

PERCEPTIONS OF NURSES AND PAIN MANAGEMENT OF CANCER PATIENTS

PERCEPÇÕES DE ENFERMEIROS E MANEJO DA DOR DE PACIENTES ONCOLÓGICOS

PERCEPCIÓN DE LOS ENFERMEROS Y MANEJO DEL DOLOR DE LOS PACIENTES ONCOLÓGICOS

Mariléia Stübe¹
Cibele Thomé da Cruz²
Eliane Raquel Rieth Benetti³
Joseila Sonogo Gomes⁴
Eniva Miladi Fernandes Stumm⁵

¹ RN. Specialized in oncology. Nurse Practitioner at Hospital de Caridade de Ijuí – HCI. Ijuí, RS – Brazil.

² RN. Specialized in intensive therapy. Nurse Practitioner at HCI. Ijuí, RS – Brazil.

³ RN. Master in nursing. Nurse at the Hospital Universitário de Santa Maria – HUSM. Santa Maria, RS – Brazil.

⁴ Nurse. MS in Nursing. Professor at the Universidade Regional do Noroeste do Rio Grande do Sul – UNIJUI. Ijuí, RS – Brazil.

⁵ Nurse. Doctor in Science. Professor at UNIJUI. Ijuí, RS – Brazil.

Corresponding Author: Eniva Miladi Fernandes Stumm. E-mail: eniva@unijui.edu.br

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ABSTRACT

This study seeks to understand nurses' perception of pain in cancer patients and the pain management measures taken. Our approach was investigational and qualitative. Data was collected from recorded open interviews and a sociodemographic form. Seven nurses who worked with cancer patients participated. We developed two analytical categories, one related to the patient's pain and the other to the measures taken to manage that pain. The results point to a number of changes that can be made to improve the assistance to these patients and better manage pain.

Keywords: Oncology; Chronic Pain; Nursing Care; Pain Management.

RESUMO

A pesquisa busca apreender a percepção de enfermeiros que atuam em Oncologia referente à dor do paciente e conhecer ações para seu manejo. É de caráter qualitativo, observados os aspectos éticos que regem uma investigação com pessoas. Coleta de dados por meio de entrevista aberta, gravada. Participaram sete enfermeiras que atuam em Oncologia, utilizado formulário sociodemográfico. Os resultados foram submetidos à análise de conteúdo e resultou em duas categorias analíticas, uma relacionada à percepção de dor no paciente oncológico pela enfermeira e a outra às ações direcionadas à redução da dor. Os resultados sinalizam mudanças que podem ser realizadas por enfermeiros, com o objetivo de qualificar a assistência aos pacientes oncológicos e contribuir para a minimização da dor.

Palavras-chave: Oncologia; Dor Crônica; Cuidados de Enfermagem; Manejo da Dor.

RESUMEN

Esta investigación tiene como objetivo captar la percepción de los enfermeros que trabajan en oncología referente al dolor de los pacientes y conocer las medidas que toman para manejarlo. Se trata de un estudio cualitativo que observó los aspectos éticos que rigen la investigación con personas. La recogida de datos fue realizada por medio de la entrevista abierta y grabada. Participaron siete enfermeros de oncología y fue utilizado un formulario sociodemográfico. Los datos fueron sometidos al análisis de contenido y resultaron en dos categorías analíticas, una relacionada con la percepción del enfermero acerca del dolor del paciente con cáncer y la otra con las medidas tomadas para reducir el dolor. Los resultados indican que los enfermeros podrían realizar algunos cambios con la finalidad de calificar la atención de los pacientes oncológicos y ayudar así a minimizar su dolor.

Palabras clave: Oncología; Dolor Crónico; Atención de Enfermería; Manejo del Dolor.

INTRODUCTION

Cancer is characterized by the disordered growth of cells that rapidly divide, become aggressive and unmanageable, attacking tissues and organs. The main risk factors are exposure to carcinogens and environmental factors such as stress, sedentariness, smoking, alcohol intake, nutrition, exposure to radiation, and genetic predisposition.¹

The incidence of cancer grows with the global increase in life expectancy. This is a result of changes occurring in the last few decades, which have affected people's health, as well as accelerated urbanization, new lifestyles and new consumption patterns.¹

According to the International Agency for Research on Cancer (IARC), an agency of the World Health Organization (WHO), the number of cancer cases will increase 75% by 2030, and reach up to 90% in poor countries.² According to a report by the agency, the most prevalent kinds of cancer in the next years will vary by country. In countries with westernized lifestyles, such as the United States, Brazil, Russia, and the United Kingdom, there should be an increase in cancers related to obesity (an outcome of poor nutrition and sedentariness), such as breast cancer and colorectal cancer, and to smoking, mainly lung cancer. In poorly developed countries, such as in Sub-Saharan Africa, cancers related to infections, such as liver, stomach, and cervical cancer, can also increase.²

Cancer as a chronic disease is directly related to pain, and its management has been widely investigated. Pain, however, is associated to intense suffering and can also interfere in the physiological, psychological, social, and spiritual spheres. Defined by the International Association for the Study of Pain (IASP) as an unpleasant sensitive and emotional experience, associated to real or potential lesions, pain is experienced by 50-70% of the individuals with cancer in the initial phase. In the more advanced stages, this percentage can reach up to 90%.³ Every time nurses are notice pain, they should take measures to manage it, as well as intervene and monitor results to acceptable levels for the patient.⁴

From these considerations, we seek to comprehend the nurses' perception of cancer patients' pain, and the measures taken to manage that pain.

METHOD

This is a descriptive qualitative study, carried out in the cancer ward of a general hospital, size IV, in the state of Rio Grande do Sul, Brazil. Data collection was performed in July and August 2013, following approval by the Ethics Committee (report # 323.562). All the ethical aspects were observed, according to Resolution 466/2012 of the National Health Council.⁵

All the seven nurses in the unit took part in the research. Data were collected in an open interview and a form with sociodemographic information (age, sex, marital status, number

of children, schooling level, experience, experience with cancer, and whether they chose to work in that field). The researcher conducted the interviews in a private room in the hospital by appointment.

The interview was recorded and transcribed in full, and was thus led: "Tell me about how you perceive the cancer patient's pain, and what measures you take to manage it."

To analyze the data, we used the technique of content analysis, following theoretical and methodological considerations that allow the transformation of spoken answers into analyzable units to uncover implicit content.⁶ We sought a relation between semantic structure (signifiers) and sociological and psychological structures (perceptions), from the interviewees' discourse.

RESULTS AND DISCUSSION

The seven nurses taking part in the research worked during the morning and afternoon shifts; were aged between 25 and 50 years. Five had children, and four were married. Experience ranged from 1 to 16 years, and experience with cancer, from 1 to 10 years. Four chose to work in the field.

From our attempt to extract the essence of the interviews, we devised two analytical categories: the perception of the cancer patients' pain and the measures taken to manage it, described and analyzed sequentially.

NURSES' PERCEPTION OF CANCER PATIENTS' PAIN

Nurses in this study pointed out that they identified and perceived the patient's pain by way of verbal complaints, facial expression, and general appearance, as described in the following excerpts:

[...] cancer patients report the pain they are experiencing at the time. (E1)

[...] actually, some report pain, but I can also see it in their eyes, by their facial expressions, that they are not well. (E2)

We perceive [pain] in their eyes, and their own report. (E4)

Some patients, because of their advanced clinical picture, can't even talk to us anymore, so we perceive pain by facial expression. (E5)

The process of experiencing a severe illness such as cancer is full of significant alterations in the daily routine, and requires

a restructuring of personal and family lives, encompassing social, organic, psychological, emotional, and spiritual aspects. Within this context, nursing comes to assist these patients by noticing their needs and rethinking how to best care for them by focusing on the problems at hand.⁷

Thus, nursing care's attention to the patient's subjective complaints contributes to their comfort and well-being. Pain is measured as a vital sign, and there are parameters to establish a care plan according to pain intensity. Within this model of assistance, nurses can listen to patients, identify their needs and take measures.⁸ In this sense, care must be predicated in healthy living and interaction, since the cancer patient values the interpersonal relation and attributes symptom and pain relief to it.⁸

A research with 60 nurses aiming to assess their perception on the administration of opioids for pain relief showed that 56.7% were able to identify pain by verbal complaints and 30% by facial expression.⁹ A study with 50 patients and 50 nursing professionals sought to verify whether the team approaches pain systematically as the fifth vital sign. Among the results, we noticed that the nursing team reports that they act as soon as the patients voice their complaints, and that the most common method to perceive pain is verbal, followed by facial expression. Only 52% of the team assessed pain alongside the other vital signs.¹⁰

It is important to value the patient's complaint and take it into account along with the vital signs in all health institutions. This procedure seeks to alleviate suffering, most of the time manageable, and give patients their right to a full and humanized treatment.¹¹ The joint assessment of pain and vital signs allows for a systematic evaluation, since alterations in these parameters can mean pain, as reported by E2:

[...] when the patient is in pain, this causes alterations in blood pressure and other vital signs, mainly heart rate (E2).

Emotional pain, also called the pain of the soul, psychological or spiritual pain, is perceived and mentioned by the majority of the nurses. It is also characterized as immeasurable and manifests by negation of diagnosis and treatment, and requires professionals able to carry out therapeutic listening. Within this context, "[...] the worse pain of all is the pain of the soul, the pain of the affects, or the lack of them, and it must be treated with presence, empathy, care, humor, and professionalism."^{12:170}

We begin to see in the interview extracts the perception of the patient's emotional pain:

What I perceive the most in the cancer patient is the emotional pain, and this is something that affects them directly [...]. Physical pain often comes from anxiety and feelings of that kind. (E5)

In some patients, pain is different. They experience emotional pain, and there's no medication to alleviate that. Generally we perceive emotional pain when the pain continues even after medicated. (E7)

A study was conducted on how the family acts and feels about a family member with cancer in a surgical unit with seven participants (three patients and four family members). Among the feelings described, fear, hope, and negation were highlighted.¹³ For the authors, the disease causes physiological and psychological alterations in the patient at the same time they struggle with it.¹³ The present study corroborate these findings, because the nurses relate the perception of emotional pain to feelings of negation.

In many cases, the spiritual pain is related to feelings of negation that are installed by the patient's condition. (E3)

It is an intangible pain, I mean, not physiological [...] most of the time it is the pain of the "soul" that prevails [...] We talk to those patients and we see that they do not accept the disease, they deny it. (E4)

Furthermore, even though there are cases of remission, cancer is still seen as a cruel, untreatable, mysterious, and destructive disease.¹⁴ Diagnosis is permeated with a certain "pain of having cancer," a feeling associated to an unfavorable prognosis, the suffering caused by therapy, comings and goings out of hospitals, cessation of work, giving rise to different feelings.¹⁵ All these aspects interfere in the patients' perception of their own pain, and E4 mentions this:

They feel pain from knowing they are doomed. (E4)

For one of the nurses, pain is perceived as a stressor for all the participants in the care process: team, family, and patient. This report underlines the need to understand that the cancer patient's suffering, provoked by pain and the treatment, interfere in many aspects and are shared by families and health team.⁸ Besides, it is up to the nursing professionals to help them to seek out effective coping strategies.

I see this pain as a very stress-inducing factor for the patient, as well as for family members and for the health team. (E6)

In the extract below, we can see that the interviewee reports the perception of the different reactions of the elderly cancer patient's pain.

I can see it on the patient's face, when he speaks, and when he acts... For instance, many elderly patients do not say they are in pain, but when we touch them to examine, they contract and moan. (E7)

Pain assessment can be difficult and become compromised in elderly patients, who may be facing personality changes, impaired judgment, diminished abstract thinking and verbal skills. Facing these conditions, the most common behavior associated to pain might be absent or difficult to interpret. This is a challenge for the nursing professionals because a precise evaluation is the basis for pain treatment.¹⁶ Self-reports are known to be the gold standard for pain treatment. However, in many clinical situations with the elderly, a direct observation must be done in order to identify behaviors that suggest pain and the patient's response to the therapeutic measures, pharmacological or otherwise.¹⁶ Thus, attention to the elderly cancer patient requires specific knowledge and skills.

Patients submitted to antineoplastic chemotherapy are faced with a serious disease that raises doubts, fears, and other emotions, as well as unexpected physiological reactions. This condition is heightened when they return for consultations, begin new therapy cycles, and await exam results, because of the uncertain prognosis.

We perceive the pain of the "soul" to be even stronger in patients who begin a new cycle of chemotherapy, because this disease has no cure. (E4)

When patients come for appointments, they complain of general pain, headaches, and discomfort. They are in panic until they know the results, and when the results are good, they feel better [...] but if not, they report a lot of pain. (E7)

The team's perception of the different reactions of the cancer patients facing pain is important to develop quick and suitable measures that consider the individuality, lifestyle, beliefs, and cultural values of the patient.¹⁷ The interviews with E4, E6, E2, and E5 show these different attitudes:

[...] sometimes they suffer in silence. (E4)

Often pain is only perceived when the team is handling the patient, because of the posture, and the patient moans or complains [...] often they do not want to cause trouble and report to the team. (E6)

[...] the patient arrives all contorted, depressed, moaning. (E2)

[...] they often cry. (E5)

The quality of the assistance depends on the team's perception and their awareness of the patient's diminished expectations.¹⁷ In the interviews, we noticed that the nurses perceive the patients' pain in different ways, identifying both physiological and emotional pain, and acknowledging that they both need to be perceived, assessed, and suitably treated.

MEASURES TO MANAGE CANCER PATIENTS' PAIN

In this category, we describe the measures taken by the nurses to manage cancer patients' pain. The patient requires technical skills from the team for physical care, and emotional care predicated on ethics and humanization,¹⁷ requiring from the nurse sensibility to identify signs of pain and to program efficient measures to manage it.

E6 highlights the importance of the evaluation of pain to identify the causes and possible alleviation measures:

The team needs to assess each patient, each kind of cancer, the causes of the pain, and ways to alleviate it. (E6)

Therefore, the implementation of systematic care measures allows it to be properly managed.¹⁸ For the interviewees, the most frequent measure taken is the administration of painkillers, especially opioids, followed by attention to the proper dosage and specific times (especially at home) and directions to the nursing team. Proper pain management is considered an indicator of quality of life, and opioids are used because of their high level of effectiveness in alleviating pain.¹⁸ Interviewees E2, E4, and E7 report resorting to opioids to treat the patients' pain exclusively:

In this case, we look for the doctor to initiate medication to help the patient in this moment of pain. (E2)

Patients use morphine for this kind of pain. (E4)

We question patients as to the correct use of the daily medication, whether they have already taken it, whether they brought it from home. If not, it is provided. (E7)

In E3's report we can note that the nurse seeks to identify, by talking to the patient, which medication she uses to alleviate pain, as well as the dosage and its proper usage. This care is provided for both outpatients and inpatients.

Some patients use morphine, or another continuous treatment drug. They resist taking these drugs, and often

arrive at the hospital reporting pain. They are questioned as to the use of the drug and the dosage, and then they are urged to keep taking them at home, because cancer is a chronic disease. (E3)

Other measures taken by E2, E7, E6, and E5 to manage pain are non-pharmacological, such as applying heat, changes in position, and stimulation of walking.

We apply hot water bottles to alleviate pain. Sometimes a change in their position on the bed also helps to minimize pain. (E2)

We are told to apply heat. (E7)

We verify whether the patient's position on the bed is causing pain. (E7)

We can also take non-pharmacological measures, instruct patients to change their position on the bed and to walk for a while if possible, to minimize pain. (E5)

These measures are corroborated in our literature review, which sought nursing non-pharmacological postoperative measures. The most used were the application of heat and cold, massage, and cognitive-behavioral monitoring of the patient, followed by changes in the position on the bed, comfort measures, walking, among others.¹⁹

E4 and E5 also report measures predicated on personalized attention and assistance, according to the needs of each patient when feeling pain. Among these, there are attention, individualized care, comfort measures, and a certain level of intimacy.

We must be attentive to their complaints, to see them in a social and family context, not only the context of the hospital and the disease. We should give them attention, and encourage personalized care. All this helps to give them comfort. (E4)

Nursing must be close and give a humanized assistance to the cancer patient. (E5)

These fragments corroborate authors reporting that the painful experience is an individual phenomenon, and to characterize it, a daily evaluation standard must be set, directed to the patient's needs and the causes of pain. Teamwork favors the treatment of the cancer patient, and has effective responses, thus allowing a holistic assistance.²⁰ We note that the assistance given to the cancer patient by a multiprofessional team favors the identification of the patients' physical, emotional,

social, and spiritual needs, and leads to effective measures to manage pain.

One of the measures to manage pain that is mentioned by all interviewees is related to multidisciplinary work. These extracts from E4 and E5 show this:

Our work is multidisciplinary, with nurses, nutritionists, psychologists, and physicians. We seek each professional's help according to each patient's need, and within 24 hours we can notice improvements. (E4)

It is a multidisciplinary work, with nursing, pharmacology, nutrition, psychology, medicine, and physical therapy. We seek better assistance with a multiprofessional team. (E5)

The patients' family must be integrated in the care, especially in pain management at home. Thus, it is important to cultivate a relationship between team, patient, and family to better understand how to avoid pain triggers and to manage pain. The team needs the family to be close to the patient so that possible incidents will become known to the team.²¹ An important measure reported by E7, E5, and E6 is to give the family proper care instructions, including noting pain episodes, use of medication at home, and incidents:

The family is instructed to write down the incidents and report them to the team at the time of consultation. (E7)

The nurse caring for cancer patients seeks to involve the family in the process. (E5)

Nursing instructs patients and their families on pain management and the use of medication. (E6)

The whole team has been instructed as to the creation of a healthy environment, without excessive light and noise in the hospital, which can increase discomfort and pain for the patient.²² E2 mentions how instructions such as these, for the team and to the families are necessary:

Some patients are more sensitive to noise, to people talking in the room. If she is already in pain, it can increase. We request understanding from the people accompanying the patient, and ask them to reduce noise. Often bright lights can also affect pain. Those are measures that we can take to alleviate pain. (E2)

Other beneficial measures cited include displays of affection, active listening, talking to the patient, emotional support, therapeutic listening, proper information, and clarifying

doubts.²³ Talking helps to alleviate pain, as the interviews with E3, E5, E4, E6, and E7 show:

We talk and we see that calms them until the end of the chemotherapy session. (E3)

We seek to give emotional and psychological support to the patient with pain. (E5)

We talk to these patients; we give them attention [...]. In truth, this is a sort of medication. We listen to them, and we try to cheer them up. (E4)

Often we see that the patients want to stay because of the attention we give them, and because of how we try to make them more comfortable, how we listen, and how we manage their pain. (E6)

The nurses give therapeutic support to the cancer patients. (E7)

Team work favors the treatment and gives the patient full assistance, which can make them respond to the treatment better. Thus, it is important to instruct patients as to the therapeutic measures. E5 and E6 report that the therapeutic practices are explained by the entire team:

We seek to make the patient aware of all the therapeutic practices. (E5)

We all instruct the patient in the same way, even if the team is a multidisciplinary one. (E6)

The triad patient-family-team needs to be built with confidence and solid bonds, because often the family has a hard time accepting the patient's condition, or are overburdened by it. Facing the complexity and variability of these problems (widely reported in the literature), it is important to consider clinical, social, psychological, spiritual, and economic aspects associated to cancer, and how to best integrate the family into the process.²⁴

Out of the multidisciplinary approach, in which professionals of different abilities establish a relation of reciprocity with patients and family, we can favor more humanized practices. Difficulties in dealing with family members and the beneficial aspect of establishing the bond patient-family-team is reported by E5:

Often the interaction with the family is hard, they have a hard time accepting the patient's condition, so the nurses have to instruct them as well as the patient and

the team, aiming toward a better relationship between the three. (E5)

The interviewee E1 mentions the use of topical medications as one of the measures taken to alleviate pain, when making bandages. This kind of care is important because chronic lesions can be problematic and cause permanent pain, disability, and incur in financial losses, retirement from work, and psychosocial alterations in patients and family.²⁵

They suffer from constant pain from these lesions [...]. We use topical ointments, which help to alleviate pain, and reduce discharges. (E1)

The nurses take several measures to manage the cancer patient's pain. We can infer, however, that there are even further measures to be taken. We should note that they corroborate the literature and contribute to better coping practices. The inclusion of the family is paramount.

FINAL CONSIDERATIONS

The cancer patient experiences pain, which goes beyond the physiological. Thus, the team needs to be sensitive and perceptive to properly identify pain and take efficient measures to manage it. The nurses who took part in our study perceive the patient's pain and seek to manage it, but we believe these measures can be further developed, specifically with the use of the SAE software (Sistematização da Assistência de Enfermagem/Nursing Assistance Systematization).

The results of the present study point to changes that should be made by nurses caring for cancer patients. The intent is to qualify patient care and contribute to pain management. Among the measures to be taken we suggest the consideration of pain as a fifth vital sign, the formation of study groups, and further studies focusing on measuring pain and nursing care for cancer patients.

REFERENCES

1. Brasil. Ministério da Saúde. Instituto Nacional do Câncer. Estimativa 2010: incidência de câncer no Brasil. Rio de Janeiro: INCA; 2009.
2. Bray F, Jemal A, Grey N, Ferlay J, Forman D. Global cancer transitions according to the Human Development Index (2008–2030): a population-based study. *Lancet Oncol*. 2012; 13(8):790-801.
3. International Association for the Study of Pain (IASP). Proposed Taxonomy Changes. 2007. Cited 2014 Dec 15]. Available from: <http://www.iasp-pain.org>
4. Lobo AJS, Martins JP. Dor: conhecimentos e atitudes dos estudantes em um ano de seguimento. *Texto Contexto Enferm*. 2013; 22(2):311-7.
5. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Comissão Nacional de Ética em Pesquisa. Resolução Nº 466 de 12 de dezembro de 2012. Brasília (DF): MS; 2012.

6. Bardin L. Análise de conteúdo. São Paulo: Edições 70; 2011.
7. Salci MA, Marcon SS. Enfrentamento do câncer em família. *Texto Contexto Enferm.* 2011; 20(Esp):178-86.
8. Rennó CSN, Campos CJG. Comunicação interpessoal: valorização pelo paciente oncológico em uma unidade de alta complexidade em oncologia. *REME - Rev Min Enferm.* 2014; 18(1):106-15.
9. Posso MBS, Giaretta VMDA, Santanna ALGD, Ranzani RCM, Gouvea ÁL. Nurses' perception of the management of chronic non-malignant pain with opioids. *Rev Dor.* 2013; 14(1):7-11.
10. Saça CS, Carmo FA, Arbuleia JPS, Souza RCX, Alves SA, Rosa BA. A dor como 5º sinal vital: atuação da equipe de enfermagem no hospital privado com gestão do Sistema Único de Saúde (SUS). *J Health Sci Inst.* 2010; 28(1):35-41.
11. Nascimento LA, Kreling MCGD. Avaliação da dor como quinto sinal vital: opinião de profissionais de enfermagem. *Acta Paul Enferm.* 2011; 24(1):50-4.
12. Simões ASLA. A dor irruptiva na doença oncológica avançada. *Rev Dor.* 2011; 12(2):166-71.
13. Lima LMD, Bielemann VDLM, Schuwartz E, Viegas ADC, Santos BPD, Lima JF. Adoecer de câncer: o agir e o sentir do grupo familiar. *Ciênc Cuid Saúde.* 2012; 11(1):106-12.
14. Silva VR, Gradim CVC. Avaliação da dor em mulheres com câncer de mama submetidas à exérese da rede linfática axilar. *Cogitare Enferm.* 2010; 15(4):646-51.
15. Bernardes C, Bitencourt JVOV, Parker AG, Luz KR, Vargas MAO. Percepção de enfermeira(o)s frente ao paciente oncológico em fase terminal. *Rev Baiana Enferm.* 2014; 28(1):31-41.
16. Herr K. Pain assessment strategies in older patients. *J Pain.* 2011; 12(3):S3-S13.
17. Alves VS, Santos TS, Trezza MCSF, Santos RM, Monteiro FS. Conhecimento de profissionais da enfermagem sobre fatores que agravam e aliviam a dor oncológica. *Rev Bras Cancerol.* 2011; 57(2):199-206.
18. Waterkemper R, Reibnitz KS. Cuidados paliativos: a avaliação da dor na percepção de enfermeiras. *Rev Gaúcha Enferm.* 2010; 31(1):84-91.
19. Oliveira MM, Fonseca JA, Santos DC, Dias CA. Dor no período pós-operatório: ações de enfermagem. *Rev Ciênc Fac Educ Meio Amb.* 2011; 2(Sup-1):27-9.
20. Nascimento DM, Rodrigues TG, Soares MR, Rosa MLS, Viegas SMF, Salgado PO. Experiência em cuidados paliativos à criança portadora de leucemia: a visão dos profissionais. *Ciênc Saúde Coletiva.* 2013; 18(9):2721-8.
21. Burille A, Silva DA, Macagnan KL, Zillmer JGV, Gallo CC, Schwartz, E. O olhar sob a família de paciente portador de câncer no ambiente hospitalar. *Ciênc Cuid Saúde.* 2008; 7:1-4.
22. Duarte ST, Matos M, Toso LC, Tomiasi AA, Duarte PAD, Tozo TC. Praticando o silêncio: intervenção educativa para a redução do ruído em Unidade de Terapia Intensiva. *Rev Bras Enferm.* 2012; 65(2):285-90.
23. Perceive HWUAC. Como mulheres submetidas à quimioterapia antineoplásica percebem a assistência de enfermagem. *Rev Bras Cancerol.* 2010; 56(3):331-40.
24. Scannavino CSS, Sorato DB, Lima MP, Franco AHJ, Martins MP, Moraes Júnior JC, et al. Psico-oncologia: atuação do psicólogo no Hospital de Câncer de Barretos. *Psicol USP.* 2013; 24(1):35-53.
25. Dantas DV, Torres GV, Dantas RAN. Assistência aos portadores de feridas: caracterização dos protocolos existentes no Brasil. *Ciênc Cuid Saúde.* 2011; 10(2):366-72.