“Antineoplastic Therapy Administration: Nursing Intervention in the Relief of Suffering”

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Suffering is a constant in the lives of people with hemato-oncological disease, due to the social representations related to the oncological disease, the uncertainty during the disease, as well as to the inherent side effects of drug treatment. Its nature was illustrated by symptoms such as discomfort, anguish, distress, torment, pain, hurt, misery, anxiety and distress. During antineoplastic therapy administration treatment, there are regular, frequent and time-consuming contacts between patients and nurses. These moments may have a therapeutic potential in this care area if they are developed by the nurses following a referential and a proper way of being and intervention. Our objective was to identify the nursing interventions with potential to act on the suffering and to evaluate the results of the nursing intervention designed during chemotherapy administration in the relief of suffering of the hospitalized person with haemato-oncologic disease. We used a multi method study of complex interventions. After the identification of the scientific evidence and having found the supporting theory, the intervention process to relieve the suffering of hospitalized patients was modeled using the methodology of qualitative research, with exploratory and descriptive studies. Then, training conditions were created for the implementation of the intervention: "Chemotherapy administration as an Individualized Nursing Intervention" with a Quasi Experimental, longitudinal piloting study. The exploratory and descriptive studies allowed the identification of the nursing intervention components, theoretically supported by the scientific evidence, mirrored in the respective guide of the nursing interaction during the administration of chemotherapy. In the quasi experimental study the patients of the experimental group (EG) showed values of suffering lower than the control group (CG), namely at the psychological suffering level 2.90 to 3.03, existential 2.44 to 2.67, socio-relational 3.51 to 3.72, physical 2.13 to 2.55, and distress (3.97 to 5.29) or pain (1.14 to 3.19). Having finished the pilot study, we would return to qualitative research to understand the variation of some data, namely the increases of reported physical and emotional problems by the experimental group from the 1\textsuperscript{st} to the 2\textsuperscript{nd} moment, specifically weakness/fatigue, appetite, nervousness/anxiety from and concern. The use of mixed methods of investigations allowed the understanding of the different components of drug chemotherapy administration as an individualized nursing intervention. The implementation and evaluation of Administration of Chemotherapy as Individualized Nursing Intervention, confirmed the difficulty in measuring results of the relief of suffering, but also demonstrated that it interferes positively in their reduction. The results point out that for relief of suffering to happen, nursing care should be centered on the person of the patient, integrated in their unique individual experience, and the intervention of the nurse based on knowledge and intentionality.

**Keywords:** suffering; individualized nursing intervention; hematologic neoplasms; cytostatic agents