

Self-Care and Promotion of Patient's Health in Chemotherapy: Contribution to the Practice of Nurses

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Cancer is a major cause of mortality in all age groups and is now considered a chronic disease that is treatable in many situations, especially when diagnosed early. It continues to be a stigmatized disease, full of mysteries. Cancer originates a rupture in the habitual way of life and the beginning of a state of a crisis. If we consider that the diagnosis of cancer can be a situation of chaos for the patient, chemotherapy therapy can exacerbate all bad feelings and cause a physical fragility.

So, how can patients take care of themselves, when exist a self-care deficit? Nurses can provide different types of complex interventions, which help patients to get comfort, control of symptoms, hope, psychological support and self-efficacy. Simultaneously, patients are confronted with the hypothesis of death, this idea increase their emotional needs, which require a more patient-centered philosophy [1]. Concomitantly, the manifestation of a symptom rarely occurs in isolation, so assessment and treatment in cancer require a comprehensive and multi-modal approach. McQueen identifies barriers that can disturb the interaction between nurse and patient, such as authoritarianism or paternalism, professional distance without emotional involvement, as well as a much focused work on the physical dimension of the patient.

The chemotherapy treatments usually performed in an ambulatory. In this space, the nurses' surveillance is limited to the period of administration (this is in case the patient does not carry a continuous infusion in home). There are lots of stressors, acute and chronic adverse effects, that persons receiving cancer chemotherapy may experience that require specialized nursing care and supportive interventions. Frequently, the period for greatest potential toxicity from cancer chemotherapy occurs when the person is at home. Many cancer chemotherapy drugs are highly toxic to cells and have potential to be mutagenic, carcinogenic and teratogenic. Registered nurses providing cancer chemotherapy care promote autonomous decision-making and ensure the well-being of patients.

The identification and control of potential side effects are performed by the patient (or informal caregiver). In this point, self-care is particular important. We believe that the provision of information/training is an essential condition. Nurses play an important role in the development of interventions to promote self-care, to preserve the patient's own identity and to manage the emotional load that the side effects associated with chemotherapy cause [2]. However, the level of self-care is influenced by the degree of information, motivation, self-confidence and the involvement of family or friends. Self-care increase the individual capacity to lead with the impact of chemotherapy, that have potential to reduce the basal pain intensity and control of exacerbations, the level of anxiety, psychological distress, pain, nausea, vomit and dyspnoea, which results in sensitive to nursing care [3].

Thus, it is vital to know and respond to the needs of nursing care in patients at home that make chemotherapy treatments, based on a model of self-care and health promotion [4].

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