Nursing consultation in chemotherapy: facilitators and difficulties in the light of advanced practices

Consulta de enfermagem em quimioterapia: facilitadores e dificuldades à luz das práticas avançadas

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Rubislene Assis Santos de Brito
Master in Nursing by Escola de Enfermagem Alfredo Pinto of Universidade Federal do Estado do Rio de Janeiro (EEAP - UFRJ)
Institution: Instituto Nacional de Câncer
Address: Rio de Janeiro – RJ, Brasil
E-mail: santosrubislene@edu.unirio.br

Sônia Regina de Souza
Post Doctor by Programa em Ciências do Cuidado em Saúde of Universidade Federal Fluminense
Institution: Universidade Federal do Estado do Rio de Janeiro (UNIRIO)
Address: Rio de Janeiro – RJ, Brasil
E-mail: sonia.souza@unirio.br

Patrícia Quintans Cundines Pacheco
PhD in Nursing and Biosciences
Institution: Hospital dos Servidores do Estado do Rio de Janeiro
Address: Rio de Janeiro – RJ, Brasil
E-mail: patricia_quintans@hotmail.com

Carla Andreia Vilanova Marques
PhD in Science by Escola Paulista de Enfermagem of Universidade Federal de São Paulo (UNIFESP)
Institution: Instituto Nacional de Câncer – Hospital do Câncer III
Address: Rio de Janeiro – RJ, Brasil
E-mail: cvilanova@inca.gov.br

Natália Chantal Magalhães da Silva
PhD in Science by Programa de Enfermagem Fundamental of Escola de Enfermagem de Ribeirão Preto of Universidade de São Paulo (EERP - USP)
Institution: Universidade Federal do Estado do Rio de Janeiro (UNIRIO)
Address: Rio de Janeiro – RJ, Brasil
E-mail: natalia.c.silva@unirio.br
ABSTRACT
This article analyzes facilitating and hindering factors for the systematization of first appointment in clinical practice of nurses in antineoplastic chemotherapy in light of advanced practices. Descriptive study qualitative with 30 specialized clinical nurses. Data was produced in private online interviews and thematic analysis with the software Iramuteq. The appointment is marked by the plurality of actions. It is not standardized; it focuses on drug toxicities and their possible complications. The reception of patients, communication skills, empathy and technical-scientific mastery are facilitating factors; lack of physical space, work overload, scarcity of human resources and information overload are complicating factors. The first-time nursing appointment is a powerful instrument for quality and patient safety with treatment benefits. However, it is necessary to adopt a nursing assistance model that guides the systematization of the first-time nursing appointment, contributes to coordinating the care offered, and strengthens advanced practices in oncology nursing.

Keywords: office nursing, oncology nursing, advanced practice nursing, drug therapy, nursing.

RESUMO
Este artigo analisa os fatores facilitadores e dificultadores para a sistematização da primeira consulta na prática clínica dos enfermeiros em quimioterapia antineoplásica à luz das práticas avançadas. Estudo descritivo qualitativo com 30 enfermeiros clínicos especializados. Os dados foram produzidos em entrevistas privadas on-line e análise temática com o software Iramuteq. A consulta é marcada pela pluralidade de ações. Não é padronizada; concentra-se nas toxicidades dos medicamentos e em suas possíveis complicações. O acolhimento dos pacientes, a capacidade de comunicação, a empatia e o domínio técnico-científico são fatores facilitadores; a falta de espaço físico, a sobrecarga de trabalho, a escassez de recursos humanos e a sobrecarga de informações são fatores complicadores. A primeira consulta de enfermagem é um instrumento poderoso para a qualidade e a segurança do paciente com benefícios no tratamento. Entretanto, é necessário adotar um modelo de assistência de enfermagem que oriente a sistematização da
primeira consulta de enfermagem, contribua para a coordenação da assistência oferecida e fortaleça as práticas avançadas de enfermagem oncológica.

**Palavras-chave:** enfermagem de consultório, enfermagem oncológica, enfermagem de prática avançada, terapia medicamentosa, enfermagem.

### 1 INTRODUCTION

The cancer estimate published by INCA for the triennium 2023-2025 is 704,000 new cancer cases in Brazil.

The increase in life expectancy, industrialization, and the change in lifestyle habits contribute to the increase in the incidence of cancer in Brazil and the world.

This manifests in reality from the observation of the growing number of people seeking health services specialized in the treatment of neoplasms, considering that early diagnosis has great relevance in the success of the treatment (INCA, 2019).

Antineoplastic chemotherapy is one of the cancer treatment modalities. It aims at cure or palliation when the intention is to increase survival and reduce the symptoms of the disease, promoting a better quality of life for the person with cancer.

Among the many activities around the scope of competences of an assistant nurse in antineoplastic therapy is the nursing consultation.

The nursing consultation is a private activity of the nurse, used for the promotion of patient, family, and community health, aiming at quality of life, and that must be performed in the first contact, providing educative and systematized actions with an emphasis on work organization, facilitating the promotion, diagnosis, treatment, and prevention (RODRIGUES, SIQUEIRA JR e SIQUEIRA, 2020).

The present article is the result of material extracted from the master's dissertation that sought to identify the contributions of the 1st time nursing consultation to the patient in outpatient chemotherapy treatment in the view of advanced practice oncology nurses in outpatient care.

Based on the CIE, International Council of Nursing, it is understood that advanced practice nurses are baccalaureate nurses who have acquired specialist knowledge, have skills to make complex decisions, and have clinical competence for expanded nursing practice within the context or country in which they are accredited (MIRANDA NETO et al., 2018). The clinical nurse specialist in oncology is a professional who works in Antineoplastic Therapy Services
(ATN) with specific knowledge mostly acquired through post-graduation courses such as residency, master's, and doctorate degrees (COFEN, 1998).

The nursing consultation is a relevant tool when used to instrumentalize patients and families in the management of adverse events triggered by antineoplastic therapy through educational guidance actions (TOLENTINO, BETTENCOURT e FONSECA, 2019).

Through the nursing consultation, the nurse perceives the patient's level of understanding about the cancer diagnosis, as well as the physical and emotional conditions for coping with the disease and the limitations triggered by the treatment.

The daily practice of receiving patients with cancer who undergo systemic therapy with antineoplastic drugs allows us to consider, with data extracted only from daily life and from the relationship between the other nurses, that the nursing consultation comprises a watershed since it becomes evident in the daily practice of nursing, the difference of the patient-oriented through the nursing consultation from the other patients, which is why this one recognizes the side effects and knows how to act and react to these events.

The interest of this research was motivated from the experience of a chemotherapy center of a public unit specialized in the treatment of Cancer in the State of Rio de Janeiro, in which the nursing consultation in chemotherapy is not carried out in line with the Systematization of Nursing (SAE), which is still very incipient in that institution.

In this routine, the following situations are common: Lack of standardization of guidelines provided by different team members, different approaches to treatment, guidelines restricted to adverse reactions triggered by treatment, without taking into account the level of understanding of the patient and family, its social and psychological context and absence of consultation steps, such as nursing diagnoses.

That said, the issue in question generated controversies and discussions among nurses, highlighting the need to structure the nursing consultation along the lines of Nursing Systematization (SAE).

Since then, a literature review has been carried out, according to its respective phases, starting with the following guiding question, formulated through the PICO strategy: What are the contributions of the nursing consultation performed by the clinical nurse specialist in the care of patients undergoing outpatient chemotherapy treatment?
The present study was justified from the literature review in PUBMED (Public Medline) and EMBASE (Excerpta Medica Database) databases. CINAHL (Cummulative Index to Nursing and Allied Health Literature) and LILACS (Latin American and Caribbean Literature in Health Sciences) which used the following descriptors: Nursing Consultation; Oncology Nursing; Advanced Nursing Practice; Chemotherapy and nursing.

When the Nursing Consultation descriptors are combined; Oncology Nursing; Advanced Nursing Practice; Chemotherapy and nursing, no records were found. However, from the combination of only the descriptors nursing consultation and chemotherapy, it was possible to identify 3 studies.

It is important to emphasize that among the selected studies, a congruence of thought was identified among the authors regarding the need for guidance and the educational process that should be made available to the oncology clientele, either through nursing consultations, audiovisual resources or both.

The studies also show that there is a concern about the systematization of nursing assistance in the care process considering the specificity of cancer patients.

Another similarity factor between the selected studies is the approach to the nursing consultation in the perception of the expert professional. However, the term is still little known among the interviewees without using the context of advanced practice.

2 OBJECTIVE

To analyze the facilitating and hindering factors for systematizing the first-time nursing consultation in nurses’ clinical practice in antineoplastic chemotherapy.

3 METHOD
3.1 ETHICAL ASPECTS

The study was conducted in accordance with the national and international ethics guidelines and approved by the Research Ethics Committee of the Federal University of the State of Rio de Janeiro (UNIRIO), whose opinion is attached to this submission. Free and Informed Consent was obtained from all individuals involved in the study through online questionnaire (Google Forms) sent to the participants. They were informed of the research objective and that the data collected would be treated anonymously and confidentially, ensuring the confidentiality.
of the participant’s identity and that the results would be published in events and scientific journals.

3.2 THEORETICAL-METHODOLOGICAL FRAMEWORK

This study is based on the framework of Convergent Care Research (CBP), which is characterized by the approximation of care practice with research, in which the researcher acts in the research setting with expertise in that area of care knowledge, thus having a more propositional role, even though he necessarily needs to count on the participation and approval of the other members of his study (TRENTINI, PAIM e SILVA, 2017).

The PCA contributes to the study since the research participants are advanced practice professionals. That is, they have the skills and competencies to assist the chemotherapy patient in developing the nursing consultation through standardization of actions and orientations.

In PCA, there is a movement of convergence of actions between practice and research, which happen simultaneously, arising from the approximation and separation between knowing and doing, both intentionally arranged in the scenario of assistance, enabling the discovery of new phenomena (TRENTINI, PAIM e SILVA, 2017).

3.3 TYPE OF STUDY

This is a descriptive study with a qualitative approach, structured from the COREQ tool - Consolidated Criteria for Reporting Qualitative Research, the result of a master's dissertation (BRITO, 2022).

3.4 METHODOLOGICAL PROCEDURES

The technique adopted for recruiting participants was the Snowball methodological technique, also known as Snowball Sampling.

This is a form of non-probability sampling used in social research, where the initial participants of a study indicate new participants who, in turn, indicate other participants and so on until the proposed objective is reached through the "saturation point") (BALDIN e MUNHOZ, 2012) that is, the repetition of the contents obtained through the interviews.

The first participants are described as "seeds", which will indicate other participants called "daughters", thus forming the so-called reference chain (VINUTO, 2014).
The selection of the Snowball technique is justified because it allows the recruitment of participants who experience the same phenomenon but in different realities and contexts, adding value to the research.

It is worth mentioning that the Snowball technique allowed us to recruit professionals from different regions of the country, greatly enriching the study. In addition, the digital platforms used played an important role as facilitating tools to obtain research data.

The six seeds were professional colleagues from units I, II, and III of the same institution who work in chemotherapy assistance, are part of my professional life, and are from whom the other participants were indicated, meeting the study’s inclusion criteria.

There was no established number of nominations of participants, this being of free choice of the seeds and their respective daughters.

The interviews were recorded and transcribed in full via the virtual platform Google Meet.

The research used the virtual environment developed during the COVID-19 pandemic. Therefore, face-to-face interviews were not advisable, meeting the guidelines of the World Health Organization (WHO) safety protocols.

The interviews were conducted by the first author directly involved in the theme of the study. The interviews were conducted in July and August 2021, scheduled at the participant's convenience (date and time), and lasted approximately 20 minutes.

Thirty-two contacts were made; however, although all participants had signed the ICF, two did not respond to the invitation to schedule the interview.

The study included 30 nurses from public and private institutions with a specialist title in oncology nursing from residency courses or the Brazilian Society of Oncology Nursing, with masters or doctors' degrees, working in outpatient chemotherapy treatment services.

The sample was limited to 30 interviews because the saturation point of the responses was reached, that is, the extracted content became repetitive.

The interview was divided into two segments, the first pertinent to the reception and characterization of the participant and the second segment composed of semi-structured questions that permeate the practice of nursing consultation in chemotherapy.
3.5 STUDY SCENARIO

The study setting constituted institutions of public and private nature with outpatient chemotherapy treatment units that developed the first-time nursing consultation, according to COFEN resolution no. 569/2018.

3.6 DATA SOURCE

The study participants were nurses assisting patients undergoing outpatient chemotherapy for at least two years and oncology specialists, masters, and doctors with research developed in the field.

Regarding the inclusion criteria of the participants, we considered nurses who were members of the Brazilian Society of Nursing Oncology (SBEO) or who met the search filters: academic degree (undergraduate, specialization, master's or doctorate), professional activity (health sciences, nursing area, Nursing Oncology) and who worked with chemotherapy in the care of adult patients undergoing outpatient chemotherapy treatment.

The exclusion criteria for participation in the study were nurses working in chemotherapy care for patients in inpatient units.

3.7 COLLECTING AND ORGANIZING DATA

The data obtained from the interviews were treated by the statistical program Iramuteq (Interface de R pour les Analyses Multidimensionnelles de Textes ET de Questionnaires), a free software that works as an R interface (www.r-project.org), indicated for the management and statistical treatment of interview texts and open-ended questionnaires (CAMARGO e JUSTO, 2013; LOUBÈRE e RATINAUD, 2014).

Iramuteq brings together a diverse set of lexicometric procedures, such as classical textual statistics, specificity analysis, Descending Hierarchical Classification (DHC), Correspondence Factor Analysis (CFA), similarity analysis, prototypical evocation analysis, and word cloud that guide the researcher (CAMARGO e JUSTO, 2013).

In this study, we have chosen to interpret the data obtained and distributed using the Descending Hierarchical Classification.
Thus, Iramuteq has been a tool profusely used to treat data from qualitative studies, expanding the ability to manage a large amount of data. Information is difficult to handle manually with only interpretative analysis (GÓES et al., 2021).

3.8 DATA ANALYSIS

The analysis of the textual data took place in three stages, namely: Preparation and coding of the text corpus with the description of the material from the interviews; the processing of the textual data in the software and interpretation of the data obtained by the researchers with the support of the thematic analysis proposed by Minayo in 2010.

When importing the configured text corpus into the program, in 01 minute and 10 seconds, the following results were obtained: 30 texts; 1007 text segments; 35878 occurrences; 3690 forms; 2205 active forms; 2348 (no. of lemmas) distinct forms; 133 supplementary forms; active forms with the frequency $\geq 3$: 8777; 1852 no. of hapax, an average of shapes per segment 35.628600, and 6 classes; 84.77% retention of text segments, and a utilization rate of 76.86%, considered good, since it is higher than 75%, as recommended by the software.

Data analysis was developed in light of the thematic analysis proposed by Minayo in 2010, which covers the following phases: Pre-analysis, exploration of the material, treatment of the results obtained, and interpretation (MINAYO, 2010).

4 RESULTS

Two male nurses and 28 female nurses participated in the study. 60% were aged 31-40 years, followed by 20% aged 41-50 years, 13.4% aged 20-30 years, and 6.6% aged over 50 years.

Still, concerning the sample, 13 of the nurses participating in the research had training of 11-15 years, which corresponds to 43.3%, followed by 8 (26.6%) nurses with training time between 5-10 years, 4 (13.3%) from 16-20 years, 2 with 26-30 (6.6%) years of training, 1 (3.3%) with a training time of 21-25 years, 1 (3.3%) with a time less than four years and 1 (3.3%) nurse participant with a time of training over 30 years, 70% specialists, 26.7% masters, and 3.3% doctors.

The study identified that 19 (63.4%) of the nurses in the sample had worked in the oncology area for a period of 4 to 13 years, and the remaining 11 (36.6%) had worked in the oncology scenario for a period of more than 16 years, reaching the maximum time of 34 years.
In addition, 46.7% worked in the public network, 33.3% in the private network, and 20% worked concomitantly in the public and private networks.

After exhaustive reading of the text segments, it was possible to organize the six classes offered by the software according to themes, as shown in Table 1.
Table 1. Software classes and themes.

<table>
<thead>
<tr>
<th>Class</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 3</td>
<td>Instrument to guide the first nursing consultation</td>
</tr>
<tr>
<td>Class 5 and Class 2</td>
<td>How the nurse performs the first nursing consultation</td>
</tr>
<tr>
<td>Class 1</td>
<td>Conditions/aspects which are addressed on consultation from first time nursing</td>
</tr>
<tr>
<td>Class 4</td>
<td>Systematization of care (SAE) and nursing consultation</td>
</tr>
<tr>
<td>Class 6</td>
<td>Advanced practice from the nurse’s perspective</td>
</tr>
</tbody>
</table>

Source: Authors.

The survey of facilitating and complicating factors, a theme of this article, for the performance of the nursing consultation was evidenced from classes 3, 5, and 2, which approached the plurality of doings of the first nursing consultation to patients in chemotherapy treatment.

The facilitating factors of the 1st time nursing consultation in chemotherapy are the welcoming of the patient, communication skills of the nurse, empathy, technical and scientific mastery of antineoplastics and oncology, bonding with the patient, and emotional security, as shown in the following excerpts.

[...] I always put myself in this position of stimulating the patient, so I feel very grateful to be doing this because I like it, and I see that often, the patients come in anxious and then leave calm. (Nurse. 07)

[...] this nursing consultation, we saw as extremely important because of all the doubts that this patient reports, such as his anguishes, his frustrations; therefore, the nursing consultation is made at the beginning, before chemotherapy, and where help and other clarifications are also offered throughout the treatment. (Nurse. 10)

[...] or even the impact of the news of the treatment that, sometimes, is scary, this support of the first consultation is important for us to demystify a little of the initial support. From this, the patients leave a little calmer and clearer. (Nurse. 16)

[...] I get a lot of feedback regarding this, with the patient saying that they are calmer and already know how the chemotherapy will be; sometimes, during the nursing consultation, even they say that they understood and that it was not as complicated as they thought. (Nurse. 21)

Regarding the complicating factors related to the implementation of the 1st time nursing consultation in chemotherapy, it was observed that, despite the effort of nurses to guide patients about side effects and complications of the treatment, there are complicating elements for the consultation, namely: work overload due to the scarcity of human nursing resources, lack of a private physical space for the consultation, lack of clarity about the steps of the nursing...
consultation, with little reference to the physical examination, and previous clinical conditions of the patient, as observed below.

[...] Because there are two nurses per shift and we don't have this availability to orient all the patients before the chemotherapy, some patients are seen before, and others are seen during the treatment. (Nurse. 12)

[...] because there are two nurses per shift and we don't have that, I do the nursing consultation in my job because I want to. Not because the hospital where I work supports me, so I have to keep looking for the patients after they start chemotherapy. (Nurse. 19)

[...] so, we still haven't managed to dedicate ourselves to this moment of the systematization of nursing care, so if it's according to the systematization of nursing care, I believe that it's not 100 percent, maybe we have to improve a little bit on the issue of nursing diagnoses. (Nurse. 24)

[...] We need to do something that the nurse on the tip can do because if not, we make a huge instrument that in that routine, in that flow of care, and this starts not to be the priority. (Nurse. 06)

[...] I will be able to do my day-to-day things, but I won't be able to. (Nurse. 13)

[...] We are trying to do that which is linked to the patient's treatment, and these orientations that we give are linked to the issue of treatment that the doctor implements, but we can't advance in this within the nursing consultation. (Nurse. 07)

Also, in the content of the data demonstrated in the study, it is observed that chemotherapy nurses recognize the value of nursing consultation in conducting antineoplastic treatment, as shown below.

[...] It is a golden dream for us to be able to do nursing consultations with more patients. (Nurse. 06)

[...] and it is so important for us to register what we do because we do it a lot so that we will give light to the production of our care. (Nurse. 06)

5 DISCUSSION

The study made it possible to analyze, from the perspective of the specialist clinician, the facilitating and hindering factors to systematize the nursing consultation of the 1st stage of chemotherapy in outpatient care.
The guidelines given through the nursing consultation enable the patient and the family member to self-care and face treatment intercurrences early, producing well-being, safety and comfort in the clientele undergoing antineoplastic therapy.

Regarding the facilitating factors for the nursing consultation, the analysis highlighted the following: the sense of welcoming the patient, the nurse’s communication skills, considering the level of understanding of the patient/family member, the bond with the patient and emotional security, empathy, and the scientific, technical mastery of drugs and oncology.

The study made it possible to identify complicating factors for the nursing consultation, such as lack of a private physical space for the consultation, diversity of ways to implement the nursing consultation approach (personal rather than institutional), implying lack of standardization of guidelines, lack of clarity about the steps of the nursing consultation, with little reference to the physical examination and previous clinical conditions of the patient, absence of the evolution/evaluation step of the nursing process, and information overload for patients/family members.

The study findings also reveal that nurses use the nursing consultation as a therapeutic resource to develop their actions in a qualified way for both the patient and the family, even before starting chemotherapy treatment (REIS et al., 2020).

The chemotherapy nursing consultation comprises a facet of the educational process of care that allows the caregiver to equip the patient for self-care, so that he/she acquires autonomy in managing the complications of neoplastic therapy, feels safe, qualified and invested with information that can make this moment less painful.

The cancer patient, when oriented, becomes more capable of pursuing the treatment with greater safety, considering that, from the guidance, they can acquire skills, confidence, and autonomy to perform self-care (FERREIRA et al., 2014).

With regard to the competencies of nurses in chemotherapy, the activities developed by these professionals range from managing the Antineoplastic Therapy Services, as members of the multidisciplinary team, scheduling treatments, administering drugs after checking the medical prescription (drug, dose, surface body, route of administration and nursing care before, during and after chemotherapy), adequate venous access to the proposed therapeutic scheme, considering patient safety and quality of life and the Nursing Consultation.
6 FINAL CONSIDERATIONS

The study enriches the existing knowledge on the subject, as it provides a theoretical deepening and promotes reflection on the role of advanced practice nurses in a way that is able to encourage and sensitize oncologist nurses about the importance of the nursing consultation in chemotherapy, contributing for a successful outcome and a path of less pain and suffering, through which antineoplastic treatment pervades.

It is hoped that this will encourage further research in the area and bring about the mobilization of nurses in facing difficulties in carrying out the nursing consultation in all its stages, adding value to nursing care in outpatient chemotherapy.

When considering the role of the specialist clinical nurse as responsible for planning care in the context of advanced practice, the need to systematize the first-time nursing consultation in chemotherapy is recognized, in addition to the management of adverse events resulting from antineoplastic therapy and support in prevention of complications, promoting patient and family care, self-care and better care models.

The nursing consultation is a private function of the nurse and must play a leading role in chemotherapy care.
REFERÊNCIAS


