

# Knowledge of the Nursing Team in the Therapeutics of Oncological Wounds

Conhecimento da Equipe de Enfermagem na Terapêutica de Feridas Oncológicas

Conocimientos del Equipo de Enfermería en la Terapéutica de Heridas Oncológicas

## RESUMO

O estudo investigou o conhecimento da equipe de enfermagem sobre a terapêutica de feridas oncológicas, abordando desafios e lacunas na formação profissional. Trata-se de uma pesquisa descritiva e exploratória, com abordagem qualitativa, realizada em um hospital em João Pessoa-PB. O estudo foi aprovado pelo Comitê de Ética em Pesquisa sob o CAAEE: 6.761.700. A amostra incluiu 20 profissionais de enfermagem, predominantemente do sexo feminino (85%). Os resultados evidenciaram um conhecimento limitado sobre feridas neoplásicas, com apenas 11% dos participantes identificando corretamente sua etiologia. A avaliação e o manejo das feridas foram inconsistentes, com pouca menção a técnicas essenciais, como desbridamento e controle do exsudato. O estudo destacou a necessidade de capacitação contínua e implementação de protocolos assistenciais para melhorar a qualidade do cuidado prestado. Conclui-se que a educação permanente é fundamental para aprimorar a assistência a pacientes com feridas oncológicas, garantindo abordagens eficazes e humanizadas.

**DESCRIPTORIOS:** Feridas oncológicas. Enfermagem. Assistência. Conhecimento. Capacitação.

## ABSTRACT

The study investigated the nursing team's knowledge of oncological wound therapeutics, addressing challenges and gaps in professional training. This is a descriptive and exploratory study with a qualitative approach, conducted in a hospital in João Pessoa, Brazil. The study was approved by the Research Ethics Committee under CAAEE: 6.761.700. The sample included 20 nursing professionals, predominantly female (85%). The results revealed limited knowledge about neoplastic wounds, with only 11% of participants correctly identifying their etiology. Wound assessment and management were inconsistent, with little mention of essential techniques such as debridement and exudate control. The study highlighted the need for continuous training and the implementation of care protocols to improve the quality of care provided. It concludes that continuing education is essential to enhance nursing care for patients with oncological wounds, ensuring effective and humane approaches.

**DESCRIPTORES:** Oncological wounds. Nursing. Care. Knowledge. Training.

## RESUMEN

El estudio investigó el conocimiento del equipo de enfermería sobre la terapéutica de heridas oncológicas, abordando desafíos y brechas en la formación profesional. Se trata de un estudio descriptivo y exploratorio con un enfoque cualitativo, realizado en un hospital en João Pessoa, Brasil. El estudio fue aprobado por el Comité de Ética en Investigación bajo el CAAEE: 6.761.700. La muestra incluyó a 20 profesionales de enfermería, predominantemente mujeres (85%). Los resultados evidenciaron un conocimiento limitado sobre las heridas neoplásicas, con solo el 11% de los participantes identificando correctamente su etiología. La evaluación y el manejo de las heridas fueron inconsistentes, con poca mención a técnicas esenciales como el desbridamiento y el control del exudado. El estudio destacó la necesidad de capacitación continua y la implementación de protocolos asistenciales para mejorar la calidad del cuidado brindado. Se concluye que la educación continua es fundamental para mejorar la atención de enfermería a pacientes con heridas oncológicas, garantizando enfoques eficaces y humanizados.

**DESCRIPTORIOS:** Heridas oncológicas. Enfermería. Asistencia. Conocimiento. Capacitación.

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## INTRODUCTION

Cancer is a leading cause of global death, affecting millions of people each year, according to the National Cancer Institute. <sup>(1)</sup> Among the many challenges faced by cancer patients, neoplastic or oncological wounds represent a significant clinical problem. These lesions are the result of the infiltration of malignant cells into the skin and can cause pain, bleeding, unpleasant odor and excessive exudation, profoundly affecting the quality of life of patients, both physically and psychosocially.

In the context of nursing care, the management of oncological wounds requires specialized knowledge and specific techniques, since these lesions do not respond to conventional wound treatments. The nurse, as the professional most directly involved in the daily care of these patients, has a crucial role in the assessment, treatment and education of the patient and their families. However, studies have shown that many nurses still face difficulties in dealing with these lesions, either due to a lack of specialized knowledge or a lack of ongoing training. <sup>(2,3)</sup>

Academic training in nursing generally provides a theoretical basis for wound care. However, the management of neoplastic wounds, due to their complexity and the need for palliative care in many cases, requires more in-depth and ongoing training. In addition, healthcare institutions do not always offer the necessary resources or specific protocols to help professionals provide effective care to these patients. In this scenario, constant updating and continuing education are essential for professionals to develop technical skills and abilities to provide quality care. <sup>(3,4)</sup>

This study aims to analyze the knowledge of nursing professionals about oncological wounds and identify gaps in care practices, with the aim of providing data that can support the creation of care protocols and continuing education programs.

## METHOD

This is a descriptive and exploratory study with a qualitative approach. The main purpose of a descriptive study is to detail the characteristics of a given population or phenomenon,

or to use standardized data collection, such as questionnaires and systematic observation. <sup>(4)</sup>

The research was conducted at a reference institution, located in João Pessoa-PB. The criterion for choosing the institution was due to its ease of access and the community interests of the researcher-participant, who is a member of this social body. The population consisted of nursing professionals, including nurses and nursing technicians; the sample space consisted of 20 nursing professionals, aged 20 or over.

The inclusion criteria for the research were: being regularly employed at the hospital, being a nursing professional and providing care to patients with neoplastic lesions. After learning about the research, the participants made their decision about whether or not to participate, and those who agreed to participate signed the Free and Informed Consent Form, in accordance with CNS resolution 466/12 regarding ethical issues in research with human beings.

The study was submitted to the Research Ethics Committee (CEP) and data collection began after the assess-

# Integrative Review

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ment and approval of the project by the body, under opinion 6,761,700.

Twenty nursing professionals from a philanthropic hospital in the city of João Pessoa - PB, aged between 20 and 60 years old, were interviewed,

with a predominance of 85% females and 15% males, with 40% married and 60% single, as shown in table 01.

## RESULTS AND DISCUSSIONS

**Table 01 - Sociodemographic characteristics of the population studied, João Pessoa, 2024.**

Characteristic	N	Frequency (%)
Gender		
Male	3	15%
Female	17	85%
Age Group		
20 - 29 years	3	15%
30 - 39 years	11	55%
40 - 49 years	4	20%
50 - 60 years	2	10%
Marital Status		
Single	12	60%
Married	08	40%
Family income		
1 - 2 minimum wages	13	65%
3 - 4 minimum wages	7	35%
+ than 05 minimum wages	0	0%
Time worked in the sector		
Less than 6 months	2	10%
1-3 years	8	40%
4-6 years	7	35%
7-10 years	1	5%
+ than 10 years	2	10%
Training time		
1 - 2 years	3	15%
3 - 5 years	4	20%
6 - 9 years	3	15%
10 - 15 years	6	30%
15 - 20 years	2	10%
+ than 20 years	2	10%

Source: Research data, 2024.

This research found results that corroborate similar studies. One example is the work of Azevedo et al. (3) carried out in the Basic Family Health Units (UBSF) of a municipality in Rio Grande do Norte. In this study, the sample consisted of 14 nurses, of which 86% were between 21 and 30 years old and 64% were female. (2) Similarly, the current research also showed

a predominance of female professionals.

According to Sales et al. (2018) (6) this female prevalence in nursing is associated with historical and socio-cultural values, which traditionally link the profession to the role of caregiver, something deeply rooted in the culture. (5) This pattern was reflected in the sample of this study, where 85%

of the participants were women, confirming the female predominance observed in other studies.

In addition, an observational study conducted in 2019 with 32 nurses from inpatient units. The average age of the interviewees was approximately 35 years (ranging from 29 to 45 years), with the majority having less than 10 years of training (53.12%). (8)

Table 02 – Questions for analyzing nurses' knowledge about neoplastic wounds		
Variables	N	Frequency (%)
Knowledge of nursing professionals about the concept of neoplastic lesion		
Abnormal cell growth	09	47%
Wounds caused by cancer cells	03	16%
Wound caused by malignant tissue	01	5%
Abnormal mass	02	11%
Wounds caused by cancer	01	5%
Lesion that does not improve in the condition and does not heal	01	5%
Infiltration of cancer cells into the structure of the skin / Loss of skin integrity	02	11%

Source: Research data, 2024.

Most nursing professionals (47%) in this study responded regarding the definition of what neoplastic lesions are as abnormal and disordered alteration or multiplication of cells, however this concept is the definition of cancer in general and not only for oncological wounds, therefore this concept is not fully complete. Thus, only 11% reported that oncological wounds are the result of the infiltra-

tion of malignant tumor cells into the skin structure, as opposed to just abnormal and disordered alteration or multiplication of cells, as shown in table 02.

A study published in 2022 conceptualizes oncological wounds as tumoral or fungoid, which occur due to a process of uncontrolled and disordered growth of cells that cause the infiltration of malignant tumor cells into the skin structures, resulting in

the alteration of tissue integrity, resulting in the formation of an evolutionarily exophytic wound, as a result of the process of oncogenesis. (7)

Furtado et al. (2024), brings the concept of malignant neoplastic wounds as chronic wounds originating from primary or metastatic cancers, resulting from the infiltration of cancer cells into the skin structures that can manifest in any part of the body, forming an exophytic wound. (8)

Table 03 – Assessment of oncological wounds during the provision of care by nursing professionals		
Variables	N	Frequency (%)
Assessment of oncological wounds during care delivery		
Wound duration	01	1,7%
Location	01	1,7%
Size	01	1,7%
Area of involvement	01	1,7%
Extent	01	1,7%
Nodule rigidity	01	1,7%

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Irregular edges	2	3,3%
Cause of the wound	02	3,3%
Primary assessment of the lesion	03	5%
Presence of infection	03	5%
Edema	03	5%
Evaluation of edges	04	6,7%
Pain	05	8,3%
Bleeding	05	8,3%
Color	06	10%
Exudate/secretion	07	11,7%

Source: Research data, 2024.

When asked about the oncological wound evaluation process, professionals mentioned that they observed the wound's existence time 1.7%, location 1.7%, size 1.7%, areas to be affected 1.7%, extension 1.7%, pruritus 3.3%, signs of infection 5%, primary evaluation of the lesion 5%, possible bleeding 8.3%, pain 8.3%, color 10% and exudate and secretion 11.7%, as shown in table 04.

Some signs and symptoms present in neoplastic lesions<sup>(10)</sup> include rapid growth, non-viable healing, pain, itching, notable amount of exudate, intense odor, bleeding, high risk of infection and myiasis, presence of tissue necrosis, aggression to healthy tissue, anatomical deformities and disturbances and damage to the individual's body and psychological image.<sup>(11)</sup>

It is essential to know how to manage these signs and symptoms, such as pain that occurs due to the process of disordered and accelerated tumor growth, which invades or exerts pressure on structures and nerve endings, causing neuropathic pain.<sup>(6)</sup> The odor that is related to the formation of a necrotic tumor mass in the wound bed, generally preceding contamination by aerobic and anaerobic microorganisms, and bleeding due to the pathophysiology and elements correlated with malignancy, such as thrombocytopenia and disseminated coagulation.<sup>(11)</sup>

The responses of nursing professionals regarding their interventions or actions during the management of neoplastic wounds, in which 20% mentioned that they applied dressings, 17.1% cleaned the

wound, 11.4% administered medications, 8.6% mentioned hand hygiene and aseptic and antiseptic techniques, 5.7% mentioned primary assessment of the lesion, 5.7% mentioned care when removing the dressing and 2.9% did not answer the question.

Studies address the importance of preparing the environment, with lighting, ventilation, deodorants, aromatherapy if available, clean clothes and sheets, but this factor was not mentioned in any of the questionnaire responses. It is also necessary to assess whether it is necessary to change the dressing, or only secondary coverage.<sup>(12)</sup>

During dressing removal, according to Novais, et al. (2022)<sup>(13)</sup>, the previous dressing must be moistened before removal, carefully removing the dressing covers, thus avoiding trauma and bleeding.<sup>(13)</sup> To clean the wound, 0.9% saline solution should be used to remove lesion residues, exudate and devitalized tissue.<sup>(14)</sup> And some of the products used for cleaning are antiseptics such as 4% chlorhexidine and polyhexanide, as they are considered bactericidal.

In the questions answered on the form, 17.1% of the answers involved wound cleaning, such as cleaning the wound, superficial removal of bacteria, cleaning the wound with PHMB, cleaning the wound area, and cleaning the wound with saline solution.

In relation to the management of wound odor, one of the techniques used is debridement, as it is necessary to reduce devitalized tissue and can be done through

autolytic, enzymatic, mechanical and surgical debridement. However, the technique chosen by the nurse must take into account whether there is a need for indication and the characteristics of the injury, which is why the evaluation is so important.<sup>(9)</sup> Furthermore, in order to perform this procedure, it is necessary to avoid or minimize pain, trauma and hemorrhage, avoiding techniques that are traumatic, abrasive, that cause risk of hemorrhage and tissue damage, protecting perilesional areas and assessing the need for mechanical or instrumental debridement.

Controlling exudate from neoplastic lesions is a major challenge in the care of these patients with neoplastic lesions. For the authors, cell production and the creation of new vessels through the angiogenesis process are conditions that favor the appearance of bacterial proliferation and the emergence of exudate.<sup>(15)</sup>

When choosing the covering, priority should be given to soft, non-adherent coverings that need to be changed less frequently, to avoid bleeding and trauma, using products with the capacity to absorb exudate, promoting a clean bed, protected against trauma and infection, preferably using coverings to control odor and products to contain bleeding.<sup>(12)</sup>

In addition, in his work he mentioned the prevention of maceration, such as the use of barrier cream, in relation to not removing and applying adhesive tapes several times and in the care in fixing the dressing to occlude the wound respecting its aesthetics and anatomy, using the products in a manner. In the research findings it was

possible to observe that issues about debridement, about the use of soft, non-adherent coverings and about the prevention of maceration were not mentioned.

## CONCLUSION

In this sense, this study provided an understanding of the limitations of nursing professionals in the management of

the treatment of patients with neoplastic lesions, the gaps in their knowledge and their practice. It showed the need for ongoing education for these professionals, since many did not study the subject in their academic training, and few participants took training courses on wounds.

Therefore, the reflection on the importance of the subject, since it is essential that nursing professionals improve their knowl-

edge, seeking training and specialization courses, and that educational institutions address the care of patients with oncological lesions in their undergraduate courses, as well as hospital institutions carrying out ongoing education actions to train their employees to provide quality, humanized care in biopsychosocial aspects.

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