

APPLYING THE STAGES OF THE NURSING PROCESS TO CANCER PATIENTS IN PRIMARY CARE

APLICAÇÃO DAS ETAPAS DO PROCESSO DE ENFERMAGEM AO PACIENTE COM CÂNCER NA ATENÇÃO PRIMÁRIA

APLICACIÓN DE LAS ETAPAS DEL PROCESO DE ENFERMERÍA A LOS PACIENTES ONCOLÓGICOS EN ATENCIÓN PRIMARIA

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ABSTRACT

Objective: To investigate the applicability of the Nursing Process in the nurse's role in the management of patients with an oncological diagnosis within the scope of PHC in a municipality in western Santa Catarina. **Method:** The sample totaled 33 participants. Data collection took place between September and October 2022. Descriptive statistical analysis and the Collective Subject Discourse technique were used. **Results:** The nurses explained the difficulties in carrying out the Nursing Process, considering the application of all its stages, and the importance of having an instrument to guide the nursing consultation. **Conclusion:** Considering the role played by nurses, it is possible and essential to structure care for cancer patients in PHC, in order to offer resolute and quality care throughout the entire health-disease process, allied between the points of the Health Care Network.

Descriptors: Primary Health Care. Nursing Process. Oncology Nursing.

RESUMO

Objetivo: Investigar a aplicabilidade do Processo de Enfermagem na atuação do enfermeiro no manejo ao paciente com diagnóstico oncológico no âmbito da APS em um município do Oeste Catarinense. **Método:** Estudo quantitativo e qualitativo, descritivo exploratório, desenvolvido nos Centros de Saúde da Família. A amostra totalizou em 33 participantes. A coleta de dados ocorreu entre setembro e outubro de 2022. Foi utilizada análise estatística descritiva, e a técnica do Discurso do Sujeito Coletivo. **Resultados:** Os enfermeiros explicitam as dificuldades para realização do Processo de Enfermagem, considerando a aplicação de todas as suas etapas, e a relevância em ter um instrumento para orientar a consulta de enfermagem. **Conclusão:** Considerando o protagonismo dos enfermeiros, é possível e indispensável estruturar a assistência na APS, de modo a oferecer assistência resolutiva e de qualidade em todo o itinerário de acompanhamento do processo saúde-doença, aliado entre os pontos de Rede de Atenção à Saúde.

Descritores: Atenção Primária à Saúde. Processo de Enfermagem. Enfermagem Oncológica.

RESUMEN

Objetivo: Investigar la aplicabilidad del Proceso Enfermero en el trabajo de enfermería en el manejo de pacientes con diagnóstico oncológico en el ámbito de la APS en un municipio del oeste de Santa Catarina. **Método:** Se trató de un estudio exploratorio descriptivo cualitativo realizado en los Centros de Salud de la Familia. La muestra fue de 33 participantes. La recolección de datos se realizó entre septiembre y octubre de 2022. Se utilizó el análisis estadístico descriptivo y la técnica del Discurso del Sujeto Colectivo. **Resultados:** Las enfermeras expusieron las dificultades para llevar a cabo el Proceso de Enfermería, considerando la aplicación de todas sus etapas, y la importancia de contar con un instrumento que oriente la consulta de enfermería. **Conclusión:** Considerando el papel desempeñado por las enfermeras, es posible e imprescindible estructurar la atención a los pacientes con cáncer en la APS, de forma a ofrecer cuidados resolutivos y de calidad en todo el proceso salud-enfermedad, aliados entre los puntos de la Red de Atención a la Salud.

Descritores: Atención Primaria de Salud. Proceso Enfermero. Enfermería Oncológica.

INTRODUCTION

Cancer (Ca) is a disordered change in cells, resulting from internal (genetic) or external (physical, chemical and biological) factors, and when we consider that aging involves such factors, Ca becomes a problem, since longevity is an increasingly present characteristic of the world

population, and neoplasms will be one of the main causes of death by 2030.¹

This panorama reflects all levels of health care, thus, the care for cancer patients and the organization of the care itinerary is ensured by the National Cancer Prevention and Control Policy (Ordinance No. 874, of May 16 2013), and regulated by Ordinance

of the Secretariat of Specialized Health Care - SAES/MS No. 1399, of December 17, 2019.

According to the organization of the Unified Health System (SUS), Primary Health Care (PHC) is the organizer of the flow of services in health networks and the main access for the patient. It is made up of Basic Health Units (UBS), in which multidisciplinary teams operate, with responsibilities of health promotion and protection, disease prevention, diagnosis, treatment, rehabilitation, harm reduction and health maintenance, as provided for in the National Health Policy. Basic Care (PNAB).²

Care for cancer patients in PHC must involve all phases of the disease, and nurses play an important role in coordinating this care. Its performance is developed through consultation with the nurse, and must be systematized by the Nursing Process (NP), a scientific method composed of five interconnected and recurring steps, which enables the identification of health needs, namely: data collection, diagnosis nursing, planning, implementation and evaluation.³

Considering the potential of the consultation to identify foci of attention and provide opportunities for the provision of care that meets current epidemiological demand, whose statistics point to the need for early detection measures and referrals to

specialized services, nurses must have specific skills, such as: technical-scientific knowledge, clinical reasoning, diagnosis, qualified listening and interpersonal communication, aiming to add attributes to conduct the consultation with decision-making and assertive and individualized actions.⁴⁻⁵⁻⁶

In order to meet these prerogatives, it is necessary to use a Standardized Language System (SLP) such as the International Classification for Nursing Practice (ICNP®). This is a classification system that standardizes professional language, qualifying and scientifically supporting the nurse's performance. "Terminologies can be applied in different scenarios, and are very suitable for nursing consultations"⁷, supporting the execution of the NP.

Given the above, the research question arose: how do Primary Health Care nurses apply the steps of the Nursing Process during consultations with cancer patients? And to answer this question, the objective was to investigate how the steps of the Nursing Process are applied to cancer patients in Primary Health Care.

METHOD

This is a study with a quantitative and qualitative approach, descriptive and exploratory developed in 26 Family Health Centers (CSF) in a municipality in the west

of Santa Catarina. 62 PHC nurses were invited to participate. The following inclusion criteria were adopted: being a clinical nurse, excluding nurses with leave due to vacation, leave or leave. There were 33 participants in total.

Data collection was carried out between September and October 2022 online. The invitation took place individually, electronically in emails made available by the Department of Health. After agreeing and signing the Free and Informed Consent Form (TCLE) online, the participant accessed the data collection instrument, a questionnaire, with objective and open questions, regarding the application of the steps of the Nursing Process to cancer patients in PHC. Ethical aspects were respected, in accordance with Resolution no. 466/2012, which regulates research with human beings and was approved by the local Research Ethics Committee (CEP), under opinion nº 5.633.551 and CAAE nº60451722.0.0000.5564.

For data analysis, of objective questions, descriptive statistical analysis was used. For open questions, the Collective Subject Discourse (CSD) technique was used, which aims to respond to discursivity, a unique and inseparable characteristic of collective thought.⁸ There are four

methodological figures for the construction of CSDs: the key expressions (ECHs), the central ideas (IC), anchoring (AC) and the Discourse of the Collective Subject (DSC). ECHs are pieces, excerpts of speech that reveal the essence of the content of a fragment, more precisely, the discursive content of the segments into which the statement is divided. ICs are linguistic expressions that synthetically describe the meaning of each homogeneous grouping of ECHs giving rise to the DSC. AC is the expression of a philosophical and theoretical basis embedded in the subject's speech; in this study, anchoring was not carried out. The DSC is a non-mathematical sum of isolated parts of statements that forms a coherent discursive whole, allowing the recognition of the individualities of this whole. It is a synthetic speech written in the first person singular and composed of the “collage” of the ECHs that have the same IC or AC.⁸

RESULTS

Of the 33 participants, 32 were women and 1 man, aged between 26 and 51 years. With, on average, 11.62 years of profession, and 8.19 years (average) of experience in Primary Health Care, 29 with specialization and 7 with master's degrees, as shown in figure 1.

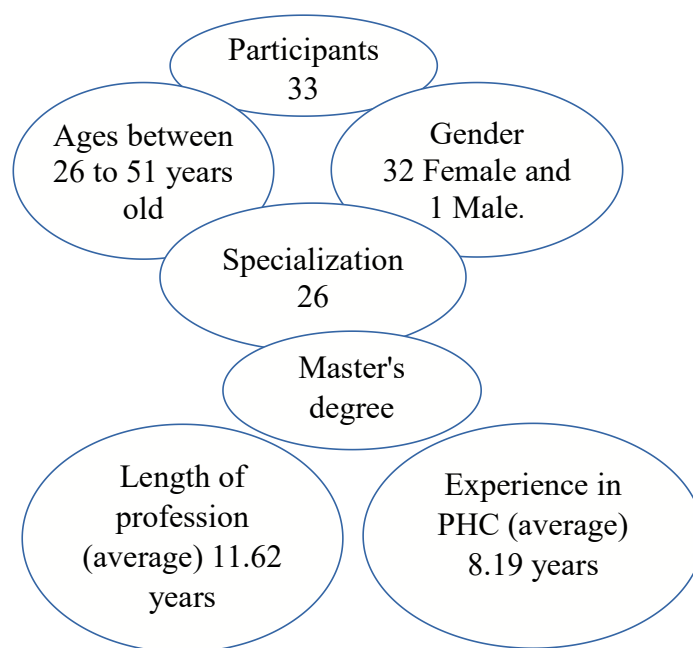
Figure 1- Characterization of participants

Table 1 represents the participants' responses to the questions asked by the researchers.

Table 1– Summary of participants' responses

Questions	Answers	N	(%)
How do you organize data collection?	Anamnesis and Physical Examination	18	(54)
	No Structured Tool	16	(48.5)
	Does not collect data	6	(18.2)
What are the most common clinical complaints that you have seen in APS/ESF regarding users with an oncological diagnosis?	Nausea/vomiting and pain	26	(78.8)
	Inappetence	22	(66.7)
	Weight loss	21	(63.6)
	Continuity of care for other chronic illnesses	14	(42.4)
	Diarrhea and urological/gynecological complaints	12	(36.4)
	Infections, dizziness and skin lesions/wounds	10	(30.3)
	Headache	9	(27.3)
	Respiratory complaints	6	(18.2)
Do you identify nursing diagnoses for users with an oncological diagnosis in PHC/ESF? Do you use any Taxonomy?	Fever	4	(12.1)
	Neurological complaints	two	(6.1)
	They identify, but do not use SLP	15	(45.4)
	Do not use DE and SLP	10	(30.3)
	Use SLP	1	(3.03)
You prescribe nursing interventions, how do you evaluate the results of these prescribed interventions?	Subjective, Objective, Assessment, and Prescription (SOAP) Data Method	1	(3.03)
	They did not answer	6	(18.1)
	Search for information in the medical record	19	(57.6)
	On home visit	16	(48.5)
Do you consider it relevant to have an instrument to guide nurses' consultations with users with an oncological diagnosis in PHC/ESF?	At the next appointment	15	(45.5)
	Active search	14	(42.4)
	Does not evaluate results	5	(15.2)
	Relevant	33	(100)
Do you consider it relevant to have an instrument to guide nurses' consultations with users with an oncological diagnosis in PHC/ESF?	Not relevant	0	0
	Indifferent	0	0

In the investigation into the application of the stages of the Nursing Process (NP) during the nursing consultation carried out in PHC for cancer patients, in relation to the first stage, regarding the organization of data collection, 54.5% (18) responded that This occurs through Anamnesis and Physical Examination, 48.5% (16) do it without a structured tool and 18.2% (6) do not collect data.

When questioning the most common clinical complaints reported by cancer patients that nurses attended to in PHC, the most common signs and symptoms were: Nausea/vomiting and pain with 26 (78.8%) responses, followed by inappetence 22 (66.7%), weight loss 21 (63.6%), continuity of care for other chronic diseases 14 (42.4%), diarrhea and urological/gynecological complaints 12 (36.4%), infections, dizziness and skin lesions/ wounds 10 (30.3%), headache 9 (27.3%), respiratory complaints 6 (18.2%), fever 4 (12.1%) and finally neurological complaints 2 (6.1%).

Regarding the identification of nursing diagnoses (DE), the second stage of the NP, and the use of some Standardized Language System (SLP), 30.3% (10) responded that they do not use DE and SLP, 45.4% (15) identify ED, but do not use SLP and 3.03% (1) mentioned the use of SLP, 3.03% (1) cited the Subjective, Objective, Assessment

and Prescription (SOAP) data method. 18.1% (6) did not respond.

The Collective Subject Discourses (CSD) relating to the identification of ED and the use of SLP are described below:

DSC1: It is possible to identify ED after anamnesis and evaluation of test results, I look for priorities, respecting gender, customs, descent, religion, genetics, social condition". Among the NDs "Impaired mobility, risk of skin damage, Anxiety; pain; fatigue; fear; among others relating to each case". As an SLP I use CIPE.

The nursing interventions planned during the nurse's consultation, involving the third and fourth stages of the NP, respectively, planning and implementation, were revealed in the following DCS expressing in the IC guidelines for patients and family members and interventions during home visits:

DSC2: I provide guidance to the patient and their family members about their main complaint, the disease, the relief of symptoms, the factors that make it worse, how to develop self-care, rest, hydration, nutrition and physical activity, I offer emotional support, request control exams, monitoring of prescriptions, care and treatment; evaluation of laboratory tests, I describe the UBS flow, reinforcing the importance of monitoring in the oncology and PHC sector.

DSC3: During the home visit I offer comfort in your daily needs (physical, mental and spiritual), I perform nasoenteral catheterization, dressing, application of medications, pain relief, care during radiotherapy, chemotherapy, treatment follow-up, care for injuries, use non-pharmacological methods to reduce nausea/vomiting; I assess swallowing and

appetite; as well as the need for supplementation, multidisciplinary team work, support with care issues (scheduling, logistics, transportation, returns, SISREG) and strengthening the family support network and health education with patients and caregivers, such as frequent position changes.

Regarding the evaluation of the results of the interventions, which is equivalent to the fifth stage of the NP (evaluation), 57.6% (19) responded that they seek information recorded in the medical record; 48.5% (16) through home visits; 45.5% (15) evaluate in a next nurse consultation at the CSF, 42.4% (14) cite active searches and 15.2% (5) do not evaluate results.

Finally, the question was asked about the relevance of having an instrument to guide the nurse's consultation and 100% of respondents considered it relevant.

DISCUSSION

Nurses take ownership of the first stage of the Nursing Process (NP) mostly when they mention taking anamnesis and physical examination, however a portion states that despite carrying out data collection, they do not have a specific tool to guide objective and efficient, in a way that concretely supports the other stages of the NP, this can make clinical reasoning and decision-making difficult.

This gap in the development of the NP, already highlighted by other researchers,

was problematized in a study carried out with nurses from the Health Macroregion of Greater West Santa Catarina, in which the objective was to develop a manual for data collection in the nurse's consultation and NP, since according to the author, this stage is the foundation for the development of the other stages of the NP, in addition to contributing to clinical reasoning and decision making, enabling accurate diagnoses in relation to the health demands of the population served.⁹

A relevant finding to be discussed, even though reported by a minority of participants, is the failure to collect data, a worrying fact, given that it is a nurse's prerogative, even provided for in legislation, included in resolution 358/2009 of the Federal Council of Nursing (COFEN)³, with regard to NP and its stages, with data collection being the crucial stage for obtaining data that reveals the health needs of the individual, family and communities.

In a study carried out in 2020, weaknesses in the application of the NP were identified, and that it is still considered bureaucratic and unimportant.¹⁰ This situation should be reflected by nurses, higher education institutions, services and professional entities, as the preparation for clinical assessment is a central construct in nurse training, and NP, the method that systematizes and organizes this practice, so

how can one not perform data collection in a health care service during the nurse's consultation.

The professionals highlighted the signs and symptoms that are most common in the daily care of cancer patients. The identified symptoms are compatible with those described in the literature. In a study carried out in 2019, the symptoms of pain, fatigue and constipation emerged as those that most affect cancer patients under palliative care.¹¹ From this perspective, INCA1 cites the most common complaints of this public: pain, nausea, vomiting, fatigue, lack of appetite, constipation, edema and lymphedema, changes in the oral mucosa, diarrhea, increased abdominal volume, sadness, anxiety, change in consciousness, bleeding, drowsiness, difficulty swallowing or swallowing. In view of this, it is possible to affirm that the nurses participating in the research who carry out data collection, even if they do so without a structured and standardized instrument, achieve semiological aspects relevant to what is expected in the scope of care for cancer patients.

Subsequently, it is clear that the weaknesses discussed previously, involving the first stage of the EP, data collection, extend to the non-identification of NDs. It is possible to conjecture that this statement is a reflection of insufficient and sometimes

absent data collection. Naturally, this reality, which involves the application of the EP steps, is certainly not exclusive to care for patients with cancer, however, the fragility itself can certainly be accentuated when considering the peculiarities of this care, understanding that is the case of the cancer patient.

As a result, it is assumed that the existence of tools to organize the care model for cancer patients could strengthen critical thinking, judgment and clinical reasoning. According to Mendes, Silva¹², the ND is defined as a result of the individual's responses to the health/illness process, serving as a basis for planning nursing interventions and results.

This process of naming diagnoses, results and interventions relevant to nursing findings must be standardized and supported by a Standardized Language System (SLP), and, regarding this assertion, even if there are other SLPs, in the context of PHC the International Classification for Nursing Practice (ICNP) has potential, and when used, improves communication between the team, scientifically supports the nurse's actions, in addition to allowing the elaboration of terminological subsets for exclusive groups.¹³

Terminological subsets, also called ICNP catalogues, are groupings of diagnostic statements, results and nursing

interventions aimed at specific health conditions. The preparation of these is endorsed by the International Commission of Nurses (CIE), and contributes to broad and personalized care, as well as providing opportunities for systematic and standardized recording.¹⁴

Regarding interventions planned by nurses, it is possible to ensure that part of the research participants understand that interventions must respond to demands related to health education, care management and promotion of quality of life, these categories of care were also highlighted in the study of Souza, Gazola and Picoli¹⁵, while in a study by Chaves¹⁶, what prevailed was the promotion of healthy lifestyle habits and psychological support.

Authenticating the above, we can cite a survey in which it is clear that home visits are the main strategy for monitoring cancer patients, followed by multidisciplinary support and use of health care networks (RAS), highlighting the latter due to the discontinuity and weaknesses in the articulation of referral and counter-referral.¹⁷ From the same perspective, in an integrative review¹⁵, the importance of nurses in assisting cancer patients in primary health care is highlighted.

Lopes and Cavalli¹⁸, warn of an updated perception of care, where care is carried out by a multidisciplinary team,

which is personalized and unique, considering its particularities in responding to the health/disease process. In this study, this aspect emerged as an element to be considered in interventions for cancer patients.

Finally, considering that the NP is the method that systematizes the nursing consultation, consisting of five recurring and interrelated stages, it is up to the professional nurse to carry out their fifth stage, which consists of evaluating the results of their interventions, as demonstrated that to prescribe interventions, professionals use viable strategies to capture information regarding the results obtained, the most cited being the review of medical records, however, sometimes, they do not signal the use of SLP, such as NOC and ICNP.

It is worth mentioning that the adequate recording of NP data is the difference in measuring patients' responses to nursing interventions, and is important to evaluate their results, in order to guide the effectiveness of care and change the intervention plan as necessary. The literature most frequently cites the SLP NOC, as this taxonomy provides quantitative data to assess the evolution of the patient's health status. Regarding ICNP, it brings qualitative assessment, that is, a pattern of result statements, which are measured after the

nursing intervention, and can be represented in three ways: change or lack of change in relation to a finding clinical; the evaluation of a nursing diagnosis after a certain period of intervention; the achievement or progress of the goal, identified by the change or not of a clinical finding.¹⁹

The nurses participating in the study explain in their responses the difficulties in carrying out the NP considering the application of all its stages, this assertion being reinforced by the unanimous signaling regarding the relevance of having an instrument to guide the nurse's consultation. And regarding this specificity highlighted in the study and which is obviously essential, precisely because it allows the continued application of the NP stages, the literature is rich in terms of data collection instruments for the most diverse health situations, with highlights to the importance of this instrument to guide efficient data collection, capable of identifying conditions of vulnerability, and problems that threaten quality of life, or even potential health maintenance behavior.^{20,21}

CONCLUSION

Regarding the application of the EP stages in the researched scenario, weaknesses were revealed. These weaknesses point to inconsistencies in the application of the NP stages, either because,

even if a minority, do not carry out the NP, or because many of the participants apply the NP in a fragmented way, that is, some steps, such as data collection, planning of interventions and their implementation. Few select DE and regarding the fifth stage PE, the study revealed a lack of systematization. It is noted that professionals in the services studied apply or not the steps of the EP and this practice, whose character is scientific and essentially legal, is not considered by the service as essential and indispensable. In this sense, as a first measure, it is understood that the management of PHC in the city that is the focus of the research, together with the Permanent Education service, must combine efforts aimed at implementing tools to operate the PE in practice, as well as monitoring the processes of implementation in EP practice. An initiative of this nature contributes to the structuring of the NP, its application and consequently the production of improvements that promote best practice regarding the EP in PHC and especially for cancer patients.

However, even though the proactivity of the service is a *sine qua non*, the professional nurse cannot be exempted from the responsibility involved in this practice. As already mentioned, the NP confers the scientific method that guides nursing actions, and is a duty and right of the professional

when faced with the profession's code of ethics and COFEN resolutions.

Therefore, the investigation in focus serves to stimulate managers and professionals to reflect, given the findings, which makes them seek the means and resources necessary for the effective implementation of the NP in the nursing consultation in PHC and in this case, focused on the patient with cancer.

In view of this, it is worth problematizing that the complete development of NP must be supported by a nursing theory, aligned with adequate recording in the patient's medical record, and under the use of a Standardized Language System (SLP), since this conduct validates scientifically the performance of professionals and provides important information for the continuity of care. Thus, considering the role of nurses, it is possible and essential to structure care for cancer patients in PHC, in order to offer resolute and quality assistance throughout the entire monitoring route of the health-disease process, combined between the RAS points.

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