

Nursing Sensitive Outcomes in People with Oncological Disease

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Introduction

Globally, in 2012, 8.2 million life losses were caused by cancer, 14.1 million of new cases occurred and 32.6 million people are living with cancer [1]. At the same time, more than 14 million new cases will emerge every year in the world, the number of people with cancer are expected to triple at 2030, as a result of survival [2]. Survivors continue to experience significant physical limitations compared to those without a history of cancer, with translation in increase of fatigue (56%), pain (35%) and insomnia (30%) [3]. The presence of symptoms persists permanently, resulting from direct adverse effects of cancer, treatment, exacerbation and / or onset of new ones associated with relapse or second tumor. The cancer survivor experiences different magnitudes of symptoms at different stages of the disease, with negative effects on quality of life, functional status and self-care. The end of life is reported as a period of increased incidence, intensity of symptoms and emotional distress [4]. Spichiger et al. [5] reported that people admitted at palliative care units experienced 7 to 13 different symptoms. Simultaneously, people admitted at the hospital services reported an average of 13 symptoms, in which pain, dyspnea, and gastrointestinal disorders were present in more than 50% of the people.

Toward these findings, it is fundamental to identify the results of the nursing intervention, which derive from the satisfaction of identified needs. Nursing sensitive outcomes can be defined as all relevant ones, based on nursing domain and intervention, for which there is empirical evidence linking the nurse's input and the outcome of the intervention [6]. To clarify the real importance of nursing care, let us consider some previous studies.

McFarlane et al. [7] looked at symptom control in people on a chemotherapy program, verified that 77% of fatigue had decreased and 88% of pain had also regressed in the group of patients who were cared by oncology nurses. Nurses' level of expertise showed to be a predictive indicator of increased health gains. Dyar et al. [4] emphasize that the implementation of palliative care at an early stage promotes individual satisfaction. Education for self-management and follow-up were found to be positively associated with a higher quality of life. The accomplishment of follow-up (consultation face-to-face, telephone and via email) by specialist nurses, to surgically treated patients with colorectal cancer, with access to the analytical and imagological evaluation, including tumor markers, allowed to reduce mortality by 25% in cases of relapse. The consultation with specialist nurse has reduced the number of total consultations to respond to the needs, felt by the people. The aspects contemplated in the consultation focused on the identification of early signs of relapse, intestinal function, nutritional counseling and management of sexual dysfunction, with the inclusion of a significant person. The figure of the nurse like case manager, who articulates with other health professionals in the multidisciplinary team has, also proved to be an important dimension [7].

Dyar et al. [4] report that, nursing consultation reduces the rates

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of depression, fatigue, sleep pattern disorders, stress and pain level, which contributes to a better quality of life and well-being.

The length of hospital stay decreased for patients undergoing radical prostatectomy, when structured programs for self-care and knowledge about their current health status, alarm signals, drug regimen and frequent complications were implemented. These results in nursing sensitive outcomes allowed to reduce the rate of utilization of health services in the postoperative period, as well as readmission [8]. Lo et al. [9] emphasize that persons who are included in multimedia education programs have improved their general knowledge and independency, which promotes the capacity for care, especially in the cases with the presence of an ostomy. Nápoles et al. [10] emphasize the high co-morbidity associated with mastectomy in breast cancer, where functional rehabilitation provided by nursing decreased the level of dependence in daily and instrumental life activities. The promotion of realistic hope was identified as a variable resulting from nursing action, which allowed to manage the event that generated crisis: the situation of neoplasia [11].

Control of pain and other associated symptoms are recognized as a nursing sensitive outcomes by the Oncology Nursing Society [12]. The literature points to several gains for patient with oncological disease, in different levels: symptom control, functional status, adverse effects control, effective coping strategies, self-care, health service utilization and mortality, that where strongly associated to the nursing care.

Competing Interests

The authors declare that they have no competing interests.

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