

COVID-19 pandemic: Human care needs of patients with tracheostomy and nursing interventions

RESUMO | Objetivo: refletir as necessidades básicas de saúde ao paciente com traqueostomia por câncer de cabeça e pescoço no contexto da pandemia pelo coronavírus, utilizando a Teoria das Necessidades Básicas. Método: estudo teórico-reflexivo. Foram utilizados documentos do Ministério da Saúde e da Organização Pan-Americana de Saúde, assim como uma revisão da literatura na base de dados da PUBMED para que a literatura científica associasse com os documentos consultados. Resultados: as necessidades básicas de saúde afetadas foram: Psicobiológicas de oxigenação e ambiente; Psicossociais de segurança e comunicação e Psicoespirituais de religião, seguidas dos enunciados das Intervenções de Enfermagem (NIC) como oxigenoterapia, aumento da segurança do paciente, estímulo a rituais religiosos. Conclusão: a construção do saber científico na Enfermagem torna-se imperioso, para que as necessidades de saúde afetadas ao paciente com traqueostomia na pandemia da COVID-19 sejam atendidas, para promoção da saúde e da vida.

Descritores: Pacientes; Pandemias; Traqueostomia; Necessidades de Cuidados de Saúde; Intervenções de Enfermagem.

ABSTRACT | Objective: to reflect the basic health needs of patients with tracheostomy for head and neck cancer in the context of the coronavirus pandemic, using the Theory of Basic Needs. Method: This is a reflective study, carried out through a critical reading of official documents from national and international health agencies and other conceptual sources on the subject. Results: the basic health needs affected were: Psychobiological oxygenation and environment; Psychosocial security; communication and health education and Psychospirituals of religion, followed by nursing interventions of NIC activities, oxygen therapy, environmental control, increased safety, improved communication in speech deficits; encouraging religious rituals and facilitating an efficient decision-making process. Conclusion: the construction of scientific knowledge in Nursing becomes imperative, so that the health needs affected by the patient with tracheostomy in the COVID-19 Pandemic are met, to promote health and life.

Keywords: Patients; Pandemics; Tracheostomy; Health Care Needs; Nursing Interventions.

RESUMEN | Objetivo: reflejar las necesidades básicas de salud de los pacientes traqueostomizados por cáncer de cabeza y cuello en el contexto de la pandemia del coronavirus, utilizando la Teoría de las Necesidades Básicas. Método: Se trata de un estudio reflexivo, realizado a través de una lectura crítica de documentos oficiales de organismos de salud nacionales e internacionales y otras fuentes conceptuales sobre el tema. Resultados: las necesidades básicas de salud afectadas fueron: Oxigenación psicobiológica y medio ambiente; seguridad psicosocial; comunicación y educación para la salud y Psicoespirituales de la religión, seguidas de las intervenciones de enfermería de las actividades NIC, oxigenoterapia, control ambiental, aumento de la seguridad, mejora de la comunicación en los déficits del habla; fomentar los rituales religiosos y facilitar un proceso eficiente de toma de decisiones. Conclusión: la construcción del conocimiento científico en Enfermería se torna imperativa, para que sean atendidas las necesidades de salud afectadas por el paciente con traqueotomía en la Pandemia del COVID-19, para promover la salud y la vida.

Palabras claves: Pacientes; pandemias; traqueotomía; necesidades de atención médica; Intervenciones de enfermería.

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INTRODUCTION

The new coronavirus pandemic started in the province of Wuhan, China, in November 2019, having rapidly spread around the world in less than a year and, therefore, being called a pandemic by the World Health Organization (WHO) since March 2020. The coronavirus, responsible for Severe Acute Respiratory Syndrome (SARS-COV2), is the seventh strain discovered and is responsible for the coronavirus disease pandemic.⁽¹⁾

Squamous cell carcinoma of the head

and neck is characterized by a set of malignant neoplasms from different locations such as the mouth region, larynx and pharynx, which is one of the main causes of morbidity and mortality from malignant neoplasm in Brazil, as the cases are probably diagnosed in advanced stages.^(2,3) Patients with advanced head and neck cancer may need a tracheostomy, which is a resource that facilitates breathing through an opening at the level of the second and third tracheal rings.⁽³⁾

In this context, the practice of caring for this patient aroused the reflection of

the basic health needs and the nursing interventions that could be planned to meet the survival needs in the context of the pandemic.

Studies show that these neoplasms are risk factors for health complications as a result of COVID-19 contamination. Transmission of the virus can occur through the air, close personal contact and surfaces contaminated by secretions by droplets of saliva, sneezing, coughing, followed by contact with the mouth, nose and eyes. In addition, the patient with tracheostomy, when coughing, can generate aerosol droplets, and when expelling, can be contaminated and/or contaminate other people.⁽⁴⁾

Thus, in oncology hospital services, care was taken to prevent infection by the coronavirus, due to the fact that the patient has altered immunity. In this way, in order to stop contamination by the virus, guidelines of good practices and exclusive guidelines for health professionals were created.⁽⁴⁾

In this way, the role of nursing in the emergency coping of public health promotion has become necessary for a global-wanted patient with a critical look at the theory of basic human needs, which underpins a scientific theoretical basis for care.

Horta's classification of basic human needs, 1979, was denominated in level needs: psychological; psychosocial and psychospiritual. Since these needs are interrelated, which are an integral part of the human being.⁽⁵⁾ To Horta⁽⁵⁾, the Nursing Diagnosis is the second phase of the Nursing Process, because the physical examination allows the identification of the affected basic needs of the patient for clinical and critical judgment, which is characterized by states of conscious or unconscious tension resulting from hemodynamic imbalances in the vital and organic phenomena of the human being.

Given the above, the objective is to reflect the basic health care needs of the patient with tracheostomy in the context of the COVID-19 pandemic, using Hor-

ta's Basic Human Needs and the Nursing Interventions Classification (NIC) as a theoretical basis.⁽⁶⁾

The study is justified by the fact that cancer patients with tracheostomy are more susceptible to the COVID-19 pandemic, as they need to mediate their basic health care needs. Through scientific studies, a scientific technical knowledge can be established to meet the needs in the health-disease-care process.

METHOD

This is a theoretical-reflective study, based on readings correlated with the thematic area, with the main sources being official documents from the Ministry of Health, Brazil; Pan American Health Organization and World Health Organization. Concomitantly, a scientific search was carried out in the PUBMED database in order to dialogue with what is established in the scientific literature.

The descriptors used for the search in the database were validated in the Descriptors in Health Science (DeCS) database "head and neck neoplasms" and "covid 19". In the search key, the Boolean operator "and" was used, which resulted in 15 articles. Filters were then applied as inclusion criteria: Portuguese, English or Spanish languages, published between 2017 and 2021 with full texts in full. After this filter, 12 articles remained. Selection and reading took place between May and August 2021.

The articles resulting from the search underwent critical reading along with the documents previously mentioned and, then, this reflective theoretical essay is anchored in the theoretical constructs of Basic Human Needs, Horta⁽⁵⁾, and some of the classification of nursing interventions (NIC).⁽⁶⁾

RESULTS

15 scientific articles were identified, after a thorough reading, 12 were selected, which associated the studied theme

to the basic human care needs of patients with tracheostomy in COVID-19, and in the theoretical framework of Horta 1979.⁽⁵⁾

In the clinical practice of patient care, it is observed that the health needs affected in this context were: the psychobiological needs for oxygenation and environment; the psychosocial needs for security and communication and the psychospiritual need for religion.

Thus, based on scientific evidence, with Horta's Theory of Basic Human Needs⁽⁵⁾ and as a reference some nursing interventions from the NIC, which guided the planning of care for patients with tracheostomy in the context of COVID-19, as the actions contained therein were more consistent with the clinical practice of care in the health-disease process. Below is a presentation of Table 1 with a summary of the selected articles.

DISCUSSION

The articles analyzed showed the need for discussions in this context so that effective and individualized care for patients with tracheostomy can be composed in the context of the COVID-19 virus pandemic.

A study by Panda showed that the viral load of the coronavirus is shown to be higher in the nasopharynx region and in human saliva, due to the proximity to the mucosa of the upper aerodigestive tract, and they are reservoirs for aerosol transmission.⁽³⁾ Transmission of the virus can occur through the air, close personal contact and surfaces contaminated by secretions by droplets of saliva, sneezing, coughing, followed by contact with the mouth, nose and eyes. Thus, the presence of a tracheostomy requires specific care within this context.

Thus, the Ministry of Health (MH - BR) recommends that the management of tracheostomy requires special attention, in the care of patients with tracheostomy, they need to be tested for COVID-19 virus as a complementary RT-PCR test.

Because, it is characterized by being a molecular test, based on the research of the genetic material of the virus (RNA) in samples collected by nasopharyngeal swab, being considered the gold standard laboratory test for the diagnosis of infection. ⁽⁴⁾

In this study, the discussion about the human care needs of patients with tracheostomy in the COVID-19 virus pandemic is exposed, considering the construction of the statements from Horta (1979) and the classification of Nursing Interventions (NIC).

In the first statement of Psychobiological Need for Oxygenation to the patient with tracheostomy, OXYGENOTHERAPY as a nursing intervention is characterized by the administration of oxygen and monitoring of its effectiveness. With Activities (NIC) to keep the airway clear and monitor the effectiveness of oxygen therapy; how to measure pulse dosimetry and arterial blood gas collection;

For Horta, the need for oxygenation would be the process of using oxygen in the oxidation-reduction phenomena of vital activities. This need can be manifested by the patient by coryza; cough; smoking and airway obstruction, which are some of the signs and symptoms of the patient with suspected contamination by the COVID-19 pandemic virus. ⁽⁵⁾

In this sense, nursing interventions should be aimed at maintaining upper airway permeability, in order to avoid respiratory infection; to favor the adaptation of the patient with the tracheostomy tube and the new lifestyle. These actions should be related to the activity of monitoring the effectiveness of oxygen therapy in controlling patient upper airways.

According to the Ministry of Health, the management of patients with tracheostomy requires vigilance in handling, because they easily expel aerosols that are microparticles of respiratory secretion <5 microns, that are transported by the air and can reach a greater distance, that can be droplets of saliva also eliminated through the nose with cough; sne-

Table 1. Selected articles addressing the COVID-19 tracheostomy virus pandemic and nursing care

Authors / Year	Objectives	Study type	Journal
Batra TK et al., 2020	Share initial experience of head and neck cancer surgery at a tertiary COVID-19 care center, with an emphasis on changes in surgery, anesthesia, and pre- and post-operative care protocols and the impact on short-term outcomes.	Prospective Study	Int. J. Oral Maxillofac. Surg
Panda S et al., 2021	Highlight the head and neck surgery practice being pursued at the institute, which is also a designated treatment facility for COVID-19, focusing on preoperative testing strategy to reduce COVID-19 transmission and perioperative outcomes.	Retrospective Study	Indian J. Surg. Oncol
Wilkie et al., 2021	To examine whether the COVID-19 pandemic has had a tangible impact on rates of newly diagnosed head and neck cancer or newly diagnosed recurrent head and neck cancer presenting in an emergency context.	Prospective Study	Clin Otolaryngol.
Andersen et al., 2021	To determine the prevalence of SARS-Cov-2 in a Danish tertiary otolaryngology clinic during the first wave of the COVID-19 pandemic, among patients with suspected infection and to monitor changes in the number of visits of patients with acute infection, and the number of referrals for head and neck cancer workup.	Prospective Study	Eur Arch Otorrinolaringol
Pavic et al., 2021	Compare patient flow and interventions in the surgical department before, during and after the blockade period.	Cross-sectional study	Medicinski Glasnik
Tonin Luana et al., 2020	Propose recommendations for home nursing practice in the context of COVID-19.	Reflective study	Revista Brasileira de Enfermagem
Almeida et al., 2020	Reflect on the interface between the coronavirus pandemic and Nursing Theories	Reflective theoretical essay study	Revista Brasileira de Enfermagem
Menezes HF et al., 2021	Develop and validate a terminology subset of the International Classification for Nursing Practice for people with COVID-19 in critical care	Integrative Literature Review Study	Revista da Escola de Enfermagem da USP
Nascimento, et al., 2018	To construct statements of nursing diagnoses directed to the Psychospiritual needs of people with metabolic syndrome.	Documentary Study	Revista de Enfermagem UFPE
Ramos, 2020	Recommend nursing care practices in the context of oncology in times of facing the COVID-19 pandemic in Brazil.	Reflective study	Revista Brasileira de Cancerologia
Kligerman et al., 2020	Consolidate the best evidence and present recommendations to minimize the risks of aerosol and SARS-CoV-2 exposure.	Documentary Study	Revista Head Neck
Warner et al., 2020	Implement a risk stratification protocol with early investigation prior to clinical review and reduction in aerosol generating procedures to decrease the risk of spreading coronavirus disease 2019.	Documentary Study	The Journal of Laryngology Otolology

Fonte: Autores, 2021

eze and talk. ⁽⁴⁾

In the second statement of Psychological Need for the Environment to the patient with tracheostomy, ENVIRONMENT Control, comfort, as a nursing intervention, means the manipulation of the elements around the patient to promote an adequate level of comfort. With Activities (NIC) we select roommates with compatible characteristics when possible and appropriate and limit visitors.

A study on comfort showed that in the hospital environment, the measure of comfort directly influences the recovery and well-being of the patient, because ideal factors are recommended for the organization of the environment such as: ventilation, lighting, cleaning, noise, odors and food. ⁽⁷⁾

Second, National Health Surveillance Agency (ANVISA) ⁽⁸⁾, in the context of the COVID-19 virus, the hospital environment is characterized by a critical area that presents a high risk of disease transmission and handling of contaminated equipment, thus, Health professionals should always use Personal Protective Equipment (PPE), which is essential for safety.

Thus, preferably, the patient with tracheostomy in hospital should remain in a respiratory precaution environment with negative pressure and HEPA filter - High Efficiency Particulate Arrestance, using a closed system with HMEF filter; put a mask covering the patient's nose and mouth and a cotton cloth protector in the hole in the tracheostomy tube to prevent the generation and dispersion of aerosols when the patient eventually coughs or sneezes. ⁽⁴⁾

The literature emphasizes the importance of a collective approach to expand collaborative actions between nursing and health professionals who make up the multiprofessional link, with integration as a single team focused on the care of patients with tracheostomy. ⁽⁹⁾ In addition, there are surfaces in the hospital environment that include furniture

and equipment used in physical examinations, where contamination becomes more likely because they are places of direct patient care. Thus, these surfaces must be properly cleaned and disinfected to prevent subsequent transmission. ⁽⁸⁾

In the third statement of Psychosocial Need for Communication to the patient with tracheostomy in the coronavirus pandemic, the improvement of COMMUNICATION: Speech impairment, as a nursing intervention, comprises assistance in accepting and learning alternative methods to live with speech impairment. As Activities (NIC), listen carefully; use a drawing board and hand gestures and stand in front of the patient when talking to him.

A study by Souza identified that in communication, the patient with tracheostomy is faced with a series of questions that in the clinical practice of nursing care make him reflect. With impaired verbal communication and difficulty producing secondary speech, tracheostomy leads the patient to express their health care needs. ⁽¹⁴⁾

Associated with the psychosocial need for communication related to the presence of the tracheostomy tube, nursing interventions begin using alternative forms of communication, such as: making a video/voice call via cell phone between patients and family members; care via telehealth – online communication, as it is an emerging process worldwide and at different levels of care. Because, it is a work process that overcomes geographical barriers and subsidizes health professionals in the care of patients with tracheostomy in the context of the COVID-19 pandemic. ⁽¹⁴⁾

A 2020 study recommends maintaining new ways and strategies of communication with the patient to guarantee the right to information, with respect and dignity, assuring them to participate in care and decision-making; health professionals sought creative ways to maintain the connection with the patient and fa-

mily, based on the principles of a care approach to achieve the best health outcomes. ⁽¹⁵⁾

Thus, the patient's understanding that the tracheostomy does not initially disturb the anatomical structures responsible for speech production, and that the speech impairment may be temporary, helps him to face the disorder and encourages the use of alternative modalities of communication.

In the fourth statement of Religious Psycho-Spiritual Need, to the patient with tracheostomy in the coronavirus pandemic, SPIRITUAL support as a nursing intervention means assistance to the patient so that he feels balance and connection with a greater power. As NIC Activities, to treat the patient with dignity and respect, calling him by his first name; directs him to the religious counselor of his choice encouraging him to discuss religious concerns.

It is noteworthy that for Horta, religious psycho-spiritual needs are defined as the need to establish a dynamic relationship with a superior being, with the motive of achieving spiritual well-being and having beliefs concerning a sense of the importance of life in stabilizing the body, mind and soul.

Studies have shown that the patient's psychospiritual need brings together a spiritual aspect that may or may not be affected as the COVID-19 virus has presented unprecedented health challenges. With this, balanced spiritual and religious states may be able to promote calm and tranquility, improve physical and mental health and contribute to healthier behaviors during the face of the pandemic. ⁽¹⁶⁾

Some factors were observed in the clinical practice of patient care regarding psychospiritual needs, such as a crisis, when someone is faced with death caused by the COVID-19 virus, the patient/family need help and these factors are interconnected with the nursing in-

tervention: encouraging the discussion of religious concerns.

Studies on religion and spirituality emphasize that these terms have been part of the human constitution since the beginning of history and present as an important component in the integrality of health and well-being. Thus, they recognize that these practices present a powerful coping mechanism to deal with the changes and traumatic events due to COVID-19. ⁽¹⁷⁻¹⁹⁾

It is necessary not to identify or confuse the religious, spiritual aspect with the purely psychological aspect of the patient, since the religious aspect is related to transcendence, with the spiritual.

According to statements of nursing interventions (NIC), the activities of care for Psycho-Spiritual needs, covers the care of trends that lead the patient to seek a meaning of acting within the sphere and drives him beyond the limited world. The patient will maintain the usual spiritual practices that are not harmful to health, which provide privacy and the silence of the patient that allows reflection; contemplation, hope and spiritual health. ⁽⁶⁾

A study by Nascimento found that care centered on spirituality and religiosity must be structured with respect for the patient's individuality and worldview, and nurses' perceptions are contributing factors to the integration of these needs, because we must know the patient's spiritual demands in the entire context experienced, in order to reflect and clarify their concerns regarding the balance/imbalance of Psychospiritual needs. ⁽²⁰⁾



In this way, the role of nursing in the emergency coping of public health promotion has become necessary for a global-wanted patient with a critical look at the theory of basic human needs, which underpins a scientific theoretical basis for care.



CONCLUSION

Thus, this study brought the theoretical reflection on the basic human needs in the care of the patient with tracheostomy in the context of the COVID-19 virus pandemic, having as a guideline Horta's Theory of Basic Needs (1969) and the statements of the Nursing Interventions Classification (NIC).

The results showed that the basic health needs most affected by the patient with tracheostomy were the psychobiological needs for oxygenation and the environment, the psychosocial needs for safety and communication, and the psychospiritual needs, religious, therefore, it is understood that the Nursing Interventions allied/ correlated with the needs, it becomes imperative, as they are important points in the planning of care, in the promotion and maintenance of health and life, making the patient the protagonist of care in promoting their well-being.

Finally, it is expected that the content generated from this reflection will enable understanding in the application of the Theory of Basic Human Needs, together with the NIC, so that nursing care is aligned with the factor that stimulates and harms the health-disease-patient care process.

The limitation of this study is related to the use of only one theory to dialogue with the theoretical framework of nursing of the COVID-19 virus, therefore, to other nursing theories that would support an in-depth reflection for this study. Therefore, it is suggested to carry out further studies on this theme, contemplating other theories of nursing science.

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