



## Human relations in nursing care towards cancer patients submitted to antineoplastic chemotherapy\*

*A relação humana no cuidado de enfermagem junto ao cliente com câncer submetido à terapêutica antineoplásica*

*La relación humana en el cuidado de enfermería al cliente con cáncer sometido a la terapia antineoplásica*

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### ABSTRACT

**Objectives:** To describe the relationship between nurses and cancer patients, in the context of chemotherapy, according to the client's perception; to analyze nursing practice in oncology, based on human healthcare principles. **Methods:** This is a qualitative, exploratory and descriptive research. Ten clients undergoing chemotherapy treatment took part in the study. The "Almanac" techniques of creativity and sensitivity were associated to semi-structured interviews. **Results:** The subjects' discourses revealed that nursing care is supported on principles that are proper of human relations, such as friendship, affection, attention, tolerance and solidarity. It was also highlighted that the nurse's actions join technical and human attributes together, considering life as a fundamental ethical value in relation to human dignity as the main interaction element in healthcare. **Conclusions:** The results contributed for the reflection about nursing care within chemotherapy, collaborating with possible changes in the nurse's oncology healthcare practice with this client, who already is very stigmatized by the social construction of the disease.

**Keywords:** Nurse-patient relationships; Nursing care; Oncologic nursing; Drug therapy

### RESUMO

**Objetivos:** Descrever a relação entre a enfermeira e o cliente com câncer, no contexto da quimioterapia, segundo a perspectiva do cliente; analisar a prática da enfermeira em oncologia assentada nos preceitos do cuidado humano. **Métodos:** Pesquisa qualitativa, exploratória e descritiva. Participaram dez clientes sob tratamento quimioterápico. Utilizou-se técnica de criatividade e sensibilidade "Almanaque" conjugada à entrevista semi-estruturada. **Resultados:** O discurso dos sujeitos revelou que o cuidado de enfermagem sustenta-se em princípios próprios da relação humana, como amizade, carinho, atenção, tolerância e solidariedade. Destacou que as ações da enfermeira conjugam atributos técnicos e humanos, considerando a vida como valor ético fundamental em respeito à dignidade humana como alicerce da interação no cuidado. **Conclusões:** Seus resultados contribuíram para a reflexão sobre cuidado de enfermagem no âmbito desta terapêutica, colaborando com possíveis mudanças na prática de cuidar da enfermeira em oncologia junto a este cliente, já tão estigmatizado pela própria construção social da doença.

**Descritores:** Relações enfermeiro-paciente; Cuidados de enfermagem; Cuidado humano; Enfermagem oncológica; Quimioterapia

### RESUMEN

**Objetivos:** Describir la relación entre la enfermera y el cliente con cáncer, dentro del contexto de la quimioterapia, según la perspectiva del cliente y analizar la práctica de la enfermera en el área de oncología basada en los preceptos del cuidado humano. **Métodos:** se trata de una investigación cualitativa, exploratoria y descriptiva. Participaron diez clientes que recibían tratamiento de quimioterapia. Se utilizó la técnica de creatividad y sensibilidad "Almanaque" paralelamente a la entrevista semiestructurada. **Resultados:** El discurso de los sujetos reveló que el cuidado de enfermería se apoya en los principios propios de la relación humana, como la amistad, el cariño, la atención, la tolerancia y la solidaridad. Además, destaca que las acciones de la enfermera involucran atributos técnicos y humanos, considerando la vida un valor ético fundamental en relación a la dignidad humana como base de la interacción en el cuidado. **Conclusiones:** Sus resultados contribuyeron en la reflexión sobre el cuidado de enfermería en el ámbito de esta terapéutica, colaborando con posibles cambios en la práctica de cuidar de la enfermera en oncología junto a este cliente, tan estigmatizado por la propia construcción social de la enfermedad.

**Descriptores:** Relaciones enfermero-paciente; Atención de enfermería; Enfermería oncológica; Quimioterapia

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## INTRODUCTION

The number of cancer cases has increased considerably all over the world, especially as of the 20<sup>th</sup> century. Thus, it has become one of the most important public healthcare problems, both in developed and developing countries, responsible for over six million deaths every year in the world<sup>(1)</sup>.

Advances in science and technology improved the means of treatment and diagnosis significantly, culminating in the cure of several diseases, including cancer, increasing the average life expectancy. The use of these resources allied to socioeconomic development has contributed to decrease the rates of death caused by controllable diseases, such as cancer, tuberculosis, undernourishment, mental diseases, and others. Nevertheless, the use of highly sophisticated diagnostic methods and treatments may paradoxically increase suffering, despite providing an extended lifespan, due to the powerful adverse effects of the therapy<sup>(2)</sup>.

Chemotherapy is defined as the use of isolated or combined chemical substances with the purpose to treat malignant neoplastics. It can be classified as adjuvant, neoadjuvant, cytoreductive or curative. These denominations concern the moment when the treatment is administered and its objective<sup>(2-3)</sup>. It is mainly used to treat systemic diseases by trying to kill tumor cells. Repeated doses are necessary for a prolonged period to try to achieve tumor regression. The goal is to kill enough of the tumor so that the remaining cells can be destroyed by the body's immune system<sup>(3)</sup>.

With the possibility of curing cancer, the clients are subjected to massive cytotoxic drugs that cause a number of side effects. Although several studies by pharmaceutical companies have been developed along with renowned research centers, aiming to increase the effectiveness and soften adverse effects, it is known that these drugs are systemic, not acting only on abnormal cells, but also on normal ones. This disturbs the client, both physically and emotionally. Gastrointestinal, fatigue and a few other image-altering effects such as alopecia, cachexia, skin alterations and sexual dysfunction are among the most common consequences, all of them affecting self-esteem. This impacts the sick emotionally, because they are identified as cancer patients<sup>(4-5)</sup>.

The national healthcare policy on cancerology is directed to instructing the population about risk factors, promoting disease prevention and control. However, there are concerns about healthcare transcending strictly technical and technological interventions, assuming a more global dimension, considering the clients and their family history, the contexts where they live and living with the disease<sup>(6)</sup>.

Inserting nursing healthcare in this perspective requires

the an interactive process, one of participation and dialogue between nurse, client, and family, considering that the essence of human expression is found in healthcare actions. Humans are the only beings capable of feeling with emotions, imprinting emotions in actions, and expressing emotions in attitudes, understanding emotion as taking a stance that results from the interrelation established between knowledge and affection. That is where true human dimension of healthcare can be found<sup>(7)</sup>. Therefore, the concept of healthcare supporting this study is that of human healthcare as a form of expression and relating to another being and to the world. It has health promotion and the growth of the individual and his/her family as its goal. It puts biophysical knowledge and knowledge of human behavior together<sup>(8)</sup>.

When talking about oncologic nursing, it is necessary to consider that it comprises complex technical-scientific knowledge, both specific and essential to the practice, linked to the unpredictability implied by the characteristic side effects of the therapy. Acquiring such knowledge demands time and dedication, and it is revealed in the actions of the nurse, articulated towards a humanistic outlook in the scope of daily healthcare routines; a conjunction between the technique and the way of life of those who perform it, and those who undergo it. According to this perspective, healthcare can be defined as zeal, attention, a form of expression and the full exercise of the most human aspects of being<sup>(9)</sup>.

Therefore, to provide adequate healthcare to cancer clients submitted to antineoplastic chemotherapy, it is necessary to unveil their feelings and know the situations they lived through in order to provide concrete and effective ways of caring. Consequently, healthcare is not limited to performing a task or procedure. It includes the emotional and the moral component (sense of duty, not of obligation), the cognitive aspect, perception, knowledge and intuition. This way of understanding healthcare transforms environments, harmonizes relations, makes each human being more sensitive and powers up the potential to help others find their own potentials and cope with adversity<sup>(10)</sup>.

Although there are similar aspects when living with cancer, each person has unique characteristics to deal with the disease, a different way of facing it, according to one's beliefs, values and outlook of the world. In general, the feelings that most often bother these clients are fear, grief, the possibility of losing control over one's own life, and uncertainty toward the cure and the therapy. Emotions on these aspects vary wildly. Thus, it is necessary to establish a relationship with the client that enables him/her to express emotions and feelings. The authors understand that this relationship is made possible when technical healthcare is performed along expressive

healthcare, both being aspects of human healthcare<sup>(8)</sup>.

With these initial considerations in sight, the research had the following goals: to describe the relationship between the nurse and the cancer client in the context of chemotherapy and analyze the nurse's practice in oncology based on the human healthcare precepts.

## METHODS

This is a qualitative, exploratory and descriptive field research, since it is based on the principle that it is possible to know individuals through describing human experiences, such as it is experienced by the subjects<sup>(11)</sup>. Ten adult clients, both male and female, took part in the study while undergoing ambulatory antineoplastic chemotherapeutic treatment in a private clinic in Rio de Janeiro. The inclusion criteria were: clinically compensated clients, oriented in time and space. They are identified with the letter S, as in "subject", followed by the interview ordering number: S-1 a S-10.

The study was performed according to the principles of Resolution n.º 196/96 of the Ministry of Health<sup>(12)</sup>. As such, it was approved by the Review Board of the Anna Nery Nursing School / University Hospital São Francisco de Assis (EEAN-HESFA). The subjects signed a consent term after being informed about the study, with their rights being preserved, as stated by the aforementioned Resolution.

For data production, the Technique of Creativity and Sensitivity (TCS) named "Almanac" was used alongside a semi-structured interview. TCS presents itself as an alternative form of collecting data for nursing research, allowing itself to be paired with other techniques such as interviews. This technique enhances the subjects' subjectivity, collaborates for the interaction of the researcher with the interviewee and the immersion of the interviewee in the thematic. When this type of technique is employed, it is necessary for the researcher to be aware of his/her sensorial functions, in order not to compromise observable phenomena. Therefore, all senses, as well as dialogue itself, are apprehended by the researcher, who aggregates his capacity of listening, feeling and noticing<sup>(13)</sup>.

The theoretical matrix of using creativity and sensitivity in the research process is anchored on principles of social psychology, highlighting that whatever the subject says and thinks is a reflex of his/her own internalized actions along the process of human development, being the sum of reason and emotion. Emotion in the body participates as an indirect action behavior over the other interlocutor in communication; and immersing in the feelings of the other means listening and reflecting with him/her, considering what is sensed along with what is real. Ergo, whatever the subject does

brings an entire group of affections that must not be ignored in the educative universe and in the research process<sup>(13-14)</sup>.

Within the nursing scope, the TCS were introduced in the late 80s through workshops originated from the feminist movement, whose function was to work with issues linked to the women's condition in society, increasing their spaces for debate and discussion, focusing on important themes related to women's health and citizenship such as sexuality, abortion, family planning, violence, among others.

The execution of the TCS named "Almanac" consists in the expression of the subjectivity about a given topic from the introspection provided to the subjects by several different collated pictures<sup>(11)</sup>. The execution of the technique in the present study happened in five distinct moments: The first, to get the researcher and the subject acquainted, to present the goals and the central theme to be developed: "The relationship of the nurse with the client submitted to antineoplastic therapy".

The second moment was the explanation of the technique and organization of the physical space. To make the Almanac, about 100 different pictures of people interacting in different contexts were provided by the researcher. The participants were then expected to select pictures that, according to their own conception, would express how the relationship between them and the nurse is established in the chemotherapy context, meaning that, using their creativity and sensitivity, they should tell their own story in pictures. Additional materials were: glue, scissors, pen and paper. Third and fourth moments consisted in the production and presentation of the Almanac, respectively.

The fifth moment was destined to the discussion brought about by the Almanac elaborated, along with the semi-structured interview that had the following questions: 1.) How long have you known your diagnosis? How did you get to know it? 2.) When did you start chemotherapy? How many cycles have you undergone? 3.) What do you have to say about your relationship with the nurse at the beginning of the chemotherapy? 4.) What about the subsequent sessions? How has this relationship been? 5.) What kind of relationship would you like to exist? 6.) What do you think about the dialogue between you and the nurse during the chemotherapeutic treatment?

The data obtained were classified according to the thematic analysis, trying to extract the themes present in the speeches of the subject. For that, as a way to explore the material collected, the first, brief reading was followed by a more in-depth and analytical reading with the purpose to identify emerging themes<sup>(15)</sup>. Therefore, the thematic units that were related to each other were selected and grouped in two categories: Dialogue as the

basis of the nurse-client relationship in the context of chemotherapy. Affection, attention, patience, respect and protection: essential attributes of human relations, expressed in nursing healthcare.

## RESULTS

### Characterization of the participants

Of ten adult clients who took part in the research, eight were women and two were men from various socioeconomic backgrounds, all of them residents of the city of Rio de Janeiro. Two were aged between 31 and 40, four between 41 and 50, three between 50 and 59 and one was over 60 years old. Of these, four were married, two were single, two were divorced and one was widowed. Three had college/university education and seven had high-school education. As for the chemotherapy cycles, three were in their third cycles; four in their fourth cycles; two in their second cycles and one in his sixth cycle.

### Dialogue as the basis for the nurse-client relationship in the context of chemotherapy

It was possible to obtain from the clients' speeches that, among the limits imposed by the impact of the cancer diagnosis, there were possibilities for developing relationships with the nurse, deeply marked by the subject's experience. Their speeches revealed that the dialogue between them and the nurse is punctuated with principles that are characteristic of human relations, such as friendship, affection, attention, respect, patience and solidarity. Within the chemotherapy context, trusting ties are gradually and continuously woven. For S-1, the support they receive from their families and the nurse through the treatment makes him stronger to cope with the disease, as reported in his interview:

*"For me, between two people, nurse and patient in this case, there shouldn't be only technical knowledge, a relationship needs to be developed, you know what I'm saying? There should be friendship, yes, because there are several steps in this unknown road, and to cope with that, only the dialog that is established with/among friends".*

For this client, the disease is an "unknown highway", and dialogue collaborates to live and cope with the different stages that come with the evolution of the disease. It is possible to "develop a relationship" with the nurse, which, according to S-1, could be named friendship. Since such relation should not only be restricted to the nurse's technical knowledge, by itself able to provide the necessary information/orientation to cancer control, but also comprehend attributes that are present in a relation of friendship, with hugging,

caressing, playing and talking about trivialities. S-3's statement also shows that a bond is created:

*"We create bonds... even those of friendship with the team. We acquire more confidence, although each professional has her own characteristics. We move on to blooming, flowers bloom within the rocks".*

It is necessary for the nurse to be available to listen to the other, look at and understand their feelings. When expressive qualities are included into healthcare, the nurse not only performs procedures on someone, but also reflects and performs an integrated action, "with" someone, with involvement and responsibility, which makes both parties involved in the care relation to grow as people<sup>(9)</sup>. About this aspect, S-6 says about the presence of dialogue in the relationship with the nurse:

*"Dialogue is always fundamental, it is part of the human being, of the relationships among people. I think this dialogue can be either made closer or become distant. Anyway, they're the ones we spend more time with, since the doctor's appointment goes very quickly and it is all about treatment and exams (...)"*

The aforementioned discourse suggests that, according to the dependence processed by this relationship, it can collaborate to bring subjects closer or apart. The basic premise for those who undergo the educative process is to strengthen the human beings they interact with<sup>(15)</sup>. It is important to help one to help oneself, to make one the agent of one's own transformation. During the interview, when questioned about how the relationship with the nurse had been at the beginning of the treatment, S-1 said:

*"Tough. You're silent (...). Beginning is very difficult, but you get more confidence and start letting it out".*

When a relation of participation and reciprocity is provided, the probability of establishing a bond in face of the limits is increased. That, according to how it is defended in this study, is only possible through a relationship where dialogue and other human attributes that qualify relationships can be present. In a relationship where dialogic and participation experiences are absent, people become insecure and incapable of making decisions. On the contrary, when a relation of reciprocity is established, an interactive process is unveiled<sup>(9)</sup>, according to S-4's report, during the interview:

*"The nurses were very patient with me, always explaining the disease, the symptoms, the effect of the drugs to me, until I got to notice how polite and professional they were being with me" (S-4).*

As the dialogue advances, trust is established and the bonds between the subjects come closer. When presenting the Almanac, S-2 and S-10 stated:

*"Well, I chose this picture here (...). Of course, because in the beginning, we were not close together (client and nurse), not only physically, don't you know, but also emotionally. After some time together, affection (...). Dialogue grows as time goes by, you know what I'm saying? In first contact, you know, there was no bond, you know, between the nurse and I". (S-2).*

*"I think that, with close proximity, we ended up developing a bond of trust and friendship, even a kind of dependence, maybe, I don't know. I think some try to protect us, especially when we arrive to begin the treatment, I think they know how helpless we're feeling, unprotected, just like a baby" (S-10).*

When nurses participate with the clients and their families, valuing their way of being and seeing the world, highlighting the importance of the dialogue with the client, they transform situations and bring out the sensitivities in the human being within. Overall, "When dialogue is based on love, humility and faith of Men, it is established in a horizontal relation, where one end's trust on the other is an obvious consequence. It would be contradictory if, while loving, humble and faithful, the dialogue did not establish this feeling of trust among the subjects"<sup>(16)</sup>.

#### **Care, attention, patience, respect and protection: essential attributes of the human relation expressed in nursing healthcare**

About the nurse-client interaction, S-5 stated in her interview:

*"The nurses are wonderful! They treat you very humanely. (...) That brings your mood up, makes you think. I'm gonna be okay".*

When presenting their Almanacs, S-5 and S-3 highlighted:

*"From the start until now, for me, it's really like we were a family, really close, and, as it is in the picture, for me it's all an act of love" (S-3).*

*"The nurse injects us with optimism!" (S-5).*

S-4 and S-9 stated during the interview:

*"It's not just because I'm standing in front of you and doing this interview, but, sincerely, I'm really, really enjoying it (...) The nurses give me a lot of attention, you know, with affection..." (S-4).*

*"Lord Almighty! I don't even know how I'd be at this moment. The strength the nurses gave me, that's priceless. They were essential and spectacular!" (S-9).*

Staying by someone's side, manifesting support, with a look, a caress, or sensitive listening, are ways to show attention and qualify the relationship between the client and the nurse. "Only Man, in his relationship with the other, forms his own consciousness and constitutes himself as a subject"<sup>(15)</sup>. S-8 expresses his satisfaction in the interview:

*"I'm really respected, like, 100% respected. Here, relationships between nurses and patients, between the nurses and "Maneco" is very good, there's no way it could go better. That's what I expected".*

Within the chemotherapy context, S-4 conceives the relationship with the nurse as being of "extreme help". When presenting his Almanac, he mentioned:

*"The nurse is able to turn something very difficult into a moment that is not that painful, giving off some human warmth".*

However, although S-6 considers the nurses "helpful" and "gentle", there are limits imposed on this relationship. When explaining why he chose a certain picture for his Almanac, he made it clear that his relationship with the nurse was a formal affair, merely technical, different from the kind he expected:

*"They limit themselves to answering my questions (...) Sometimes I'd like the talks (between him and the nurse) to go beyond technical topics".*

S-6 resents the absence of conversation with the nurse who, in his opinion, should go beyond the technical procedures of the treatment, so he could really feel cared for<sup>(8)</sup>. It can be seen that conversation will only be care if it affects the other in whatever the other expects and wants.

As the chemotherapy cycles are undergone, the relationship with the nurse becomes closer. S-6 and S-7 stated in their interviews:

*"In the beginning I was rather quiet, sad, it's normal, you know what I'm saying? Now I'm more confident, the nurses help me, they talk to us, most times they clear up our doubts (...) The talks are good, we have a good rapport, they're pretty nice, they try to talk and cheer us up" (S-6).*

*"I feel protected, there's one coming in and checking out on me all the time, she's concerned, I'm really concerned about my veins, if the needle slips out, it really makes me mad. For example, the care we should take with our veins, (changing her tone) nobody ever talked about that, I didn't have the faintest idea about it all" (S-7).*

It should be noted that the procedure exemplified by S-7 is essentially technical, but what she expects from

the nurse is expressive, human. What she wishes for is someone who gives her correct explanations about healthcare and who listens to what she needs. In short, what matters to the clients is that the relationship with the nurse corresponds to their healthcare expectations, answering their questions, clarifying their doubts, showing technical competence, guaranteeing the expression of affection, caring, attention and zeal with their presence. These attributes, stemming from the human condition itself, emerge as fundamental in healthcare, even if it is a technical procedure.

## DISCUSSION

It is worth pointing out that the nurses' technical-scientific knowledge is indispensable in delivering care to cancer patients, in order to act securely in face of situations that are presented and those where they need to be apt to act. However, there is the need to value and recognize that there is more behind a chronic disease than its clinical signs and symptoms and the adverse effects of the drugs used to fight it. There is a human being with singular emotions, values, beliefs, ways of being and living, which often determine or influence the actions and responses to the disease and the treatment. This aspect warrants consideration and respect from the nurse while keeping the human dimension of healthcare in sight. Family also demands nursing care, since they also live with the problem, integrating and collaborating with care delivery<sup>(7)</sup>.

Within the dynamics of oncologic nursing care, it is not enough to approach early cancer detection and treatment. It is also necessary to work with the perspective of maintaining or restoring quality of life, safely providing services for those who care and those who receive care. The client needs to find the possibility to dissipate fear and imprecise meanings that exist in this stage of the therapeutic process. It is an opportunity to establish an alliance between the nurse, the clients and their families, based on principles that are fundamental to human healthcare, promoting a partnership throughout the oncologic segment to be accomplished, permanently seeking quality of life<sup>(17)</sup>.

For the nurses truly be able to help cancer clients undergoing chemotherapy, they must be aware of them as a whole, listening to them sensitively and giving attention to unsaid words, but conveyed corporally. In this encounter, the people involved must let themselves notice and be noticed, favoring changes in attitude. Care exists when it is understood and accepted by both parts. For it to occur effectively, the nurse needs to be aware of the human condition itself, living and learning with the other, helping him/her as a person and citizen in his/her commitment to life and welfare. After all, human

care is an ethical attitude where human beings perceive and acknowledge each other's rights<sup>(9)</sup>. Since respect implies on ethics, it is necessary to respect the other to perform care, valuating the other's full condition of being a subject. In this sense, the authors think that it is fundamental for the professional to establish a relation of help and trust with the client, favoring the clearing of doubts, talking about expectations for the treatment and expressing positive and negative feelings<sup>(8)</sup>.

In this perspective, human nursing care is made possible through the professional's exercise of solidarity and sensitivity<sup>(18)</sup>. Nurses identify the client's need and desire of receiving care. They recognize themselves as the owner of knowledge and special skills (know how). Furthermore, they feel a cosmic energy around their own body (the healthcare instrument that uses their senses, like an antenna, when auscultating or listening sensitively to the needs and desires of receiving care) able to help the other, promoting an energetic interaction within the caregiver and the receiver of care.

The talk goes beyond the formality of transmission of directive and standardized information or answers. The opposite usually emerges with an important channel of communication, which makes people interact and share experiences. Nursing care aims to establishing bonds, promoting the encounter, building relationships and accessing the other. This skill of making herself available to talking and interaction collaborates with the clients and their families in planning and adapting their everyday activities, resulting in a higher adherence to the treatments proposed<sup>(10)</sup>.

## CONCLUSIONS

Living with cancer is still a significant social fact. It has malignant connotations, triggers important modifications in the social relations of the patient and in the family dynamics. The person struck by a chronic disease incorporates it in his/her way of living, requiring changes in the lifestyle. Sometimes, these changes translate into reduction or loss of self-care capacity and acting with autonomy. Both the patient and his/her family seek the support they need to keep on living in their individual potentialities, and to overcome the obstacles imposed by the disease.

Chemotherapy may make the clients more vulnerable, especially those who already have some difficulty to accept the diagnosis. The nurse witnesses all these moments of grief and suffering lived by the client and his/her family. Chemotherapy undoubtedly enhances the possibility of patients going on with their lives. However, its adverse effects are responsible for transforming their bodies, which results in alterations in their body image and self-esteem, and consequently in conflicting feelings

of pain, suffering, fear, frustration, grief and despair.

In the meantime, the nurse's attributes, such as dialogue, attention, showing affection and respect in the relationship with the clients become essential, by not reinforcing a condition of uselessness or incapacity when managing their everyday activities. It is important for the oncology professional to understand that, despite any difficulties faced during the course of the disease, the clients have the possibility of choosing and deciding about themselves, preserving their condition of subjects, being active and able to participate in the healthcare process.

In order to approach these clients and to establish a relation of help and trust, it is necessary to understand that technical and expressive healthcares are not excluding, but complementary. Both are important currents of human nursing healthcare. With this conception of healthcare in mind, it is possible for the clients to feel confident, respected, heard and truly cared for. The nurse may move towards the clients, showing her willingness to be together and relate to them. Her availability in the establishment of relations of exchange and reciprocity

with the clients increases their possibility of self-growth and self-knowledge, and makes room for an effective and dialogic relation.

This proximity unveils an intimacy that facilitates healthcare, and, when feeling comfortable, the clients open up for the encounter, seeking the nurse in the dialogue. Therefore, it is possible for them to be able to assimilate the stigmas and prejudices inherent to their condition of being ill. As such, it is up to the nurse to help them shatter the walls that they face, especially when they begin chemotherapy, regarding them well, respecting their individuality, their ways of being and relating with the world. After all, each person has his/her own time to absorb the problems implied in being sick.

This study discussed the relationship between the nurse and the cancer client in the context of chemotherapy, according to the patient's cooperation. It aimed to contribute for nursing care within this type of therapy, collaborating with possible changes in the healthcare practice of the nurse in oncology towards this client who already is very stigmatized by the disease's own social construction.

## REFERENCES

- Guerra MR, Gallo CVM, Mendonça GAS. Risco de câncer no Brasil: tendências e estudos epidemiológicos mais recentes. *Rev Bras Cancerol.* 2005; 51(3):227-34.
- Brasil. Ministério da Saúde. Instituto Nacional do Câncer. Estimativas de novos casos de câncer por estados para 2005 [texto na Internet]. Brasília(DF): Ministério da Saúde, 2005. [citado 2006 Set 13]; Disponível em: <http://www.inca.gov.br/cancer/estimativas/2006>
- Bonassa EMA. Enfermagem em quimioterapia. São Paulo: Atheneu; 2005.
- Barbosa RCM, Ximenes LB, Pinheiro AKB. Mulher mastectomizada: desempenho de papéis e redes sociais de apoio. *Acta Paul Enferm.* 2004; 17(1):18-24.
- Menezes MFB, Camargo TC. A fadiga relacionada ao câncer como temática na enfermagem oncológica. *Rev Latinoam de Enferm.* 2006; 14(3): 442-7.
- Moreira MC. O cuidado de ajuda no alívio da ansiedade de clientes com câncer em tratamento quimioterápico paliativo: contribuição ao conhecimento de enfermagem [tese]. Rio de Janeiro: Escola de Enfermagem Anna Nery, Universidade Federal do Rio de Janeiro; 2002.
- Oliveira RS. A dialética do cuidado: o humano e o tecnológico em um Centro de Terapia Intensiva [tese]. Rio de Janeiro: Escola de Enfermagem Anna Nery, Universidade Federal do Rio de Janeiro; 2002.
- Watson J. The theory of Human Caring: retrospective and prospective. *Nurs Sci Q.* 1997; 10(1):49-52.
- Waldow VR. Cuidado humano: o resgate necessário. 2a ed. Porto Alegre: Editora Sagra Luzzatto; 1999.
- Polit DF, Beck CT, Hungler BP. Fundamentos de pesquisa em enfermagem: métodos, avaliação e utilização. 5a ed. Porto Alegre: Artmed; 2004.
- Alvim NAT, Cabral IE. O lugar das plantas medicinais nos espaços privado-domiciliar e acadêmico-profissional das enfermeiras. *Esc Anna Nery Rev Enferm.* 1999; 3(3):90-103.
- Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Resolução nº 196/96 sobre pesquisa envolvendo seres humanos. Brasília: Ministério da Saúde; 1996.
- Barbier R. Pesquisa-ação na instituição educativa. Rio de Janeiro: Zahar; 1985.
- Cabral I. O método criativo e sensível: alternativa de pesquisa na enfermagem. In: Gauthier JHM, Cabral I, Santos I, Tavares C, organizadores. Pesquisa em enfermagem: novas metodologias aplicadas. Rio de Janeiro. Guanabara Koogan; 1998. p.177-203.
- Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2003.
- Freire P. Pedagogia do oprimido. 41a ed. Rio de Janeiro: Paz e Terra; 2005.
- Alcântara LFFL. Enfermeiras cuidando em oncologia ambulatorial: a consulta de enfermagem e o sentido do cuidar [tese]. Rio de Janeiro: Escola de Enfermagem Anna Nery, Universidade Federal do Rio de Janeiro; 2002.
- Santos MLSC, Padilha MICS. Os caminhos da afetividade no cuidar de enfermagem. *Esc Anna Nery Rev Enferm.* 2002; 6(3):397-409.