

Listening to caregivers

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BACKGROUND: Cancer is a chronic disease that often demands long periods of hospitalization. There is no way to ignore the effects that cancer diagnosis, hospitalization and treatment have on those who are willing to play the role of caregivers. The abandonment of their daily activities, the impact that the disease process has in their professional lives, the difficulty of dealing with the possibility of death of the patient and the need to share the patient care with the multidisciplinary team, make these caregivers take deep psychological suffering which, in turn, has significant commitments to their life, their relationship with the team and consequently to patient care.

In this context, given the organic urgency, there is the psychic urgency not only of patients affected by cancer, but also of their caregivers, who may be family members or not; in these situations, the psychological listening to these patients and their families is essential and there is a need to provide families a listening environment.

Several caregivers, because they are fully dedicated to the care of their hospitalized relatives, no longer take care of themselves. The abdication and concerns about family health trigger signs of physical and psychological suffering like sadness, guilt and anxiety.

Thus, the psychoeducational group creates a space for information, questions, discussion and expression of experiences that can contribute to reducing the anxieties and difficulties related to patient care. The psychoeducational group therefore allows participants to see themselves as members of a group sharing similar difficulties. The proposal of the psychoeducational group goes beyond the transmission of information, creating an environment that welcomes and reframes feelings of anxiety, fear, insecurity and anger that are the result of constant demands related to the care of patients with cancer.

The group is led by a psychologist and has the presence of a member of the nursing team. This nurse should be recognized by caregivers as a reference to answer questions, as they often do not understand the technical terms used by other health professionals.

METHODS: The group is led by the unit psychologist and senior nurse, who weekly invite caregivers in advance by delivering a printed invitation. Thus, the proposal of the group is presented to the caregivers of all hospitalized patients and those who wish can participate being the weekly attendance not mandatory. The psychoanalytical reference and techniques like free association and floating attention are used.

RESULTS / CONCLUSION: Was created a space for reflection in which caregivers of cancer patients can be informed and solve any doubts. Furthermore, it allowed interaction and discussion between caregivers so that they can express feelings of distress, anger, fear and insecurity that often permeate the care of patients with cancer. Finally, there is a change in the relationship between parents and the nursing staff, since both come to see themselves as partners and not rivals in patient care. Thus, the group with caregivers enabled "user embracement" of the suffering of caregivers and makes them able to position themselves differently before the malaise inherent to the human condition, which is enhanced in a sickening situation.