Care; to identify the main challenges faced by nurses who care for patients outside the therapeutic possibility, and also to detect the confrontation of these nurses in dealing with this clientele.

This research becomes relevant by allowing us a better understanding of this theme, granting us a deepening in the universe of the nurses involved with the palliation.

METHODS

The present study focuses on a qualitative research in which a field study was developed based on deductive reasoning. Qualitative research has certain particular characteristics. It is validated, especially in the elaboration of the specific deductions about an event or a variable of precise interference and not in general interactions.[2]

"The structure of the study was exploratory and descriptive, aimed at exploring aspects of a situation and describing the characteristics of a particular population or phenomenon."[18]

The universe covered was composed by professionals who make up the nurses of the hospital under study, and accepted the conditions of this study. The method used for the research was the semi-structured interview, where the subjects had the opportunity to answer open questions, produced based on the theory and guided by two interviewers familiar with the project objectives and free and clear acceptance of the interviewee, where the transcription of the responses and analysis of the results were done through the Bardin's content analysis.

In order to select the publications as theoretical bases, data sources, Nursing Database (BDENF) and Latin American and Caribbean Literature in Health Science (LILACS) were used as sources of data, in April 2015, being used the following keywords: palliative care and health professionals.

The inclusion criteria were, as follows: articles that addressed the theme, relevant to the theme, available in full (online), published between 2006 and 2015. Fourteen articles were found in the LILACS database, and five studies were selected from one summary analysis, and 1 item found in the BDENF data source and selected from the terms described above.

Data collection was performed during the period of December/2015 and January/2016, and the data saturation criterion ceased, in other words, data collection is interrupted when new elements are found to support the desired theorization (or possible in those circumstances) are no longer deduced from the field of observation.[1]

RESULTS AND DISCUSSION

After the data collection, it was possible to identify and delineate the profile of the participating nurses of this study, related to the inclusion criteria determined by the researchers: gender, age, experience time. The nurses' understanding about palliative care, the main challenges to patient care outside the possibility of cure, and how they address these challenges were part of this thematic.

Profile of the interviewed subjects

Table 1 – Profile of the interviewed nurses according to gender

GENDER	QUANTITY
Female	09
Male	04

Source: Research authors, December, 2015.

The profile of the nurses interviewed obeyed the inclusion criteria determined by the researchers. It is verified in these data that the female class predominated in the research, where studies emphasize that the nursing profession is a feminized class.[19] Nevertheless, the male population has become present in several areas of activity that in the past were seen as female professions and the nursing is one of them, where 4 male nurses were part of the study, about 40% of the sample.

Table 2 – Profile of the interviewed nurses according to age

AGE	QUANTITY
25 TO 34	07
35 TO 50	06

Source: Research authors, December, 2015.

Regarding the age group of the interviewees, the table shows that the population studied varied from 25 years to 50 years old, important factors in the object of study, where it was possible to analyze the interviewees' perception according to the experiences lived by each one.

Table 3 – Profile of the interviewed nurses according to experience time

EXPERIENCE TIME	QUANTITY
1 TO 5 years old	06
6 TO 15 years old	05
16 TO 30 years old	02

Source: Research authors, December, 2015.

As shown above, the experience time among the professionals interviewed was very diverse, a positive criterion, since the researchers had the opportunity to understand each perception within the scope of their experiences, being able to investigate if the time of experience may or may not influence in the management of conflicts.

CATEGORY 1: The nurses' understanding about Palliative Care

This category aims to highlight the knowledge that nursing professionals have about palliative care, believing that knowledge can influence how the individual deals with the challenges. It is understood that the nurse has a great responsibility to the team, as it will become the multiplier of new ideas and behaviors in the scope of care, so the discovery and renewal of concepts become fundamental in the quality of care that will be offered.

Among the interviewees, 09 nurses mentioned that Palliative Care is the treatment of patients "with no chance of therapeutic approach", where the multidisciplinary team evaluates the case and proposes to the family non-curative measures. Explaining the following statements:

> *It is those patients who has no chance of therapeutic possibility, a serious illness that no longer has a cure, has no more treatment due to its advanced stage, and that doctors and all its staff consider that it is impracticable to go ahead with the treatment* ***(Nurse 1).***

> *When the patient has no chance of therapeutic and curative possibility, the physician along with the team explains the case to the family and propose measures of comfort [...]* ***(Nurse 10).***

> *It is when there is no more possibility of cure for the patient, and through this non-cure enters with the Palliative Care [...]* ***(Nurse 4).***

In view of the aforementioned statements, Palliative Care is a differentiated care, where the objective is to offer quality of life to the individual regardless of how many days, months or years he will live; being offered palliation measures, where invasive and curative procedures will not be performed.

Palliative Care is the approach that promotes the quality of life of patients and their families facing diseases that threaten the continuity of life, through prevention and relief of suffering. It requires the early identification, evaluation and impeccable treatment of pain and other problems of a physical, psychosocial and spiritual nature.[4]

Among the interviewees, the word "comfort" was very quoted, being 07, always relating the promotion of comfort measures. These repetitions can be justified, taking into account the opportunities based on the author's description. The word comfort, spoken daily in different contexts in day to day practice in nursing, is a usual language of nurses who use phrases such as - provided hygiene and comfort care; the patient is comfortable, is comfortably installed.[12] This is what the following statements tell us:

> *It is a form of treatment of a patient who is in the terminal phase, where his investment is only about care that will alleviate the pain, give comfort to him at the end of life, that is, there is no investment in relation to the treatment more aggressive or invasive to care for this patient, only the very purpose of comfort in this moment of transition between life and death* ***(Nurse 8).***

> *[...] it is you to watch in a different way, you do not take care of that individual in order to have his cure, you take care of him in order to give comfort to him at the end of life* ***(Nurse 9).***

> *They are measures of care to the patient as if they were measures of comfort, the patient no longer has a prognosis of evolution, resolution of his clinical condition, it is only measures of comfort, to do everything for him to have a dignified end as far as possible* ***(Nurse 13).***

The term comfort is a regressive derivative of comfort, which means aid, support in an affliction, a situation of pain, unhappiness; action or comfort effect to help and console. The Nurse during the training process was taught and encouraged to promote the well-being of the patients. Through its assistance in the practice of palliative care, this is experienced even more intensely, as the main tools to promote the well-being of the individual are related to the comfort offered to him.[13]

In palliative care, a vision of death as an inevitable process must be included in the care, but, while providing the maximum comfort to the patient and his family as a unique being that, at that moment, passes through afflictions.[20]

Nurses 03 and 08 related Palliative Care to pain reduction, which according to the International Association for the Study of Pain (IASP), "pain is defined as an unpleasant emotional sensitive experience related to tissue injury or described in such terms."[14]

> *They are care that aim to soften the pain of the patient, however, they will not give results, will not generate an improvement of the patient, it is something only to soften his pain, so that he can die without pain, is less worse possible* ***(Nurse 03).***

> *[...] it is only a matter of caring for pain, providing comfort for the patient at the end of life...* ***(Nurse 08).***

It was evidenced by the Nurse 08, the Comfort vs. Pain relationship, which is described as follows: "Control and absence of pain are often considered as synonyms of comfort, while the presence and sensation of pain describe several times, sense of the word discomfort. "The relationship between promoting comfort and alleviating pain has been

confounded within the scope of Palliative Care, where promoting well-being is not limited to pain relief, both have their importance and are used as tools in palliation, nonetheless, one can influence the complementation of the other, this demonstrates that it is extremely important that the multidisciplinary team know and differentiate these sensations.[12]

CATEGORY 2: The main challenges found by the nurses that care for patients with no cure expectancy

This category aims to identify the main challenges encountered in patient care in palliative care, where different feelings and difficulties may form the scenario of the professional who donates and accompanies the evolution of these patients.

Although death is part of the natural process of life, nursing professionals are not usually prepared to deal with it, it is believed that these professionals face different and different feelings and challenges in providing assistance to the patient in their finitude of life.

> *Look, I confess that it was very difficult to understand the methodology of palliative care, because until you understand what is best for the patient is not always what you think [...] The patient in palliative care is not always done the prolongation of life, you give comfort, you stop investing actively and begin to invest passively; this pseudo passively bothers you, you understand what palliative care is bothersome a bit. Today I feel "tranquility", rather than nervousness* ***(Nurse 7).***

> *As much as we have a time of profession, it messes with us, because we are human ... I think "empathy", sometimes I put myself in the patient's place [...]* ***(Nurse 6).***

> *[...] I do not feel incapacity, but "loss". It's not that we do not, do not watch, but it's a feeling of loss, you did everything you could, but the person is gone* ***(Nurse 9).***

Given the aforesaid, it is possible to perceive that each individual or professional presents different ways of understanding and facing the real meaning of Palliative Care. For the nurse 7 the search for the concept and the understanding of the process was extremely important so that he could take care of terminal patients, turning their restlessness into tranquility.

Nurse 6 uses empathy, placing himself in the place of the other (patient), and this feeling accompanies him in these situations. The word empathy has its origin in the Greek language - *empatheia*, which means a tendency to feel what it would feel if you were in the situation and experienced circumstances experienced by someone else.[11]

Nurse 9, reported in a very clear way that however much he offers the best assistance possible, practice humanization at all times, know and put into practice the goals of Palliative Care, the feeling of "loss" the attack in this theme, generating a feeling of powerlessness and incapacity.

The feeling of impotence can arise as a strong feeling, where professionals who have been instructed to care and with their care promote healing, have to deal with palliative care, and can generate conflicts about the real meaning of their work and effort. The North American Nursing Diagnosis Association (NANDA) defined impotence as "the perception that an action of its own will not significantly affect a result; a perceived lack of control over a current situation or an immediate event."[9]

Professional and personal difficulties end up interfering with the care provided, as they give rise to some feelings such as frustration, a sense of failure, impotence, incapacity, which prevent the nursing professional from exercising his/her appropriate role, in order to meet the needs of the patient and his/her family in their biopsychosocial aspects.[10]

Health professionals, specifically nursing professionals, are exposed to various feelings through the suffering of their patients and their relatives; the feeling of "impotence" was one of the feelings most mentioned by the nurses interviewed.

> *I feel sadness and helplessness, especially in the face of young and family patients, but I try to control myself, sometimes I feel like crying, but I control myself* ***(Nurse 10).***

> *She had a patient that I accompanied, she went walking and became Palliative Care... so it was very painful, for me it was very hard, I did not even want to go into her room [...] I feel powerless, what I wanted most was to see that lady eat and she did not eat, in two days she languished in a way [...] I avoided going in there, it did not do me any good* ***(Nurse 12).***

In addition to personal challenges, nursing professionals must be able to interact with their families in the face of the possibility of death, which generates reactions and feelings. The nursing professionals can act to support the patient and the family group, making it possible to minimize the fears and anxieties and collaborating with the adequate participation of both in the process.[15]

> *The main challenge is with the "family" in relation to the question that even accepting; in reality this fact of terminality is not accepted [...]* ***(Nurse 8).***

> *The challenge is the family, is to live with that family knowing that you will be sure that you will have the loss of the patient; is not the patient the challenge, he will take every care that the patient who had a prognosis of cure*

will have it all, at least what I see here in the hospital is this. Living with the family is not always easy for us, because the family is very sacrificed. I feel a bit helpless ***(Nurse 13).***

Given these data, it is possible to realize that professionals should be prepared to offer support to their families, but some should overcome their own limitations. When an individual receives a diagnosis that the disease is out of the possibility of cure, his family suffers from it and the impact is always very painful. As a consequence, each family can manifest different reactions, such as denial, reservation or closure to dialogue.[15] Many are the feelings and different ways of dealing with each of them; some professionals create their own defense mechanisms in order to maintain the balance.

CATEGORY 3: The nurses' coping approach towards the care for patients with no foreseeable therapeutic approach

This category aims to identify the way that the nurses face the challenges and difficulties encountered in patient care in Palliative Care, believing that the way to face these challenges will influence the quality of care provided.

It is observed that professionals present difficulties and challenges in assisting the patient in palliative care and interact with their families facing the possibility of death and suffering, and may cause reactions and feelings in these professionals; however, each one deals in a variety of ways, creating their own defense mechanisms and determining to what extent these mechanisms will influence the quality of care they provide.

[...] I try not to be thinking, I feel the pain in the moment, sometimes I cry, as I cried, when I lost the patient, that shakes me a little bit more I try to go home and think of other things [...]] I try to think that I have had the opportunity to meet good people who taught me; that I was able to take care of and that today were gone, but that they were in a dignified way when it is Palliative Care, and when it is not you get more shaken ***(Nurse 9).***

The first thing I do is not take it home, because it ends up consuming me [...] I am a person who believes in God a lot, so for me, it was God's will [...] ***(Nurse 12).***

Keeping the balance and control of your emotions is a practice few can exercise; naturally, personal strategies are created so that these feelings and feelings do not influence everyday life; health professionals coexist with this reality on a daily basis, where "not taking home" or "trying not to think" are the ways nurses 9 and 12 have found to cope with this confrontation.

I try to control my emotional and not let the patient and the family perceive, but the worst challenge I encounter is the feeling of Impotence in this situation, however, I try to keep the balance and advise the team to offer the best care possible ***(Nurse 10).***

The ways in which health professionals take care of the dying patient can be understood as a necessity related to their personal anguish of living with dying. Trying to control the emotional through something that distresses you does not become an easy task, but in the universe of nursing this must be put into practice daily, where these professionals deal with pain and suffering directly.[16]

As mentioned, each individual presents differently the way to face some situations; perhaps the professional maturation will contribute to make this confrontation be calmer and does not arouse negative reactions in some professionals.

At first, I think I face it in a calm way; I do not stay in this despair getting out of here and continue thinking. Going from here I forget, I do not know if it's a long time of experience in the ICU sector [...] Now, if it's a person you know, you know the person's story and she's more connected to you, then you deal with more difficulty ***(Nurse 5).***

I have no difficulty ***(Nurse 8).***

I am well prepared to face this situation; I can guide the team and support the family ***(Nurse 11).***

It is possible to observe that for some individuals in dealing with these situations, they become calmer and less negative than others; the nurses mentioned above did not present difficulties; we have observed that all of them have more than 10 years of profession, maybe this characteristic has made these professionals acquire maturity and better preparation in face of the confrontation and challenges that the nursing class is exposed, mainly in relation to Palliative Care.

CONCLUSIONS

The study made it possible to verify that, even though death is part of the daily routine of nursing professionals, the difficulties in dealing with and speaking about finitude of life was notorious. Some professionals have responded by denying death, which might interfere with the way they assist the patients and their family members.

Besides the lack of knowledge by some professionals; others showed a strong sensitivity to the subject, where several feelings and sensations have composed their emotional state. We have observed that the professionals who presented themselves more balanced in the face of the challenges faced, had a greater amount of professional experience and perhaps, over the years, had the possibility to develop their own defense mechanisms.

Through the analysis together with the theoretical support, the researchers had the opportunity to both hear and understand how professionals with their different experiences face the process of human finiteness; yet, we realize that the preparation and support of professionals should be reviewed by the Institutions. In the palliative care universe, many authors refer beautifully to the importance of palliative care, but few cite about the preparation of future and current professionals who are directly linked to this process. We believe that the realization of studies that explore the experience and knowledge of nursing professionals in Palliative Care are of extreme relevance, as well as alleviating this scientific gap will then promote assistance to professionals related to this area.

The study has had great relevance, not only due to the matter being current and generating some reviews, but also for the opportunity to know the reflexes and sensations that the nursing professionals experience in the universe of palliation. We suppose that the fostering of moments of group discussions, exchange of experiences, institutional lectures, meetings with the multiprofessional team to address this issue, would be extremely important, as it would be supporting and advising nursing professionals to better deal with their feelings and challenges to the assistance of this specific clientele.

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