

## Nursing students' perceptions of palliative care

### Percepções de estudantes de Enfermagem sobre cuidados paliativos

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#### ABSTRACT

**Objective:** to understand the perceptions of nursing students at a public university about palliative care. **Methods:** qualitative research, carried out with 66 nursing students, from the sixth to the ninth period in progress. A script was used with questions about perceptions, experiences during the course and whether or not there was an approach to the contents of the undergraduate course in palliative care. Data compiled by content analysis. **Results:** two thematic categories emerged: fear and frustration, divisors in the search for dignity in terminality and incipience in academic training and a reductionist view of palliative care. **Conclusion:** there was a need to obtain knowledge aimed at comprehensive care for human beings, in the most humanistic perspective, which respects the needs of individuals, especially when related to palliative care.

**Descriptors:** Education, Nursing; Palliative Care; Health Care (Public Health).

#### RESUMO

**Objetivo:** compreender as percepções de graduandos de Enfermagem de uma universidade pública sobre cuidados paliativos. **Métodos:** pesquisa qualitativa, realizada com 66 acadêmicos de Enfermagem, do sexto ao nono período em curso. Utilizou-se de roteiro com questões sobre percepções, vivências durante o curso e se houve ou não abordagem de conteúdos da graduação em cuidados paliativos. Dados compilados pela análise de conteúdo. **Resultados:** emergiram duas categorias temáticas: Medo e frustração: divisores na busca pela dignidade na terminalidade e Incipiência na formação acadêmica e visão reducionista de cuidados paliativos. **Conclusão:** verificou-se a necessidade de obtenção de conhecimentos voltados ao cuidado integral do ser humano, na perspectiva mais humanística, que respeite as necessidades dos indivíduos, principalmente quando relacionadas aos cuidados paliativos.

**Descritores:** Educação em Enfermagem; Cuidados Paliativos; Atenção à Saúde.

## Introduction

In Brazil, the occurrence of new cases of cancer increases each year. Population aging indices are added to this epidemiological profile, which expands the perspective of life and adjusts to the standards required for care, when functional dependence and, later, the finitude of existence begin, over longevity. In this perspective, cancer, incurable diseases and the long-lived process are contextualized as needs that give the imminent order of training professionals capable of working with palliative care<sup>(1)</sup>.

Following this perspective of illness and encompassing human aging, palliative care is presented as a primary approach in the health sector, considering that both the maximum threshold of life and the emergence of chronicity need to be contextualized in the health work processes, in favor the maintenance of quality of life, emphasizing the spheres that involve the individual in suffering in the extremes of age and in the finitude of life<sup>(2)</sup>.

In the 1980s, palliative care began in Brazil, bringing significant growth from the year 2005, with the creation of the National Academy of Palliative Care and consolidation of existing services. Thus, it is observed, every year, the emergence in every country of initiatives that enable the realization of genuine assistance of this type of care, however; still permeate challenges that reflect in the practice of care provided to the patient<sup>(3)</sup>.

The natural progression of various diseases can be associated with a very painful process for most patients, mainly due to the lack of preparation of the professionals involved and/or knowledge about the theme, thus leading to an inadequate care, highlighting the need for promotion in discussions based on theoretical and specific knowledge<sup>(4-5)</sup>.

Thus, nursing care makes it possible to update critical thinking in the approach to patients in palliative care, providing direction in making clinical decisions that will be used to develop and implement a specific care plan. In this specific case of patients,

there is an exacerbation of bio psychosocial suffering, both from the individual who suffers and from the family. Those are sufferings that involve physical, social, emotional and spiritual aspects, requiring professional preparation not only scientific, based on evidence, but also subjective and humanization<sup>(6)</sup>.

It is observed that in the field of Palliative Care, although the advances are noticeable, it is noted that there is still much to be done, especially when the unpreparedness on the part of some professionals is recognized. Thus, it is considered that the promotion of palliative care highlights nursing actions in several areas of activity, namely: assistance, administration, teaching and research<sup>(7)</sup>.

In the context of training, the need for initiatives to enable the realization of genuine assistance in this type of care is identified. Professionals should be capable of recognizing and intervening in reality that need ethical and, above all, humanistic principles. With the use of tools that prioritize the most peculiar care practices to the most complex ones, involving health education, the use of care technologies and the therapeutic touch, based on the humanization of caring for patients in palliative care<sup>(8)</sup>.

Thus, the objective was to understand the perceptions of nursing students at a public university about palliative care.

## Methods

Qualitative study, carried out with 66 nursing students, from the sixth to the ninth period, from a universe of 89 enrolled, in a public university, in the city of Campina Grande, Paraíba, Brazil. The sample was simple random, with all those present on the day of data collection. After explaining the study, they took the time to participate.

The inclusion criteria were defined as: being a nursing student, from the sixth to the ninth year, and being present at the time and place of data collection. Students enrolled from the first to the fifth period were excluded, as they had not taken courses in Tha-

natology, Adult and Elderly Health, Tertiary Care, Nursing in Critical Patient.

The choice for the inclusion criteria was based on the theoretical-practical experience of the student's experience with caring, considering that from the sixth period onwards, the nursing student has attended a percentage of more than 50.0% of the course workload, the which in fact shows better the influence it received on palliative care, during health education, mainly in Nursing.

This study was carried out between March and December 2019, and data collection took place in November of the same year. The research instrument was a script with questions about the perceptions that academics had about palliative care, experiences they had during the course and mention of whether or not there was an approach to content in curricular components, in theoretical classes, practical classes or supervised internships, in relation to the topic. The same was applied during class breaks, in a reserved environment.

The data were carefully selected by analyzing the categorical content. The answers to the open questions were submitted to thematic categorization. A priori, the pre-analysis was carried out, with organization of the collected material and systematization of ideas, through meticulous reading of the answers obtained by the questionnaire for the elaboration of the corpus. Then, coding was carried out, all raw data were selected according to the cut of similar responses, whether in a linguistic or repetition of words, and aggregated by the units of analysis related to the themes highlighted as thematic categories. Finally, categorization and quantification of the registration units were elaborated, according to the units of meaning, with the emergence of categories described in the results.

For coding the answers, the questionnaires were organized and listed, using, respectively, their ordinal number, in the sequence in which they were read, and the period in which the undergraduate students were in, for example Q12, 8P, thus guaranteeing

, anonymity. The raw data were organized in textual corpus, constituted as a database, from typing in *Microsoft Word® Software*, and analyzed rigorously, endorsing the aforementioned analysis.

The study was developed in accordance with that recommended by Resolution No. 466/2012, of the National Health Council, and respective complementarities. The research was approved by the Research Ethics Committee of the State University of Paraíba, Brazil, according to the opinion No. 3,727,880/2019 and Certificate of Presentation for Ethical Appreciation No. 23639619.0.0000.5187, being conducted according to the required ethical standards.

## Results

Among the 89 students enrolled in undergraduate nursing, from the sixth to the ninth period, 66 (74.1%) participated in the study, of which 62 (93.9%) were female. There was a prevalence of the group with an age range between 21-25 years, comprising 72.7% of the students.

After questioning whether there was theoretical/practical experience (assistance) about palliative care during nursing training, it was found that 51.0% of those who answered yes, stated that this knowledge occurred when the academic received guidance on care to the patient in supervised stages. It was mentioned that in practical classes of some disciplines, such as Fundamentals of Nursing Care and the Care Process in the Health of the Adult and the Elderly, there was mention of the theme, mainly related to pain relief.

It was evidenced that 55 (83.3%) of the students stated that they had no contact with any curricular component that directly mentioned the subject, except for a small group, 11 (16.4%), who mentioned having taken an elective curricular discipline called Humanization assistance that briefly addressed palliative care. They were unanimous in stating that they needed to go deeper about the theme.

It was also observed that 59 (89.3%) received theoretical/practical knowledge about pain assess-

ment; and 51 (77.2%) some guidance on patient care in chronic conditions that require palliative care. During the internships, 42 students (64.00%) reported having had contact with the provision of care to patients with terminal illnesses, but without deepening in palliative care (Table 1).

**Table 1** – Considerations about assistance/knowledge in relation to palliative care. Campina Grande, PB, Brazil, 2019

Questions	Yes (%)	No (%)
Contact with curriculum component	11 (16.7)	55 (83.3)
Patient care guidelines	51 (77.2)	15 (23)
Safety	16 (24.2)	50 (76)
Knowledge about pain assessment	59 (89.3)	7 (11)
Need to deepen knowledge	66 (100)	-
Contact with terminal patient	42 (64)	24 (36.3)

The aforementioned data illustrate the general characterization of the study participants in relation to the assistance/knowledge approach they obtained in the undergraduate course, in a more generalized way.

Thus, two thematic categories emerged: fear and frustration: divisors in the search for dignity in terminality and incipience in academic training and a reductionist view of palliative care.

### **Fear and frustration: divisors in the search for dignity in terminality**

In this category, expressions were perceived that need to be worked on during graduation to learn about dealing with emotions in the face of human suffering and the implementation of good health practices in palliative care. It was identified, in this analysis, that many academics presented impactful and self-critical feelings, related to not being prepared to deal with chronicity and palliative care, especially regarding the finitude of life, evidenced in the following responses: *In the first supervised stage of the course of Nursing, it was very impactful and sad. Extremely debilitated patients and everyone in the internship group are unprepared for such a situation*

*(Q6, 7P). I find it very easy to get involved in the suffering of others. So, I don't feel safe, it was very painful for me... (13, 8P). Distressing and impacting, due to the lack of knowledge in dealing with the patient in more advanced states, many with intense pain and a lot of suffering (Q14, 7P). The experience of being close to death, without having been prepared before, was unpleasant (Q15, 8P). During the internship, the experience brought a feeling of insecurity in relation to how to act in assisting patients who are going through the process of terminal life (Q13, 6P).*

In addition, to a lesser extent, other academics exposed primary understanding of the integrality of caring with dignity for the final sufferings of life in relation to finitude: *The experience was important and helped me to reflect on how to care for the patient in an integral way (Q2, 7P). It was gratifying to know that I was able to mitigate or improve someone's last moments by bringing dignity (Q15, 7P).*

The students stated that there were obstacles in relation to the effectiveness of care, when it came to care for patients in the finitude of life. There was a dependence on professionals in the sector, in which they were working, to perform nursing procedures. However, it was mentioned, in some units of meaning, that there was no mention of the principles of palliative care. They were placed as posts in the context of clinical practice, which required a more differentiated perception in the professional's dealings with palliative dynamics, which, in the observation of academics, generates frustration in ineffective care, citing obstacles in the nursing care process, contributing to the expression of a feeling of emptiness in relation to the interns' decision-making: *I witnessed two cardiorespiratory stops, psychologically exhausted companions, demonstrating this to the patient. And, one patient, in particular, who marked my student life, when he asked me for a vitamin, because he had not eaten, I went to see the team if he could, and they said no, when I returned to the infirmary, he had died, after a cardiorespiratory arrest (Q16, 8P). Difficult, because during graduation, little is said about palliative care, so it was something new and complicated to deal with (Q15, 6P). I didn't know how to handle the situation completely. I knew I could do more, but I didn't know where to start and what to do, because I lacked theoretical and practical support (Q4, 7P).*

## Incipience in academic training and a reductionist view of palliative care

In relation to patient care, the academic units of meaning translated the need to obtain knowledge aimed at comprehensive care for the human being, in the most humanistic perspective, which respects the needs of individuals, especially when related to palliative care. From the answers below, the humanistic perception was supported when it was mentioned that: *Palliative care is a necessary practice for health professionals, however, it is not yet addressed in undergraduate courses as components of the curricular matrix, only in extracurricular knowledge, such as short courses, congresses and the like. The patient who requires palliative care requires qualified and adequate attention to the needs that are presented during clinical cases. Often, we are not prepared, as we only have technical assistance instructions for health, and there is a lack of approach in this specific activity (Q6, 8P). When someone says that palliative care is when there is nothing to do, he makes a big mistake, there is always something to be done (Q2, 8P).*

It was found that the students asked for more knowledge, but, in the human conception, they already recognized the basic principles of palliative care, demanding, also, a more in-depth elucidation of the training about the discussion of concepts, principles, protocols, recognition of the philosophical need of basic principles of care practices, when they stated in their perceptions that they required much more than procedures, which included the concept of health in the broad concept of physical, social, psychological and spiritual well-being, marked in the following units of meaning: *In my perception, palliative care involves not only the patient's physical aspects, but the mental and spiritual aspects (Q12, 6P). My perception is that palliation is not only performed with terminally ill patients, but also with those who have an incurable disease (Q2, 6P). Palliative cares are actions aimed at comfort and quality at the end of the patient's life, since he is still human, full of pain, fears and yearnings. There is still a lot to do! (Q12, 9P). Sometimes the body is unable to heal or be healed, but the soul is. Providing a moment of finitude in a humanized and dignified way to the patient is configured as the essence of palliative care (Q8, 7P). Palliative care is a strategy to alleviate the suffering of terminally ill patients, qualified care is*

*essential, performed by trained professionals who offer final care to family members/caregivers (Q3, 7P).*

## Discussion

Limitations were presented in relation to the expansion of samples to other private courses and other areas of health, making it impossible to have a broader view on the subject.

However, the study data can be an important tool in the elaboration of actions/strategies that allow the insertion of the theme, in a more specific way, in undergraduate nursing.

In view of the considerations described about lived experiences, there is an evident need in relation to the psychological preparation of students, a factor confirmed by reports associated with the negative impact, sadness, anguish and insecurity. The few opportunities to establish discussions during graduation contribute to emotional unpreparedness and, consequently, to positions that culminate in the distance between the patient/family binomial<sup>(9)</sup>.

To a lesser extent, even considering the experiences, the academics exposed a primary understanding of the integrality of caring with dignity for the final sufferings of life in relation to finitude. However, both perceptions of these academics about palliative care were based on terminality and death, but not on comfort and quality of life, fundamental principles of the palliative approach and which must be linked to interdisciplinary assistance to address the diverse demands presented by the patient<sup>(10)</sup>.

The insertion of the theme is accompanied by a process cast in curricular projects, reflecting the unpreparedness of professionals to practice nursing care, from an integral point of view. It is evident that having contact with the practice and experience in the palliative area, there will be a greater probability of understanding the needs of patients who need it. To this end, it should be encouraged to include it in the curricula, also considering the current demographic and epidemiological transition, the expansion of the-

rapeutic and diagnostic means, the appearance of differentiated acute syndromes that generate death, as well as the increase in disabling and incurable, all of which constitute the harsh reality in the health care work sector<sup>(11-12)</sup>.

It is noteworthy that the clinical procedures that should be passed on in training, with an emphasis on palliative care, will be the same as in clinical practice, only with the clarification of a proposal that turns to the more subjective understandings of care, involving not as a focus the cure of the disease, but the comfort and well-being of the patient, extrapolating the practice of physical care, under the aegis of wide action in the psychic and spiritual area of the individual, relieving symptoms and controlling the situation of pain and discomfort, in the most humanistic<sup>(6-8)</sup>.

The responses recorded, in the second category, emphasized that even though they did not have specific contact during the undergraduate course on the theme, students developed a perception of what could be understood as palliative care, a thought that may have been developed by contact with the patient with the disease terminal, during the internships, in which the student is inserted in a raw reality, and that instigates the thought for what can be done or deduced from the experience. Another factor associated with perception is the experience with the family, the community and the media<sup>(13)</sup>.

It is observed that palliative care is based on a perception that is no longer aimed at curing diseases, but on providing essential care for maintaining life with functionality and quality until the end of its threshold, which is individual. In the existential philosophical perspective that will involve the individual, his health condition, family, spirituality, and that includes the empathy of care and being together, foundations of nursing care practice<sup>(2,5-8)</sup>.

Palliative care induces among the proposed principles that deal with the promotion of pain relief and unpleasant symptoms, affirming life and considering death as a natural process, integrating psychological and spiritual aspects to care, approaching care in

a multidisciplinary way. Of these, understanding the mysteries of life and death, involved in caring for the other, in the humanitarian and dignified aspect until the final concreteness, motivates a human experience both for those who are cared for and for those who care, in the case of the nursing professional<sup>(5,10,14)</sup>.

Thus, the performance of the nursing professional must be equipped with knowledge that translates an appropriate care practice to patients who need palliative care. Through curricular insertion and in the discussion of pedagogical projects that emphasize palliative care: concepts, foundations, principles, among other essential themes, so that nurses have knowledge and develop, during training, interest in good health practices, based on care palliative. When approached during graduation, it will also favor the development of actions beyond teaching, such as research and extension, studies and practical experiences, which result in the implementation of therapeutic measures that are in line with the quality of nursing care and, consequently, with the improvement of life<sup>(8,12,15)</sup>.

## Conclusion

There was a need to obtain knowledge aimed at comprehensive care for human beings, in a more humanistic perspective, which respects the needs of individuals, especially when related to palliative care. Therefore, there is an urgent discussion about palliative care in the teaching centers, engaged in the construction of pedagogical projects aimed at training in nursing.

## Collaborations

Guimarães JAM, Dantas RR, Bezerra TA, Medeiros ACT and Medeiros FAL contributed to the conception and design, analysis and interpretation of data, writing of the article, relevant critical review of the intellectual content and final approval of the version to be published.

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