



## **Full Length Research Article**

### **PERCEPTION THE CANCER PATIENT IN STATE TERMINAL WITH RESPECT TO THE QUALITY OF NURSING CARE**

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#### **ABSTRACT**

The present study was carried out with the aim of determining the perception that the patient has cancer in a terminal state with regard to the quality of nursing care in a hospital of high specialty in Mexico. It is a cross-sectional descriptive study in which it applied the Questionnaire on the Quality of Nursing Care (CUCACE) which is composed of two sections that contains a total of 45 items with response in the Likert scale that was applied to 30 patients that corresponds to a total population. The results show that the users are satisfied with the care and attention provided by nurse during your stay, the valuation that gave in general was very good, with a percentage of 46.7%, followed by 30% good and 23.3% excellent for the section of experience with care. A 50% very good, 30 percent good, and 20 percent excellent for the assessment of the satisfaction of the care provided. According to the assessment it is noted that the overall result obtained is satisfactory, also showing the lower percentages in the that the practice of nursing care could be improved and thus be able to reach a level of excellence.

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#### **INTRODUCTION**

At present the sick oncology in terminal phase, spend the most time in the hospital, together with a group of specialists, care provided should be of a quality and with affections as to any other patient, nursing care is a very important basis for these patients, since it is the area which passes the most time with him. The Nursing professional is aware of the responsibility for the quality of care that is delivered to the patient, the institution, for ethics, the laws and norms of the profession, and as well the contribution and performance in the evaluation of the care and satisfaction of patients (Santana et al., 2014). The quality of nursing care is the achievement of the set of features and actions that enable the restoration in each patient, the level of health which is given to the professional to transmit. This definition is based on the proper role of nurses who brings Virginia Henderson (Moreno, 2005). An aspect of vital importance is that the terminal state, removes the attitudes of health personnel and, reciprocally, such attitudes

have a positive or negative impact on the terminal process of the patient that is witnessing and their relatives. Hence the need for that nursing professionals to this everyday reality, are the most positive and successful in the dignified treatment with the patient, and thus to contribute to the care of an improvement in the quality of life of the terminally ill (Míguez & Muñoz, 2009). Cancer is a disease originated in the uncontrolled cell growth in some parts of the body that can form masses or visible tumors in the organs where they originate with ability to invade organs and/or adjacent structures and spread by blood or lymph distant areas of the body (López, 2014). The terminal illness is one that manifests itself as a condition advanced, progressive and incurable, without response to specific treatment, with symptoms multifactorial, and prognosis of life of not more than six months. As there is no chance of a cure, palliation is the most viable alternative in this context (Lara et al., 2006). The word palliative originates from the Latin pallium which means to mitigate the impact of the disease. Thus, palliative care is a way of taking care, WHO recognizes the healing of certain diseases is not possible and that the quality of life is just as important or more than the amount (Sanz, 1999).

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Terminal patients experience a series of concerns with questions which sometimes do not dare to do or to themselves; fears that expressed in the measure that they nurses at his side that are sensitive to and understand what underlies their comments and doubts; dependencies physical and psychic that can demoralizarles and cause them to lose their self-esteem and personal dignity, ultimately seek to find a meaning to what happens to them, precisely to them (León, 2008). The focus of palliative care is the improvement in the quality of life of patients and families who are faced with the problems associated with diseases threatening for life, through the prevention and alleviation of suffering, by means of the early identification and impeccable assessment and treatment of pain and other physical problems, psychosocial and spiritual (Clinical Practice Guideline on Palliative Care, 2008). The palliative care relieve pain and other symptoms distressing, affirm the life and consider death as a normal process that they are not trying to accelerate or delay death, these care integrate the psychological aspects and spiritual patient care, offering a support system to help patients live as actively as possible until death and also a support system to help the family to adapt during the disease of the patient and his own grief, using a team approach to respond to the needs of patients and their families, including the emotional support in the duel, when indicated, in this way improve the quality of life, influencing positively. In the course of the disease, can be applied at an early stage of the disease, together with other treatments that can extend life, such as chemotherapy or radiation therapy, and include the necessary investigations to understand and better manage clinical complications anguished (WHO, 2016).

## MATERIALS AND METHODS

Prospective, descriptive transversal study, conducted in the HRAEI to cancer patients in terminal phase, taking the total population that corresponds to 30 patients, inquiring about the quality of care of the nursing personnel in the year 2016. Through the application CUCACE, based on the dimensions of experience and satisfaction with the nursing care that has a level of reliability with a Cronbach alpha of 0.83 for the dimension of experience and 0.95, satisfaction with nursing, validated in Bucaramanga-Colombia Victoria (2013). The first section of the CUCACE corresponds to the experience of the care of the nurses, paragraph that is formed by 26 questions 14 made in positive and 12 negative, all questions are as response options 1 to 7 (scale Likert-type) which for its analysis were recodificadas from 0 to 6 according to the recommendations of the handbook of CUCACE, to obtain the overall result of satisfaction with nursing care (section 2), it is necessary to re-encode the values of the responses of the Likert Scale and convert them (1-5) to (0-4), subsequently joined the scores both recoded and were divided between the number of valid responses, grouping and the values in the following Form: good, very good and excellent, in order to facilitate the interpretation of the data, carried out with the help of the program SPSS-23.

## RESULTS

The study population, 53.3% male and 46.7% female, has an average age of 39.37 and a standard deviation of 15.56. The hospital stay is a minimum of 2 days and a maximum of 16, it is important to note that the greater the time elapsed is appreciated the dimensions of experience and satisfaction with nursing care.

The educational level of the population participant, corresponds to a 46.7% of primary education, 20% with secondary studies, 16.7% with any type of study, 13.3% with studies of preparatory and only a 3.3% with studies degree.

To assess the care received from nurses in the unit, it was found that 40 per cent of the surveyed patients claims to have had a very good attention, 33.3% good and a 26.7 percent excellent, which is why we set positive nursing care provided in the hospitalization service of the institution. In where they establish that the stay in the unit, 40% of qualify it as very good, 30% excellent, 26.7% good and only a 3.3% regular basis. With regard to the experience section of care (Section 1), in general it was found a 46.7% that corresponds to a very good, 23.4% good and 29.9% excellent, noting that 87.7% stated that there is an easy connection with the nurse, 80% mentioned that the nursing staff explained what was going on with your health, 73.3% indicates that you explained the procedures prior to the execution, which implies that the patient receives a good atmosphere work and treatment on the part of the nursing staff. In section 2, which corresponds to the patient satisfaction with nursing care, in general it was found that 50% is very good, a 30 percent good, and 20 percent excellent. Given that the 83.3% are completely satisfied in regard to the kindness of the nurses, given that the 83.3% indicates the treatment he received from nurses as people, 80% indicates that the way in which nurses will explain the things is complete satisfaction, the consciousness of the nurses about their needs is positive since the 76.7% is completely satisfied, likewise the 66.6% established that there was a quick response, given that they were close to them, so that the availability of nurses to respond to their demands are found a 76.6% positive. The training of nurses to do your job well found positive with a 76.6% who are totally agree, that indicates the type of information that nurses gave about their situation and treatment with a positive rate of 73.3% found as very satisfied.

## DISCUSSION

According to the surveyed population, we found a similarity in relation to the study of (Lenis, 2013) because she found that 58.5% were women and 41.5 men with an average age of 44.7 being 18 the minimum age and 72 the maximum age, so that you can establish a similarity by gender in the hospital stays, which indicates that the process of health and illness in Latin America is similar. With regard to the days of stay in the unit is found with an average of 4.93 which is below the investigations of (Lenis, 2013) that indicates a stay of 7.62 days and (Torres & Buitrago, 2011) which was of 5.7, it is important to point out that it is an important variable days of stay since they can be perceived more accurately the experience and satisfaction with nursing care, being that the greater the time of stay in the hospital the greater the knowledge and perception of what is the treatment for part of nursing coinciding with this research study. In regard to the overall assessment with the nursing care is found more positive results for the experience with a 76.6% which for the satisfaction 70%, similar to the study performed by (Torres & Buitrago, 2011) coinciding in the capacity of nurses to do your job well i.e. the agility and quickness to meet their called, and the attention, as explain all type of procedure prior to do so, as well as explain what was going on in your environment however is not matched in that nurses had time to talk with the patients already that the study found that responded positively about the time they engaged in their patients to meet their Doubts and needs.

For the satisfaction of care is fully described the treatment as a human being, and the interest of the nursing professional to know about their concerns, a relationship more interpersonal between nurse-patient, coinciding in that there is disagreement on the part of the patient because there is a link that makes you to feel at home, in addition to which was a negative aspect in the questionnaire could also be observed reflected in some of the personal comments, since it expressed reasons such as: discontent to share the bathroom and shower the fact of having roommate because you are looking for their own privacy. According to Torres (2010), all items reached the eligibility criterion except: The frequency with which the nurses checked out that he was fine, the kindness, the way in which he explained things and the treatment he received from nurses as person, not agreeing with the results obtained in this study as they were found scores as very satisfied and completely satisfied, from which we can deduce that there is a better treatment and kindness. There is a lower percentage for the valuation of the attention received from the nurses in the unit finding a 40% that qualified as very good and a 26.7% as excellent, since according to (Torres & Buitrago, 2011), the attention was valued as excellent in a 58.7% and very good with 29.3%, it is noted that although the assessment is positive, in both studies in this the level of excellence is very below in comparison with the already mentioned. 83.3% of respondents claim as positive the stay in the unit, and considered that care could be improved, only 13.3% do not consider that, in spite of the fact that there is a high positive percentage for the stay in the hospital the patient relates that the nursing care could be improved in some aspects, also mentioned in the personal comments of some respondents, outcome to which is a similarity with the study of (Torres, 2010).

### Conclusion

In the present investigation it is important to highlight that for the patients the quality of the care and attitude of infirmary was very positive both in the experience and in the satisfaction, staying like priority the interpersonal care since one found that the patients feel better when the nurse listens to them and supports with its worries, that is to say they consider to be a print the quality of the care that the nurse offers like its knowledge and the capacities for its physical care, but they prove to be more interested for finding in the nurse someone who listens to them not like patients if not like persons. From the results of this investigation it will be possible to reflect on the practice offered inside a hospitable ambience in the quality of care that nurse - patient offer to themselves to the

oncological patients in the terminal state together with the impact of the relation, and this way across an analysis to modify the daily action to develop a critical thought that allows to promote the growth of this discipline in reference to the care of these patients. Also it will allow to the professionals in infirmary to know its own limitations to develop each of the activities that are realized and a professional intervention on the patient being able to reach this way an excellence level.

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