

Palliative care for people with neoplastic wounds: perceptions and practices of the nursing team

Cuidados paliativos para personas con heridas neoplásicas: percepciones y prácticas del equipo de enfermería
Cuidados paliativos à pessoa com ferida neoplásica: percepções e práticas da equipe de enfermagem

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Abstract

Objective: To understand the perceptions and practices of the nursing team in assisting people in palliative care with neoplastic wounds. **Method:** A descriptive study with a qualitative approach, carried out with 12 nursing professionals working in a Level II High Complexity Oncology Hospital, located in the interior of Minas Gerais, Brazil, in 2022. Data was collected through semi-structured interviews and analyzed according to the method proposed by Bardin. **Results:** Three thematic categories emerged: Nursing care that transcends the management of neoplastic wounds; The role of the nursing team in the assessment and care of neoplastic wounds; and Feelings that involve nursing professionals in the context of palliative care. **Conclusion:** It is essential to approach the person holistically. The management of neoplastic wounds has its own particularities, since pain is a symptom that usually accompanies the lesion, in addition to the odor and discomfort that the person and their family may feel. Palliative care is relevant to help manage the symptoms of these lesions. Workers often experience feelings such as anguish, fear, sadness and frustration.

Descriptors: Wounds and Injuries; Nursing; Palliative Care; Neoplasms; Nursing Care; Oncology Nursing.

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Whats is already known on this?

The management of neoplastic wounds by the nursing team, covering the process of cleaning lesions and the main dressings used.

What this study adds?

It reveals nursing care that transcends wound management and considers the individual as a whole.



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Resumo

Objetivo: Compreender as percepções e práticas da equipe de enfermagem na assistência à pessoa em cuidados paliativos que apresenta ferida neoplásica. **Métodos:** Estudo descritivo, de abordagem qualitativa, realizado com 12 profissionais de enfermagem que atuavam em um hospital de Alta Complexidade em Oncologia Nível II, localizado no interior de Minas Gerais, Brasil, em 2022. A coleta de dados ocorreu por meio de entrevista semiestruturada e a análise, conforme o método proposto por Bardin. **Resultados:** Emergiram três categorias temáticas: Cuidados de enfermagem que transcendem o manejo da ferida neoplásica; Atuação da equipe de enfermagem na avaliação e nos cuidados das feridas neoplásicas; e Sentimentos que envolvem os profissionais de enfermagem no contexto dos cuidados paliativos. **Conclusão:** É essencial abordar a pessoa de forma integral. O manejo da ferida neoplásica possui particularidades, já que a dor é um sintoma que costuma acompanhar a lesão, além do odor e do desconforto que a pessoa e seus familiares podem sentir. O cuidado paliativo é relevante para auxiliar no manejo dos sintomas dessas lesões. O trabalhador, muitas vezes, convive com sentimentos como angústia, medo, tristeza e frustração.

Descritores: Ferimentos e Lesões; Enfermagem; Cuidados Paliativos; Neoplasias; Cuidados de Enfermagem; Enfermagem Oncológica.

Resumen

Objetivo: Conocer las percepciones y prácticas del equipo de enfermería en la asistencia a personas en cuidados paliativos con heridas neoplásicas. **Métodos:** Estudio descriptivo con abordaje cualitativo, realizado con 12 profesionales de enfermería que actúan en un Hospital Oncológico de Alta Complejidad de Nivel II, localizado en el interior de Minas Gerais, Brasil, en 2022. Los datos fueron recolectados a través de entrevistas semiestructuradas y analizados de acuerdo con el método propuesto por Bardin. **Resultados:** Surgieron tres categorías temáticas: Cuidados de enfermería que trascienden el manejo de la herida neoplásica; El papel del equipo de enfermería en la evaluación y el cuidado de las heridas neoplásicas; y Sentimientos que involucran a los profesionales de enfermería en el contexto de los cuidados paliativos. **Conclusión:** Es esencial adoptar un enfoque holístico de la persona. El manejo de las heridas neoplásicas tiene sus particularidades, ya que el dolor es un síntoma que suele acompañar a la lesión, además del olor y el malestar que puede sentir la persona y su familia. Los cuidados paliativos son importantes para ayudar a controlar los síntomas de estas lesiones. Los trabajadores suelen vivir con sentimientos como angustia, miedo, tristeza y frustración.

Descriptoros: Heridas y Lesiones; Enfermería; Cuidados Paliativos; Neoplasias; Atención de Enfermería; Enfermería Oncológica.

INTRODUCTION

Palliative care (PC) are those provided by a multidisciplinary team with the aim of improving the patient's quality of life through the early identification, prevention and relief of suffering and pain, as well as the thorough assessment and treatment of psychosocial, physical and spiritual symptoms.⁽¹⁾ When applied beforehand to individuals with chronic illnesses, it provides benefits, especially in the process of experiencing finitude.⁽²⁾ In this scenario, the nursing team is essential in providing care that transcends technique and considers the patient as a whole.⁽³⁾

In order to keep up with the changes taking place in healthcare, professionals in this field need to constantly update themselves, mastering communication skills and adopting sensitive listening and clear, objective language when caring for patients undergoing PC and their families.⁽⁴⁾ As far as nursing is concerned, PC is based on humanization and bioethics, encompassing care focused on physical symptoms and social and emotional aspects, giving PC relevance in maintaining the quality of life of patients and their families.⁽⁵⁾

In the context of oncology, due to the progression characteristics of the disease and the difficulty of early diagnosis, among other variables, many people face the impossibility of a cure and need palliative care.^(3, 5) Depending on the type of cancer, many hospitalizations are experienced, as well as different symptoms and problems, with the neoplastic wound standing out in this study, which requires attention from the nursing team for people in palliative care. As well as affecting the individual aesthetically, it induces psychological fragility and interferes with social interaction.⁽⁶⁾ When these malignant cells infiltrate the structures of the skin, they form so-called tumor wounds, resulting from uncontrolled cell proliferation that breaks the integrity of the skin, forming an external wound.⁽⁷⁾

Nursing care includes the control of odor, pain and exudate, the prevention of bleeding and the maintenance of psychosocial aspects related to the injury, enabling a reduction in symptoms and a better quality of life, especially for people in palliative care.⁽⁶⁾

Faced with this complexity, it is necessary to promote reflections on the palliative nursing care that has been offered by professionals, as there are still gaps in the literature regarding how to care for the individual confronting a life-threatening illness, which requires a long period of treatment and follow-up and which generates pain, feelings of anguish and fear in the face of the finitude of life. Thus, the aim of this study is to understand the perceptions and practices of the nursing team in caring for people in palliative care who have a neoplastic wound.

METHODS

This is a descriptive study, with a qualitative approach, which aims to understand and discuss a phenomenon or object of knowledge.⁽⁸⁾

The study involved 12 nursing team professionals working in a hospital considered a Level II High Complexity Oncology Center (Cacon II), located in the interior of the state of Minas Gerais, Brazil. The hospital is one of the pioneers in cancer treatment in the state, a reference in Minas Gerais, and provides care for health insurance companies and the Unified Health System (UHS), including other states such as Rio de Janeiro, Espírito Santo and São Paulo.

The inclusion criteria were: nursing professionals of both sexes; day and night shifts; who worked directly with people in palliative care with neoplastic wounds. Those with less than six months' experience in the field and those who were returning from leave or training after a period of leave of more than six months were excluded. Professionals who were on time off, leave or vacation during the data collection period were also excluded.

The testimonies were collected from May to June 2022, by means of a semi-structured interview, with the characterization of the participants and the guiding questions: What is it like for you to care for a person with a neoplastic wound who is in palliative care? How is palliative care carried out? Tell me how you feel caring for a person with a neoplastic wound who is in palliative care.

The consolidated criteria for conducting qualitative research (COREQ) were observed throughout the process of collecting, analyzing and discussing the data presented.⁽⁹⁾

After the professionals had signed the Informed Consent Form (ICF), the meetings took place in the hospital, in the sector where each participant worked, during their work shift. A private space was sought so that the interviewees felt comfortable expressing their feelings and sharing their experiences. However, some interviews took place at the nursing station, with each participant being interviewed separately, due to the peculiarities and routine of each work shift.

In order to preserve confidentiality, the participating nursing professionals were identified by an alphanumeric code, represented by the letter "E", followed by a number corresponding to the chronological order of the meetings. The interviews lasted approximately eight minutes, were recorded using a smartphone and then transcribed in full.

Data collection was interrupted when the phenomenon under investigation had been revealed in its multiple dimensions, making it possible to achieve the necessary depth and breadth in the process of understanding.⁽¹⁰⁾

For the data analysis, as proposed by Bardin,⁽¹¹⁾ the content was organized into three stages: pre-analysis, where the material was organized by defining the central question to be adopted in the treatment of the data; the deepening and categorization of the data; and the interpretation of the organized results and theoretical deepening.

The research was approved by the Research Ethics Committee under opinion number 3.818.680. The criteria established by Resolution 466/2012 of the National Health Council were met.

RESULTS

Twelve professionals aged between 22 and 62 took part in the study, with five (41.66%) in the 20 to 30 age group. When analyzing the professional category, six (50%) were nurses, five (41.66%) were nursing technicians and one (8.3%) was a nursing assistant. Of the nurses, three (25%) had postgraduate degrees.

The time they had been trained varied between 2 and 22 years, with six (50%) having been trained for between two and five years and the other six (50%) having been trained for more than 10 years. When asked how long they had been working in oncology, six (50%) answered one to three years and six (50%) more than seven years.

Three thematic categories emerged from the analysis of the material: Nursing care that transcends the management of neoplastic wounds; The role of the nursing team in the assessment and care of neoplastic wounds; and Feelings that involve nursing professionals in the context of palliative care.

Nursing care that transcends the management of neoplastic wounds

The participants revealed that palliative nursing care transcends the management of neoplastic wounds. They consider it essential to promote comfort, welcoming, conversation, attention and affection for the person and the family involved in the care process.

What we do is make the patient comfortable and make the family that is accompanying them comfortable. (E01)

We talk to the patient, give affection, attention [...] sometimes it's a patient who needs affection much more than treatment [...] we try to give comfort [...]. (E02)

With a view to promoting comfort, the nursing team's practices include pain relief, reducing anxiety, relieving dyspnea, promoting hygiene, moisturizing the skin and mouth, changing decubitus, offering medication such as Dipyron, Tramadol and Morphine, oxygen supplementation and changing devices.

Decrease anxiety, pain control, administer medication [...] Morphine is used a lot. (E01)

Moisturize the skin, moisturize the patient's lips, change position. Pain medication. (E04)

Morphine, which is the strongest medication. Dipyron in many cases. Tramadol [...] we also provide for basic needs, bathing, eating. (E09)

Appointing pain medication and taking half an hour before handling the dressing to see if it's a bit more comfortable [...] sometimes we have to put oxygen in to make it more comfortable too. (E12)

The participants said that nursing care should be carried out regardless of whether the patient is in palliative care, and that there is no difference in the way care is provided.

We change dressings, diapers, equipment, medications, just like we do with other people. It's not because she doesn't have a good prognosis that we're going to treat her differently. (E03)

We have to welcome patients with cancer in the same way as any other patient. (E04)

They also pointed out the need for care that values psycho-emotional aspects, providing moments of joy and meetings with family members, pets and the allowing of certain foods.

Sometimes they can't eat that sweet and we give them that joy. There are patients who occasionally ask to see their children, to see animals. (E09)

Sometimes the patient just wants to see a relative [...] their psychological state is affected. So we try to get a family member to come in. (E11)

The role of the nursing team in the assessment and care of neoplastic wounds

The role of the nursing team in the management of neoplastic wounds was identified in 10 (83.33%) statements. Although some professionals mentioned the importance of following medical prescriptions, the nurse's autonomy in assessing, prescribing and caring for wounds was highlighted in some of the statements.

It's you doing the dressing correctly, according to the doctor's prescription. (E01)

Nursing also has the autonomy to prescribe what type of plaque, what type of medication we can use on these wounds [...] we have complete autonomy to assess a wound. Total autonomy to see what kind of dressing we're going to use on that injury. (E09)

The support of the institutional Wound Commission was highlighted as positive, which can be consulted in specific cases, providing help in assessing the wound and guidance to the team on the best treatment to be used in each situation.

Whoever is on the Wound Committee [...] when we have any doubts about covering, what to use, we call them and they make an assessment. (E11)

In terms of wound management, they emphasized that cleaning is done with physiological serum and solutions, such as Polyhexanide Solution (PHMB), and dressings such as hydrocolloid, collagenase, silver sulfadiazine, hydrogel, papain, vaseline and calcium alginate. In specific cases, local adrenaline, tranexamic and metronidazole.

If he has a wound, then let's treat the wound and see what we can do to improve it and make it comfortable for him [...] let's use the coverings available at the hospital [...] there's hydrocolloid, there's collagenase, there's silver sulphadiazine, there's hydrogel, there's papain. (E11)

Wash the wound with saline solution [...] when it's going to be a non-adherent dressing, we have the option of liquid or solid vaseline. To control bleeding and absorb exudate, we have the option of calcium alginate. We got a donation of the PHMB sanitizer. It happens that there is bleeding when the dressing is changed, which is difficult to control [...] you end up having to use local adrenaline or a tranexamic. In terms of odor control, here, I used to use metronidazole topically a lot. (E12)

On the other hand, they pointed out that there are some components, such as Dersani, which are contraindicated because they contribute to tumor growth.

We wash the wound, apply the component that is allowed, because it can't be just any component. Because some of them help the tumor grow. Dersani feeds it and makes it grow. (E08)

AGE is not indicated for cancer wounds, precisely because it proliferates scarring. (E12)

The participants pointed out that neoplastic wounds can be a challenge for patients and their families, who sometimes feel discomfort and shame due to their characteristic odor.

A lesion that is unpleasant, that brings discomfort to the patient himself, the smell [...] sometimes the family itself also feels this discomfort, has this difficulty in dealing with it. (E04)

The professionals pointed out that neoplastic wounds often do not heal, which is why care is focused on controlling symptoms and preventing wound progression, seeking to reduce pain, odor and exudate.

Sometimes healing doesn't even take place, so we try to improve the odor and pain. We have sponges that eliminate the secretion. (E05)

We know that most of the time it won't heal, it will get worse [...] we can only control some symptoms of pain, bleeding, local infections in the wound. So, first we assess these signs, see if there's any secretion or itching. See if there's an odor [...] it's quite common. (E12)

Feelings that involve nursing professionals in the context of palliative care

The feelings involved in caring for a person with a neoplastic wound emerged in 11 (91.6%) of the 12 testimonies. Working in palliative care means living with the suffering of others, which can bring up feelings such as sadness and impotence in the face of the disease's prognosis.

Knowing that we can't do anything for this person in terms of prolonging life is very sad [...] It's not something that changes my life, that messes with my head, but I feel very sad because there's someone there. (E03)

When they say palliative care, there's really nothing left to do [...] It's a mixture of feelings [...] It's terrible for us. (E05)

It's not anyone who can handle this area [...] it's an area of great sadness! It's a lot of suffering that you deal with, patients with a lot of pain, odor. (E08)

When faced with these feelings, some professionals pointed out the need for care aimed at workers' mental health.

We try to find the strength to help them, but I think the professional should also have psychological support in relation to this, because we see a lot. (E02)

We also have to deal with our emotions. And we're not always well. We're human, we suffer the same way. (E05)

Faced with the suffering of others, the participants sometimes chose to distance themselves emotionally in order to cope with the day-to-day of palliative care.

We have to control our emotions a lot, because we end up getting very involved. But we learn day by day how to cope [...] I try to get involved as little as possible. But we get quite anxious, we end up feeling it a bit. You're a human being, so you feel that the person is suffering from it. (E12)

At the same time, they mentioned feelings of gratitude and satisfaction at caring for the person in a moment of fragility.

It's satisfying to be able to help the patient when they need it most (...) it's a very good feeling! (E08)

DISCUSSION

Nursing is essential in caring for the person in palliation, monitoring clinical progress and indicating the need to adapt care to ensure comfort and the application of therapeutic approaches.⁽¹²⁾ According to Souza *et al.* palliative care is aimed at intervening in physical, social and emotional symptoms, ensuring the maintenance of quality of life,⁽¹³⁾ which corroborates the findings of this study by revealing that wound management transcends the dressing of the lesion.

Welcoming, active listening and caring for the individual in palliative care and the patient's family are considered by the participants to be essential factors in this care process. Thus, the nursing team should value the bond with family members and provide emotional support and comfort in order to reduce anxiety and suffering.⁽¹⁴⁾ In this study, the family was included, and psycho-emotional aspects were addressed through welcoming and promoting moments of joy and comfort.

There is evidence of a significant association between clinical variables such as pain, tiredness, sadness, anxiety, well-being and the nursing diagnosis "impaired comfort"⁽¹⁵⁾. In this study, promoting comfort is considered an essential practice, and interventions aimed at reducing anxiety, relieving dyspnea, promoting hygiene, moisturizing the skin and mouth and changing the decubitus position are incorporated into the nursing care plan.

According to NANDA's Taxonomy II⁽¹⁶⁾, the diagnosis "impaired comfort" is one of the factors related to "chronic pain". The presence of a cancer wound is often associated with pain, which is managed by the nursing team participating in this study through the administration of analgesics such as Dipyron and weak and strong opioids such as Tramadol and Morphine, respectively, with the intention of relieving this symptom.

Pharmacological treatment often fails to provide the degree of analgesia that the person needs. Therefore, pain management can be carried out using complementary strategies, such as massage, music therapy, play therapy, art, yoga, acupuncture, Reiki, homeopathy, amidst others.⁽¹⁷⁾ Among integrative and complementary practices (ICPs), auriculotherapy and aromatherapy have been proven to be effective in inducing analgesia. They can also be used as an alternative way of reducing stress and anxiety.⁽¹⁸⁾

Various methods are used as complementary pain relief measures for people with cancer. Integrative practices provide significant analgesia, are low cost and easy to apply. These interventions can be used in an alternative or complementary way in the treatment of pain in individuals undergoing cancer treatment, improving quality of life and reducing medication costs.⁽¹⁹⁾

In addition, these resources can reduce the burden resulting from the excessive use of analgesics. Nursing has the autonomy to guide this care, helping to relieve the pain and anxiety of people undergoing cancer treatment.⁽¹⁷⁾

Among the activities carried out by nurses in the context of palliative care is the management of cancer wounds, which can become friable, painful and limiting, affecting the skin and causing disfigurement to the body.⁽²⁰⁾

Currently, the logic of caring for individuals with complex wounds tends to shift from the doctor to the nurse, as they have the scientific and technical competence to take on this care.⁽²¹⁾ This study reveals their professional autonomy in assessing, prescribing and managing these wounds.

In the hygiene of neoplastic wounds, it is recommended to irrigate the bed with distilled water or 0.9% saline solution.⁽⁷⁾ However, a systematic review highlighted that running water is more cost-effective than saline solution, as it is not related to an increase in infection.⁽²²⁾

The solutions most used by the participants in this study for wound hygiene were saline solution and PHMB. Validating the results found, a consensus on wound asepsis considered that PHMB is the antiseptic of choice for infected and critically colonized chronic wounds,⁽²³⁾ as it has the potential to reduce healing time and infection, conferring benefits in the treatment of chronic wounds.⁽²⁴⁾

It should be noted that the management of neoplastic wounds differs from other lesions because they are associated with an oncological process. Thus, products that stimulate cell proliferation are not recommended, since in this case the cells growing are tumor cells.⁽¹⁴⁾ In agreement with what was pointed out by the authors, the participants cited Dersani as contraindicated in the management of neoplastic wounds, because it stimulates tumor growth.

In a scoping review on the use of topicals in malignant neoplastic wounds, the following coverings stood out: anti-adherent, absorbent and anti-inflammatory.⁽²⁵⁾ Calcium alginate, hydrogel, activated charcoal, silver sulfadiazine, hydrocolloid and metronidazole were also used.⁽²⁶⁾ The participants in this study used hydrocolloid, collagenase, silver sulfadiazine, hydrogel, papain, vaseline, metronidazole and calcium alginate.

In the approach to bleeding, the application of cold 0.9% saline solution, calcium alginate and adrenaline topically on the bleeding points is recommended.⁽⁷⁾ Local adrenaline, cold saline solution and tranexamic were mentioned by the participants in the management of this symptom.

It's important to note that the focus of this study on wound management was on controlling pain, odor and exudate and preventing complications, since wounds often don't heal. A study by Silva and Conceição⁽²⁷⁾ confirms that the most common manifestations are: odor (100%), exudate (62.5%), pain (50%) and bleeding (37.5%), while signs of local infection, tissue necrosis and itching appear less frequently.

The odor associated with neoplastic wounds represents a challenge for patients. Souza⁽²⁸⁾ showed that metronidazole is the compound most frequently used to control the odor of neoplastic wounds, followed by activated charcoal and silver sulfadiazine. The participants' reports corroborate the author's when they mention metronidazole for controlling this symptom.

Reaffirming what was pointed out by the participants, studies show that odor results in feelings of anguish and social isolation, influencing the individual's quality of life.⁽²⁰⁾ Although the symptom is a frequent concern for nurses, care directed at it has been little investigated in the last 14 years,⁽²⁹⁾ which points to the need to know and use validated and standardized instruments for measuring odor.⁽³⁰⁾

The results found in this study show that, despite the suffering and helplessness faced with the prognosis of the disease, satisfaction and gratitude at being able to help the individual are present. Soares *et al.*⁽³¹⁾ corroborate this data by stating that nurses live with sadness and fear when caring for people undergoing palliation, but they feel satisfaction and professional pleasure in this process and try to face it naturally.

Professionals often seek emotional distance from patients and their families as a strategy to protect themselves from the anguish of the disease's prognosis.⁽³¹⁾ This corroborates the results of this study, in which participants demonstrate that they distance themselves emotionally in order to cope with the daily routine of palliative care.

Feelings of powerlessness, experiences of grief, fatigue and burnout syndrome are challenges present in the daily lives of professionals.⁽³²⁾ Educational institutions rarely deal with topics related to oncology and palliative care, making it difficult to deal with the feelings that can emerge during care for people in palliation, which can interfere with the humanization of care.⁽³³⁾

Workers link feelings of pleasure to participation in treatment, healing and recognition from family members. On the other hand, they verbalize that palliative treatment, death and invasive procedures arouse impotence and frustration.⁽³³⁾ The results show that some professionals rely on the biomedical model

with its focus on cure and consider palliative care to be an absence of care, without noting that comprehensive care is of great importance to the quality of life of the person undergoing palliation.

Some of the participants in this study stressed the need for care aimed at workers' mental health. The growth of the palliative care category calls for greater care with regard to the vulnerability of professionals in the face of compassion fatigue, and it is essential to strengthen activities to promote the health of workers, especially nursing staff.⁽³⁴⁾

This research has limitations, as it was carried out during the rise of the COVID-19 pandemic, which may have limited its scope due to the fact that many professionals with experience in the area were removed at the time of its realization to protect their health.

This study contributes to guiding nursing practice in assisting people in palliative care who have a neoplastic wound, showing that care must transcend looking at the wound, and it is essential to approach the patient and their family in a comprehensive way, offering attention, affection, welcoming and active listening.

CONCLUSION

The research made it possible to find out about the perceptions and practices of professionals when it comes to assisting individuals in palliative care with neoplastic wounds. Adequate management of the neoplastic lesion was identified as a nursing responsibility, with odor, secretion and pain control being priorities.

Promoting comfort proved to be an important point in the palliative care approach, with care such as bathing, feeding, hygiene, pain-relieving medication and controlling the odor coming from the neoplastic wound.

There is a need to address the mental health of the worker, who often lives with feelings such as anguish, fear, sadness and frustration. It is therefore essential to develop research that guides the care provided to nursing professionals who assist patients undergoing cancer treatment.

CONTRIBUTIONS

Contributed to the conception or design of the study/research: Nascimento MS, Farah NC, Paiva ACPC. Contributed to data collection: Nascimento MS. Contributed to the analysis and/or interpretation of data: Nascimento MS, Farah NC, Paiva ACPC. Contributed to article writing or critical review: Nascimento MS, Farah NC, Fonseca ADG, Amorim TV, Farão EMD, Paiva ACPC. Final approval of the version to be published: Nascimento MS, Farah NC, Fonseca ADG, Amorim TV, Farão EMD, Paiva ACPC.

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