

Neoplasia of Head and Neck: Perception of the Nursing team in the accommodation at the Cacon of the hospital Universitário Professor Alberto Antunes

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Abstract— *Oncological pathologies of the head and neck are increasing worldwide. This scenario in the care of cancer patients presents great challenges and requires qualified professionals to deal with this demand. This study aims to understand the perception of the team of nurses regarding the reception of patients with head and neck cancer treated at CACON of a University Hospital. The methodology was based on a descriptive, exploratory research with a qualitative approach, where observation techniques and semi-structured interviews were used with 18 nurses who work in the service for data collection which were submitted to content analysis. The results demonstrated the complexity of the subject, the importance of humanization and comprehensive care. However, the care provided is still focused on the therapeutic part. It is expected that this study may contribute to the search for self-knowledge, and also that new strategies can be built in the curriculum process for the training of future nurses.*

Keywords— *Neoplasia, Nursing Oncology, Reception.*

I. INTRODUCTION

Cancer is a public health problem, worldwide, of great epidemiological relevance in terms of incidence and morbidity and mortality.

It is a chronic disease and represents, in the imagination of people, the symbol of the impossibility of cure, referring the human being to the confrontation with the finitude of life.(LUZ *et al.*, 2016)

In 2020, the number of new annual cases is estimated to be in order of 15 million. In Brazil, cancer mortality represents 13.7%, second only to diseases of the circulatory system whose percentage reached 27.9%. Deaths from external causes appear next with 12.4%.(AMADOR *et al.*,2011)

The nomenclature “Head and Neck Cancer” is related to malignant neoplasms of the upper airways and paranasal sinuses.(CASATI *et al.*, 2012).

Oncological pathologies of the head and neck are growing all over the world. According to (SILVEIRA *et al.*, 2012) the prevalence estimates a value of 900 thousand new cases diagnosed worldwide. Neck tumors have a high mortality and morbidity rate.

They can involve the oral cavity, pharynx, larynx, nasal cavity, paranasal sinuses, thyroid and salivary glands.(CAMPANA e GOIATO, 2013) Approximately 40% occur in the oral cavity, 15% in the pharynx, 25% in the larynx and 20% in the salivary and thyroid glands.

The incidence is higher in men than in women, in the proportion of 5: 1, over 40 years of age, the main risk factors being the consumption of tobacco and alcoholic

beverages.(FERNANDES, BERGMAN e OLIVEIRA, 2013)

The Ministry of Health centralizes national data on the notification of malignancies at the Instituto Nacional do Cancer (INCA) at Rio de Janeiro.

The treatment of head and neck cancer can be by radiotherapy, chemotherapy and surgery, and can be isolated or combined with each other. Currently, surgery plays a very important role, because of it that it was possible recognize which type, the staging of the disease, and thus define prognosis and the main treatment.(FERNANDES, BERGMAN e OLIVEIRA, 2013)

The Centro Avançado de Alta Complexidade em Oncologia (CACON) is part of Programa de Expansão da Assistência Oncológica no País, launched by the Ministry in 2001, with the objective of changing the current model of assistance to cancer patients, is inserted at the Hospital Universitário Professor Alberto Antunes – HUPAA from the Northeast region of Brazil since 2006, and acts as a reference in the State for comprehensive care for cancer patients. It provides assistance on an outpatient basis, medical, nursing, nutritional, psychology and social services, emergency care, chemotherapy and radiotherapy.

The care for people undergoing cancer treatment is directly assisted by the nursing team, and they are responsible for comprehensive care for patients and their families.

The role of nurses in the hospital environment is faced with responsibilities towards these patients and their family, because they assistance care that ranges from reception, nursing consultation, systematization of assistance and family care, in addition to constantly dealing with situations of suffering and death, which are accentuated by the demands inherent to the service provided in the care of these patients, thus requiring technical competence, comprehensive care.(LUZ *et al.*, 2016)

Head and neck cancer is considered one of the main tumors that affect people in Brazil and worldwide. It is of great importance that nursing accompanies the development of this specialty, in order to improve the quality of the care provided.(PRIMO *et al.*, 2016)

In Cacon of HUPAA, the statistics with epidemiological data for 2015 were 66 registered cases of head and neck cancer.

Perceiving the cancer patient brings different meanings, changes in values, beliefs and attitudes that demand appropriate and individualized interventions to

minimize the threat to their physical and psychological integrity, which leads nurses and other professionals of their team to confront their own vulnerability. Assisting the cancer patient goes beyond a prescription for care: it involves monitoring his or her trajectory and that of his family, from diagnostic procedures, treatment, remission, rehabilitation, possibility of recurrence and the final stage of the disease, that is, experiencing moments of diagnosis at terminality. (SILVA e CRUZ, 2011)

Nursing care for cancer patients must be seen as full, encouraging, affectionate care and committed to helping adapt to new living conditions. (COSTA E SILVA, 2013)

In view of the above, the present study had the general aimto knowthe perception of the Nurses teamregarding the reception of patients with head and neck neoplasms treated at the Cacon of Hospital Universitário Professor Alberto Antunes.

There are great challenges that need to be faced by professionals who care for patients with head and neck cancer, since this demand is growing and nursing needs to qualify to improve the care provided to these patients in order to generate better assistance in the process health-disease of cancer patients who come to the institution.

II. METHODS

This is a descriptive exploratory study with a qualitative approach, conducted in the Centro de Alta Complexidade em Oncologia, CACON, at Hospital Universitário Professor Alberto Antunes – HUPAA/UFAL– located in the municipality of Maceió, Alagoas, Brazil, which serves the Sistema Único de Saúde (SUS).The study sample was composed by the team of nurses assigned to CACON of HUPAA, in their respective sectors: Chemotherapy, with 10 nurses; the Ambulatory, with 2; Emergency Service with 4; and Radiotherapy with 4 nurses. Data collection started after being evaluated by the Research Ethics Committee from Federal University of Alagoas (UFAL), and approved according to Opinion 2.384.548, from November 2017 to February 2018, in the Oncology sector of the HUPAA. All volunteer participants were informed about the research, and they decided about their participation, as volunteers, by signing the Informed Consent Form. The information obtained was collected through semi-structured interviews and observations, being subsequently submitted to the content analysis process, which seeks to verify the units of

analysis. Finally, the study's findings are reported and discussed in the light of the literature.

At first, an appointment was made personally with the participants for the most feasible day and time, and everyone demonstrated interest in participating in the research. The semi-structured interview addressed, in a first moment, five closed questions related to the professional category, age, time since graduation, place and time working at the Institution, time working in the sector, and also regarding the realization of other courses or specializations, and eleven open questions, which addressed the understanding of head and neck neoplasia, professional experience, patients' needs and the need to implement a care protocol in welcoming this type of patient.

In order to guarantee the spontaneity of the reports, reducing possible constraints or reporting experiences lived in the daily service, they were conducted in a closed environment, during the working hours. The transcripts were submitted to the reading and evaluation of each respondent, in order to guarantee the reliability of the collected data and subsequent elaboration of final summaries.

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The data from the results of the interviews were analyzed via content analysis by Laurence Bardin (2011).

III. RESULTS

The results obtained were collected from volunteer nurses who are part of the Centro de Alta Complexidade of Hospital Universitário Professor Alberto Antunes – HUPAA/ UFAL – Maceió-AL, through the interviews and observations made, which were analyzed via content analysis, following the author Laurence Bardin, and guaranteeing the confidentiality and anonymity of the participants, they were called "A" to "S".

The research sought to understand how the Reception is focused on the care provided by nurses working in the oncology service, to the patient with head and neck cancer treated at CACON, in order to minimize the emotional, physical, biological, psychological and

social problems caused by cancer, thus focusing on humanized, holistic, individualized and welcoming assistance.

In total, 18 nurses were interviewed, assigned to the service of Chemotherapy, Radiotherapy, Ambulatory and Emergency Care within the Center of High Complexity in Oncology who were available and inclined to participate in the study.

The mapping of the interviewees profile, shown in Chart 1, reveals that only 01 is male. The age range varied between 27 and 62, with an average age of 38 years. All have different specializations, but only 07 have specialization in the area of oncology. Professional experience in the service is a relatively short time. With the exception of 03 respondents, the others work in the sector approximately under 3 years old.

After analyzing the interviewees observations and testimonies, it was analyzed the interview with the participants voices considering the participants daily lives, their routine, their feelings in the face of the coping scenario during the care for these patients. For an overview of the interviews, they are presented in 10 categorization grids, according to the questions and reports of the investigated participants. As they respect ethical standards, their names are preserved due to reasons of confidentiality, which were called "A" to "S". A crossing was conducted between the observed data and the specific objectives proposed, thus reaching the scope of the investigated phenomenon. It is of great importance to know better the human being and the disease in order to be able to provide better care.

The knowledge about this pathology is recognized by most of the research participants in a superficial way, but they understand how it interferes in the patients daily lives, however, some still feel lay about the subject. Even without much knowledge about the specificity of the disease, it is understood how aggressive it is and how much it impairs its quality of life, as perceived in one of the reports:

"[...]in general we observe that it is a very stigmatizing disease, because it is in evidence, it is something that is often difficult for you to hide, and so, it is related, like this, to issues, like, of life habits, that I can observe , right ... it's smoke, exposure to the sun, it's often hygiene itself, which is also related, so

some things can also be done in order to prevent this neoplasm. [...]” (ParticipantERO)

The impact of treatment on patients with head and neck cancer is generally greater than in other types of tumors, due to its mutilating and disfiguring characteristics, as well as the functional changes left by it, which leave these individuals with reduced self-esteem. (MENEZES *et al.*, 2011)

There are several sequels caused by the treatment of this disease, as they involve the individuals physical, mental and functional domain. (ZANDONAI *et al.*, 2010)

Therefore, it is clear how much this group of patients deserves special attention in the care of nurses because they present their biopsychosocial factors altered, in general.

Oncology care, in general, is still a major challenge for nursing, and requires coping strategies from professionals.

Holistic care implies welcoming, establishing bonds and attitudes of interest, but health professionals are often unable to offer because they are unaware of coping strategies. (RECCO; 2005)

Often the professional faces these challenges of caring for patients with head and neck cancer in relation to their professional experience, and in the service it was noticed that the professionals did not receive any training to work in the specialized service, however, in interpreting the testimonies, they managed to perceive that the professional always wants to seek improvement to provide quality care.

This is noticed in some studies, when talking about training in Oncology. To Calil (2010, *apud* Amador; *et al.*, 2011), in Nursing degrees, there is a big gap in subjects focused on the Oncology area.

In Nursing Graduation, one of the perceived obstacles is the role of nurses in the care of cancer patients, including the attention to the child at the beginning of the profession, creating a difficulty in comprehensive and humanized care. However, there is an individual search for knowledge by each professional. (AMADOR, 2011)

But even so, from the question raised about the need for training and updating for nurses within the studied scenario of oncology, specifically head and neck cancer, it was possible demonstrated in the analysis of the participants statements that in general, they were

unanimous, revealing the importance and the need for improvement for qualified assistance.

For Salimena *et al.* (2013a), the offer of comprehensive and quality care is essential in the daily care of patients with cancer and each professional seeks to do what is within their reach to alleviate suffering.

The reports also demonstrated that it is not easy not to get emotionally involved, in view of the demands of technical assistance care experienced by the participants in their daily routine, together with patients with neoplasia, as shown in the excerpt of some statements:

“[...]I feel somewhat fragile at times when faced with the suffering faced by people, the difficulties in different ways and not being able to change this reality. [...]” (ParticipantEPAJ)

“[...]So it's a feeling of helplessness, given the magnitude of this, the problem itself. Most are already diagnosed locally advanced or well advanced and we end up focusing on palliative care exactly as the patient does not have a curative perspective”. (ParticipantEQM)

However, there are also many positive feelings, such as gratitude, because the little the team can do can demonstrate the recognition of the work provided, as shown in the excerpt below:

“[...] I think I had the honor of working with them, I think I learn a lot more than I give them. I learn a life lesson... I learn to look at my life with different eyes, I learn not to complain about life, to be very grateful for everything I have [...]”. (ParticipantEQG)

Even with the feelings expressed, it is possible to relate cancer to various negative aspects, such as pain, suffering, mutilation, among others, in which professionals often experience feelings of joy and satisfaction when the disease is cured, and also relieved

when the patient dies, because he is freeing himself from suffering.

Nursing care goes beyond procedures and technical knowledge, requires responsibility, interaction and often, just being present.

According to Salimena *et al.* (2013b *apud* Gonzales, Beck and Denardin, 1999), the professional becomes aware and reflects on how he would like to be cared for putting himself in the others place, where it is perceived that involvement in care promotes empathy, and this is present in the day by day.

According Prearo *et al.* (2011), Florence Nigthingale defined and structured nursing as the art of caring for and assisting human beings, developing their activities in the promotion, prevention, maintenance and recovery of health.

In the context investigated, the care questioned in the interviews was to be seen in its broad sense of relationship with the other, but not all reports demonstrated this breadth aimed at the assistance provided more focused on the therapeutic part. The reports show, in general, that the nurse is still very focused on technical knowledge, not used to dealing with the psychosocial side, which is also demonstrated in Prearo (2011), and the need for nursing actions focused on for the integral care of the patient, not only focused on the biological dimension.

Care in the most humanistic way should be prioritized and not just pathologies and technical procedures.

At the analysis of the study in relation to the complaints of the patients, it is noticed that a patient with neoplasia of the head and neck does not present only physical complaints, such as pain, but that the psychological aspect of it also interferes a lot in his quality of life, needing to be accompanied.

Early detection of cancer and specifically head and neck cancer is a determining factor in its prognosis.

The reports presented draw attention to the social dimensions involved in the health process, cancer disease, which still do not correspond to the expectations that are desired, thus interfering in the patients needs, which go beyond the organic needs but, emotional and social, as mentioned below:

“[...]We find it very difficult to schedule appointments and exams. Financial difficulties and in the purchase of medicines, and transportation. They travel a lot here,

sometimes from the countryside and end up spending a lot, lack of family support. Often, they need hospitalization and there is no place for these patients [...]”.(ParticipantEPAJ)

According to Silva; Cruz (2011), the flow of actions performed on cancer patients is still slow for the demand, with regard to the expansion of hospital beds, structuring of care, late diagnosis and delay in the start of treatment, which will limit the chances of healing of these patients.

Working with Oncology involves not only training, but also beliefs and individual experience of each professional, so that coping strategies are established, aiming at an adequate and effective assistance to minimize suffering.

According to Nicolussi *et al.* (2014, *apud* Saevarsdottir, 2010), the goal of cancer treatment is to prolong life and cure, but if it is not possible, it is of great importance to improve your quality of life.

User embracement is a relationship between the professional and the user that involves a technical-assistance action, through ethical, technical, humanitarian and citizenship parameters, facilitating the reorganization of services, improving the quality of assistance, where the user is the protagonist of the relationship. (COSTA, 2014)

When addressing the issue of how the care provided to patients with PCN is seen, the participants demonstrated to recognize the translation of the care, such as humanization, qualified listening, expanding the knowledge of clients.

The reception and nursing care are interconnected, since both involve the establishment of interpersonal relationships, with the objective of meeting the user's needs, making humanized assistance. The essence of the nurses work is the act of caring. (FERNANDES, 2017)

According to Guimarães *et al.* (2015), in specific care for cancer patients, it is important for nurses to be guided and updated on the latest advances in the treatment area, also highlighting the importance of systematizing care based on properly registered protocols.

The use of a care protocol in the daily work of nurses, in addition to providing the scientific support necessary for their practice, also facilitates the planning of care, unifies conducts according to the reality of a given

service, making care safer and qualified. (LOURENZO, 2013)

A cancer patient, specifically Head and Neck Cancer, requires a proper care plan because of specific problems. In view of this scenario, it is of great value to use resources that facilitate the improvement of the quality of care provided to these clients, and one of these resources is the implementation of protocols to standardize care, thus planning cancer care. This was clearly visible in the testimonials acquired.

Regarding the observation, it was possible to verify that the volunteers were receptive and some anxious about the questions. However, they were all comfortably accommodated. Initially, a conversation was held to relax and later the questions regarding the interview about the Perception of the nursing team when welcoming people with head and neck cancer at CACON from Hospital Universitário Professor Alberto Antunes.

At the time of the interviews, it was possible to perceive the meanings of non-verbal language that showed awareness of the situation faced by patients and feelings of sadness, regret, of involvement with the studied context, but also of unease.

In some questions of the interview, it was possible to perceive the nurses anxieties associated with the difficulties faced by the non-guarantee of basic assistance offered by the system. On the other hand, expressions of satisfaction are perceived for being able to participate in this moment with this patient and for the individual service provided, thus contributing to the possible improvement of the patient.

It was noticed, in the expressions, that nurses experience different sensations, provoked by learning from day to day with the appearance of new clinical cases, motivating them to always improve their skills, and always willing and available to help.

In order to care for patients by connecting, welcoming, comprehensive care and excellence in care and according to the interview with CACON nurses, there was a need to create an Institutional Protocol in Oncology, since it is a of the specialties that have the dilemma of the daily struggle between life and death. With the care protocol for patients with head and neck cancer, it will be intended to standardize care, establish criteria, parameters for nursing diagnoses, treatment, control and monitoring, always based on scientific evidence, ensuring that they must be followed throughout the team and ensuring that all patients will have the same access.

Knowing the nursing diagnoses and the interventions related to them, knowledge is built that leads us to develop an appropriate care plan, better patient care and organization of the nursing process.

IV. CONCLUSION

Given this study, there is a need to review institutional and educational policies in order to value the human relationship with the patient, as it has been shown that nurses are still not used to dealing with the biopsychosocial being, and are very focused on the do technical.

A well-prepared team of nurses is of great value, to act in a more humane way, contributing to the improvement of the quality of life of these patients with head and neck cancer, as it became clear, during the research, that these patients, during treatment, they develop functional complications, requiring early intervention by the team, in order to minimize damage and improve comprehensive care.

It is expected that this study will contribute to the search for self-knowledge, and the improvement of the theme "head and neck neoplasia" will bring results that benefit not only an improvement in the quality of care, but also the understanding for the construction of new strategies in the process curriculum for the training of future nurses.

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