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The degree of satisfaction of patients with cancer interned in a specialized oncology sector in relation to the assistance provided by the physiotherapy professional: integrative review

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Grau de satisfação dos pacientes com câncer internados em setor especializado de oncologia em relação à assistência prestada pelo profissional de fisioterapia: revisão integrativa

El grado de satisfacción de los pacientes con cáncer internados en un sector especializado de oncología en relación con la asistencia del profesional de fisioterapia: revisión integrativa

RESUMO

O presente estudo objetiva efetivar uma revisão da literatura quanto à percepção e satisfação dos pacientes oncológicos sobre os cuidados recebidos pelo profissional Fisioterapeuta para sua melhor qualidade de vida. A busca foi realizada nas bases de dados PUBMED, LILACS, SciELO. Usando os descritores: fisioterapia, oncologia, paciente, câncer, neoplasia pulmonar, cuidados paliativos, satisfação do paciente. Limitou-se a busca ao período de 2010 a 2020 e texto na língua inglesa e portuguesa. Foram encontrados 17 artigos, porém apenas 03 artigos foram relevantes para pesquisa, os demais não estavam condizentes com os critérios de inclusão. Após análise de dados observou-se: Poucos artigos demonstrando de maneira explícita a satisfação do paciente em relação à assistência do fisioterapeuta, contudo as condutas adotadas nesses estudos apresentaram resultados positivos diante a atuação fisioterapêutica na assistência ao paciente oncológico. Nas poucas evidências encontradas, os pacientes têm percepção do benefício do tratamento, e demonstram-se satisfeitos com a assistência.

DESCRITORES: Fisioterapia; Oncologia; Assistência; Paciente; Tratamento; Câncer

ABSTRACT

OBJECTIVE: This study aims to carry out a literature review regarding the perception and satisfaction of cancer patients about the care received by the Physiotherapist for their better quality of life. The search was performed in the PUBMED, LILACS, SciELO databases. Using the descriptors: physical therapy, oncology, patient, cancer, lung cancer, palliative care, patient satisfaction. The search was limited to the period from 2010 to 2020 and text in English and Portuguese. 17 articles were found, but only 03 articles were relevant to the research, the others were not consistent with the inclusion criteria. After data analysis, it was observed: Few articles explicitly demonstrating patient satisfaction in relation to physical therapist care, however, the conduct adopted in these studies showed positive results in relation to physical therapy performance in cancer patient care. In the little evidence found, patients perceive the benefit of the treatment, and demonstrate satisfaction with the care.

DESCRIPTORS: Physiotherapy; Oncology; Assistance; Patient; Treatment; Cancer.

RESUMEN

OBJETIVO: El presente estudio tiene como objetivo realizar una revisión de la literatura sobre la percepción y satisfacción de los pacientes con cáncer sobre la atención que recibe el fisioterapeuta para su mejor calidad de vida. La búsqueda se realizó en las bases de datos PUBMED, LILACS, SciELO. Utilizando los descriptores: fisioterapia, oncología, paciente, cáncer, cáncer de pulmón, cuidados paliativos, satisfacción del paciente. La búsqueda se limitó al período de 2010 a 2020 y texto en inglés y portugués. Se encontraron 17 artículos, pero solo 03 artículos fueron relevantes para la investigación, los demás no fueron consistentes con los criterios de inclusión. Tras el análisis de los datos, se observó: Pocos artículos que demuestren explícitamente la satisfacción del paciente en relación con la atención del fisioterapeuta, sin embargo, la conducta adoptada en estos estudios arrojó resultados positivos en relación al desempeño de la fisioterapia en la atención al paciente oncológico. En la poca evidencia encontrada, los pacientes perciben el beneficio del tratamiento y demuestran satisfacción con la atención.

DESCRIPTORES: Fisioterapia; Oncología; Asistencia; Paciente; Tratamiento; Cáncer

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INTRODUCTION

ancer is the name given to a class of pathologies characterized by the abnormal and uncontrolled proliferation of cells that have undergone genetic alteration, and these cells can invade any region of the body, such as tissues and organs. It is the second leading cause of death in Brazil, according to the International Agency for Cancer Research of the World Health Organization, the global incidence has doubled in the last 30 years. It is estimated for 2020, an increase of 15 million new cases worldwide with an increasing cause of morbidity and mortality, 60% of these cases will occur in developing countries. Population growth, changes in lifestyle and aging are some of the factors that contribute to the high incidence of this pathology, 1, 2

When cancer is diagnosed in its early stages, it can be treated through different therapies, greatly increasing the chances of a patient's cure. The diagnosis does not affect tissue changes in isolation, but also psychological and behavioral changes, leading the patient to isolation. 3 Currently, cancer treatment methods include radiotherapy, chemotherapy, hormone therapy and surgical resections. Unfortunately, some of these interventions can trigger several acute and chronic debilitations, such as decreased cardiorespiratory capacity, nausea, vomiting, reduced levels of physical activity and the most disabling of them: pain and fatigue. All this combination can lead to feelings of depression and anxiety causing a worsening in this individual's prognosis. 4

For a long time, patient survival was the focus of cancer treatment, but over the years, a new mindset was established, a concern with quality of life and wellIt is the second
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-being, during and after treatment. Cancer patients need differentiated assistance in a specialized sector, with resources that provide relief from pain and suffering. The treatment must be defined according to the clinic presented in the evolution of the disease, making it necessary to promote a support system with multidisciplinary and interdisciplinary action, which effectively contributes to the success of the treatment, addressing the needs in a specific and global way, thus aiming at a better quality of life for the patient. 5

Recognizing the importance of the care provided to these cancer patients, cancer physiotherapy presents itself as a solid treatment alternative, acting from outpatient care, through the preoperative, postoperative, Intensive Care Unit (ICU) and even the beginning of the patient's discharge. He is an essential professional in the multidisciplinary team, as he has a comprehensive arsenal of techniques, with the main objectives of biopsychosocial rehabilitation and early recovery of the patient's functionality. A specialty that brings many benefits to cancer treatment, its resources help to reduce muscle tension, prevent or reduce lymphedema, improve tissue circulation, minimize anxiety, stress and depression, which are aggravating factors for this pathology. 6 Even though it is not so widespread, cancer physiotherapy is of paramount importance to patients, advancing more and more and becoming present in cancer treatment units. It is noteworthy that this specialty was recognized in 2009 by the National Council of Physiotherapy and Occupational Therapy (COFFITO - Conselho Nacional de Fisioterapia e Terapia Ocupacional) and has gained prominence since then. 7

Peixoto, 2015, defends in his study the

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need for physiotherapy in the oncology field, in his field study carried out with patients using the Unified Health System (SUS), hospitalized in an oncology reference hospital, he analyzed the complications arising from hospitalization, based on scientific clinical evidence, and a triage service was implemented to assess hospitalized patients who were not referred to physical therapy, thus identifying the need for indication for treatment during hospitalization. One of the negative results obtained in the research was the lack of adherence of physicians to the request for monitoring by the physiotherapist, and the triage service aims to ensure comprehensive care for the patient, promoting quality of life and reducing their time in the hospital environment.

Melo 6 presents in his study satisfactory results regarding the role of the oncological physiotherapist. The diagnosis of cancer causes a change in the patient's life, changing habits, beliefs and concepts. Throughout the course of the disease, it presents fragility and limitations, causing suffering and anguish. The physiotherapist professional works directly with this patient, both in the rehabilitation phase and in palliative care, with the objective of keeping him active to perform his daily activities (ADL's). The cancer patient's perception of physical therapist care was shown to be important, minimizing the symptoms and motivating the patient's interest in life. 6

The lack of knowledge of this specialization among the population and other health professionals adds to the scarcity of literature for a thorough analysis, not only of the physiotherapeutic role in cancer patients, but also their satisfaction with the approaches, behaviors and results obtained from physiotherapeutic interventions..

Thus, the aim of this study is to carry out an integrative literature review regarding cancer patients' knowledge and satisfaction about the care provided by physical therapists for their better quality of life.

METHOD

This is an integrative literature review,

structured in the following steps: Elaboration of the theme and research question; Definition of inclusion and exclusion criteria; Grouping of selected studies; Analysis of the studies included in the review; Understanding the results; Presentation of the summary of results. Having as a guiding question: Is the cancer patient satisfied with the assistance provided by the physical therapist?

Inclusion criteria were: Qualitative and

or patients under 18 years of age, assistance by a professional without training in Physiotherapy.

Search strategies were carried out between March 2020 and March 2021 for the development of the study, in the following databases: Medline (Medical Literature Analysis and Retrieval System Online), LILACS (Latin American and Caribbean Literature in Health Sciences), and Scielo (Scientific Electronic Library Online)

Figura 1- Fluxograma estratégico de busca Works found in databases Identification Scielo n= 06 Lilacs n= 06 Pubmed n= 10 **Duplicate Works** n= 01 Works after Duplicate Removal n= 21 Works excluded after reading titles and abstracts Works read in full by the evaluator for eligibility Works excluded after full read n= 5 Main outcome not analyzed n= 02 Incompatible study type n= 03 nclusion Works Included in the Review N= 03

Source: the author.

quantitative clinical studies, with adult cancer patients, written in English and Portuguese, published in the last ten years (2010-2020). Exclusion criteria were: articles that were not consistent with the topic addressed, studies with non-cancer patients

using the descriptors: Fisioterapia (physiotherapy), Oncologia (oncology), Paciente (patient) e Satisfação (satisfaction). For the interconnection of descriptors, "Boolean" expressions were used, which comprise the codes "AND" (intercession of two or more

subjects) and OR (intercession of 'or'), supporting the specificities of each database.

The selected studies were submitted to the quality assessment of the methodology proposed by Jadad et al. 9 The scale covers five criteria, and its score ranges from 0 to 5 points, with a score equal to or less than 3 points indicating low methodological quality of the study, meaning that its results will hardly reach other perspectives or be used to support clinical practice. The search strategy is represented in the Prism shown in Figure 1.

The data will be analyzed based on the Content Analysis technique, proposed by Bardin, 10 the form of analysis to be used will be the Thematic Categorical Analysis, in which categories are established based on the gathering of elements that have characteristics in common. For this purpose, it is necessary to use three fundamental phases: pre-analysis, material exploration and treatment of results – inference and interpretation.

RESULT

Of the eight selected articles, three (Article 6, Article 7, Article 8) are randomized clinical trials, two (Article 2, Article 5) are exploratory qualitative research, one (Article 1) is a case report, one (Article 3) is field study, one (Article 4) is a cross-sectional study. Among the studies, five (A1, A2, A3, A4, A5) were carried out in Brazil, one (A6) was carried out in Australia, one (A7) was carried out in Japan, and one (A8) was carried out in Poland. All studies addressed interventions performed by the physical therapist.

According to the methodological quality analysis cited by Jadad, 9 among the studies, three (A6, A7 and A8) presented high quality. On the other hand, the others (A1, A2, A3, A4, A5,) were considered of low quality, as they did not discriminate between exclusion and loss of patients during the study, as shown in Table 1.

From the integrated analysis of data from the selected studies, it was observed that only three articles (A6, A7, A8) explicitly demonstrate patient satisfaction in

Table 1. Methodological quality assessment, according to Jadad's classification.

Criteria	Selected studies							
	A1	A2	А3	A4	A5	A6	Α7	A8
Did the study have a reasonable sample size?	No	No	No	Yes	Yes	Yes	Yes	Yes
Were the inclusion and exclusion criteria for sample collection clearly described?	No	Yes	No	Yes	No	Yes	Yes	No
Was the methodology properly carried out?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Were patient exclusion and loss discriminated?	No	No	No	No	No	No	No	Yes
Did the results show positivity and clarity?	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Total of points	2	3	2	3	3	4	4	4
Source: The author								

relation to physical therapist care, as shown in table 1, but the conducts adopted in other studies demonstrate positive results in relation to the role of the physiotherapist in the care of cancer patients.

DISCUSSION

The studies included in this integrative review showed positive results regarding physical therapy assistance in caring for disorders caused by cancer treatment. However, there is little approach in national publications regarding the patient's view in relation to the physical therapy treatment received in different sectors, from screening, preoperative, postoperative, hospitalization and palliative care.

Due to the number of articles found, it was found that there are few studies emphasizing the importance of knowing the degree of satisfaction of cancer patients with regard to physical therapy care, and how this information could in any way influence treatment results. In addition, some articles, despite showing positive results, were not considered for analysis, due to the low level of evidence according to the Jadad scale 9 were not suitable for inclusion in the review, as their results proved to be incompatible with the purpose of this study.

With regard to the role of the physio-

therapist in the care of cancer patients, the main focus of their behavior is always pain and fatigue. In view of this, studies on the topic under discussion have shown the importance of the patient adhering to the physiotherapy treatment so that the benefits are maximized. As for that Frawley 11 performed an 8-week multidisciplinary exercise and health education program with a postoperative patient with abdominopelvic cancer, with follow-up by the physiotherapist at all stages of the study, which included aerobic exercises (treadmill and/or ergonomic bicycle), exercises of resistance of major muscle groups (a Pilates reformer, ball, roller, resistance band, or dumbbells). The author reported 96% of participants' satisfaction at the end of treatment, showing a significantly positive improvement in symptoms compared to the beginning of the study. 11

The patient has many side effects during cancer treatment as a result of the medications administered, in this point of view, a non-pharmacological intervention would be more appropriate and satisfactory. According to Hanai 12 in their study of breast cancer patients who had antiemetic-induced constipation during chemotherapy, it was observed that a non-pharmacological intervention would be favorable to alleviate these side effects commonly associated

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Table 2. Articles selected for integrative review									
Title	Author/Year	Objective	Sample	Method	Main results				
An allied health rehabilitation program for patients after surgery for ab- dominopelvic cancer: a feasi- bility and pilot clinical study	Helena Frawley; Kuan Yin Lin; Catherine Gran- ger; Rosemary Higgins; Michael Butler; Linda Denehy/ 2019	To investigate the feasibility of conducting a multidisciplinary allied general health oncology rehabilitation program for patients following surgery for abdominopelvic cancer in a private health care system.	188 patients (rehabilitation group n=84, comparison group n=104).	The rehabilitation group received an 8-week exercise program conducted by a physical therapist, physiologist, psychologist and nutritionist. Exercises and telephone training sessions. The com-parison group received completed postal questionnaires only. Health-related quality of life measures (HRQL) and self-efficacy were measured at baseline, after intervention, and 6 months after baseline and compared within and between groups.	Overall satisfaction with the program was 96%. The rehabilitation group significantly impro- ved levels of physical activity, depression and HRQOL compared to the compared group.				
Effects of a sel- f-management program on the induction of constipation an- tiemetics during chemotherapy among breast cancer patients: a randomized controlled trial	Akiko Hanai; Hiroshi Ishiguro; Takashi Sozu; Moe Tsuda; Hidenori Arai; Akira Mitani; Tadao Tsuboya- ma/ 2015	The aim of our clinical trial was to evaluate the effectiveness of a self-management (SM) program in alleviating the symptoms of antiemetic-induced constipation in cancer patients.	30 patients (experimental group: 15 and control group: 15).	Patients in the intervention group underwent abdominal massage, on average, 3.82 times a day and stretching the abdominal muscles 3.57 times a day. Assessment instruments: CAS scales, POMS, HRQoL, SF 36, Actiwatch, self-reported satisfaction questionnaire.	The program produced significant relief in the severity of constipation, decreased likelihood of small stool volume, and decreased depression and discouragement. As for satisfaction, almost half of the patients (43.6%) rated the program as excellent, (26.4%) rated it as good.				
Physiotherapy program reduces fatigue in patients with advanced cancer receiving palliative care: randomized controlled trial	Anna Pyszora; Jacek Budzyń esqui; Agnieszka Wójcik; Anna Prokop; Małgorzata Krajnik / 2017.	To evaluate the effectiveness of a self-management (SM) program in alleviating the symptoms of antiemetic-induced constipation in cancer patients.	Therapy group: 29 patients, control group: 29 patients.	Therapy group (MSS and MII active exercises, se- lected myofascial release techniques and selected PNF techniques for 2 we- eks). Control group (drug therapy only)	The study revealed that the therapy group compared to the control group reported a significant reduction in fatigue, sleepiness, pain, depression, anxiety, improved well-being and appetite, in addition, they rated their well-being as superior. While patient satisfaction with the physiotherapy program, of the 29 patients under observation, 26 rated the therapy as positive, while 3 patients did not classify it as positive or negative.				

with laxatives, preventing bloating, increased gas, and abdominal expansion. The oncological patients were given a program of physical exercises (abdominals, yoga posture, abdominal stretching) and abdominal massage to facilitate evacuation, as well as adequate defecation positions to smooth the passage of feces. Patients reported less severity of constipation, satisfaction with the adopted program was measured through self-report questionnaires including ease of use, perception of effectiveness, desire to continue and time of intervention, where 46% rated it as excellent and 26% rated it as good. 12

As for the satisfaction of cancer patients in relation to physical therapy care, the studies adopted different ways to assess this important item through questionnaires and scores. Pyszora 13 in turn, he reports in his study the effectiveness of implementing a physical therapy program in combating symptoms of depression, drowsiness, fatigue and pain in patients with advanced cancer. Patient satisfaction was assessed using points ranging from -3 to +3 (where -3 indicated total dissatisfaction, 0 no change and +3 total satisfaction), 26 of the 29 study participants rated the intervention positively. The program was always carried out by the same physical therapist, including active exercises for the upper and

lower limbs, proprioceptive neuromuscular facilitation and myofascial release techniques. At the end of the study, significantly beneficial results of the therapy in the reduction of symptoms in the rehabilitation group compared to the control group were presented. 13

During the analysis of the studies, it was possible to notice limitations in relation to the selected topic. Although there is good adherence to cancer treatment programs by patients, the studies did not emphasize the criterion of satisfaction, so it is necessary to further investigate quantitative research to demonstrate aspects of feasibility of the subject for future research.

As for the research stage, few randomized studies, small sample size, clarity of results, scarcity of studies addressing the topic were the main limitations of this review. The aforementioned authors, despite not emphasizing the criterion of satisfaction, considered through the results that the patient, when he is satisfied with the applied intervention, proposes to give more of himself, being able to objectively enhance the benefits of the therapy. Thus, demonstrating the importance of evaluating cancer patient satisfaction with the care provided by the physical therapist in future studies, in order to achieve better results regarding decision-making on the

type of intervention to be adopted, aiming at the cancer patient's quality of life.

CONCLUSION

An oncological treatment program can be potentially beneficial for the prevention of complications, improvement or maintenance of the patient's functionality and quality of life, regardless of the stage of the pathology. In view of this, the care provided by a physical therapist is of great importance in the rehabilitation and care of patients in a specialized oncology sector.

As this area is still not widespread, many of the population and health professionals do not have a good perception of the approaches, behaviors and results of therapy. This review found a small number of studies on the topic addressed, but current evidence was included with favorable results for the problem presented. Cancer patients demonstrate good satisfaction with physical therapy assistance, which contributes to improving their performance in terms of treatment and quality of life.

It is worth highlighting the need to carry out more control studies on the topic addressed, since the studies cited in this review did not emphasize cancer patient satisfaction with physical therapy care as the main objective to be achieved.

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