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Appreciation Nurse about the Palliative care in a Hospital of Third Level

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Abstract: The present research work is a study that has as its object the analysis of the assessment that has the nursing staff on the palliative care in patients in terminal phase that are in a third level hospital in Mexico. It is a study of a qualitative approach where the instrument was administered Rotterdam MOVE2PC (Î± = 0.79) at 62 per cent of nursing personnel; finding that 40% refers an act responsibly and dignified treatment at the time of providing care to users in phase palliative treatments, another 40% has a neutral position on the topic since it tends to form emotional attachments generating psychological alteration as the anxiety and depression; 20% mentioned that the only talk about the theme "les stress at the time of taking decisions in the treatment so that do not apply necessary care and required to patients in a terminal state, so this study shows that the Palliative Care should focus both on the individual and the family while respecting their process of death, in addition the nursing professional must receive a preparation on the topic since its formation basis of the need to implement a new vision to have better elements with which positively influence the process of death and in this way the needs biological, psychological and spiritual by adopting a mentality that go beyond cure but also alleviate.

Keywords: Palliative Care, nursing professional, Care, Terminal patient.

Introduction

Nursing as a profession has made engine essential to the health of society has focused on the process of life until the death of the patient, and beyond with relatives, for that reason the need arises to develop care that focus on people with diseases threatening for the life and their carers after it to what called Palliative Care.

The term death is one of the most difficult aspects of assimilate to the human being, however one of the few things that undoubtedly happen, that is why along its existence have tried to give different meanings through cultural expressions by the length and width of the world; These aspects have been those that have led to the inclusion of Palliative Care Helping as health professionals we can understand and respect the needs the user taking into account that they are biopsychosocial and spiritual.

Jiménez (2017) ensures that the fear of death in addition to involve the patient or a family member, is also relevant to health professionals, the responsibility and this arises from the moment in which the preservation of life is one of the priorities in their daily work, being in direct contact with these circumstances may involve emotions and even generate stress by taking it as a possibility or in its default to avoid it because it is considered an option distant and even foreign to oneself. The concept of death was evolving with the passage of time, for example in the medieval cultures was considered as a divine punishment, subsequently became a tragic matter, especially with the appearance of epidemics and natural disasters.

The birth of the Palliative Care took place in London in the 1960s, with the name of hospice, a term that was created by Cicely Saunders, same who dedicated his life to study mainly to the medical area since his vocation was related to the care and support to those who needed it. With the passage of time has managed to create an institution with some support from donors, it bore the name St. Christopher's Hospice where provided a place where they could die people with some incurable disease or those having cancer in terminal phase. It should be noted that those who provided the attention were religious people since it was generally the society associated the care to actions of low class or discredit for their families. With the rise of the institution United Kingdom was not left behind and decided to imitate the creation of hospices in order to provide care to people with the aforementioned characteristics but with a difference quite marked, the latter were not sites to die, it was decided to make a change in the application of care and for this is formed teams of home care, day centers and support teams hospitable fact that achieved even more boom in some other countries (Centeno, 2015).

While in London care for terminal patients developed, in Canada arose the emergence of Palliative Care Units considering the country as the precursor to the concept of Palliative Care and not in London guided by Balfour Mount. If part in Europe approximately in the seventies were created associations pursuing the same objective however policies were established by order of the Government thus including the control of pain and symptoms in terminal stages. At the beginning of the seventies in the United States begins to give importance to

this sector of the population by studying the death as a fact that individual should focus on the respect and involve the relation between family- patient, Elizabeth Kubler Ross is who is interested in this situation and at the end of the eighties the application starts of Palliative Care in Mexico by Silvia Allende Pérez thus creating programs where it looked for the attention to users with diseases that put at risk the lives of the same, including mainly cancer (Centeno, 2015). The vision on these care was focused on extending the life of the patients but not in quality of the same (Barragán, 2012).

Currently the rise and social impact resulted in the creation of laws that support its implementation at the global level by involving those who have been responsible for providing care in health and in sickness: nursing professionals.

"Palliative Care are programs of active treatment, intended to maintain or improve the conditions of life of the patients whose disease does not respond to curative treatment" (Gonzalez, 2011). The nursing professionals face a dilemma on the palliative care as there are various obstacles themselves that are based on four pillars which consist in the absence of training for professionals, the lack of awareness on the topic, the sociocultural context that differs between each user and finally the fear of legal implications. The lack of information and training on the subject limit the daily practice why the reaction to fatal situations generates evasion, flight and abandonment, actions that are incorrect and inappropriate, in addition their mentality was formed with the intent to cure more than the relief of symptoms, coupled with the lack of awareness resulting in palliative care are in the background (Aldasora, 2012).

The World Health Organization (WHO) (2017) refers to the palliative care are some of the main problems in health because users are far from receiving an adequate management limiting by much the last days of his life. Also refers to this situation is increasing generated mainly by chronic degenerative diseases or own the process of aging of the population which represents a 60% of premature deaths at the global level

Mexican Official Standard NOM-011-SSA3-2014 Criteria for the care of patients in situation terminal through Palliative Care establishes that in Mexico is uncommon to carry out actions that can help lead to deal with the complications of users in terminal phase, However also mentions that it is a right that in addition to interact with the sick also focuses on the family nucleus remain the responsibility of health care professional (nursing and medical area) relieve symptoms without incurring in practices that involve the culmination of a life.

The National Health Program in Tabasco (2014) makes mention of the need to implement a program that involves the participation of various areas of health through "courses, workshops, sessions, graduates, as well as to incorporate programs of study of undergraduate courses in various universities in addition to disseminate to the society the importance of palliative care. In the institutions there is a great lack of knowledge about the physical needs, psychological, social and spiritual in a terminal state and those of his family, because in our country the Palliative Care not listed as a priority in health care (Medina, 2012).

The application of the basic principles in the attention of phase palliation is centered in the welfare, comprehensive care, control of symptoms, emotional support, communication and domicile as a means of care. "With the purpose of defining responsibilities and ensuring an efficient management of resources, established three levels of palliative care according to their level of need to cover in the final stage of their disease" (Barragán, 2012).

To talk about the importance of palliative care, is also relevant to mention a little about the prospect that the user is faced, in this case he also has to go through an evolutionary process before the fear, the pain the death and his inability to illness. Buigues (2011) Mention that the people in terminal phase often develop mechanisms of adaptation variables on the basis of personality and family support available. The above with a single objective: to reduce the impact physical and psychological illness to tolerable levels. "Palliative Care are the answer just and dignified , based on the scientific evidence, that guarantees the quality of life for patients with chronic pain and symptoms associated with an incurable disease, progressive and advanced or terminal" (Secretaría de Salud, 2016).

The palliative care tend to relate with the impending death so that its rejection in socio-family is immediate especially if it is of oncological diseases therefore the need to implement a treatment increases as the moment of death, to support the family during the whole period (Aldasora, 2012).

"To the extent that the palliative care develop, grows the belief that with drugs and techniques currently available is relatively easy to provide physical comfort to the patient"(Pessini, 240), However it should be emphasized that the implementation of those elements in palliative care are difficult to achieve when there is little preparation is abandons the idea of display to the user as a be physical, psychological and social and above all the family. The nursing professionals commonly associated palliative approach with abandonment "Cease to do" resulting in fear rather than legal implications to the Morales. (Aldasora, 2012).

Based on the above it has been observed that in the intensive and intermediate care units of a hospital of third level prevents the application of Palliative Care, therefore intends to describe the appreciation that has

the nursing professional on the implementation of the same, taking into account that it is very difficult to focus on the process of death and not of health.

Methodology

The present research is qualitative, Perspective In phenomenological and transversal cut, for this is applied the instrument Rotterdam MOVE2PC (α= 0.79) which is composed of three sections the first refers to views, the second to dilemmas and the third to Knowledge on palliative care on the part of the nursing staff. For purposes that relate to this research used the paragraph 1, this account with scale Likert-type 5 values which were "no agreement", "little agreement", "neither agree n disagree", "agreement" and "agree totally".
It seeks to highlight the appreciation that has the nursing professional in Intensive Care Units and intermediate with a study sample of 62 per cent of the population of the Intensive Care Unit and Intermediate Adults.

Results and Discussion

González (2011) refers to the palliative care are focused on providing comprehensive care to help improve the conditions of life of the sick person in situation terminal, same that no longer responds to any type of treatment, for its part Barragán (2012) mention that they care in addition to be comprehensive should focus on the control of symptoms and emotional support by placing greater emphasis on the family of the user. According to the result obtained from the instrument MOVE2PC it was found that 40% refers an act responsibly and dignified treatment at the time of providing palliative care to users in terminal phase, given that the staff is important to help them to have a good die covering the needs required by the patient according to the status in which is located in each moment of the process, in the case of family members, it is essential to accept and face the duel in a positive way, so it is important to a constant communication and support them in the process of duels; with this is accomplished what sets Gonzales (2011), The responsibility of the caregiver in each one of the factors that affect the process of death in the social sphere, with the relatives, biological in the health-disease process and psychological with the user, Barragán (2012) emphasizes the importance to integrate the psychological and spiritual in the attention of the user forming a media that does not involve accelerate or prolong the process of death, It also mentions that it is vital to the formation of a team among nursing professionals and family members thereby to influence positively on the patient's disease.

On the other hand 40% refer anguish in the face of situations that they consider complicated in order to dispense the attachments that involve the professional activity relating to the treatment of the user so that their opinion is considered on a regular basis i.e. care are applied inadequately but this does not mean neglecting the needs that they require, Aldasora (2012) says that nursing professionals face a dilemma on the palliative care as there are various obstacles themselves that are based on four pillars which consist in "the lack of training of professionals, the lack of awareness on the topic, the sociocultural context that differs between each user and finally the fear of legal implications". The daily life between nurse and user sometimes creates emotional bonds that are strengthened with the treatment and the empathy especially in situations that make decisions becomes difficult (users in phase palliative) it is for this reason that the binomial patient family usually place their trust by believing that the nurse or nurse will give a better resolution based on their knowledge, however this responsibility tends to generate anxiety as the affection is proportional to the fear to be mistaken Alvarez (2016). The foregoing defines that the emotional attachments are not the only reason for the nursing professional provides palliative care of a wrong, there are other factors that limit so evident as mentioned above.

Finally the 20% acts so indifferent to these situations that they generate psychological alterations as anguish, anger, stress, among others, above all by the implications multiorganic that patients presented and the fact of having to bring them to invasive treatments, tend to be tiring for both the patient and the family, therefore their opinion is not considered relevant, Medina (2012) indicates that in Mexico the institutions of Health show a considerable lack of knowledge in relation to the physical needs, psychological and biological life of the user is terminal phase which makes it necessary to introduce a comprehensive approach about the care that you should provide, however there is another significant obstacle: in our country the palliative medicine is not a priority of health this represents a reality that make it even more difficult for the palliative care are applied by the nursing staff to a patient in situation terminal.

The lack of information and training on the subject limit the daily practice why the reaction to fatal situations generates evasion, flight and abandonment, actions that are incorrect and inappropriate, In addition its mentality is formed with the intent to cure more than provide relief of symptoms the foregoing coupled with the lack of awareness resulting in palliative care are in the background (Aldasora, 2012).

The importance of promoting knowledge about the care for a patient in terminal phase requires strategies in other areas relating to the medical sciences as medicine and psychology in order to establish action unified in the field of health, same that should be applied with a broad sense bioethics, humanist always to the benefit of the user and his family Gonzalez, 2012).

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