

TEORIAS CIENTÍFICAS DE SAÚDE NO CUIDADO AO PACIENTE ONCOLÓGICO: REVISÃO INTEGRATIVA

SCIENTIFIC HEALTHCARE THEORIES IN ONCOLOGICAL PATIENT CARE: AN INTEGRATIVE REVIEW

TEORÍAS CIENTÍFICAS DE LA SALUD EN LA ATENCIÓN AL PACIENTE ONCOLÓGICO: UNA REVISIÓN INTEGRATIVA

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RESUMO

Objetivo: Analisar o uso das teorias de saúde no cuidado a pacientes oncológicos, destacando os principais eixos na assistência de enfermagem oncológica. **Método:** Trata-se de uma revisão integrativa da literatura realizada, por meio das bases de dados LILACS, PUBMED e MEDLINE, totalizando 16 publicações. **Resultados:** Após a análise, foi possível destacar 4 eixos principais na assistência de enfermagem oncológica: câncer, enfermagem e cuidado fundamentado em teorias; o autocuidado e o paciente oncológico; processo de ação, reação e interação na enfermagem; outras formas de cuidar. **Conclusão:** É necessário o avanço da ciência no campo da enfermagem oncológica e suas interações com as teorias científicas. O aprofundamento do conhecimento mostrará o caminho para um cuidado qualificado e orientado à oncologia.

Descritores: Teoria de enfermagem; Neoplasias; Cuidados de Enfermagem.

ABSTRACT

Objective: To analyze the use of health theories in the care of cancer patients, highlighting the main axes in oncology nursing care.

Method: This is an integrative literature review carried out using the LILACS, PUBMED and MEDLINE databases, totaling 16 publications. **Results:** After analysis, it was possible to highlight 4 main axes in oncology nursing care: cancer, nursing and care based on theories; self-care and cancer patients; action, reaction and interaction process in nursing; other ways of caring. **Conclusion:** It is necessary to advance science in the field of oncology nursing and its interactions with scientific theories. The deepening of knowledge will show the way to qualified care and oriented to oncology.

Descriptors: Nursing Theory; Neoplasms; Nursing Care.

RESUMEN

Objetivo: analizar el uso de las teorías de la salud en la atención de pacientes con cáncer, destacando los ejes principales en la atención de enfermería oncológica. **Método:** esta es una revisión de literatura integradora realizada utilizando las bases de datos LILACS, PUBMED y MEDLINE, con un total de 16 publicaciones. **Resultados:** después del análisis, fue posible destacar 4 ejes principales en la atención de enfermería oncológica: cáncer, enfermería y atención basada en teorías; autocuidado y pacientes con cáncer; proceso de acción, reacción e interacción en enfermería; otras formas de cuidar. **Conclusión:** es necesario avanzar en la ciencia en el campo de la enfermería oncológica y sus interacciones con las teorías científicas. La profundización del conocimiento mostrará el camino hacia la atención de calidad y orientada a la oncología.

Descriptor: Teoría de Enfermería; Neoplasias; Atención de Enfermería.

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INTRODUCTION

Cancer is the name given to a series of diseases that have uncontrolled cell growth and division in common. These anomalous cells can multiply and invade other organs, in a process known as metastasis. Cancer is a public health problem, ranking second in mortality worldwide. In Brazil, with the change in the morbidity and mortality profile of the last decades and socio-cultural changes, there has been an increase in the number of deaths related to chronic diseases⁽¹⁾.

There is a need for nursing action in education, in disease tracking services, in scientific research and investigation, in health policies and in the creation of strategies for prevention and early detection. Thus, minimizing the numbers of new cases and mortality from cancer and controlling what we have today as a public health problem⁽²⁾.

Nursing has evolved from empirical practices to a science. From the 19th century onwards, Modern Nursing ascends personified by the figure of Florence Nightingale, who, in 1860, launched the first looks towards scientific nursing. It related health to environmental conditions, aiming at placing the patient in better situations so that nature itself could promote healing. Nursing theories are guides to nursing practices, since they offer scientific support for the systematization of nursing care, impacting the care of individuals with cancer, seeking to maintain or improve quality of life⁽³⁾.

Applying theoretical foundations to the nursing care practice allows the development of care sensitive to the desires, fears, potentialities and needs of the assisted being. Theories provide the scientific basis necessary for nurses to understand the values linked to their care practice and the real meaning of the individual's responses in their health-disease process⁽³⁾, based on this ideology, this study is justified.

Over the years, other nurses wrote about professional practice, with a great search to develop and develop theories and conceptual models of nursing. From the 1950s, with the attempt to organize knowledge by conceptual models of nursing, four concepts were established said to be essential to professional practice: the individual, health, the environment and nursing⁽⁴⁾.

When considering cancer as a current public health problem and the complexity of nursing activities inherent to the care of individuals with

cancer, the objective is to analyze the use of health theories in the care of cancer patients, highlighting the main axes in health care. oncological nursing.

METHOD

It is an integrative review of the literature whose methodological path began with the identification of the theme and the following research question: what health theories have been used to support the care of patients with neoplasms? The question was elaborated using the acronym PICO (population; interest; context), an adaptation of PICO (population; intervention; comparison; outcome) widely used in reviews that investigate the relationship between two events⁽⁵⁾.

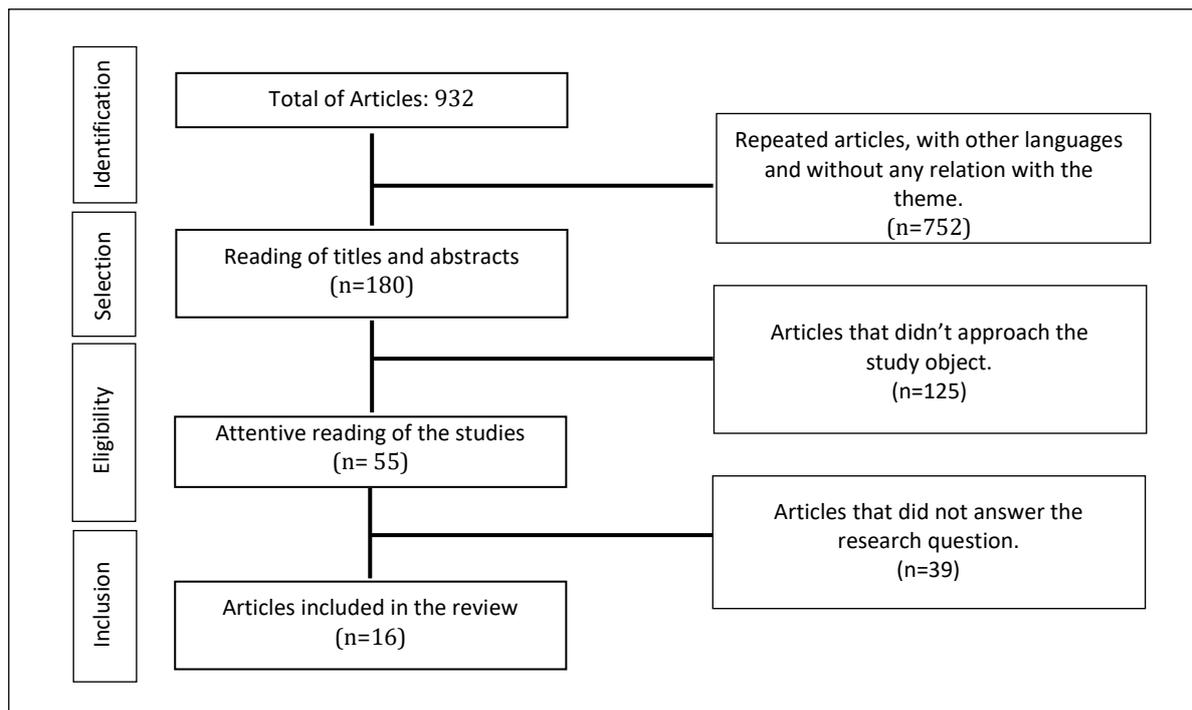
The search took place in July and August 2019, in pairs, using a network licensed by the Federal University of Maranhão, accessing the databases: LILACS (*Literatura Latino-Americana em Ciências da Saúde* - Latin American Literature in Health Sciences); MEDLINE (Medical Literature Analysis and Retrieval System on-line) and PUBMED (US National Library of Medicine).

To search the databases, the Health Science Descriptors (DeCS) were used: 1# (Nursing Theory); 2# (Neoplasia) in Portuguese and English. Crossings were performed using the Boolean operator AND, as follows: 1# AND 2#.

For the selection of articles, the following inclusion criteria were adopted: dealing with articles published in Portuguese and English, with full text available in the selected databases and related to the research problem. Letters to the editor, abstracts, expert opinions, theses and dissertations were excluded. We chose not to perform a temporal cut, so that all works available in the researched databases were considered.

In the first stage, 932 publications were found. In the second stage, repeated articles and those that were not available in English and Portuguese were excluded and titles and abstracts were read. In the third stage, articles that addressed health theories in the care of cancer patients for detailed reading were selected. In the last phase of the construction, studies that answered the research question were selected, totaling 16 articles included in this study (Figure 1).

Figure 1 - Flowchart of construction of the research corpus. São Luís, Maranhão, August 2019.



Source: compiled from authors' information.

For the analysis and data extraction, a script was elaborated with the following data: title of the article, place and year of realization, type of study, level of evidence, theory studied and results.

A hierarchy of evidence was adopted, according to the research design, on five levels: Level 1 (evidence resulting from the meta-analysis of multiple controlled and randomized clinical studies); Level 2 (evidence obtained in individual studies with experimental design); Level 3 (evidence from quasi-experimental studies); Level 4 (evidence from descriptive studies or with a qualitative approach); Level 5 (evidence from case reports or experience)⁽⁶⁾.

RESULTS AND DISCUSSION

Of the sixteen articles that comprised the sample of this review, seven were carried out in

Brazil, seven in the United States and two in Colombia. Published works were found, from 1992 to 2018, six of which were published in the last five years, showing the scientific relevance of the theme and the growing interest of researchers in recent years.

All selected articles are authored by Nursing, most presented a theoretical-reflective approach to bibliographic review (9 articles), 3 presented a quantitative approach and 4 qualitative, this, through semi-structured interview. It is necessary to consider that studies with these approaches are used when there is limited knowledge about a certain phenomenon.

Chart 1 shows the title of the article, place and year of publication, type of study, level of evidence, theory studied and results.

Chart 1 – Characterization of research on health theories used to support care for patients with neoplasms, located in the LILACS, MEDLINE and PUBMED databases. São Luís, Maranhão, August 2019.

Title	Place and year of study	Type of study	Level of evidence	Theory studied	Results
Theory of unpleasant symptoms: support for the management of symptoms in children and adolescents with cancer	Brazil, 2015	Theoretic al-reflective	Level 4	Theory of Unpleasant Symptoms (TUS)	The theory emphasizes the complexity and interaction of symptoms, the interrelationships between them, the factors that influence them, and the results and consequences of these ⁽²¹⁾ .

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Title	Place and year of study	Type of study	Level of evidence	Theory studied	Results
The importance of communication in pediatric oncology palliative care: focus on Humanistic Nursing Theory	Brazil, 2013	Field research, with qualitative approach	Level 5	Humanistic Nursing Theory	Two categories emerged: "strategy to humanize nursing care, with an emphasis on relieving the child's suffering" and "strategy to strengthen the bond of trust between nurse and child" ⁽²⁴⁾ .
Theories and models related to quality of life in cancer and nursing	Colombia, 2005	Integrative review	Level 4	Theory of Self-Care, Uncertainty, Stress and Facing crises.	Through the list of theories, measures were highlighted to assist in therapy and provide quality of life to patients. They were: Welfare measures; Social welfare; Psychological well-being; Spiritual well-being ⁽⁹⁾ .
The nursing process on the treatment of abnormal papanicolaou's test results in the light of two convergent theories: a didactic exercise	Brazil, 2004	Case report	Level 5	Theory of Social Representations Imogene King Theory	Allying with the theories, a possible convergence between the two was found, especially in aspects involving human interaction with their values, beliefs and which are manifested through communication ⁽¹⁴⁾ .
Theories, Models, and Frameworks Related to Sleep-Wake Disturbances in the Context of Cancer	United States, 2010	Integrative Review	Level 4	Orem's Self-Care Theory of Unpleasant Symptoms	Sleep-wake disorders negatively affect quality of life ⁽¹⁰⁾ .
Enhancing Self-Efficacy for Optimized Patient Outcomes through the Theory of Symptom Self-Management	United States, 2014	Qualitative	Level 4	Theory of Self-Management Symptoms	Description of how oncology nursing can use self-management interventions for symptoms of perceived self-efficacy to improve the functional status and quality of life of their patients ⁽⁷⁾ .
Using self-regulation theory to develop an intervention for cancer-related fatigue.	United States, 2002	Qualitative	Level 5	Self-regulation theory	According to the self-regulation theory, the inadequate management of the fatigue symptom can lead to greater fatigue discomfort among cancer patients ⁽²³⁾ .
Testing a theory of decision-making derived from King's systems framework in women eligible for a cancer clinical trial	United States, 2002	Qualitative	Level 2	Imogene King Theory	King's theory proposed that the concepts of uncertainty, function and social support are related to emotional health, which in turn is related to the treatment decision ⁽¹⁷⁾ .
Testing a theory for health-related quality of life in cancer patients: a structural equation approach.	United States, 1999	Descriptive	Level 2	Theory based on the Roy Adaptation Model of quality of life	The response modes are physiological, self-concept, interdependence and function function, and from these classifications, 3 propositions were presented related to the types of responses that the individual presents in the diagnosis of cancer. The analyzes did not support the proposition that all 4 response modes were interrelated ⁽⁸⁾ .
The relationship of self-concept and self-care in children with cancer	United States, 1998	Descriptive	Level 2	Orem's Self-Care Theory	Children had a higher self-concept score, they performed more self-care activities and received more care dependent on their mothers. The self-concept scores of the groups that were undergoing therapy and those that were not were not significantly different ⁽¹³⁾ .

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Title	Place and year of study	Type of study	Level of evidence	Theory studied	Results
Studies exploring self-care for the person coping with cancer treatment: a review	United States, 1992	Integrative review	Level 4	Orem's Self-Care Theory	The manipulation of food and liquid intake, sleep, exercise is explored, in addition to the role that self-care plays in controlling nausea and vomiting caused by chemotherapy ⁽¹¹⁾ .
Incertidumbre frente al diagnóstico de cáncer	Colombia, 2018	Qualitative	Level 2	Theory of Uncertainty in Mishel's Disease	Uncertainty is a feeling that invades patients with chronic illness. Themes emerged - support from the health team and family members in the diagnosis; Positive attitude; Suffering in view of adversity; Holding on to God and the adversity of the health system ⁽¹⁸⁾ .
Cervical cancer prevention among quilombola women in the light of Leininger's theory	Brazil, 2018	Qualitative	Level 2	Theory of Transcultural Care by Madeleine Leininger	Quilombolas pointed out the use of medicinal plants as preventive practices for cervical cancer, and professional care, characterized by the Pap smear. However, a majority of women did not perform prevention ⁽¹⁹⁾ .
Existential experience of children with cancer under palliative care	Brazil, 2018	Qualitative	Level 2	Humanistic Nursing Theory	The theory of humanistic nursing in pediatric oncology can improve and guide the practice of nurses, since this theory is based on the encounter and authentic dialogue between those who care and those who are cared for ⁽¹⁵⁾ .
Counseling and Spiritual Assistance to Chemotherapy Patients: A Reflection in the Light of Jean Watson's Theory	Brazil, 2018	Theoretical-reflective	Level 4	Theory of Human Care	The critical analysis of psychological, theological and psychotherapeutic counseling methods indicates approaches to the Human Care Theory, promoting the improvement of spiritual interventions directed at patients undergoing chemotherapy ⁽²⁰⁾ .
Existential experience of children undergoing chemotherapy regarding the importance of playing	Brazil, 2018	Qualitative	Level 5	Humanistic Nursing Theory	Children understand about their disease and treatment, showing the deprivations experienced by them and the situation of emotional imbalance. Playing, provoked positive feelings, constituting a way for time to pass faster ⁽²²⁾ .

Source: compiled from authors' information from systematic analysis.

Based on the analyzed materials, it was possible to point out 4 main axes in oncology nursing care that will be discussed below.

Cancer, nursing and care based on theories

Historically, the first initiatives developed for the control of cancer are still recent when compared to other pathologies, having been directed, almost exclusively, to the diagnosis and treatment of the disease. With this, the prevention and information actions of the population were impaired, being justified due to the incipient knowledge of the etiology of cancer⁽¹⁾.

This allows us to understand how cancer has become a disease feared by everyone, involved in myths and beliefs that arose from the lack of knowledge and information on the part of the majority of the population⁽¹⁾.

Even today, when medicine raises cancer to the condition of chronic disease, due to the high technology of diagnosis, many people have the condition of identification and early treatment, providing a cure and increased survival. However, the reality is faced with the increase in the number of cases of the disease, which has greatly concerned and called the attention of public health policy managers, health professionals and the community⁽¹⁾.

Such a situation is of great relevance for the health professions and, especially, for nursing, considering the importance of the patients' view of the disease and the treatment for better management of their health conditions, which favors greater participation of the person in control of the treatment and meeting of their needs to improve their quality of life⁽⁷⁾.

In order to scientifically substantiate the care provided, we have nursing theories, which have been dominant in the literature for the past 40 years, contributing to its development as a profession. The era of theory, together with the awareness of nursing as a profession and academic discipline, emerged from the debates and discussions of the 60s. The transition from vocation to profession, in the 70s, was decisive for nursing, for questioning which discipline in that should be based, and the answer was in nursing science⁽⁴⁾.

Self-care and cancer patients

Nursing care for cancer patients covers all age groups and, in general, is performed in diverse

environments such as hospitals, rehabilitation centers, homes and communities. Therefore, this specific care must contemplate the patient's life reality, since the disease experience is unique for each individual and each one will express collective needs that are expressions of social, economic and cultural determinants⁽²⁻⁸⁾.

Care has long been studied and reflected on by nursing. However, we are still far from a clear and objective definition. This definition difficulty may be related to the complexity of care, since it emerges from interpersonal relationships between human beings loaded with different beliefs, values and needs⁽²⁾. Of the 16 studies analyzed in this study, 4 raised Orem's theory of self-care to improve nursing care for patients.

When formulating her theory, Dorothea Orem, through this, affirms that the adult subject only requires nursing care when there is an inability to maintain, frequently, the quantity and quality of self-care⁽⁹⁾. In other words, the subject has no ability, by themselves, to sustain life, health, recover from illness or injury, as well as face its effects⁽⁹⁻¹⁰⁾.

Self-care consists of the practice of activities that people initiate and conduct, in certain periods of time, by their own means and in the interest of maintaining a healthy and alive operation, and continuing with personal development and well-being⁽⁹⁾. The self-care deficit described by Orem, on the other hand, occurs when the relationship between the human properties of therapeutic need and the capacity for self-care developed are not operative or adequate to meet and cover some or all of the components of the existing therapeutic need for self-care⁽¹⁰⁾.

Dorothea Orem's Theory of Self-Care was developed from a conceptual framework in which the theorist believes that the nursing professional, together with the client, should identify capacity deficits in meeting individual self-care needs, seeking to develop in these individuals the potential already existing for the practice of self-care⁽¹⁰⁾.

Thus, the nursing professional works in self-care as a regulator of the system. They identify deficits in competence in relation to the demand for self-care, does for the individual what they cannot do, teaches, guides and promotes the development of the individual's capacities so that they can become independent of nursing care, assuming their self-care⁽¹¹⁾.

In a survey conducted in Rio de Janeiro – Brazil, with ostomized cancer patients, it was identified that these patients still need to become aware to understand the effects and results of their pathological condition, modifying their self-concept, adapting specific forms of health care, to learn living with the effects of medical intervention and developing a lifestyle that promotes continued personal development⁽¹²⁾.

In one study, they developed a survey of 74 children with cancer and their mothers. The results showed small but significant correlations between the variables, providing some evidence that, if the children had a higher self-concept score, they would perform more self-care activities and receive more care dependent on their mothers. This study supports Orem's theory and reinforces the need to promote positive self-concept⁽¹³⁾.

It is perceived that the understanding about the pathology makes the individuals strengthen the self-concept and manage to achieve self-care in a satisfactory way, always having as basis the nursing care and monitoring, which, in turn, is based on Dorothea's theory of self-care⁽¹¹⁾.

Action, reaction and interaction process in nursing

In a study carried out in 2005, it shows how the theoretical reference of Imogene King can define the nursing process as a process of action, reaction and interaction, by which the nurse and client share information about their perceptions in the nursing situation. It is also possible to define health as a dynamic state in the life cycle of a human being that implies continuous adjustments to stressors, in the internal and external environment, through the use of their own resources to reach the maximum potential for daily life⁽¹⁴⁾.

Thus, the concepts are part of the conceptual structure of the aforementioned theory which is composed of three systems considered open: the personal, the interpersonal and the social and, in each, there is a group of relevant concepts. In King's understanding, communication is the element that, in addition to perception, promotes interaction between people, communication as one is an instrument to improve care practice, and be able to manage the implications of the child palliation process⁽¹⁵⁻¹⁶⁾.

The theory derived from King's structure proposed that the concepts of uncertainty,

function and social support are related to emotional health (hope and mood) which, in turn, is related to the treatment decision. A correlational study design was used to test the theory in a sample of 40 women. The findings provided empirical evidence for the adequacy of King's structure and supported, in part, the theorized relationships between critical factors⁽¹⁷⁻¹⁸⁾.

The incorporation in the care practice of the concepts proposed by Imogene King allowed us to understand that caring, aiming at health and, consequently, improving the quality of life of the client, assumes a transcendent meaning and that, being cared for, certainly contributes to alleviate suffering present in the experience of living the limits between life and death⁽¹⁶⁾.

Other ways of caring

Based on this assumption, we note that nursing care is broad and should be based on scientific knowledge, guiding their actions and opening paths for the critical thinking of the professional nurse.

It is necessary for the nurse to see the patient holistically and as a subject who has their own beliefs, values and cultures and which must be incorporated during care, so that a relationship of trust is established that facilitates the care provided and care of culturally competent health. Thus, it is believed that knowing and understanding the culture of populations, as well as their relationship with health behaviors and care practices, is fundamental for the assistance of health professionals⁽¹⁹⁾.

Understanding the patient as an individual with beliefs, part of the problems faced by patients in the chemotherapy outpatient clinic can be minimized by spiritual assistance, it is up to the nurse to realize this need, often hidden in the client's complaints and symptoms. Although the nurse is not a religious practitioner, they need to be present and understand when the client's cause of suffering is associated with feelings of divine punishment. Spiritual assistance should be performed to resolve the confrontation between religious beliefs and health care⁽²⁰⁾.

Care for children and adolescents with cancer shows that these clients experience a variety of symptoms, which sometimes occur simultaneously. These symptoms are associated with worse prognosis, including low survival, reduced adherence to treatment and decreased

quality of life⁽²¹⁾. Toy therapy proved to be effective, in better adherence to treatment, as it elicited positive feelings, allowing for a less unpleasant experience⁽²²⁾.

The importance of assessing and intervening under such symptoms is not only in terms of patient survival, but also in terms of quality of life, during and after treatment, it is currently an integral part of the pillars of research in clinical oncology and priority in research in oncological nursing⁽⁷⁾. There is a counterpoint to symptom management, where the inadequate management of one or more symptoms brings greater consequences to a patient already weakened by the underlying disease and, therefore, the theory of symptom self-regulation must be present in the planning of oncological nursing care. even before the first contact with the treatment⁽²³⁾.

In the field of nursing, we use some fundamental tools for the development of care. Communication is one of them, important for the practice of care for all types of patients, including those without therapeutic possibilities of cure, especially when it comes to children with cancer, communication is a strategy for creating bond and trust for the child with the nurse, making it extremely important for the promotion of palliative care⁽²⁴⁾.

In this context, when a child falls ill with cancer, there are changes in habits, restrictions, isolation, withdrawal from routine activities, recurrent hospitalizations, all of which cause intense suffering. Effective communication is considered a fundamental instrument for comprehensive and humanized care because, through this, it is possible to empathically recognize and attend the patient's needs⁽²⁵⁾.

FINAL CONSIDERATIONS

The analysis of the use of health theories, in the care of cancer patients, provided the opportunity to identify relevant axes in oncology nursing care, thus reaching the objective of this study. There is potential for advancing science in the field of nursing, oncology and scientific theories, as well as their interactions. Likewise, the assessment of changes in the severity of symptoms, over time and care is a promising proposal.

Nursing care is a process of mutual relationship between human beings. In this relationship, care, through tools, presents itself as

an axis for its development, as it is conceived by nurses themselves as one of the most relevant instruments.

It was realized that there is a need to expand knowledge and research, using scientific theories and the cancer patient as a basis, a client who is the target of numerous complications during their treatment and even after the cure. Theoretical scientific knowledge shows artifices for caring in a concrete way.

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