Evaluation of the health professional's knowledge about the palliatives care

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ABSTRACT
INTRODUCTION: One of the factors that influence palliative care is the absence of specific discipline in the training of health professionals. The professional who has no degree of training in palliative care (CP) tends, over time, to create emotional distance from the patient because he does not know how to deal with him. OBJECTIVE: To evaluate the knowledge and experience of health professionals on the topic of palliative care. METHOD: This is a quantitative cross-sectional epidemiological study. A questionnaire was formulated, consisting of 10 objective questions that addressed the concept, perception, professional preparation and safety during the practice of PC. RESULTS: The sample included 80 professionals. It was observed that 40% knew the definition of PC proposed by WHO. Despite this, 57.5% perform CP in their work routine. 62.5% considered the strategies designed to cope with the physical and mental exhaustion that often accompany the professional who deals with CP to be insufficient. The perception was unanimous that it is necessary to prepare for the multidisciplinary team. CONCLUSION: In view of this, it is clear that some professionals do not acquire knowledge about PC during their training and many do not feel prepared to deal with this and with other issues that permeate the theme.

Keywords: Palliative Care, knowledge, health professionals

1 INTRODUCTION

The World Health Organization (WHO) describes palliatives care as:

"Palliative care is an approach that has in vision to improve the quality of life of patients and their families facing a serious and threatening life illness throughout the prevention, the relief, the suffering, the earlier identification and the impeccable pain treatment and other symptoms and physical, psychological, social and spiritual issues" (CARVALHO et al., 2018).

The palliative care is based in inherent knowledge of different specialization areas, intervention of clinical and therapeutical possibilities, and through the knowledge of medical science and its particularities (PINTO et al., 2009).

In Brazil, the palliative care started in the 80 centuries which led to a significant growth mainly since the year 2000, with the consolidation of the preexistence and pioneers' services and other non-less important (PINTO et al., 2009).

Accordingly, to a disseminate report from WHO, the initiatives of palliatives care in Brazil are not yet enough. In the report, the countries were classified in four groups, accordingly to their palliative care development level, being 1 the worst and 4 the best. Brazil got in the 3A group (3a being considered a lower classification compared to 3B), with other 94 countries (WHO, 2002).

According to the *Worldwide Hospice Palliative Care Alliance* (WHPCA), international non-governmental organization whose focus is the palliatives care and hospice in the world, in just 20 countries the palliative care is well integrated in the health system, which don't include Brazil as one of them. In a recent survey made by the Nacional Academy of Palliative care (ANCP), currently, there is in Brazil around 150 teams specialized in palliatives care. Considering that the country has more than 5.000 hospitals having, at least, 2.500 more than 50 hospital beds, it comes to notice that the attendance demand of palliative care is much superior than it can afford (ANCP, 2018)

2 METHODOLOGY

It has been developed and applied a survey driven to 80 health professionals composed by 10 objective questions which approach concept, perception, academic formation, professional preparation and safety in regard to the palliative care. The data were collected from January to July of 2018. The themes were approach with the following questions:

General questions: composed by concepts and definitions.

Structured questions to health professionals composed by 8 items: knowledge about palliative care, preparation during formation, performance of palliative care in a daily routine of work, preparation to deal with the death of a patient, importance of the patient family in a terminal phase,

spirituality, strategies to deal with the physical and emotional stress elaborated by professionals and institutions of health, security in dealing with the algic control and preparation of the team.

3 RESULTS AND DISCUSSION

20 doctors, 20 nurses, 20 nurse technicians and 20 physiotherapists have been interviewed, totalizing 80 professionals.

Professionals characteristics.

The table below shows relative aspects of the participants.

Table 1 – description of respondents

	Sample number	Percentage
Age	42 (average)	
Genre		
Male	32	40
Female	48	60
Uses palliative care in the routine		
Yes	46	57,5
No	34	42,5

Most of the professionals have less than 10 years of graduation (57,5%) with ages between 28 and 62 years old and with the average at 42 years. There ir a prevalence of the female genre (60%). 46 of the 80 people affirmed that they use palliative care in their work routine (table 1) (table 2).

Table 2- Percentual of professionals according to the age

Age	Percentual
Under 30 years	11,25 %
Between 30 e 40 years	51,25, %
Between 41 e 50 years	27,5 %
Between 51 e 68 years	10 %

Knowledge about palliatives care

In this group, 60 professionals (75%) presented a vision accorded to how the WHO forebodes. When it becomes to academic formation including graduation, programs and other activities, less than half relate that the theme was correctly approached while in graduation. Therefore, many of them acquired knowledge from other sources, including books, articles, particular courses, work colleagues and even information that were transmitted through work supervisors.

Professional Security

While analyzing the reliability of the professionals throughout the patients, 25 of the interviewed (31,25%) affirmed that they felt insecurity to deal with algic symptoms in oncologic patients.

Formation and professional orientation

While analyzing the formation and professional orientation, just 30 (37,5%) of the professionals affirmed that they used to proposed and refer the patient to the follow-up related to non-physical pain, in other words, social, spiritual and physiological matters.

Multidisciplinarity

All of the interviewed affirms that the treatment has to be multidisciplinary, involving technicians, nurses, and all the medical board, including the social services and psychologists. Almost 98% believes that the psychodynamic of the work exploits the professional work, causing more stress and consequently, making them sick and, even so, there is no preparations on the institutions to deal with the mental and physical wear of the professionals.

4 CONCLUSION

In face of the data here presented, it comes to notice that part of the professionals does not acquire palliative care knowledge during their formation, and those who have the preparation, not always feel ready to deal with it and other things that comes with the theme. These data reflect the complexity of this subject and the lack of approach that it has throughout the graduation of this professionals.

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