

NURSING ADVICE FOR THE DISCHARGE FROM HOSPITAL OF THE NEOPLASTIC PATIENT*

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ABSTRACT: This study, of the methodological type, aimed to elaborate systematized nursing advice for the discharge from hospital of the neoplastic patient. The model proposed for the guidance is based on Wanda Horta's Basic Human Needs Theory. The participants were 20 adult patients diagnosed with cancer, receiving treatment in an emergency care center at the teaching hospital in Curitiba, Paraná, in the period March – May 2013. The data were collected through semistructured interviews and, based on content analysis, the psychobiological, psychosocial and psychospiritual categories emerged, which formed the basis for the construction of 10 systematized items of advice. It is concluded that educational materials allow the nurse – among other benefits – to identify the patients' real needs, to evaluate the understanding of care advice, and consequently to contribute to the continuity of the treatment in the home.

DESCRIPTORS: Neoplasias; Nursing care; Patient discharge.

ORIENTAÇÃO DE ENFERMAGEM PARA A ALTA HOSPITALAR DO PACIENTE NEOPLÁSICO

RESUMO: Estudo do tipo metodológico que objetivou elaborar orientações sistematizadas de enfermagem para alta hospitalar do paciente neoplásico. O modelo proposto para as orientações fundamentou-se na Teoria das Necessidades Humanas Básicas de Horta. Participaram 20 pacientes adultos com diagnóstico de câncer, em pronto atendimento de hospital de ensino em Curitiba, Paraná, no período de março a maio de 2013. Os dados foram coletados mediante entrevista semiestruturada e, a partir de análise de conteúdo, emergiram as categorias psicobiológicas, psicossociais e psicoespirituais, as quais subsidiaram a construção de 10 orientações sistematizadas. Conclui-se que materiais educativos possibilitam ao enfermeiro, dentre outros benefícios, identificar as reais necessidades dos pacientes, avaliar a compreensão de orientações de cuidados e, consequentemente, contribuir para a continuidade do tratamento em domicílio.

DESCRIPTORES: Neoplasias; Cuidados de enfermagem; Alta do paciente.

ORIENTACIÓN DE ENFERMERÍA PARA EL ALTA HOSPITALAR DEL PACIENTE NEOPLÁSICO

RESUMEN: Estudio del tipo metodológico cuyo objetivo fue elaborar orientaciones sistematizadas de enfermería para alta hospitalar del paciente neoplásico. El modelo propuesto para las orientaciones se ha fundamentado en la Teoría de las Necesidades Humanas Básicas de Horta. Participaron 20 pacientes adultos con diagnóstico de cáncer, en atención de emergencia de hospital de enseñanza en Curitiba, Paraná, en el periodo de marzo a mayo de 2013. Los datos fueron obtenidos por medio de entrevista semiestructurada y, del análisis de contenido, resultaron las categorías psicobiológicas, psicossociales y psicoespirituales, las cuales subsidiaron la construcción de 10 orientaciones sistematizadas. Se concluye que materiales educativos posibilitan al enfermero, entre otros beneficios, identificar las reales necesidades de los pacientes, evaluar la comprensión de orientaciones de cuidados y, consecuentemente, contribuir para la continuidad del tratamiento en domicilio.

DESCRIPTORES: Neoplasias; Cuidados de enfermería; Alta del paciente.

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INTRODUCTION

The World Health Organization (WHO) explains that developing countries, among them Brazil, will be the most affected by new cases of cancer, and foresees 27 million new cases of the disease for the world by 2030, with 17 million deaths. In November 2013, the Brazilian National Cancer Institute (INCA) published the calculation of 580,000 new cases of the disease for 2014. There is a forecast of 69,000 new cases of prostate cancer; 57,000 of breast cancer, and 27,000 of lung cancer. For the Ministry of Health and for INCA, these numbers result from various factors, including the aging of the population. They emphasize that being aware of these estimates reinforces the need for planning and management for prevention, detection and the offering of appropriate treatment⁽¹⁾.

Among the forms of oncological treatment, surgical treatment can be shown to be very frightening and feared. Although the patient receives information and guidance, there are reports of patients not having understood what was said or shown to them, such that during their inpatient treatment and the preparation for discharge, there is much to be explained by the nurse. As a result, there is a need for clarification regarding the diagnostic and therapeutic procedures⁽²⁾.

In another aspect, an integrative review study observed that there is a tendency for reduction in the length of surgical patients' hospitalization, a fact which may negatively influence educational activities which prepare them for discharge from hospital. The literature consulted concludes that nurses must provide information, this being the main focus for minimizing anxiety, combining oral and written information as a strategy for undertaking care in the home⁽³⁾.

As a result, at the time of discharge from hospital, the planning for the continuity of the treatment will be beneficial for the patient and her family members; for this, however, the effective exchanging of information between patient and nursing team is important, for the correct following of the care on the part of the patient⁽⁴⁾.

The reality, however, has shown that the process of producing educational material is rarely described, and that the final result is little evaluated. It is important to clarify its aims: to help

patients and families in relation to recovery, and to encourage self-care; to standardize information and guidance; and to help them to understand the trajectory of their illness⁽²⁾.

The educational materials, whatever they may be, must have advice with scientific rigor for the neoplastic patient, although they must go beyond biological aspects, inserting important questions related to the psychosocial and spiritual needs, as otherwise the educational material is merely generalist. Thus, they must contribute to minimizing the doubts referent to the pharmacological and nonpharmacological treatment, and serve as a basis for encouraging adherence to the treatment proposed, thus avoiding rehospitalization.

Considering the context of severity of neoplasia in society, and the continuous need for the participation of the nurse in the care of the oncological patient, this article aims to elaborate systematized nursing advice for the discharge from hospital of the neoplastic patient.

METHOD

This is a methodological study, undertaken in an adult emergency service, in the Adult Emergency Room of a public teaching hospital in the city of Curitiba in the Brazilian state of Paraná (PR).

Methodological research refers to investigations of the methods for obtaining, organizing, validating and evaluating research instruments and techniques⁽⁵⁾, and is associated with routes, forms, ways and procedures for achieving specific ends⁽⁶⁾. The study was undertaken in 2 stages.

In the first stage, interviews were held with the patients, guided by the care needs based in Horta's theory⁽⁷⁾. According to Horta, the psychobiological needs are: sleep and rest, nutrition, nausea, elimination, bodily care, oxygenation, sexuality, vascular regulation, and environment. The psychosocial needs are: security, anxiety, attention, acceptance, self-esteem and self image, self-actualization, liberty and leisure. The psychospiritual needs are: religious or theological spirituality.

The sample was intentional, with adult patients, aged over 18 years old and below 60 years old, with oncological complications, able to communicate verbally, and willing to respond

to the interview questions. Sample saturation occurred through repetition of information.

Data collection took place in March – May 2013, and the accounts obtained were transcribed and analyzed based on the content analysis proposed by Bardin⁽⁸⁾.

In the second stage of the methodological study, the guidance for the patients was elaborated in flowcharts, due to considering that these are easy to understand, both for the nursing team and for the patient. The Office Word 2011®, SmartArt software was used for this construction, constituted by a graphic element, in the form of a diagram, permitting the insertion of information.

The study followed the norms of Resolution 196/1996 of the Brazilian National Health Council, obtaining a favorable opinion from the Research Ethics Committee of the Health Sciences Department of the Federal University of Paraná, under Record CEP/SD: 1227.152.11.09. The terms of consent were signed by the participants and, in relation to ethical issues, the anonymity of the same was maintained during the transcription of the data collected.

RESULTS

A total of 20 patients, diagnosed with cancer, and who were under observation in the unit studied, participated in the study. Of these, 65% were male and 35% female, aged between 21 and 60 years old, with a mean age of 48.6 years old. The most prevalent types of cancer were: breast cancer, cancer of the female reproductive system, cancer of the gastrointestinal system, and leukemia.

Among the patients' reports, nausea was a complaint referred to as an unpleasant sensation of "discomfort in the stomach" linked to the effects of the chemotherapy treatment, medications used for alleviating pain, and to the odors present in the environment.

The participants complained of pain, even when under medication. During the interviews, the pain was characterized both by the verbal reports and by the patients' facial expressions.

In relation to nutrition, half of the patients had complaints related to the time of the meals and the type of diet. On the other hand, they also reported changes in their eating habits, such as

the reduction in appetite following the diagnosis of cancer. Among other needs affected, 14 participants presented intestinal constipation. In their accounts, the patients associated impaired elimination with the use of the medications used in relieving and controlling pain.

There were complaints regarding sleep and rest, with difficulty in falling asleep or remaining sleeping. The complaints also include the type of bed for resting and the difficulty in getting comfortable.

Two participants reported being short of breath and a further two presented edema in lower limbs. In relation to body care, five participants reported the need for help in undertaking hygiene due to the pain. One participant also reported having her sexuality impaired, with physical limitations, as a result of the disease.

Regarding the psychosocial needs affected, the feeling of inability, insecurity and uncertainty regarding recovery was mentioned by all. Other questions approached were the loss of control over their lives following becoming ill; altered self-image, mentioned by one participant, who reported feeling deteriorated, as a result of the loss of teeth and hair and the changes in the body. The lack of leisure was indicated by 12 participants of both sexes, who mentioned annoyance with the disease and the living conditions which it had afforded them.

In relation to the spiritual needs, the participants mentioned their religious preferences and expressed the need for spiritual support over the course of the illness. It was observed, from the reports of four participants, that expressing faith and spirituality is very personal, however, all reported being attached to these feelings, with the hope of surviving the cancer.

The complaints reported in the patients' accounts were categorized based on basic human needs:

- Psychobiological: Oncological pain, Nausea, Intestinal constipation, Disorders of sleep and rest; Dyspnea; Lack of appetite and Difficulty in undertaking bodily care.

- Psychosocial: Anxiety and distress; Lack of leisure.

- Psychospiritual: Need for spiritual support.

With this categorization, 10 items of guidance for the discharge from hospital of the neoplastic

patient were elaborated, in the form of flowcharts:

- Guidance 1 - Oncological pain: preventive measures and the use of prescribed medications are described;

- Guidance 2 - Nausea: care for the risk of nausea is presented, in two situations: when it is present, and prevention such that it may not occur;

- Guidance 3 - Intestinal constipation: the use of foods and liquids which facilitate intestinal transit is encouraged: guidance is provided on medications;

- Guidance 4 - Disturbance of sleep and rest: recommendations are provided regarding environment and the ingestion of water and medications;

- Guidance 5 - Dyspnea: recommendations are provided on environment; position and mobility;

- Guidance 6 - Lack of appetite: types of food and ways of presenting food are suggested;

- Guidance 7 - Difficulty in undertaking bodily care: self-care is advised when possible, and use of medication for pain;

- Guidance 8 - Anxiety and distress: play activities, psychological support and family support are proposed;

- Guidance 9 - Leisure: open-air and interactive activities are suggested;

- Guidance 10 - Spirituality: advice is provided regarding the importance of personal and family beliefs and traditions.

DISCUSSION

The age range of the participants in the study, with a mean of 48 years old, corresponds to a productive period of life. The disease entails a major change in the social aspect, and impacts economically on society. The INCA Mortality Atlas states that for both male and female sexes, the rates of mortality from malignant neoplasias occur with greater incidence after the age of 30. As a result, it is necessary to undertake actions of ongoing education in health, with the qualification of professionals, and messages regarding cancer⁽⁹⁾.

In relation to the basic needs affected, oncological pain was mentioned, including with the use of medication. The pain strikes 60% to 80% of patients with cancer; 25% to 30% at the time of diagnosis, and 70% to 90% when the

disease is advanced. The pain is a determining factor for the suffering, related to the disease and the expectation of death⁽¹⁰⁾.

Taking into account that pain is a personal and subjective experience, only the person who experiences it can know it⁽¹¹⁾. The evaluation of pain cannot be underestimated, it must be undertaken periodically and in a detailed way in relation to intensity, duration, physical characteristics and triggering factors, such that the therapy employed may afford its complete relief⁽¹²⁾. As a result, it is possible to investigate the personal characteristics of each patient, facilitating the guidance regarding discharge from hospital and making it efficacious.

A systematic review study shows that caregivers without support take patients from the home to the health services, as they are unable to control the pain. Thus, interventions are suggested which may be consistent with their needs, involving and empowering the patient and her family members⁽¹³⁾.

In relation to nutrition, patients report changes in their diet after the diagnosis of cancer. Firstly, it is suggested to investigate changes in taste, as well as to examine the oral cavity in order to identify possible mucositis, stomatitis, infections or lesions. Each patient must be evaluated regarding her capacity to feed herself, the degree of discomfort, the level of awareness, food preferences, adaptation to new foods, food consistency and times. For caregivers and family members, the lack of appetite can cause great psychological suffering, as the lack – or considerable change – of the desire to eat indicates the severity of the advance of the disease⁽¹⁴⁾.

The advice for the caregiver is to avoid odors during the preparation of foods, the use of spices which the patient prefers, reduction of portion size, and frequent meals which can improve nutritional intake. Well-adapted dental prostheses facilitate eating and improve the patient's self-esteem.

Depending on the phase of the disease, the patient feels less thirst, and refuses food as a result of symptoms such as discomfort, pain, obstipation, diarrhea and vomiting among others. In this phase it is appropriate to listen to the patient, in order to combine different methods of providing food, offering assistance, such as a more appropriate utensil, while always respecting

the patient's autonomy⁽¹⁴⁾.

In addition to the physical pathology of the cancer triggering metabolic changes, the modes of treatment can provoke other effects: nausea and intestinal constipation, mentioned by the interviewees in this study as needs which were affected. These effects resulted from chemotherapy, radiotherapy, medications, water-electrolyte imbalances, changes in taste and smell, and intestinal obstruction. It stands out that intestinal constipation affects 60% to 70% of patients using opioids, although its control is hindered by the little ingestion of foods and liquids, besides the patient having nausea and vomiting. In this way, the patients require nutritional intervention, whether in the health service or at home, as a resource for mitigating or preventing malnutrition or dehydration⁽¹⁵⁾.

One study on nausea, vomiting and quality of life in women with breast cancer being treated with chemotherapy recommends that, regardless of the facilitating aspects or difficulties in evaluating signs and symptoms of the chemotherapy treatment, it is important to value the patients' complaints and establish individualized care. Furthermore, one must make information available to patients and their family members regarding the treatment and the care for adverse effects, thus promoting the best quality of life that one can offer, considering the gastrointestinal toxicities⁽¹⁶⁾.

Another condition which interferes in the life of the person ill with neoplasia is sleep and rest. The patients interviewed mentioned difficulty in falling asleep or remaining asleep. They emphasize factors which influence the supply of these basic needs: excess light, continuous and loud noises, excessive conversations, and televisions and radios turned on, among others. With this information, and other information mentioned by the patients and family members, the nurse can undertake specific, objective, clear and efficient guidance for the promotion of comfort.

Continuing on this issue, one study undertaken on the quality of sleep among patients who received surgical treatment for cancer shows that sleep disturbances were waking up early, having to go to the toilet, episodes of pain, and sensations of heat at night. Episodes of naps during the day are associated with interrupted sleep at night, contributing to the poor quality of nocturnal sleep. In order to help patients, the nursing professionals

advise: to maintain a regular time for sleeping and waking up; to lie down when genuinely sleepy; to get up if one cannot sleep and to walk a little, if possible; not to undertake stimulating activity until feeling tired, and to sleep only for as long as necessary; to take exercise; to have a snack before lying down; to reduce noise and light; to avoid nicotine and caffeine; and to have brief naps during the day⁽¹⁷⁾.

Dyspnea was reported by the interviewees in this study as the need affected, and its prevalence is of 55% in patients with cancer, increasing with the severity of the disease⁽¹²⁾. The symptoms of fatigue, tiredness, dyspnea and tachycardia can be related to anemia, and can be identified by a blood test, although other investigations may be necessary. The authors state that dyspnea does not bring significant changes in quality of life, when one compares the beginning of treatment and what is observed three months later, suggesting a relationship with some pre-existing disease. It is suggested that individualized attention, extended to the home, minimizes effects from oncological treatment⁽¹⁸⁾.

The interviewees reported difficulty in undertaking bodily care, a fact which may be related to the set of signs and symptoms mentioned above, such as through skin integrity impaired by lesions, uncovered skin, erythema, pruritus resulting from the cancer or as complications resulting from low bodily mobility. The weakness imposed by the disease reduces conditions for self-care, requiring the presence of a caregiver in the home who can reorganize the domestic routine and provide the best means of providing comfort. In this regard, the recommendations are: mobility of the patient, including changes in position; bodily hygiene with supervision or direct assistance; brushing of teeth after meals; and hydration of the skin with oils and cremes, among others. However, financial difficulties may be associated with the condition of care, as the family comes to have other expenses with the patient, such as food and dressings. In this context, the guidance needs to be related to the context experienced by the patient and family⁽¹⁹⁾.

There was one need which was mentioned: impaired sexuality. It was reported by one participant due to the physical limitations caused by the disease and treatment. The illness resulting from breast cancer and the side effects resulting from the

treatment negatively interfere in the development of the woman's body image and in her sex life⁽²⁰⁾. Sexuality is not only the need to consummate a sexual relationship, but also to integrate emotional, intellectual and social aspects⁽²¹⁾.

Self-image may be configured as a human need which is affected. Patients with cancer may present different reactions in how they perceive their body image, resulting from the disease and the various types of treatment. The concept of body image is the mental figure of the human body and the way in which it is presented to others, being the reference of the person to him or herself and to the world⁽²²⁾.

The shortage of leisure was indicated by participants of both sexes as a need which is affected. These refer to annoyance related to the hospitalization and, often, to being restricted to the room. In one study on the evaluation of quality of life, related to the health of women with cervical cancer, the women mentioned television as the most common recreational activity. Leisure has a direct relationship with individual factors, the level of education, and the use which the patient made of free time prior to the disease. For educational guidance, favoring the patient's well-being, activities of any nature are suggested, as the lack of leisure can accentuate the solitude, the appearance of somatic complaints, and the difficulty of maintaining interpersonal relationships. Fun and entertainment alleviate tension and provide a pause in the suffering, with a beneficial effect on quality of life⁽²³⁾.

In the ambit of psychospiritual needs, it was observed from the participants' reports that the expression of faith and spirituality is very personal, however, all related these to the hope of surviving the cancer, which causes fear, while faith renews hope. The terms 'spirituality' and 'religion' are related, but present different characteristics. Spirituality is broader and more personal, related to intimate values, giving meaning to life regardless of the religion⁽²⁴⁾.

Spirituality is a construction of the personality of each individual, which expresses their identity and their personal history. Moreover, faith in God is a feeling present in the culture of human beings, constituting a constructive way of thinking. It is a continuous search for answers for big human questions such as the meaning of human existence⁽¹²⁾.

The references mentioned here demonstrate that the patients and their family members, on the occasion of discharge from hospital, expect reliable and objective information and guidance from the nurse and nursing team, transmitted with clarity of language, and that family members should feel confident in providing the best care possible in the home.

FINAL CONSIDERATIONS

Caring for patients with cancer, although it causes suffering, can produce feelings of gratification for the nurses. Remaining by the patient's side for some minutes, a simple touch or gesture of tenderness, can help him to value small actions, which can lead him to go ahead, to afford well-being, in the time which he has.

Many factors were important for undertaking this study; one of them was to use Horta's Basic Human Needs Theory, which allowed the collection of data for constructing the guidance. Another differential was to associate this same theory with the nurse's practice, as support regarding the interventions necessary in the care actions.

The present study achieved its objectives in elaborating guidance for the discharge from hospital of the neoplastic patient. The same can be reformulated in accordance with the requirements of each service and must be seen as facilitating, serving as support for the nurse, for the care of the patient with cancer, from hospitalization through to discharge from hospital.

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