

The Meaning of Pain for Women in Gynecological Brachytherapy: Phenomenological Approach in Nursing Consultation

O Significado da Dor Para Mulheres em Braquiterapia Ginecológica: Abordagem Fenomenológica na Consulta de Enfermagem

El Significado del Dolor Para las Mujeres en la Braquiterapia Ginecológica: Enfoque Fenomenológico en la Consulta de Enfermería

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ABSTRACT

Objective: The study's goal has been to identify the perception of pain for women in gynecological brachytherapy in nursing consultation. **Methods:** It a qualitative study, carried out from February to November 2012, supported in the approach of the Sociological Phenomenology Comprehensive Alfred Schutz. Participants were thirteen women over eighteen years submitted to gynecological brachytherapy two radiotherapy services located in *Rio de Janeiro* and another in *São Paulo*. **Results:** One characteristic that emerged from the statements referred to pain in gynecological brachytherapy, in which women revealed the desire to overcoming it. **Conclusion:** This desire is independent of age and level of education; it is common to all and coming from the living with cancer. What changes is the way it is presented and its intensity, which vary according to the uniqueness of each subject.

Descriptors: Pain, Role of the nursing professional, Nursing care, Gynecological brachytherapy.

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RESUMO

Objetivo: Identificar a percepção da dor para mulheres em braquiterapia ginecológica na consulta de enfermagem. **Método:** Estudo qualitativo, realizado entre fevereiro a novembro de 2012, apoiado na abordagem da Fenomenologia Sociológica Compreensiva de Alfred Schutz. Treze mulheres participaram, maiores de dezoito anos, submetidas à braquiterapia ginecológica de dois serviços de radioterapia localizados no Rio de Janeiro e outro em São Paulo. **Resultados:** Uma característica que sobressaiu a partir dos depoimentos se referiu à dor na braquiterapia ginecológica, em que as mulheres revelaram o anseio por superá-la. **Conclusão:** Tal anseio independe da idade e do grau de instrução, é comum a todas e oriundo do vivido com o câncer. O que modifica é a maneira como se apresenta e a sua intensidade, que variam conforme a singularidade de cada sujeito.

Descritores: Dor; Papel do profissional de enfermagem; Cuidados de enfermagem; Braquiterapia.

RESUMEN

Objetivo: Identificar la percepción del dolor para las mujeres en braquiterapia ginecológica en la consulta de enfermería. **Método:** Estudio cualitativo, realizado de febrero a noviembre de 2012, a favor del enfoque de la fenomenología sociológica Integral de Alfred Schutz. Los participantes fueron trece las mujeres mayores de dieciocho años sometidos a la braquiterapia ginecológica dos servicios de radioterapia ubicadas en Río de Janeiro y otro en Sao Paulo. **Resultados:** Una característica que se destacó de los estados mencionados dolor en la braquiterapia ginecológica, en el que las mujeres revelan el deseo de superación. **Conclusión:** Este deseo es independiente de la edad y nivel de educación, es común a todos y procedentes de los vivos con el cáncer. Lo que cambia es la forma en que se presenta y su intensidad, que varían de acuerdo a la singularidad de cada sujeto.

Descriptorios: Dolor, Papel del profesional de enfermería, Cuidados de enfermería, Braquiterapia ginecológica.

INTRODUCTION

Pain, due to its subjective character, was historically understood in a mystical or religious way and associated with suffering. With the scientific advent, physical pain was separated from social suffering, becoming a phenomenon explained by physiology. Today, pain is characterized as the fifth vital sign to emphasize its meaning and especially in the awareness of health professionals about their relevance, for evaluation, measurement and appropriate treatment.¹

Cancer pain can occur because of the cancer itself, because of the effects it causes, and may still be due to anticancer treatment or associated non-oncological diseases. Thus, one should not neglect the painful complaint of an oncologic client, considering that it can present at the same time, more than one type of pain: that of pathophysiological order and also those of a psychological and spiritual nature.²

Therefore, it is relevant for health professionals, including nurses, to reveal the meanings of how pain presents itself in the daily life of cancer treatment and its repercussions in the world of the client's life. The nursing consultation is shown as a strategy in the short-term

radiotherapy treatment, that is, brachytherapy, in which interaction and nursing intervention can contribute to the attention of the actual and potential clients' singularities.

In light of these observations, it was established the objective of this study to identify the perception of pain for women in gynecological brachytherapy in the nursing consultation.

METHODS

To base and guide the study was used the phenomenological approach. It focuses on the meaning that people give to the facts of life. It is a line of thought based on the experience of people's lives and what it represents for these experiences, understanding how the phenomenon is lived.^{3,4}

The choice of the reference, Alfred Schutz's Sociological Phenomenology, occurred due to the recognition of the importance of the knowledge baggage that each client carries within himself, understanding that every nursing consultation constitutes an opportunity for learning, fruit of the interpersonal relationships of this encounter.

The interest in clients was to know their experiences regarding the disease and its impact on the daily life lived. We sought to know what the illness, the proposed treatment and the fact that they have the nursing consultation at their disposal mean to them. Thus, subjectivity and intersubjectivity appeared in the act of sharing experiences, in the exchanges existing during the nursing consultations. The uniqueness was evidenced when it was realized that the treatment affects each client of a given form. And this particular world view may be the starting point for structuring care.

The study was carried out in two scenarios: the Outpatient Radiotherapy Service of a general public and university hospital, located in *Rio de Janeiro*, and the ambulatory of the Radiotherapy Department of a philanthropic hospital specialized in oncology located in the city of *Barretos*, in the state of *São Paulo*. Both institutions have their service focused primarily on clients of the Unified Health System.

Thirteen women participated, being five from Rio de Janeiro and eight from *São Paulo*, over 18 years of age, lucid and oriented in time and space, who were being submitted to gynecological brachytherapy during data collection. As inclusion criteria, the clients who wanted to do so, regardless of the staging of the clinical diagnosis or the time of treatment, participated in the study. The general state of the interviewees was not a concern, since only healthy clients are submitted to brachytherapy.

The delimitation of the number of participants was defined during the course of data collection, ending when there was enough convergence of the discourses to understand the phenomenon.

Authorizations of the clients and the Research Ethics Committees of the hospitals in question were requested and granted, in compliance with Resolution No. 466/2012 of the National Health Council. The study was approved and regis-

tered under number 127/11 and under the Number 551/2011, being respectively in Rio de Janeiro and São Paulo, and that received the number CAAE 0077.0.226.197-11. Participants read and signed the Informed Consent Term (TCLE). The anonymity of the study subjects was guaranteed by replacing the names of those interviewed with color names.

The data were collected through semi-structured interviews, recorded on an audio device, performed individually, in the radiotherapy service, in a reserved place, from February to November, 2012. This was followed by a script composed of closed questions referring to the characterization of Participants, and an open question about the perception of pain resulting from brachytherapy.

The information was analyzed according to the steps of researchers of social phenomenology: reading and rereading each testimony, aiming to identify the relevant aspects related to the context of the experience of these women; Identification and subsequent grouping of the significant aspects of the testimonies into units of meaning; Synthesis of units of meaning to later compose the categories.³⁻⁶

From the subjects' speeches, expressive meanings were obtained, which contributed to the formation of a category - Overcoming pain.

The discussion of the data had as its guiding axis the theoretical reference of social phenomenology and related literature.

RESULTS AND DISCUSSION

Women's profile

It can be observed that the age of the clients ranged from 30 to 82 years, and three clients were in the age group of 30 years. The age of the person influences the way the illness alters his or her life. Sexuality, the fact that the woman is in the reproductive phase, the possibility of mutilation (through hysterectomy, among other surgeries), the person's tolerance of pain are factors that must be considered.

The treatment time is long, ranging from three months to two years. Some clients are away from home since the beginning of therapy, while others make daily trips to the treatment. In addition to the suffering with the disease, these clients have to face modification in their routine, considering the duration of the treatment. Figure 1 provides sociodemographic data of the participants.

Codiname	Age	Education	State that was born	Occupation	Profission	Treatment time
White	30	Complete High School	PA	Home		05 months
Lilac	69	Complete Elementary	RJ	Home		08 months
Dark red	34	Incomplete Elementary	RJ	Home		09 months
Red	52	Complete High School	SP		Merchant	01 year
Yellow	63	Incomplete High School	MG	Home		01 year
Blue	76	Complete Elementary	SP		Retired Home Helper	11 months
Coral	38	Complete Elementary	RO		Handyman	03 months
Graphite	67	Complete High School	SP		Retired seamstress	10 months
Cream	46	Complete Elementary	AC		Home Helper	09 months
Caramel	59	Complete High School	RJ	Home		06 months
Orange	75	Incomplete High School	RJ	Home		02 years
Brown	82	Complete Elementary	PA	Home		01 year
Beige	45	Incomplete Elementary	RJ	Home		06 months

Figure 1 – Socio-demographic data of study participants. *Rio de Janeiro/São Paulo, 2016.*

Overcoming pain

One characteristic that emerged from the testimonies was the pain in the gynecological brachytherapy, in which the women brought in the nursing consultation the meaning of overcoming pain. Next, the concrete category of the lived one is analyzed with indication of the "reasons to", according to the reports obtained.

The "reason to" highlights the actor's attitude experiencing the process of developing action. It is thus a category that is essentially subjective and revealed to the observer only when he asks what meaning the actor confers to his action. In this way, action is determined by the project, and this is the intended act, imagined as realized.

An element commonly present in the experience of the cancer client, pain can manifest itself in two ways: physical, as a result of the process of illness or emotional, represented here by the psychological suffering that the pathology causes.

It is understood that the care of the person who feels pain, from the point of view of phenomenology, would be to know the experience that the subject has with the event and its meaning for it, aiming at finding the solution to the problem. For this, there is a need for intersubjectivity, equally defined as the mutual understanding of the world of the other, when we share experiences, in an intercommunication originating from a face-to-face relationship.^{3,4}

Physical pain often occurs in clients undergoing gynecological brachytherapy. When they report their painful experience, it is up to the nurse to support them, using the technical capacity to overcome the discomfort. The reports reveal how common the occurrence of algias is in the cancer patient. Therefore, it is desirable that all nurses working in this area receive training to assist the client in the control of pain:

I had the biggest scare because I've never had any diseases; Doctors and they even praised. Then I started to feel pain and I went to the doctor of the health plan. (Red)
You know, people said that this treatment was difficult, the latter, the brachytherapy, but it's hard to boot! Daughter, it was awful! Nobody is prepared for that pain! Of course, without the nursing consultation, it was going to be all horrible, really; I felt all that pain, but I knew it was because of my treatment. I just did not know it was going to hurt so much. (Yellow)

International study reveals that intracavitary brachytherapy is an important modality of treatment for gynecological cancer, but it has been pointed out that many clients suffer from severe vaginal pain and discomfort during treatment without anesthesia. Thus, the combination of regional anesthesia and conscious sedation has been recommended to reduce pain and discomfort during this procedure, since it does not increase the risk of complications. No significant differences in the age of clients were also found among the results.⁷

The next account is an example of care directed to the client's uniqueness, reflecting interaction with the client. In this case, the modality of treatment was modified, taking into account the needs of the patient, who referred intensely to the first attempt of application. That is, the intentionality of care expresses the motive - to be revealed by the client, who was not feeling physical pain:

Since I was anesthetized today to do the treatment, I will stay here longer because I had to be anesthetized and the other anesthesia for the next time can only be done the other week. I had to be anesthetized, the first time they tried to do without anesthesia, you saw, it is not, my God, it was torture! Now I'm calmer, only one is left. (Cream)

Regarding emotional distress, clients report their anguish about knowing they have a disease of uncertain prognosis. They have to deal with family concerns, fear of death, and the physical limitations imposed by illness, just as they eventually have to deal with fear. As the feeling of suffering is unique to each person, it is considered not appropriate to propose a single behavior for these clients.

In this way, it is fundamental to know the emotional state of each one, to feel what can be oriented and what can be learned. It is intersubjectivity appearing in the nursing consultation.

Nursing, because of its care as a focus, has great concern with the subjective issues that involve human beings in order to interpret the reality of being cared for, to achieve empathy and to benefit the client. Through qualitative research, nursing professionals can understand, describe and explain how the human being experiences cancer, its treatment and side effects and all other complex phenomena that the cancer

client and his/her family member may experience during the course of the pathology.⁸

In this case, the educational process must remain open, depending on the intentionality of each client. The following reports reflect the emotional distress of customers experiencing on-screen treatment:

Wow, our heads are suffering, this disease is not soft, no. That having to leave my city really messed me up. If there is anything that people who are patient can teach you is that this treatment is very suffering and very frightening. (White)
When you find out you are sick, you have no floor, you have a run, you have no horizon, you are unsure, you do not know what to do. (Red)
You want to know? "Cruzes", at first it was everything, everything very horrible. I got angry, nervous, angry, because I was sick. That shock came, now I'm even more conformed, thank God, but when I discovered that I had this disease, wow! (Yellow)
Now, about teaching, you have to know one thing: the agony that you feel from the time you know you are sick. I did not know if the tumour was very high, what they would do to me. (Cream)

According to the testimonies, it is believed that in order to overcome the painful process, regardless of origin (physical or emotional), it is necessary to combine care technology with the individuality of each client. The intentionality of the nurse should be to use scientific knowledge at the service of the human being, attending to their basic needs.

When experiencing cancer, women, regardless of age, are thrown at the insurmountable fact of discovering the diagnosis of cancer. Thus, they experience a moment in which they suffer and, consequently, experience a denial of reality, which will result in difficulty for the treatment.⁹

Pain is known as an unpleasant sensory or emotional experience, and the nursing team is one of the most adequate to assess this discomfort in the clientele, as well as its therapeutic response.¹⁰ Because it is unique, for every human being it has a meaning. Hence the fact that some people are more lenient than others. Thus, culture, age, and the extent of disease itself should be taken into account in assessing pain in cancer patients.

The nurse intended to alleviate a crisis of pain should be able to do so, if possible with training provided by the health unit. To manage this issue, it is necessary for the professional to stick to the knowledge acquired through study and work, avoiding being based on judgments of values or myths, but with sensitivity to listen to each client in their individuality.

This means that, because it is a subjective fact, the pain can not be challenged. And because it is a singular event, the nurse must understand that the pain manifested by the client means the pain she is feeling and needs to be discharged. Therefore, for the control of the same, it is necessary that

the nurse's conduct and orientations are based on the client's painful experience.

In the case of physical pain, the nurse should check if the client makes use of anti-allergy medication. There are cases in which it is necessary to follow up by the Pain Clinic sector of the institution.

The effective therapeutic plan should aim at the sick person 24 hours a day, without pain, including sleeping and waking up. The priority in interacting with the client who feels pain is precisely to relieve it, avoiding its manipulation before trying to solve the problem.¹¹

With regard to emotional discomfort, it is imperative to rely on the psychology team for the management of inner/emotional suffering. When thinking about the client as a whole, the nurse still needs to be aware of the need for referral to other members of the health team.

And, reflecting on the teaching-learning routine in the nursing consultation, it is reiterated that the quality of what is taught or learned can be altered if both the teacher and the learner are in physical or emotional suffering.

The description of how a person experiences a phenomenon provides their lived type. Thus, it can be affirmed that the lived type of clients mentioned in this study is that of people who need guidance, feel fear of illness and treatment, and experience physical and emotional pain caused by the diagnosis and performance of the procedures.⁴

The routine of treatment of clients provided data to draw a profile of these, which have common facts in their daily lives, constituting themselves in typical situations of those who experience the therapy in question.

A cross-sectional study reveals that individual factors of age, schooling and marital status have not been shown to influence the coverage of the cervical cancer screening program and the search of women for the preventive examination. However, there are regional studies of the Brazilian interior that indicate that the low adherence to the prevention of uterine cancer is linked to low schooling, sexual behavior and low income, since they present a higher risk estimate for not performing the exam.¹²

The study participants are people undergoing long-term treatment, ranging from three months to two years. Some clients need to stay in the vicinity of the institutions on screen, to deal with, being away from home and family by living far away.

In this context, based on the National Humanization Policy and on the quality of health service provision, it is imperative that all municipalities references of the states and other health institutions that perform the cancer treatment aim at the modernization of their equipment for a guarantee of brachytherapy, but, moreover, an adaptation to the Expansion Plan of the Radiotherapy Services in the SUS, mainly for access to Reference Centers in High Complexity in Oncology.¹³

There are also clients who make short trips to the place of treatment, but tiring because they are daily and because

of the weakness that the disease causes. Many complain of a change in their life routine, which is suspended because of therapy. This gives them an opportunity to deal with their emotional feelings, since apart from their common routine, in the moments of rest between one and the other to the hospital, negative thoughts may occur regarding their biographical situation.

The system of relevance tells us that priorities are in our daily lives, arising in the pure or mixed state. These relevances have two origins: intrinsic, results of the interests of the subject, chosen by him and imposed, that escape from the control of the individual, not being chosen by him, usually translated by situations that arise in the life of the human being.^{3,4}

Thus, for these clients, solving the cancer problem is given priority over their previous life projects. It is when the relevancy imposed becomes intrinsic, that is, the clients did not choose to get sick, but, from the moment that the cancer appeared in their lives, the search for the cure happened to be priority in their lives.

The natural attitude is the posture assumed by the human being in face of facts and objectives.^{3,4} As uncertainty in the future is a constant for the client submitted to gynecological brachytherapy, it is equally difficult for this to define a natural attitude towards cancer, since the pathology affects each person individually.

The sensation of constant pain presents as a consequence the loss of energy and of friends, unrelieved pain generates anxiety and depressive symptoms, aggravating such losses and impairing cognitive functions, daily and social activities and sleep¹⁴, however, the pain may not interfere with clients' perception of quality of life.¹⁵

It is up to the nurse to learn how this happens for each client and help her to experience illness and treatment.

Thinking about the individuality of the subjects in this study, it is gratifying to note that, with the practice of nursing consultation, the nurse becomes a reference for these, in partnership with the other members of the hospital staff.

Learning happens when information becomes knowledge. Hence, the individual transforms, having adherence to what was taught.¹⁶ This is what we intend, when sharing knowledge with the clientele, the nursing consultations. Thus, the nurse continues teaching by learning, as well as customers, learning by teaching.

It should also be noted that there are clients with chronic diseases, besides cancer, who need to be stabilized in relation to these diseases. The need for continuity of previous care and treatment is a reality. The nurse must make this continuity feasible, since the client may be far from the institution of origin.

The need to understand the experience of the other, reinforces the importance of the behavior to be understood, since this understanding makes possible the social coexistence. When it comes to the nursing consultation, the understand-

ding of the other helps in the practice of care, since, knowing the clients as a whole, one can define what their needs are.¹⁶

A woman realizing the complexity of cancer and treatment, which could bring serious problems to her health and life, realizes the need to establish care practices. Reified knowledge about health care provides for the construction of a meaning that contributes to a result relevant to women's health and the need to take care of and perform prescribed therapies to avoid greater ills.¹⁷ Thus, nursing consultation is shown as a strategy of help and learning, both for those who teach and learn in the same time and space, in view of the physical and psychological effects and repercussions of women's general, social and sexual health.¹⁸

CONCLUSIONS

The meaning of pain for women in brachytherapy brings the sense of overcoming. That is, they believe that treatment is permeated by fear and insecurity.

Given the above, in addition to suffering from the disease, clients have to face a difficult modification in their routine for a long period of time, given the nature of the duration of cancer treatment. The anxieties described in the category established are independent of age and degree of education, are common to all, arising from the experience with cancer. What modifies is the way they present themselves and their intensity, which vary according to the individuality of each subject.

Due to the complexity of the phenomenon, with regard to pain and its repercussions on treatment and life, future studies are necessary so that the dialogue can be progressively increased in the need to listen fully to these women, in order to increase the possibilities of resources and Of approaches, also enabling professionals to manage pain for the recognition and respect needed in conducting the development of clinical practices and research.

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