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RESEARCH

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As necessidades de cuidado do cliente oncológico hospitalizado: aplicação da taxonomia nanda

Care needs of hospitalized cancer patients: application of nanda taxonomy

Necesidades de atención de los pacientes con cáncer: aplicación de la taxonomía nanda

Karen Christine de Faria Velloso de Brito[1]; Sônia Regina de Souza[2]

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ABSTRACT

Objectives: To identify care needs of cancer patient and correlate these needs with the domains of NANDA taxonomy. **Method:** Qualitative study conducted in clinical wards for hospitalization of adults of a university hospital in Rio de Janeiro. Seven interviews were conducted and analyzed by the method of thematic analysis. **Results:** The interviews showed that cancer patients have their sleep patterns, nutrition and eliminations changed during hospitalization. Also underlined the hope of a cure, the belief and support of family and friends actuate in the process of coping with the disease. In the interviews two dimensions of nursing were identified: nursing related to techniques and proceedings, and Nursing related to therapeutic communication. **Conclusion:** To identify needs for nursing care means to completely observe those patients, see beyond the disease, see a human being who has beliefs, values, coping skills, and strong support from family and friends.

Descriptors: Oncology Nursing; Determination of Healthcare Needs; Patient Care Planning.

[1] Nurse graduated from the Alfredo Pinto Nursing School of the Federal University of the State of Rio de Janeiro (UNIRIO). Specialist in Nursing in Clinical Oncology at Universidade Veiga de Almeida (UVA). Email: karenvelloso@hotmail.com.

[2] Adjunct Professor IV of the Medical-Surgical Nursing Department of the Alfredo Pinto School of Nursing of the Federal University of the State of Rio de Janeiro (UNIRIO).

RESUMO

Objetivos: Identificar as necessidades de cuidado do cliente oncológico e correlacionar essas necessidades com os domínios da taxonomia NANDA. **Método:** Estudo qualitativo realizado nas enfermarias clínicas de internação de adultos de um hospital universitário do Rio de Janeiro. Foram realizadas 7 entrevistas e analisadas através do método de análise temática. **Resultados:** As entrevistas apontaram que os clientes oncológicos possuem seu padrão de sono, nutrição e eliminações alterados durante a hospitalização. Também foi evidenciado a esperança na cura, a crença e o apoio da família e amigos influenciando no processo de enfrentamento da doença. Nas entrevistas foram apontadas duas dimensões da Enfermagem: a Enfermagem relacionada a técnicas e procedimentos, e a Enfermagem relacionada à comunicação terapêutica. **Conclusão:** Identificar as necessidades de cuidado de Enfermagem desses clientes significa observá-lo por completo, enxergar além da patologia, visualizar um ser que possui crenças, valores, capacidade de enfrentamento e um forte apoio de familiares e amigos.

Descritores: Enfermagem Oncológica; Determinação das Necessidades de Cuidado; Planejamento de Assistência ao Paciente.

RESUMEN

Objetivos: Identificar las necesidades de atención de cáncer y se correlacionan estas necesidades de los clientes con las áreas de la taxonomía NANDA. **Método:** Estudio cualitativo realizado en las salas clínicas de hospitalización de adultos de un hospital universitario de Rio de Janeiro. Se realizaron siete entrevistas y se analizaron por el método de análisis temático. **Resultados:** Las entrevistas mostraron que los clientes de cáncer tienen su patrón de sueño, la nutrición y las eliminaciones cambiaron durante la hospitalización. También subrayó la esperanza de una cura, la creencia y el apoyo de familia y amigos influyen en el proceso de hacer frente a la enfermedad. En las entrevistas se identificaron dos dimensiones de la enfermería: enfermería relacionados técnicas y procedimientos, y de enfermería relacionados con la comunicación terapéutica. **Conclusión:** Identificar las necesidades para el cuidado de enfermería se refiere a aquellos clientes observan completamente, ver más allá de la patología, una visión que tiene que ser creencias, valores, habilidades de afrontamiento, y un fuerte apoyo de familiares y amigos.

Descriptores: Enfermería oncológica; la determinación de las necesidades de atención; la planificación de la atención al paciente.

INTRODUCTION

According to data from the National Cancer Institute, the estimate of new cases in 2010 for Brazil was 489,270 and for the Southeast region it was 247,980. For the year 2012 and 2013, they indicate the occurrence of approximately 518,510 new cases of cancer, including cases of non-melanoma skin, reinforcing the magnitude of the cancer problem in the country.[1]

Upon receiving the diagnosis of cancer, many clients and their families suffer a psychosocial impact and have as their first thought death, because the disease already carries this stigma. His/her plans for the future are uncertain, feelings of fear, denial, anguish, anxiety and doubts arise.

The best known ways to treat cancer are surgery, radiotherapy and chemotherapy. Chemotherapy may cause some adverse effects such as: nausea, vomiting, infections, alopecia, dyspnoea, fever, and fatigue. Besides the physical effects, the treatment also interferes in the psychological of the patient and family. Even knowing the effects caused, many patients decide to accept the treatment, because for them it is another chance of cure or prolongation of life.

The hospitalized individual has his or her basic human needs affected by the disease and the environment. This transfer of residence to the hospital, even for a short time, leads the client to worry about daily activities, to feel less privacy and to feel homesickness. Hospitalization becomes even more worrying for the client when it is extended, as the chance for risk increases and feelings intensify.

One of the possibilities for the nurse to evaluate and decode the needs perceived by the cancer client is the Nursing Diagnostics, which can be interpreted as clinical judgments of the individual's and family's responses related to actual or potential health problems.[2] Nursing Diagnoses are based on real or potential problems that occur due to physiological, behavioral, psychosocial, or spiritual dysfunctions. They are in a multiaxial structure distributed in 13 domains; these are: health promotion, nutrition, elimination/exchange, activity/rest, perception/cognition, self-perception, relationships and roles, sexuality, coping/stress tolerance, life principles, safety/protection, comfort, growth/development.

This research, as well as others in the field of oncology, will allow the nurse to reformulate her way of thinking and acting before the demands of the practice of care in a non-specialized hospital and also to exercise his role of educator with the client and the family. Thus, this study aimed to identify the nursing care needs of hospitalized cancer patients in a non-specialized hospital and to correlate them according to the NANDA (North American Nursing Diagnosis Association) taxonomy domains of nursing diagnoses.

METHODS

Considering the object of the study, nursing care needs of the oncological client hospitalized in a non-specialized hospital, was followed by qualitative research guidelines: which base the investigation on the reality and the points of view of those under study - realities/points of view that are not known or understood initially.[3]

The study site was a University Hospital located in the North Zone of Rio de Janeiro, which has as its guideline assistance, teaching and research. The setting of the study was clinic wards of adults. A visit was made to the site and the head of the sector to present the interview schedule and to identify a room or space reserved for them.

The study subjects were hospitalized clients with medical diagnosis of cancer, following the inclusion criteria: adult clients, over 21 years old, with a medical diagnosis of cancer, hospitalized for at least one week, who agree to participate in the study. Exclusion criteria were: clients who do not have a medical diagnosis of cancer, hospitalized for less than one week and younger than 21 years.

Two instruments were used to collect data: a form for characterization of subjects and a semi-structured interview. The interview was based on the following NANDA domains: Domain 2 - Nutrition; Domain 3 - Disposal and Exchange; Domain 4 - Activity and Rest; Domain 7 - Relationships and Role and; Domain 10 - Principles of Life.

The Research Protocol was approved by the Research Ethics Committee under the number of the CAAE: 06046412.0.0000.5285. The data collection period was from September 2012 to November 2012 by accepting participation in the research by the client and signing the Term of Free and Informed Consent according to Resolution 196/96 of the National Health Council.

For the analysis of data, the thematic analysis technique was used, whose purpose is to establish an understanding of the data collected, to confirm or not the research assumptions and to increase the knowledge about the researched subject. The data collected were analyzed with the help of literature references in order to understand the results found.[4] The interviews were submitted to thematic analysis with the pre-established categories, namely NANDA Nutrition, Elimination and Exchange, Activity and Rest, Relationships and roles, and Life Principles.

Based on the analysis of the established categories, two thematic units were identified: Needs of care of the oncologic client in a non-specialized hospital and The nursing team in the vision of the cancer client.

RESULTS AND DISCUSSION

As for the form for the characterization of the participants, the following results were obtained: of the seven interviewees, five were female and two were male. The ages ranged from 41 to 73 years, the period of hospitalization from 7 to 19 days. Of those interviewed, two had a medical diagnosis of cervical cancer, one had a medical diagnosis of stomach cancer and four had a medical diagnosis of colon and rectal cancer. The listed professions of the seven respondents were: a firefighter, a public servant, two housewifes, a day laborer, a general service assistant, and a retired.

Needs of oncologic client care in a non-specialized hospital

This unit is formed by NANDA domains correlated with participant interviews.

The first domain identified was Nutrition. This domain has the following defining characteristics verified in the interviews of the participants: lack of interest in food; reports of altered taste sensation and; reports of inadequate food intake, less than the recommended daily portion.[2]

The oncological client's diet is compromised in the course of the disease, some of the interviewees report partial acceptance of the diet as identified in the following statements:

"I can not eat anything. I eat the least." (E3)

"I leave food, half of it." (E6)

Caloric and protein malnutrition in cancer clients is frequent and the factors that trigger it are related to the development of the disease, such as: reduced appetite and reduction of total food intake, mechanical difficulties to chew and swallow food; side effects of treatment and prolonged fasts for pre or post-operative exams.[5]

In addition to partial dietary intake, it is possible to note that treatment such as chemotherapy influences this diet:

"Now because of doing chemotherapy [...] I feel very sick, so I prefer a lot of ice cream." (E5)

Anorexia in cancer occurs due to local effects of the tumor or to the antineoplastic treatment which has as its most common side effects nausea, vomiting, changes in taste, xerostomia, mucositis and dysphagia.[6]

The domain Elimination and Exchange was identified by the following defining characteristics: decreased frequency, change in intestinal pattern, recent changes of environments, excessive use of laxatives.[2] The following excerpts point to these findings:

"Evacuating with a certain difficulty [...] even with mineral oil comes out more oil than exactly what has to leave." (E4)

"I'm very dry [...] I did on the weekend a treatment with mineral oil, with ducolax, tamarine ... Whatever you think." (E5)

Cancer and its aggressive treatment makes the cancer client weak This weakness along with immobility and fatigue are causes for constipation.[7] When cancer is in the colon and rectum, intestinal changes are the first symptom.

In addition to the intestinal changes resulting from the pathology, there is a change in the pattern due to the recent change of environment.

"I can not go anywhere that I stop to evacuate, but the girl already had an enema and has already been solved." (E2)

Activity/rest, the third domain, was characterized by: dissatisfaction with sleep, change in normal sleep pattern, reports of difficulty sleeping, reports of staying awake and interruptions for therapeutic reasons.[2]

It is understood that the hospitalized cancer client is able to meet basic human needs influenced by both the illness and the hospital environment. The interviewees presented

a pattern of sleep impaired for different reasons, as we can see below:

"I wake up about three times a night [...]Take the same medicine I took last night, a bag of blood." (E2)

"I do not have a quiet night of sleep." (E3)

"Then at night you can't fall asleep because you slept during the day." (E4)

"I could not sleep." (E5)

"I sleep, I wake up, I sleep, I wake up, I wake up." (E7)

Sleep disorders may be due to anxiety, medications, treatment and pain.[8] As a general picture, the cancer client faces the change in routine caused by the treatment and hospitalization and, during this, his emotional security state is threatened. This situation can influence the quality of sleep of this client, because it is during the night that one usually does a reflection on the day, coming to the surface all anxiety of returning home, taking care of children, resume daily activities and social life.

One study showed that cancer clients appear to have sleep problems both at home and in the hospital, with the main complaint being difficulty in getting to sleep and waking up several times during the night.[8]

The Roles and Relationships domain was characterized by the following defining characteristics: ties to family members are maintained, relationships are generally positive, and proper communication.[2]

Support from family and friends during hospitalization proved to be very important for coping with the disease. All interviewees reported receiving support from the family. In this period of illness, the family restructures, stays solidary and often surprises, as we can observe in the lines below:

"People want to see me [...] calling, asking, those at home praying [enthusiasm]." (E2)

"My partner is surprising me. I never thought he was capable of doing what he's doing for me." (E3)

"My husband comes every day, [...] giving me affection, attention, understanding, helping me." (E5)

"Supporting me every day here, my wife is here every day." (E7)

The family supports and conveys positive thoughts in order to reduce the suffering of their loved one and is pointed out as a source of support because the client has with whom to share their feelings. She/he organizes himself/herself to take care of her sick family member, and she gives this care to the best of her ability, and this care helps a lot in coping with the disease.[9]

Although the hospitalized clients face moments of financial difficulties due to the work's withdrawal, the interviewees showed that the emotional support is much more important than the financial support, which we can observe in the speech below:

"Not financially support, but with words of affection, this is very important, you know that it is important for someone, that someone cares about you." (E4)

The family when held together at that moment favors the strengthening of the patient, besides allowing the patient to face the difficulties of the treatment with safety and strength. In addition, the encouragement and strength they receive from family and friends make them more willing to live and adhere to the proposed treatment.[10-11]

The domain Confrontation/Stress Tolerance was characterized by: search for social support, utilization of spiritual resources, family member acting to promote health, demonstration of positive appearance, establishment of goals.[2]

Cancer has several negative representations, the client may have an emotional upheaval, arising the feelings of denial, fear and anguish, making their plans for the future uncertain. Of those interviewed, only one did not mention goal for the future. The others showed hope of being healthy, leaving the hospital and giving continuity to life; and that cancer is only a phase that must be faced.

"When I get out of this, I'm going to walk, travel, enjoy the world!." (E2)

"Resume my life, my work, my activities that I did in the Church. I have my expectations that I will improve and not give up." (E4)

"Getting good. And to live, to make continuity of my life." (E5)

"Get out of here and go home, go to the church that is the most important and go back to my family." (E6)

The experience of having cancer does not mean a death warning, it can be interpreted as a moment of change.[12] From the illness, instead of the client interpreting as imminent death, it can reflect on your previous life style of

illness, set new life goals, set priorities and be close to the people you love.

Regarding the domain Principles of life this was characterized by: express reverence and participation of religious activities.[2]

All respondents reported believing in God. Believing that there is something greater than the disease helps in overcoming it. This belief allows the person to restore the meaning of life, as we see in the lines below:

"If I did not have it, how would we be here?." (E4)

"I love, I love charismatic renewal. Without God, we are nothing. God is all." (E5)

People living in a serious illness seek religion as a basis for overcoming difficulties.[13] Religion helps to overcome the fear of death, loss, suffering and the affirmation of the expectation of the cure of disease. In a situation of illness, the search for support in faith is frequent, since it is an alternative to overcoming what cannot be controlled, as is the case with cancer.

The nursing team in the view of the cancer client

After clarifying the care needs of these cancer clients, we sought to know what the nursing team could do to help them during the period they were hospitalized, since they are clients who need a much more subjective care and are hospitalized in a non-specialized hospital.

Through the interviews conducted, two dimensions of nursing were pointed out: nursing related to techniques and procedures, and nursing related to therapeutic communication.

Nursing related to techniques and procedures was mentioned less frequently in the interviews, but it is important to report in the study, since this concept is still known by the population. To have the view that the nurse and his/her team develop only techniques and procedures, characterizing an objective care, can be observed in the following statements:

"She went there to get some water, gave me a shower, took off those surgical center clothes [...] Changed me, cleaned me up. This is what I call a nurse." (E3)

"Changing bedding, changing serum..." (E7)

Nursing care that produces health care transcends the simple act of assisting centered in doing, techniques, or procedures.[14] The nurse and his/her staff should provide emotional support, have the sensitivity to listen to what the client has to say, and dialogue with him, assess the needs of the client and the family and discuss their fears and how to face them.

Nursing related to therapeutic communication was the most addressed by the interviewees and was also reported as what to do to help this client during their period of hospitalization.

"Stop and ask the person, do not rush past, change in a hurry." (E2)

The communication established by health professionals, especially nurses, facilitates the performance of their duties, improving the relationship between the subjects involved in health care and helping clients to cope with their problems.[15]

In addition, this therapeutic communication established by the nurse and client makes it serve as a support in coping with the disease, increasing its capacity to adapt to changes.

"Nursing [team] is already doing a lot because they talk to us, they know even our problems [...] and they also show a lot of emotion." (E4)

"They give me comfort, caring, kind words, you know?" (E5)

Acting in oncology requires of the nursing team more than theoretical and practical knowledge; requires the development of skills that can guide their professional performance, considering the physical, emotional, social and spiritual dimensions of patients under their responsibility, with a chronic illness with continuous and unpredictable demands.[16]

CONCLUSION

Identifying the nursing care needs of these clients means to observe it completely, to see beyond the pathology, to visualize a human being who has beliefs, values, coping capacity and strong support from family and friends. These factors are essential for nursing care planning since the cancer client requires objective care, which is represented by techniques and procedures and, mainly, subjective care such as establishing a bond with client and family, providing support and emotional support and encouraging coping.

With these identified care needs, it is possible to plan for care and to design interventions to avoid or ameliorate certain events such as impaired sleep, altered elimination pattern, and altered nutrition. The needs of spiritual support, coping with illness and social support are provided by family and friends, but the nurse recognizing this relationship as a therapeutic alliance should encourage the presence of this companion during the period of hospitalization; also encourage the confrontation and provide support to this oncological client.

When realizing that the cancer client needs a strong emotional support and stimulation to confront the disease, the nurse is expected to act beyond the technical activities and play his role of educator in order to reduce the anxiety of this client and leave him/her safer. The bond created with the client and his or her relative brings to the nurse an effective communication and facilitates the planning of nursing care.

Since the study comprised the reality of a non-specialized hospital, it is expected that it will serve as a guide for professionals who work with cancer clients in these hospitals to ensure a safe nursing care.

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Author responsible for correspondence:
Karen Christine de Faria Velloso de Brito
Estrada Adhemar Bebiano, 275
Del Castilho. Rio de Janeiro/RJ
Email: karenvelloso@hotmail.com
ZIP-code: 21051-071