

The Cancer Patient and their Experiences during Nursingcare: A Vision for the Future.

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Abstract

Currently, a large number of people live with cancer of various types, assuming a certain stage of disease, with all the physical, emotional and socio-cultural repercussions that this pathology implies. This study explores the experiences of patients diagnosed with cancer, and the experience during nursing care; in such a way that it allows to understand the integrality of the disease process. It is a qualitative meta-study with a type of meta-data analysis and meta-synthesis, with 12 articles selected after exhaustive review of criteria of methodological rigor in credibility, auditability and transferability. The databases used were ISI Web of Knowledge, Pudmed and Scielo. The experience of cancer is a complex social and human phenomenon, which challenges the individual right to health of people in the health field, marked by high mortality and associated disability and established by social and psychological determinants in health. The experience of the patient with cancer is a complex dynamic that benefits from the qualitative exploration of its existence, where the analysis of the findings provided as a whole undoubtedly contributes to transcend and better understand the phenomenon presented by the different types of pathologies. .

Keywords: Neoplasms; Qualitative research; Nursing; patients; Nursing care.

Introduction

The socio-economic development of recent decades, together with advances in the health sciences, has led to a significant increase in life expectancy with increased longevity rates, which have generated a greater number of people living in a situation of disability or dependency due to one or more chronic pathologies, associated with the irreversible and multidimensional process of aging.

One of the global health problems is the pathology of cancer, with a worldwide prevalence estimated by the World Health Organization at 14 million new cases diagnosed, and 8.2 million deaths related to the pathology. This is assumed to get worse and worse, as the number of new cases is projected to increase by approximately 70% over the next 20 years.

This situation is visualized by the Nursing area, designing strategies that promote the best possible quality of life for users despite their health diagnosis, recognizing human multidimensionality as the basis of their diagnostic evaluation and care planning.

(Marquin-estudiante et al., 2020), determined that the perception of patients with oncological disease in a terminal state about humanized nursing care in a clinic located in Florencia, Caquetá, through Jean Watson's theory of care, during hospital stay, is favorable, based on the assessment of the PCHE 3rd version instrument, where it was identified that 97% of patients consider that such care is always present, followed by 3% who consider that such an act is almost always presented.

On the other hand, (Roberto & Fhon, 2018) points out that nurses reported the importance of palliative care in patients with terminal illnesses such as cancer. The speech mentions the humanized care that must be carried out by a multidisciplinary team in order to improve the quality of life of that patient.

In this, nursing professionals have the responsibility not only to manage the care of the sick person, but to give the necessary guidance and tools for the family to take care of their loved one and face together the multiple tasks involved in meeting their needs, the stressful situations they entail and the immense pain that means to tolerate the changes of life, the frustration, possible loss, deterioration and fragmentation of its core.

(Applied & Udca, 2017), retrospective studies have demonstrated the benefit of palliative care in cancer patients, by decreasing the need for surgical and chemotherapeutic procedures, reducing therapy costs, and increasing life expectancy. Likewise, (Carrillo, 2016) determines that the nurse-patient relationship with hospitalized cancer is a central point to be able to understand and qualify care practices; Therefore, it is necessary to continue in the disciplinary development on this phenomenon.

A study by (Santamaría et al., 2017) admitted that care involves people, equal as human beings, and therefore requires an intentional and authentic presence that leads to mutual growth. On the other hand (Universitario & Espases, n.d.) evaluated the impact of the recommendations at discharge on the number of complications derived from surgery, the perception of knowledge about food, exercise, rest, emotional support, avoiding dangers and warning signs and satisfaction of users with cancer, arising the following concern, How is the experience of cancer patients and how is it related to nursing care? By virtue of it, the following objective and central purpose of the study has been proposed, in exploring the experiences of patients diagnosed with cancer, and the experience of nursing care.

Materials and Methods

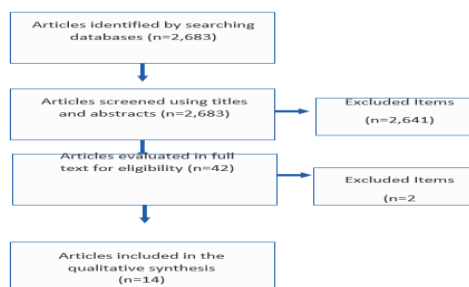
A bibliographic search of research studies with qualitative methodology was carried out with data referring to the experiences, experiences, perceptions, feelings and opinions of people diagnosed with cancer and the nursing care involved.

For this, qualitative findings, called qualitative meta-study, have been used as a data source, in order to transcend the particular knowledge produced by primary studies, to achieve a broader understanding of the phenomena through the analysis and interpretation of the results.

A first bibliographic review of research articles with qualitative orientation was carried out from the different edges involved in the experience with cancer, from its treatment, family coexistence, self-perception, among others. The search was conducted in March 2018, including studies published in English, Spanish and Portuguese, with publications no more than 5 years old, with the basic search algorithm based on the descriptors "cancer, neoplasia, nursing care and qualitative research" mainly, with the boolean "and" and "or" for "cancer or neoplasia", in the ISI Web of Knowledge, Pubmed and Scielo databases.

After this evaluation, 14 articles related to the qualitative approach were selected, with the fulfillment of the three criteria of methodological rigor, proposed above.

Gyph 1. Item selection process



Source: authors.

In the meta-synthesis process, an integration of the findings was carried out with the identification of the most significant assumptions, which were analyzed and interpreted reflecting the main situations in which people diagnosed with cancer are immersed, showing an approach to the experience of cancer in general.

Results

The studies that explore the experience of cancer were based on the high incidence and prevalence of cancer in most countries, as an international public health problem, in addition to a complex social and human phenomenon, which challenges the individual right to health of patients in the health field, marked by high mortality and disability associated and established by social determinants of health.

There are recurrent personal descriptions associated with the diagnosis of cancer, such as the feeling of helplessness, suffering, fear, concern, anger and sadness in the face of the imminent requirements of the situation and the integral deterioration caused by the disease, which leaves perceptible traces of the pain and suffering associated, mainly due to the discomfort of treatment, the difficulty of translating and managing pain. Likewise (Calvo et al., n.d.), reported on the evaluation of care needs of cancer patients in outpatient treatment, according to their classification into domains in order of frequency, as follows: physical factors and daily life, those related to the health and information system, psychological factors, aspects of sexuality and finally, the support and care needs of the patient; Therefore, more than half of the patients reported having unmet needs in at least one of the domains of the questionnaire.

(Gonz et al., 2018), establishes that there is affectation in all the basic dimensions of quality of life and scarce knowledge about palliative care in caregivers. Similarly (Del et al., 2021), it determines that in 68.5% the humanization of nursing staff is clear, in oncological palliative care and their families, with a higher percentage Peru with 95% referring to the behavioral, spiritual, affective communication between nurse-patient and family dimensions to achieve humanized care.

In Latin American countries there is a total of 75.6% about humanized care perceived by cancer patients by nursing staff. From the point of view of the relative of the cancer patient in several Latin American countries, 65.7% of humanization in palliative care is perceived.

(En et al., 2021) found that in breast cancer risk factors can be of multifactorial origin that are classified as modifiable and non-modifiable, which are influenced by health determinants that play a very important role when defining primary and secondary prevention actions.

Education plays a very important role in primary prevention since it guides the identification of risk factors such as high intake of carbohydrates, fats, sedentary lifestyle, alcohol and tobacco consumption through educational actions developed by the nursing professional.

(Grado et al., 2021) points out that nursing staff plays a fundamental role within this team, providing comprehensive and individualized care for terminally ill patients and their families.

(*Universidad Nacional Pedro Ruiz Gallo, 2017*) in an investigation carried out she was able to notice that most nurses are wrong to perceive the spiritual dimension necessarily as a religious sphere, when expressing support for the religiosity of each patient.

Discussion

Most nurses have reported achieving a relationship of trust with the person being cared for, including the family as an important part of the patient's care involvement. (Para et al., 2019) Nursing provides innovative care that unites science and art, focuses on the person, who in continuous interaction with their environment, lives health experiences.

It is important to consider new alternatives that allow comprehensive care to cancer patients through full compliance with processes and procedures. The nursing professional specialized in oncology, constitutes an essential human resource within health institutions, whose purpose is to provide comprehensive care to the person in the field of health, implementing care and permanent and direct contact with the cancer patient.

(Scanned by CamScanner, n.d.) (No Title, 2017), the role faced by nurses in this field is not yet clear and has the challenge of identifying their role in an interdisciplinary team and participating in symptom control.

Caring becomes a professional act in which ethical and legal principles are involved with the priority objective of caring and with an intensity and diversity of care adjusted to the complexity of each case.

The process of coping and adapting to cancer then requires an integral and emotional effort of the person, which makes him vulnerable and

dependent, and generates the need for emotional support to strengthen the ability to resist the symptoms, signs and life changes associated with the diagnosis of cancer. Likewise, psychosocial adaptation to cancer is a constant process during which each patient tries to manage emotional suffering.

The treatment of the disease is one of the most disturbing situations that patients and their families must face, due to the need for survival implicit in their need to follow the proposed indications for their better quality of life. From this point of view, the conception of self-esteem and identity is essential for the psychological survival of people, taking into account that many of the cancers and their treatments cause shocking changes in body image, which require self-care, as part of the adaptive process.

The results analyzed conclude an overview of the experience of cancer, which connects a transversal experience of what its diagnosis means, however, the differences in the social context that affect the individuals who participated in the research are not compared.

Conclusions

The purpose of this study was to explore the experiences of patients diagnosed with cancer, and how they experience nursing care. The experience of the cancer patient is undoubtedly a complex dynamic that will always benefit from the qualitative exploration of their experience.

The analysis of the findings provided by the qualitative methodology has generated descriptive data related to exploring the experiences, experiences, perceptions, feelings and opinions of people suffering from cancer.

Through the meta-study carried out, the most relevant units of meanings, themes or categories of the studies included in the analysis were rescued, clarifying the experience of living with cancer through the interrelationships found and their related interpretations.

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