

Oncology Nursing in Coping with the COVID-19 Pandemic: Reflections and Recommendations for Oncology Care Practice

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A Enfermagem Oncológica no Enfrentamento da Pandemia de Covid-19: Reflexões e Recomendações para a Prática de Cuidado em Oncologia

Enfermería en Oncología para hacer frente a la Pandemia Covid-19: Reflexiones y Recomendaciones para la Práctica de Atención oncológica

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INTRODUCTION

Daily, the world public health is being challenged by a disease whose physiopathology is still unknown, which is the object of study of innumerable investigators all over the world: the coronavirus disease 2019 (COVID-19). It is caused by the novel type of coronavirus (2019-nCoV), of the severe acute respiratory syndrome coronavirus 2 – Sars-CoV-2 and, overall, and as widely presented and discussed by the scientific community, this virus leads to the development of acute respiratory syndromes cases, pneumonias, enteric, hepatic, neurological diseases among other manifestations with relatively low specific lethality. Among the virus characteristics already identified are the structure formed by lipid layer and high transmissibility, which substantiates all the universal preventive and precaution measures adopted in the health unities and by the community, mainly social distancing and hands washing¹. Based in these considerations, the present study has the objective of presenting a reflection about the nursing practice within the context of oncology in times of coping with the COVID-19 pandemic in Brazil.

DEVELOPMENT

The nursing team represents nearly 50% of the health world working force and are the professionals who remain 24 hours, 7 days a week with the person that seeks for health services, from birth to after death, providing care to the body *post mortem*². In Brazil, there are currently more than two million nursing caregivers, which brings to light a great challenge for the nursing leaders in order to preserve and watch over the professional practice in a

safe manner according to the sanitary recommendations and legal assurances of the Code of Ethics of Nursing Professionals³.

A pandemic context demands significant and frequent changes in the professional habits of life and routines, of the protocols and institutional flows, which requires the professional to understand this moment of crisis as an opportunity to elevate the profession to a never seen before social landing in our country and expecting that this social recognition can change the nursing practices and policies.

The daily activities require the professional to review its competences, skills and attitudes and match them to the current moment for the development of the practice, understanding that it evolves in different but inseparable levels of complexity, ranging from a simple educative action about hand washing until high complexity care practices.

It is noticed an accelerated process of construction and updating of the knowledge about the theme, demanding that the professionals who are in the front line of the assistance are updated continuously and capable to develop caring practices that are safe for the patients and themselves, for the other team members that act in this scenario and for the community to where this professional will return after completing its work shift, further to preparing them to recognize signs and symptoms that can suggest the coronavirus infection.

Studies indicate that the early recognition of infected individuals is crucial for the success of the treatment and reduction of transmissibility. In that line, offer periodic training to the teams is imperative because knowledge empowers them to take decisions in timely moments

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that are decisive for a favorable outcome through the implementation of early therapeutic interventions⁴.

Despite the severity and the focus of the actions of the health units are targeted to overcome the crisis initiated by the coronavirus, it is beyond doubt that other diseases continue affecting several populational segments, among them, cancer, a severe public health world problem, one of the four main causes of early death⁵.

The reality of the world health systems reveals that there are not enough PPE – Personal Protective Equipment and a strong tendency of deficit in Brazil and in several countries, specifically, surgical masks N95/PFF2. Hospitals are overloaded in caring for virus-infected patients, therefore, it is of essence that the institutions whose aim is to attend oncological patients are kept as much possible free of patients with confirmed diagnosis of COVID-19. These institutions are essential because the treatment of individuals with cancer needs to continue safely and effectively, mainly in cases of aggressive tumors.

The uncontrolled and fast growth of tumor cells that characterize the cancer disease requires therapeutic interventions as early as possible to control the illness, reduction of the occurrence of local and remote metastasis and the use of therapeutic methods that can bring less damages and sequelae to individuals with cancer. Oncologic patients are part of the high-risk group for COVID-19 because of the secondary immunosuppression to the treatment or immunodepression related to cancer disease. Therefore, institutions and oncologic patients are equally affected, demanding new organization of caring practices and the development of specific skills that will be fundamental for the success of the oncologic treatment⁶.

Within this context, the Brazilian oncologic nursing is coping with great unprecedented challenges in its history in the several settings of healthcare, being called to review its practice and create new strategies to minimize the impacts brought on by the pandemic in oncological assistance.

Social distancing is one of the most widely recommended strategies from the world authorities and the scientific community who dedicate endlessly to the investigation of the virus. This measure has shown to be effective to promote the curve flattening of the virus transmissibility. Because of the immunosuppression and the immunodepression oncologic patients usually deal with, the social distancing guidelines must be strongly recommended for this group of patients. However, it is essential that the inherent risks associated to the social behaviors of distancing are thoroughly reviewed and minimized. It is recommended, therefore, that patients are encouraged to not interrupt the treatment, because there are already reports of a few who decided to cancel

the visits and procedures because they feared of being contaminated by the virus. Considering that the nursing caretakers are those who have more contact and proximity with the patients on a daily basis of assistance in the health services, the approach with the patients may inspire confidence in the patient and its relatives and contribute for better adherence to the treatment proposed.

To avoid the continuation of the treatment does not turn into a risk because of the Sars-CoV-2 high virulence, it is recommended that the nurse conducts an individualized evaluation that promotes guidelines grounded in the recommendations of the Ministry of Health and the international guidelines, reinforce exhaustively the basic universal prevention measures like hands washing, masks and no contact with individuals suspected or diagnosed with the virus-induced disease.

The organization of assistance spaces and flows is another activity the nurse can be involved in, mainly in oncological emergencies because of more possibility of contact among patients suspected or with the disease without confirmed diagnosis in the same room. Currently, a recommendation adopted is that the patient is accompanied only by one person in its visit to minimize agglomerations. Some institutions are offering tele-attendance as a strategy and as a communication channel among the patients and the healthcare providers to avoid unnecessary transit to the institutions, introducing a new modality of attendance in our profession. It is recommended that, for such, the professional has well developed communication skills to ensure the patient and relatives understand and absorb the guidelines⁷.

Another front of action of oncological nursing is the direct attendance to the patients during hospitalization, that perhaps is the most challenging scenario for the team who attends the oncological patients, either in intensive care units or in less complex hospitalization units. Oncological care, on its own, is already permeated by a great complexity that demands from the professional, who is a specialist, skills, knowledge and attitudes quite specific that are capable of provoking working stress, in addition to risks to the professional health by exposure to physical and biological agents as emphasized in studies of great relevance. Currently, one additional element, also complex and yet unknown is added to the daily work of these individuals, increasing even more the risks of compromising the health of these caregivers⁸.

Based in this, it is necessary to be attentive and emphasize the Burnout Syndrome or syndrome of the professional exhaustion that can affect nursing professionals that work in oncology. This syndrome is characterized by emotional disorder evidenced by symptoms of extreme exhaustion, stress and physical

burnout resulting from wearing working conditions that demand competitiveness or great burden of responsibility. Considering the extreme conditions of emotional, physical and mental pressure the workforce undergo caused by the pandemic, it is possible to infer that there is great possibility of developing the Burnout Syndrome, which represents one more topic of concern with the caregivers health⁸.

COVID-19 pandemic demands from the nurse, in addition to technical skills and specific knowledge in oncology, leadership, continuous updating about the protocols of governmental agencies and international guidelines on the treatment of the disease and protection measures for the professionals, dedication, determination, sense of collectivity and social responsibility assumed when it becomes a nursing professional.

The nurse manager is responsible for performing the technical leadership with responsibility and be able to meet the several demands the crisis has created, with involvement in the multiple segments of the institution. It is essential the development of protocols that are updated according to the changes of the guidelines and be widely disclosed to every collaborator of the institution. Provide extensive training to the teams, mainly related to the procedures of donning and doffing to ensure these professionals are not contaminated, avoiding a reduction of the workforce at the front line is another essential attribution of the leadership.

The professionals who are in the front line are not immune to the disease and a great number of absenteeism could affect the attendance of individuals with cancer, as already reported in a study recently published in *Lancet-Oncology*⁹.

The managers are responsible for designing strategies of follow up and monitoring of the professionals who were removed because of COVID-19 and define the safest form to have them returned to their posts in the end of the quarantine, create indicators of quality to steer the flow changes of the patients, companions and caregivers and to ensure the governability and economy of the essential inputs to the assistance.

The supply of PPE and specific inputs to the caregivers to attend the oncologic patients, affected or not by COVID-19, has been another critical and pivotal topic in the world scenario. Therefore, it is fundamental the proper and responsible management and appropriate assignment of these limited resources of assistance in this period of global crisis of the health services. The training of the professionals is decisive for a rational and proper use of the resources available, avoiding the complete depletion, which will cause disastrous consequences for health services.

Another aspect deserving attention is the emotional element of the attending teams. The professionals are anxious in this environment because there is the possibility of imminent exposure to the virus and becoming ill, that can have a quite unfavorable course and still need to transmit tranquility to the patients who are dealing already with a life-threatening disease and, at the same time, coping with this terrible pandemic. The restriction of the visits and companions is another necessary measure and, in this occasion, promotes more distancing of the patients from their relatives⁷. In certain moments, it may be necessary to take important decisions about the course of the treatment, like the transition to palliative care, where the presence of the relatives or of the social support network of these individuals is essential for the promotion of comfort and not always this will be possible, but the nursing team will be there, 24 hours and will end up bringing solace for these individuals. Although there are assistance and administrative tasks to be fulfilled during the work shift, these professionals also need to be available to comfort, listen and support the patients with a compassionate but also humanitarian attitude. Some institutions and personal initiatives of professionals are using technology as a form to minimize the absence of the relatives through video calls, but it is known that in a country with so many social inequities as Brazil, not all the individuals have access to these resources, summoning the team again to devise alternatives to meet these necessities of providing the contact of the patients with their loved ones.

Still in the context of caring for the oncologic patient, it is worth mentioning some classic signs and symptoms of COVID-19, such as fever, diarrhea, fatigue, nausea, anorexia, dizziness, anosmia, dysgeusia, odinophagia¹⁰ that can be symptoms of complications of the oncologic treatment or the own cancer disease, demanding from the nursing professional the elaboration of an evidence-based assessment to identify the disease and initiate the therapeutic as early as possible in order to preserve the life of the patient and others around it. Because of so many similarities, the action within the perspective of interdisciplinarity and more effective communication among the teams becomes more important than never.

Another inevitable impact in oncology will be in the formation of experts in oncologic nursing and development of studies in oncology in general. The COVID-19 pandemic imposed to the oncologists the necessity of redefining protocols of oncologic treatment, reducing the number of patients attended, which affects directly the quality of their formation. This reduction of the number of the patients impacts equally in the development of the studies and clinical

trials. Consequently, the disclosure of updates and study results will also be impacted, because great international conferences are being cancelled, which can be devastating for the progress of cancer treatment in the future. Again, it will be necessary to study new methods of teaching and research to minimize the potentially negative repercussions in these two fields of action of the oncologic nursing post-COVID-19¹¹.

CONCLUSION

Considering the practically daily disclosure of findings, updates about the structure of this virus, mechanisms of transmissibility, of physiopathology, of treatments and measures of prevention, protection and control, this pandemic is teaching us to go beyond. Nursing and other teams that act in the health segment are being challenged to flexibilize, adapt to changes, work as a team within a perspective of close collaboration and non-competition to endeavor efforts to win this moment of unimaginable global crisis for the professionals of this century. It is extremely important that, on behalf of the promotion of health and prevention of risk of COVID-19, bringing together the binomial science and education, oncologic nursing may find the right way of technical doing and world public recognition. In conclusion, adopt the perspective of the science, be patient and act consciously can be good strategies to succeed and get through this pandemic more strengthened.

CONTRIBUTION

The author contributed substantially in all stages of the manuscript and approved the final version to be published.

DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interests to declare.

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