# Situations Experienced by the Nursing Team of a Cancer Unit

doi: https://doi.org/10.32635/2176-9745.RBC.2019v65n1.325

Situações Vivenciadas pela Equipe de Enfermagem de uma Unidade Oncológica Situaciones Vivenciadas por el Equipo de Enfermería de una Unidad Oncológica

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### **Abstract**

Introduction: Cancer is a complex disease that requires diverse care and treatment. Considering the importance of the nursing team for patients suffering from cancer and the complexity of care and performance in this area, the work processes of these professionals should receive special attention. Objective: To understand the situations experienced by nursing professionals who care for patients with cancer. Method: Qualitative research carried out with 12 nursing team professionals working in an oncology unit of a hospital in the interior of the State of São Paulo, Brazil, during the months of September and October 2017, using a semi-structured interview script characterization data and guiding questions. A thematic content analysis was carried out, from which emerged the categories "Situations experienced during care delivery in oncology unit" and "Feelings of nursing professionals to care for patients with cancer". Results: Even with situations of difficulties and suffering, professionals showed feelings of satisfaction and gratitude for providing care to patients with cancer. Conclusion: The motivation of nursing professionals to provide decent care to cancer patients overcomes existing barriers. Key words: Oncology Nursing; Nurse Practitioners; Nursing Care; Neoplasms.

#### Resumo

Introdução: O câncer é uma doença complexa que demanda cuidados e tratamentos diversos. Tendo em vista a importância da equipe de enfermagem para pacientes que sofrem com o câncer e a complexidade da atenção e atuação nessa área, os processos de trabalho desses profissionais devem receber especial atenção. Objetivo: Compreender as situações vivenciadas por profissionais de enfermagem que cuidam de pacientes com câncer. Método: Pesquisa qualitativa realizada com 12 profissionais da equipe de enfermagem atuantes em uma unidade de oncologia de um hospital do interior do Estado de São Paulo, Brasil, durante os meses de setembro e outubro de 2017, utilizando-se um roteiro de entrevista semiestruturada contendo dados de caracterização e questões norteadoras. Foi realizada análise temática de conteúdo, da qual emergiram as categorias "Situações vivenciadas durante a prestação de cuidados na unidade oncológica" e "Sentimentos dos profissionais de enfermagem aos prestarem cuidados ao paciente com câncer". Resultados: Mesmo com situações de dificuldades e sofrimentos, os profissionais demonstraram sentimentos de satisfação e gratidão por prestarem cuidados aos pacientes com câncer. Conclusão: A motivação por parte das profissionais de enfermagem para a prestação de cuidados dignos aos pacientes com câncer supera as barreiras existentes. Palavras-chave: Enfermagem Oncológica; Profissionais de Enfermagem;

#### Resumen

Introducción: El cáncer es una enfermedad compleja, que demanda cuidados y tratamientos diversos. En vista de la importancia del equipo de enfermería para pacientes que sufren con el cáncer y la complejidad de la atención y actuación en esa área, los procesos de trabajo de estos profesionales deben recibir especial atención. Objetivo: Comprender las situaciones vivenciadas por profesionales de enfermería que cuidan de pacientes con cáncer. Método: Investigación cualitativa realizada con 12 profesionales del equipo de enfermería actuantes en una unidad de oncología de un hospital del interior del Estado de São Paulo, Brasil, durante los meses de septiembre v octubre de 2017, utilizando un itinerario de entrevista semiestructurada conteniendo datos de caracterización y cuestiones orientadoras. Se realizó un análisis temático de contenido, de la cual surgieron las categorías "Situaciones vivenciadas durante la prestación de cuidados en la unidad oncológica" y "Sentimientos de los profesionales de enfermería a prestar atención al paciente con cáncer". Resultados: Incluso con situaciones de dificultades y sufrimientos, los profesionales mostraron sentimientos de satisfacción y gratitud por prestar atención a los pacientes con cáncer. Conclusión: La motivación por parte de las profesionales de enfermería para la prestación de cuidados dignos a los pacientes con cáncer supera las barreras existentes. Palabras clave: Enfermería Oncológica; Enfermeras Practicantes; Atención de Enfermería; Neoplasias.

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# INTRODUCTION

Cancer is a complex disease that requires different care and treatment. During treatment, the patients suffer with possible modifications of their physical appearance, body self-image as well as with potential limitations and impediments of some routine activities, which can affect their self-esteem and socialization<sup>1-3</sup>.

Whereas the importance of the nursing team for the patients who suffer with cancer and the complexity of the attention and action in this area, the work processes of these professionals must be subject to special consideration<sup>2,3</sup>.

The satisfaction with the work qualifies the professional, who transmits trust to the patient, prevents internal and external conflicts, ensures improvement in care and contributes for an amenable environment. Furthermore, it grants humanized care and exchange of experiences between the professionals, reflecting in how the patients cope with the treatment<sup>4</sup>.

However, health professionals are not exempt from stressing moments, tensions and conflicts amongst the team, relatives and patients. Caring is exhausting, requires more than knowledge and skills, demands perseverance and humanized attitudes on a daily-bases to rescue the positive energies and avoid professional burnout <sup>5,6</sup>.

The majority of the professionals who assist patients with serious diseases, for understandable reasons, yet unjustifiable, avoid to get involved, take patients' emotions too seriously and end up pulling themselves away and detaching from the patient to prevent psychological traumas that can emerge after the loss<sup>5,7</sup>.

Because of this situation, it is necessary to change how the services are provided for the health professionals to endeavor their best efforts to offer qualified care, with more determination, ethics and respect either for the patients entrusted to them or their working colleagues, ensuring a better quality of life to all<sup>2,7</sup>.

The objective of the present research is to understand the situations experienced by nursing professionals that care for patients with cancer.

# **METHOD**

It is a qualitative, descriptive and exploratory research that attempts to understand the universe of meanings, motives, aspirations, values and attitudes that correspond to the most profound spot of the relations, processes and phenomena that cannot be reduced to the operationalization of variables<sup>8</sup>.

The research was carried out in a hospital of the municipality of Presidente Prudente, SP, Brazil. Twelve female nurses were enrolled, being five nurses, five licensed practical nurses and two nursing assistants.

It was utilized a semi-structured script to collect identification data and the following steering questions: What do you think about caring for patients who live with cancer? What kind of situation do you experience while providing care in the oncologic unit? And how do you feel about caring for people with cancer?

Data were collected through interviews with nursing professionals at a scheduled date as consented with them and availability without interfering with their work. The interviews were tape-recorded and transcribed in full by one of the investigators. The number of participants was defined by saturation of the data to the responses.

The data were reviewed for content thematic analysis that occurred in three moments; firstly, the data were ordered, and next, they were classified based in the structure of analysis organized by themes, separating the entire material per category or units of meaning; and thirdly, the analysis itself, consisting of a process of codification according to the criteria of thematic similarity, checking the units of analysis and dividing in categories and subcategories for understanding and discussion of the data<sup>9</sup>.

After the analysis of the data, two categories emerged "Situations experienced while providing care in the oncologic unit" and "Feelings of the nursing professionals while caring for patients with cancer".

The Institutional Review Board of "Universidade Paulista (UNIP)" approved the research, report number 1.957.592, which was also approved by the responsible for the participating hospital. Before the interviews were conducted, two copies of the Informed Consent Form were signed, one was handed out to the participant and the other was kept by the investigator. For the sake of anonymity, the subjects were identified by the letter E, de entrevistados, and numbers from 1 to 12.

### **RESULTS**

The research was conducted with 12 females, being five nurses, five licensed practical nurses and two nursing assistants from 22 to 58 years old. Their civil status were: four singles, seven married and one widow.

The participants had from two months to nine years and a half of experience in oncology. Seven were skilled professionals in oncology, four had no experience and one was studying.

The themes that emerged from the data analyzes are presented below.

# SITUATIONS EXPERIENCED WHILE PROVIDING CARE IN THE ONCOLOGIC UNIT

All the 12 interviewees were sincere during their narratives, they shared experiences lived during care provided to the patients and reported situations of pain and happiness.

The interviewees lived moments of intense pain during the treatment of the patients:

The situation is of intense pain, sometimes the patient's condition is precarious, there are cases of palliative care you have nothing to do (E4).

The patient complains it is feeling too much pain, sometimes, you give high doses of medication and they still complain, the pain of the oncologic patient is one of the supports that needs to be intensified, because they feel too much pain (E7).

Many, many situations of pain and suffering, it is a whirlwind of feelings and situations we go through (E5).

The participants also reported difficulties in following through the death process of the cancer patients, especially when they are young, indicating they are not prepared to cope with situations like these:

Suffering is paramount, when we lose a patient, we are sad (E3).

In the beginning, it was somewhat hard to work with death (E7).

It is a painful situation, you know, sometimes there are patients without any way out, it marches on to death (E6).

It is tough to see young people dying [...], we try to change the ambient of pain and sadness, but it is very difficult (E11).

However, some interviewees reported that living the suffering every day does not cause them any problems.

I don't see them as poor things, I have pity, no, I always see the cure as possible, never, whatever the condition, I treat them always the same, there is always hope (E2).

I don't take these feelings home, what I can do for them, I do when I'm working (E10).

I don't see any problem in working here (E12).

I try to not take home my work (E8).

The majority of the participants reported that the suffering experienced every day do not affect their personal lives because they know what is personal and what is professional, it is separated.

# FEELINGS THE NURSING PROFESSIONALS HAVE WHEN CARING FOR THE PATIENT WITH CANCER

According to the interviewees, while caring for the patients with cancer, they feel professionally fulfilled, they express feelings of gratitude and love for the work done:

It is very positive to work here, I don't see myself working anywhere else, I like being here, we have direct contact with them (E1).

I sympathize with the patient who needs some extra care (E4).

I like working here (E12).

I love working with oncologic patients (E5).

Working with oncologic patients is my life, it is what I like doing, I'm very happy and fulfilled (E5).

Some participants also mentioned difficult moments they have lived through the years and others in the beginning of their professional lives:

In the beginning, yes, when I started to work, it stuck with me back home, I kept thinking, was very sad (E1).

It is not easy to live it through, sometimes we got rattled with all this (E9).

But, the experiences in oncology taught the professionals about how to act, bringing them a feeling of assertiveness in their tasks:

Nowadays, as a person, I cope with it much better, I am more confident if the patient is in palliative care, if it is in pain, I know up to where the patient can go with that medication (E7).

It is with the experience itself, I think that with the situations that we go through, you manage to adjust in your daily life and do your work as best as you can to make them feel comfortable and what we value the most in oncology is that the patient feels accepted, feels well (E5).

Based in the experiences gathered during the period of work, it was clear the transformation the professionals went through about their perception of life and their vision of the patient, always pursuing to improve the care provided. Thus, the participants reported the confidence when they do the procedures for patients with cancer.

## **DISCUSSION**

Because of the daily reality of the professionals dealing with oncologic patients, the scenario of pain is tough to deal with because involves feelings of empathy and vulnerability, causing sadness and disappointment in the professionals<sup>10</sup>.

The literature shows that, for many health professionals, it is hard to follow the terminality of the patients' life, especially when the person is young and eventually loses its life without fulfilling its goals and dreams, death causes suffering and sadness to those who stay alive<sup>11,12</sup>.

According to studies conducted with nursing teams about coping with death, it is necessary to have preparation to support the professionals in building up the proper psychological structure to face several situations they had no contact with during their formal education as loss, pain and suffering and to help them provide a quality humanized care<sup>10-13</sup>.

A study indicates that, while living daily with suffering and decay of the patients, the professionals experience emotional overload, blurring the line between professional and personal, causing suffering to everyone involved in the process. Nonetheless, based in the experiences acquired, the professionals realize that death is a natural and physiological process of the human being<sup>14</sup>.

As observed in the narratives, the oncology nursing professionals expressed gratitude and satisfaction with the job done. These data corroborate the results of the researches that indicate that, even in moments of difficulty, the oncology nursing professionals are very happy for doing their jobs with love, being able to help those that are going through tough moments, keeping a bond with the patients and relatives, experiencing their pain and strengthening them with positive motivations, providing a dignified and proper care for quality of life<sup>12</sup>.

Studies demonstrate that oncology professionals are happy and enjoy the care provided to the oncologic patients and that it is possible to offer high quality care, getting satisfaction as much as someone loves what it does, dedicating unabashedly to meet the needs of the other. When you show tenderness, fondness, the environment changes, the human relation and love surge from within through feelings of gratitude and hope<sup>15</sup>.

Other studies show that nursing professionals face some difficulties that bring dissatisfaction, causing stress and other types of diseases<sup>4</sup> Provide care is tiresome, may cause emotional overload and if the professional is unable to find strategies of coping, the outcome is getting ill<sup>5.7</sup>.

Not everyone has capabilities to work in oncology. Studies report that, in addition to training, these professionals have to live with patients during the disease

in a natural and human way, showing feelings, supporting them in their moments of fragility, being supportive and being someone the patient can rely on<sup>12</sup>.

To promote the relief of the pain, firstly it is necessary the medication and, later, joy and attention, an articulated care should be offered to achieve the main goal and attenuate the patients' pain. In that direction, the professionals transmit and execute their work with confidence and determination, anticipating expected effects of the care offered to the patient, always attentive for situations that may increase pain, as helplessness, fear, non-humanized care and discomfort in the bed<sup>16,17</sup>

Health professionals live daily mourning, are not supposed to show their pain, emotion and feelings and have to pursue strategies of coping. Therefore, the formation of the professional and the acceptance they express may contribute to increased sickening and cases of depression because of the feeling of impotence, frustration and outrage. This contributes for the increase of the Burnout syndrome, emotional exhaustion, depersonalization and poor personal realization among professionals<sup>2,7</sup>.

Even amidst the challenges of caring, it is possible to be fulfilled with the job done, have positive inspirations, learn to cultivate the values of life, love, smile, transmit always hope for those in need. Working as a team and exchange experiences is one of the motives that can elevate the level of professional satisfaction and contribute to improve the care provided to the patients<sup>4</sup>.

The present research enhanced the understanding of the situations experienced by the oncology nursing team, but the limitation is that only the nursing team was involved. New researches need to be done comprehending the whole multidisciplinary team which can grant an expanded knowledge about several situations lived and how to cope while the job is done.

# CONCLUSION

The results achieved allow to understand the situations experienced by the nursing professionals who care for patients with cancer; such situations consist of difficulties and satisfaction. This understanding is highly relevant for the oncology nurse to the extent that it exposes situations of care practice the expert health professionals live daily.

The situations experienced by the interviewees were moments of intense pain during the treatment of the patients and difficulty to follow the process of dying. However, the participants have demonstrated feelings of satisfaction and gratitude because of the job done. Considering that how the professionals elaborate and resignify these feelings and meaning may influence directly

the quality of the care, it is relevant to understand their technical and emotional preparation.

The results of this research indicate that the professionals are professionally and emotionally prepared to care for this group of patient because in its majority are experienced and have expertise in oncology. In addition, it is necessary to have continuous and permanent education, because there are always scientific innovations to improve care.

### CONTRIBUTIONS

Géssica Fernanda Rodrigues Monção and Estela Maris Ribeiro Cardoso were responsible for the conception of the research, work field and wording of the article. Kesley de Oliveira Reticena, Maria Fernanda Pereira Gomes and Lislaine Aparecida Fracolli guided the research and revised the manuscript. All the authors approved the final version of the article.

### **DECLARATION OF CONFLICT OF INTERESTS**

There are no conflict of interests to declare.

### **FUNDING SOURCES**

None.

# **REFERENCES**

- Instituto Nacional de Câncer José Alencar Gomes da Silva. Tratamento do câncer [Internet]. Rio de Janeiro: INCA; 2017. [acesso 2018 Mar 23]. Disponível em: http://www2.inca.gov.br/wps/wcm/connect/ tiposdecancer/site/home/infantil.
- Silva MM, Santanda NGM, Santos MC, et al. Cuidados paliativos na assistência de alta complexidade em oncologia: percepção de enfermeiros. Esc Anna Nery. 2015;19(3):460-466. doi: http://dx.doi. org/10.5935/1414-8145.20150061.
- Souza GRM, Cazola LHO, Oliveira SMVL. Atuação dos enfermeiros da estratégia saúde da família na atenção oncológica. Esc. Anna Nery. 2017;21(4):e20160380. doi: http://dx.doi.org/10.1590/2177-9465ean-2016-0380.
- 4. Bordignon M, Monteiro MI, Mai S, et al. Satisfação e insatisfação no trabalho de profissionais de enfermagem da oncologia do Brasil e Portugal. Texto Contexto Enferm. 2015;24(4):925-933. doi: http://dx.doi.org/10.1590/0104-0707201500004650014.
- 5. Corrêa RZA, Souza MS, Baptista MN. Vulnerabilidade ao estresse no trabalho e qualidade de vida de enfermeiros. Psicol Argum. 2013;31(75):599-606. doi: http://dx.doi.org/10.7213/psicol.argum.31.075.DS02.

- 6. Longuiniere ACF, Yarid SD, Silva ECS. Influência da religiosidade/espiritualidade do profissional de saúde no cuidado ao paciente crítico. Rev Cuid. 2018;9(1):1961-1972. doi: https://doi.org/10.15649/cuidarte.v9i1.413.
- 7. Coblinski DR, Wisniewski D, Hey A. Síndrome de burnout em profissionais da equipe de enfermagem. Rev Uninga [Internet]. 2018 [citado 2018 Mar 16];45(1):27-33. Disponível em: http://revista.uninga.br/index.php/uninga/article/view/1236.
- 8. Minayo MCS. (organizadora). Pesquisa social: teoria, método e criatividade. 30. ed. Petrópolis: Vozes; 2011.
- Campos CJG. Método de análise de conteúdo: ferramenta para a análise de dados qualitativos no campo da saúde. Rev Bras Enferm. 2004;57(5):611-614. doi: http:// dx.doi.org/10.1590/S0034-71672004000500019.
- 10. Marchi JA, Paula, CC, Girardon-Perlini, NMO, et al. Significado de ser-cuidador de familiar com câncer e dependente: contribuições para a paliação. Texto Contexto Enferm. 2016;25(1):e0760014. doi: http://dx.doi.org/10.1590/0104-07072016007600014.
- 11. Bastos RA, Lamb FA, Quintana AM, et al. Vivências dos enfermeiros frente ao processo de morrer: uma metassíntese qualitativa. Revista Portuguesa de Enfermagem de Saúde Mental. 2017 Jun;(17):58-64. doi: http://dx.doi.org/10.19131/rpesm.0184.
- 12. Andrade FLM, Silva MES, Brito DTF, et al. Dor oncológica: manejo clínico realizado por enfermeiros. Revista de Iniciação Científica da Universidade Vale do Rio Verde. 2018;8(1):3-16.
- 13. Ayala ALM, Felício ACR, Pachão J. Sofrimento dos profissionais que atuam no setor de oncologia em um hospital público de Joinville, SC. Rev Aten Saúde. 2017;15(51):106-117. doi: http://dx.doi.org/10.13037/ras.vol15n51.4376.
- 14. Lima ABS, Oliveira LP, Sá KVCS, et al. Sentimentos e percepções da enfermagem frente ao processo de morte e morrer: revisão integrativa. Rev Pesq Saúde. 2016;17(2):116-121.
- 15. Trindade LL, Bordignon M, Ferraz L. Satisfação no trabalho em oncologia: uma revisão integrativa da literatura. J Nurs Health. 2014;4(2):177-85. doi: http://dx.doi.org/10.15210/jonah.v4i2.3868.
- 16. Alves VS, Santos TS, Trezza MCSF, Santos RM, Monteiro FS. Conhecimento de profissionais da enfermagem sobre fatores que agravam e aliviam a dor oncológica. Rev Bras Cancerol. 2011;57(2):199-206.
- 17. Xavier SS, Anjos KF, Sampaio KCP, et al. Cuidado humanizado do enfermeiro ao paciente oncológico fora de possibilidade de cura. Rev. Saúde.Com. 2017;13(4):1044-1054. doi: http://dx.doi.org/10.22481/rsc.v13i04.519.

Recebido em 21/1/2019 Aprovado em 7/5/2019