Impact of Work on the Mental Health and Coping Strategies of the Oncological Hospital Multiprofessional Team: Systematic Literature Review

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Impacto na Saúde Mental e Estratégias de Enfrentamento da Equipe Multiprofissional Hospitalar Oncológica: Revisão Sistemática da Literatura

Impacto del Trabajo en la Salud Mental del Equipo Multidisciplinario de Hospitales Oncológicos: Revisión Sistemática de la Literatura

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ABSTRACT

Introduction: Work in oncology hospitals is characterized by distinct professional demands that encompass bureaucratic, clinical-care, and technical-pedagogical aspects, which often impact the physical and mental health of the workers. **Objective:** Understand the feelings and experiences of workers in oncology units regarding the suffering and pleasure derived from their work. **Method**: Systematic review of qualitative studies conducted on the Scopus, PubMed, SciELO, and Web of Science databases. Original articles involving doctors, nursing teams, psychologists, social workers, nutritionists, physiotherapists, pharmacists, and/or speech therapists were selected. **Results:** A total of 644 studies were identified, and 39 were included in the final sample. The results were grouped into two categories: "Professional experience of illness" and "Coping strategies". Findings indicate that working in oncology care is related to the psycho-emotional illness experience of the workers. The most common cause of illness was dealing with death and issues related to technical preparation for work in the field. Coping strategies included emotional distancing from patients, seeking institutional and team support, and engaging in physical activities associated with occupational leisure. **Conclusion:** The experience of working in oncology poses challenges to maintaining a technical training process.

Key words: Occupational Health; Mental Health; Health Personnel; Patient Care Team; Cancer Care Facilities.

RESUMO

Introdução: O trabalho nos hospitais de oncologia é marcado por distintas exigências profissionais que abrangem aspectos burocráticos, clínico-assistenciais e técnico-pedagógicos, o que muitas vezes causa impactos na saúde física e mental dos trabalhadores. **Objetivo:** Conhecer os sentimentos e as vivências dos trabalhadores das unidades de oncologia em relação ao sofrimento e prazer advindos do seu trabalho. **Método:** Revisão sistemática de estudos qualitativos, realizada nas bases *Scopus,* PubMed, SciELO e *Web of Science*. Foram selecionados artigos originais realizados com médicos, equipes de enfermagem, psicólogos, assistentes sociais, nutricionistas, fisioterapeutas, farmacêuticos e/ou fonoaudiólogos. **Resultados:** Foram identificados 644 estudos e 39 compuseram a amostra final. Os resultados foram agrupados em duas categorias: "Experiência de adoecimento dos profissionais", e "Estratégias de enfrentamento". Os achados apontam que o trabalho na assistência oncológica se mostra relacionado à experiência de adoecimento psicoemocional dos trabalhadores. As causas mais comuns de adoecimento foram o enfrentamento da morte e as questões referentes ao preparo técnico para o trabalho na área. As estratégias de enfrentamento encontradas consistiram no distanciamento emocional dos pacientes, na busca de apoio institucional e da equipe, e na realização de atividades corporais associadas ao lazer ocupacional. **Conclusão:** A experiência de trabalho na oncologia se apresenta como campo desafiador à manutenção do processo formativo tecnicista.

Palavras-chave: Saúde Ocupacional; Saúde Mental; Pessoal de Saúde; Equipe de Assistência ao Paciente; Institutos de Câncer.

RESUMEN

Introducción: El trabajo en hospitales de oncología está marcado por distintas exigencias profesionales que abarcan aspectos burocráticos, clínico-asistenciales y técnico-pedagógicos, lo que a menudo causa impactos en la salud física y mental de los trabajadores. **Objetivo:** Conocer los sentimientos y experiencias de los trabajadores de las unidades de oncología en relación con el sufrimiento y el placer derivados de su trabajo. **Método:** Revisión sistemática de estudios cualitativos, realizada en las bases de datos *Scopus*, PubMed, SciELO y *Web of Science*. Se seleccionaron artículos originales realizados con médicos, equipos de enfermería, psicólogos, asistentes sociales, nutricionistas, fisioterapeutas, farmacéuticos y/o fonoaudiólogos. **Resultados:** Se identificaron 644 estudios y 39 compusieron la muestra final. Los resultados se agruparon en dos categorías: "Experiencia de enfermedad de los profesionales" y "Estrategias de afrontamiento". Los hallazgos indican que el trabajo en la asistencia oncológica está relacionado con la experiencia de enfermedad psicoemocional de los trabajadores. Las causas más comunes de enfermedad fueron el enfrentamiento de la muerte y las cuestiones relacionadas con la preparación técnica para trabajar en el área. Las estrategias de afrontamiento encontradas fueron el distanciamiento emocional de los pacientes, la búsqueda de apoyo institucional y del equipo, y la realización de actividades corporales asociadas al ocio ocupacional. **Conclusión:** La experiencia de trabajo en oncología se presenta como un campo desafiante para el mantenimiento del proceso formativo tecnicista.

Palabras clave: Salud Laboral; Salud Mental; Personal de Salud; Grupo de Atención al Paciente; Instituciones Oncológicas.

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INTRODUCTION

Work can be beneficial to the health, well-being and social integration of people. However, it can also be a source of suffering, pain and illness for those who perform it[1]. Healthcare work is characterized by high demands, high work overload and greater exposure to occupational risks, which can cause diseases/harms that endanger the biopsychosocial well-being of numerous workers[1,2].

The mental health of healthcare professionals has received special attention in this context, considered a potential public health issue in terms of quality and safety of care delivery[3]. Mental/psychological distress is the second major cause of work-related health problems, accounting for more than one third of occupational diseases[4].

In oncological care, the direct contact of the multiprofessional team with the patient and family members, as well as the path of oncological care, will have effects on the occupational health of health professionals and on the teamwork dynamics. In addition to the high workload, coping with the complexity of the disease, stress in the work environment, emotional fatigue and frequent exposure to death, grief and intense emotional responses are factors that negatively affect the occupational health of professionals in the oncological care team[2,5,6].

Several studies developed in cancer hospitals involve professional categories such as oncologists, nurses, psychosocial oncologists (psychologists, psychiatrists and social workers) and other team professionals[2,5-8]. Studies point to occupational stress, anxiety, inability to deal with the emotional needs of patients and their families, uncertainty about treatments, Burnout Syndrome and Compassion Fatigue, as possible observable impacts on health professionals who work directly in oncological care[2,5-9]. In addition, years of experience related to the field and training and updating courses are important factors to understand the levels of occupational illness of these workers. Beginning health professionals have a greater suffering/illness related to work when compared to seasoned professionals in the field of oncology[2,6].

Although these various studies are available in the literature, exposing the psychic, physical and emotional suffering experienced by some professional categories of oncological hospital care[2,5-9], the literature seems to lack research that synthesizes the profile of illness related to work of the most distinct professional categories that work in oncological units of several countries, in order to enhance which categories need studies in this theme, as well as highlight findings regarding illness and coping strategies in a non-fragmented way, based on the whole team's perspective.

Considering the scarcity of studies involving the multiprofessional team of oncological hospitals which use to share knowledge and also personal and profissional experiences, besides the importance of mental health of this team not only for the quality of life at work but also for the quality of care provided to users, this systematic literature review aims at learning the feelings and experiences of oncology units' workers concerning the suffering and pleasure arising from their work.

METHOD

Systematic review of qualitative studies. The review sought to answer the following research question: What are the feelings and experiences of workers in oncology hospitals regarding suffering and pleasure that arise from their work?

The protocol for this systematic review was pre-recorded in the International Prospective Register of Systematic Reviews (PROSPERO)[10], number CRD42022350683. This research used the following databases: Scopus, PubMed, SciELO, and Web of Science.

Original articles that answered the research question, that used interviews as a method of data collection, and were conducted with doctors, nurses, nursing teams, psychologists, social workers, nutritionists, physiotherapists, pharmacists and/or speech therapists were included in full. There were no restrictions regarding the age of the participants.

On the other hand, abstracts published in event proceedings, letters to the editor and editorials, literature reviews, and articles whose participants or part of the sample were not included in oncological reference units during the period of the respective studies were excluded. Quantitative studies were also excluded, as well as those that did not use interviews in the methodology, surveys conducted with users and students, and those that did not answer the research question.

The electronic search was conducted in May 2022, without restrictions regarding date and languages. The search strategy was tested from a selection of descriptors and words that were combined with Boolean operators and tested in each of the electronic bases included in this study.

The search expressions used in PubMed was: ("oncology" or "Cancer Care Facilities" or "Medical Oncology" or "Oncology Service, Hospital") and ("Emotions" or "Pleasure" or "Compassion Fatigue" or "Psychological Distress" or "Burnout") and ("Occupational Health" or "Health Manager" or "Patient Care Team" or "Mental Health" or "doctors" or "Nurses" or "Nursing Assistants" or "nursing team" or "Nutritionists" or "Physical Therapists" or

"physiotherapist" or "Pharmacists" or "speech therapist" or "Social Workers"). It is worth noting that similar search expressions were obtained in each database.

To assist in the process of storage, organization, double-blind peer evaluation, identification of duplicate studies and selection of articles, the identified references were imported into the Rayyan application, developed by the Qatar Computing Research Institute (QCRI)[11].

Subsequently, the reading of titles and abstracts was performed by two independent researchers. After the initial screening, the results obtained were submitted to complete textual reading considering the eligibility criteria. From this analysis, the studies to be included in this systematic review were obtained. Both the first and the second researcher independently collected the following data from the included studies: Authors, year of publication, country, number of participants, category of professionals, year of publication, objectives, categories defined by the author and summary of the main results and conclusions.

The Joanna Bridges Institute[12] Con Qual checklist was used for the quality analysis of the articles (bias analysis). Two reviewers evaluated the studies independently. Disagreements were resolved among researchers at research meetings, and no third reviewer was required.

After article selection, a full reading of each work was performed. The main results and conclusions of the studies were grouped into two main categories: The first, "Professional experience of illness", was divided into three subcategories ("Possible causes of illness", "main feelings/illnesses related to work" and "The impact of work on professional/personal life"); the second, "Coping strategies", was divided into two subcategories ("Strategies already used" and "Needs perceived by professionals").

Because it is a review article, which uses secondary data, the opinion of a Research Ethics Committee (CEP) becomes expendable, according to Resolution 580/2018[13].

RESULTS

A total of 644 studies were identified, 217 in PubMed, 278 in Scopus, 3 in SciELO and 146 in Web of Science. After excluding the 245 duplicate studies, 399 articles remained for the reading of titles and abstracts. After applying the eligibility criteria, 147 articles were listed to be read in full, of which 15 articles were not retrieved and 93 were excluded. Thus, 39 studies comprised the final sample of the present study. The flow of the study selection process is illustrated in Figure 1, based on the PRISMA Flowchart 2020[14].

Although there was no restriction regarding date of publication, most of the studies included in this review (20 studies) have been published in the last five years. As for the studies' location, the majority was carried out in the United States (6 studies), Iran (5 studies), Brazil (4 studies) and China (3 studies). The list of articles that have been selected for this review is available in Chart 1[15-53] (Supplementary Material).

In only two studies, in addition to health professionals, family members and/or patients also participated in the interviews, however, only the results regarding the perceptions of health professionals were considered in this research. As for the professional category, studies (33) with nurses predominated, of which 29 studies were exclusively conducted with nurses and four studies also included physicians or nursing technicians. Considering all the studies included in this review, a total of 529 nurses participated in them (Table 1).

The studies found were published between the years 1998 and 2022, in several countries of the American, European, African, Asian and Oceania continents, involving the categories of nursing, medicine and social service. Regarding the objectives of the selected studies, most were directly related to the worker's health area. The others presented themes that bordered the experience/process of work in oncological unit, which allowed the approach of content related to the feelings and experiences of the workers in relation to the suffering and pleasure arising from their work.

Chart 2 shows the results of the quality evaluation of the studies included in this research. The least met criteria were the approach of the researcher's influence in the research, and vice versa (C7 – 25 studies), and the existence of a statement locating the researcher cultural or theoretically (C6 – 22 studies). Five studies did not address ethical issues, as well as six studies did not provide sufficient details on the process of approval in an ethics committee with human beings.

The results, which were grouped into two main categories, will be described next: "Professional experience of illness" and "Coping strategies".

Professional experience of illness

The category reports the "possible causes of illness" referred to by the various studies included in this review, as well as details the "main feelings/illnesses related to work" in oncology and "the impact of work on professional/personal life" reported by these workers.

Possible causes of illness

Twenty-three possible causes of illness were identified and reported by the professionals themselves as reasons

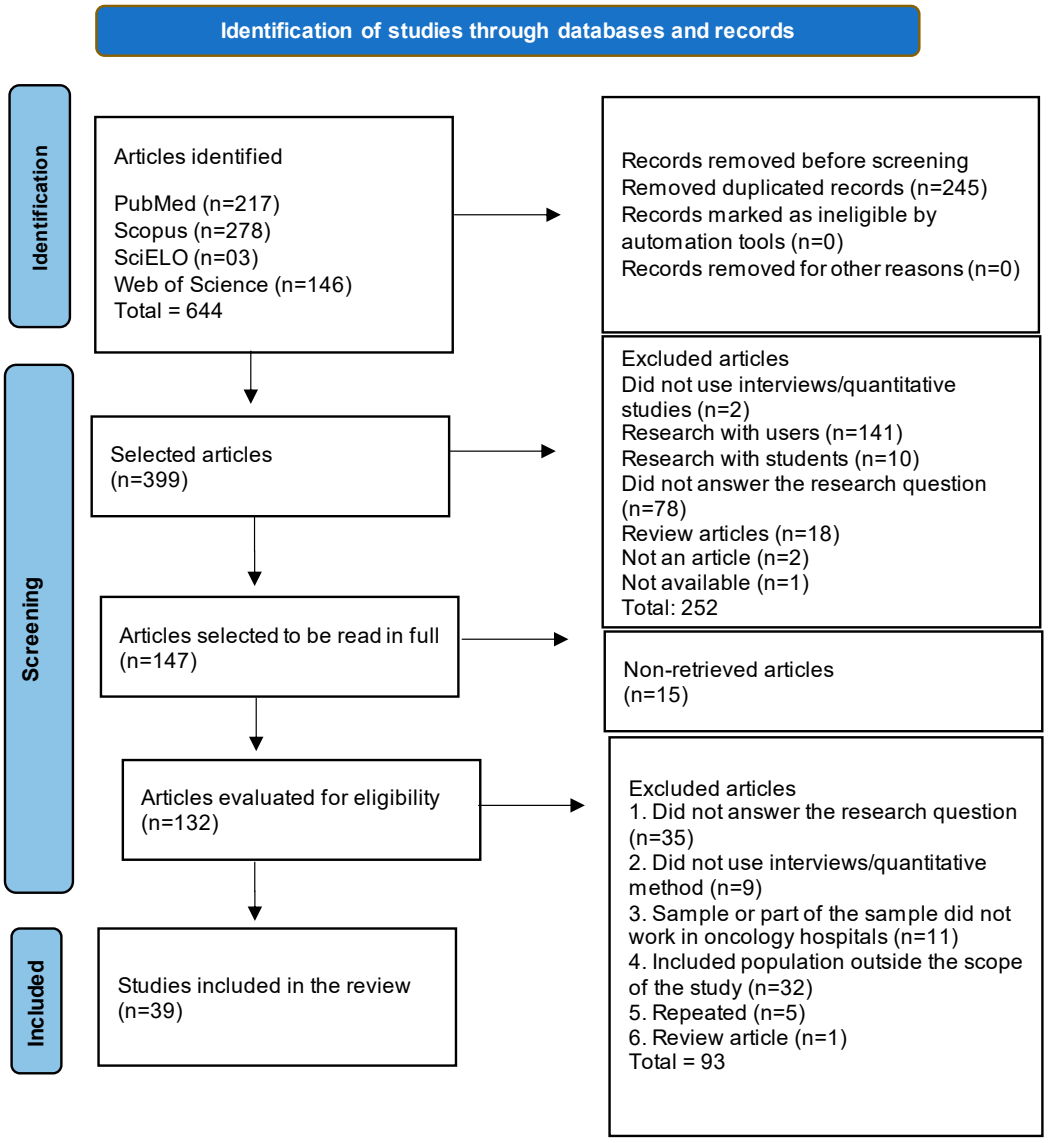

Figure 1. Flowchart showing the selection process of the studies
Source: PRISMA 2020.

for presenting multidimensional difficulties of suffering, which connect with the experience of working in an oncological unit.

The most prevalent cause was coping with death[15,17,20-22,30,35,37,38,43,45,49,51,50], which occurred in 35.8% (14) of the sample, accompanied by the issues related to adequate technical preparation[15,16,19,23,31,33,35-37,40,42,43,47,49,53] for work in the oncological area, such as management of care and psycho-emotional skills of patients/families. Complaints related to excessively technical training and care productivity were also observed, denoting the lack of sense perceived by some professionals regarding emotional support during the service. In addition, emotional involvement[15,20,23,24,34,39,46,50,51] with patients and family members presents itself as a cause of illness, associated with feelings of attachment and empathy reported in 28.2% (11) of the sample.

Another recurrent cause was contact with onco-pediatric patients[15,20,21,26,27,35,38,42,43,48] as a more mobilizing assistance experience for team members, present in 25.6% (10) of the studies. The lack of resources/inputs[20,25,31,32,33,38-40,49,52] also obtained a prevalence of 25.6%. Work overload[22,25,34,37-39,44,49,51] is addressed by 23.0% (9) of the studies, in addition to communication issues with patients and their relatives[20,23,25,29,34,39,40,43] (25.5%; 8), the stigma of cancer[23,26,33,35,37,44,50] (17.9%; 7) and the nurse-patient relationship [15,19,32,33,34,39,44] (17.9%; 7).

The studies showed the occurrence of nine more causes in the frequency of five to three times. Patients' expectations and feelings about cancer treatment were identified

Table 1. Description of the profile of the studies included in the systematic review. Natal, 2023

Profile of study participants	n	%
Survey respondents		
Health professionals only	37	94.8
Professionals and family members	1	2.6
Professionals, patients, and family members	1	2.6
Total	39	100
Professional category of respondents		
Nurses	29	74.4
Doctors	3	7.7
Social workers	3	7.7
Nursing team	2	5.1
Nursing team and doctors	1	2.6
Nurses and doctors	1	2.6
Total	39	100
Number of participants		
Nurses	529	77.7
Doctors	78	11.5
Social workers	62	9.1
Nursing technicians	12	1.8
Total	681	100

five times[18,20,21,29,36] (12.8%; 5). In turn, the following causes occurred four times: Chronicity of the follow-up to oncological patient[21,27,41,50]; imbalance between administrative and care work demand[15,41,44,51]; doctor-patient relationship[29,31,35,43] in the communication of bad news; relationships with multidisciplinary team[25,36,39,45]; ethical issues in the workplace[15,33,36,51] (10.2%; 4). The following causes occurred three times: Need to interrupt chemotherapy treatment[18,28,51] due to disease progression and patient autonomy; issues related to the care experience in the chemotherapy infusion room[16,32,49]; complexity of oncological care[25,42,44] (7.7%; 3 for each cause).

Other causes of illness obtained a frequency of two or only one mention among the studies consulted: Contact with experience of illness/progression of patient's disease[29,48], pressure in the workplace[34,36] and vicarious trauma[24,32] (5.1%; 2); insufficient pay[47] and weight of responsibility for administering chemotherapy[18] (2.6%; 1).

Main feelings/work-related illnesses

This review observed that many expressions were used in the articles to address how health professionals reported work experience in the oncology sector. The most prevalent were frustration[17,20,22,27,28,31,32,38,48] and exhaustion[22,23,25,30,34,37,38,46,52], present in 23% of the articles (9). Next, the words sadness[17,22,27,28,33,48,51,52], anger/aggressiveness/irritation[16,20,27,28,31,33,39,48] and stress[18,23,31,37,39,49,50,53] appear, corresponding to 20.5% (8) of the articles each. The feelings of impotence in the face of the suffering of the patient/family[17,19,22,27,35,48,51] and of discomfort in the relationship with the multidisciplinary team[25,32,36,38,44,45,49] were approached by about 17.9% of the articles consulted (7). Besides these, the words despair[20,23,35,37,38,52], helplessness[17,20-2,38,51] and willingness to evade work in oncology[21,30,32,33,47,49] were observed in 15.4% of the works (6).

The following expressions were also more frequently found: anxiety[37,39,46,47,51] in 12.8% (5), impotence in face of cancer[15,21,32,38,45], identification with the patient/relative[15,20,27,48], burnout[41,42,46,50], emotional tension[19,28,31,34], guilt[19,35,39,51], anguish[20,28,34,35], stronger ties developed with younger patients who had prolonged hospitalization[21,22,35,37], feeling of inefficacy[21,22,28,31], fear of being or having the family affected by cancer[21,46,49,51] in 10.2% (4) and compassion fatigue[29,32,38] in 7.7% (3).

Also, although with a frequency equivalent to 5.1% (2) and 2.6% (1), other feelings that showed more positive perspectives on work activity were observed,

Chart 2. Result of the quality analysis of the articles included in this review. Natal, 2023

Authors	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	GE
Silva, JB et al.[15]	Y	Y	Y	Y	Y	Y	N	Y	N	Y	Y
McIlfatrick, S et al.[16]	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y
Jackson, VA et al.[17]	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Saltmarsh K et al.[18]	Y	Y	Y	Y	Y	Y	N	Y	MI	Y	Y
McLean M et al.[19]	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Banning M et al.[20]	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y
Borhani F et al.[21]	Y	Y	Y	Y	Y	N	N	Y	N	Y	Y
Chan, HYL et al.[22]	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Citak, EA et al.[23]	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y
Joubert L et al.[24]	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y
Kamimura, A et al.[25]	Y	Y	Y	Y	Y	N	N	Y	MI	Y	Y
Rodrigues de Alencar, A et al.[26]	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y
Wenzel J et al.[27]	Y	Y	Y	Y	Y	N	Y	---	MI	Y	Y
Dhotre K et al.[28]	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Fukumori, T et al.[29]	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y
Granek, L et al.[30]	Y	Y	Y	Y	Y	N	N	Y	MI	Y	Y
Kpassagou, BL et al.[31]	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Seo, JY et al.[32]	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Taleghani, F et al.[33]	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y
Ashouri, E et al.[34]	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y
Bastos, RA et al.[35]	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y
Godskesen, TE et al.[36]	Y	Y	Y	Y	Y	N	N	Y	N	Y	Y
Saifan AR et al.[37]	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y
Yi J et al.[38]	Y	Y	Y	Y	Y	N	N	Y	MI	Y	Y
Al Zoubi AM et al.[39]	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y
Chan EA et al.[40]	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
Mahon, P[41]	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y
Ostadhashemi, L et al.[42]	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Sawin KJ et al.[43]	Y	Y	Y	Y	Y	Y	Y	---	MI	Y	Y
Cook, O et al.[44]	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y
Fukumori T et al.[45]	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y
Kesbakhi, MS et al.[46]	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
Nwozichi, CU et al.[47]	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y
Sinigaglia V et al.[48]	Y	Y	Y	Y	Y	N	N	Y	N	Y	Y
Nukpezah RN et al.[49]	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
Camargo, GG et al.[50]	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y
Kim, LH et al.[51]	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y
Ma, RH et al.[52]	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Yuksel, OS et al.[53]	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y

Captions: C1 = Congruence between declared philosophical perspective and research methodology; C2 = Congruence between research methodology and research question or research objectives; C3 = Congruence between research methodology and method used to collect data; C4 = Congruence between research methodology data representation and analysis; C5 = Congruence between research methodology and interpretation of results; C6 = declaration locating the researcher culturally or theoretically; C7 = The researcher's influence in the research and vice-versa is approached; C8 = Participants and their voices are adequately represented; C9 = The research is ethical according to current criteria or for recent studies, and there are evidence of ethical approval by an adequate organ; C10 = Conclusions collected in the research report come from data analysis or interpretation; GE = General Evaluation; Y = Yes; N = No; MI = Needs more information.

such as feeling of job satisfaction in oncology[41], recognition of the limits of clinical practice[17], feeling of relief[17], feeling of compassion[45], happiness at work[46], perspective gain[21] on the possibilities of living, gratitude[30,42] and tranquility[41].

The impact of work on professional/personal life

The selected studies indicated the impacts perceived by the health professionals, pointing out the issues that involve the behavioral/emotional/spiritual impairment, including the changes in family dynamics and in the relationship with the work team and oncological patientes as well.

The main items in terms of prevalence among the articles were the perception of non-specific influence[21,23,24,43,45], both at the professional and personal and family level, the development of compassion fatigue [29,34,38,42,45] and attachment to patients[20,21,28,38,50] in 12.8% (5). The perception of the well-being of professionals based on emotional interaction with daily work, added to the response of patients to treatment[15,32,47,50,51], was found in 12.8% of the studies (5). While the perception of an ambiguous relationship with work [16,28,41,51], the perception of decreased empathetic capacity[23,49-51], and the occurrence of existential crisis[29,42,44,45] due to dealing with death occurred in 10.2% of the studies (4).

Impacts with positive connotation on oncology work were found, though in a lower frequency, between 5.1% (2) and 2.6% (1). They were: Perception of a spiritual sense[42,50] of work; development of emotional repertoire[20,29]; experience gain[23] when facing serious cases; becoming more grateful[30]; becoming a better doctor[30]; improving decision-making[30] in severe cases; perception of better communication in community[39]; better resource of psychoemotional coping – personal coping [42] – due to the experience of support present at work; perception of professional mission[44]; feeling of learning for life[50]; and pride[50] of working in the oncology sector.

Coping strategies

This category addresses the "coping strategies" used by professionals in the daily life of cancer hospitals, with the following subcategories: "strategies already used" and "needs perceived by professionals".

Strategies already used by oncology professionals

In 72% of the studies (28), strategies used by health professionals to address everyday challenges in the work processes in cancer hospitals were reported. The most mentioned strategy was to seek the support of colleagues in the profession, reported in 28% of the studies (11).

Many professionals apply strategies to reduce the sharing of suffering with patients and the generation of negative emotions, whether emotionally distancing themselves from patients[19,23,31,34,38,47] or avoiding communicating with patients and their relatives[23,52]or limiting personal relationships and unnecessary interactions with them in an attempt to maintain a formal relationship[39].

Studies show that oncology professionals often suppress their feelings[21,23,52,51], however, there are also reports that some professionals become more insensitive over time as a defense mechanism[34]. Thus, the naturalization of stress[50], the need to accept death as "normal"[30], the need to respect patients' decisions [28] and denial[15,26]also emerged in the results.

Some professionals recognize the importance of supporting colleagues to overcome the challenges of oncology practice[17,24,25,27,36,41,42,48,50,53], while others report that they do not need this support, so they do not ask for or receive support from co-workers[17]. It is worth noting that, in this context, the support of the institution's psychiatry team[27] was mentioned in one of the studies.

Getting comfort from children's smile[48,52], keeping focus on good relationships established in the workplace[40] or personal life[19,35,48], separating personal and professional life[25,37,52], performing activities such as physical exercise[15,19,22,32,42], yoga[53], meditation[42,53], travel[32,42] and spending more time with family and friends[19,53] have also been mentioned as coping strategies.

Faith, spirituality and the search for God appear in some studies as practices that offer comfort to the anguish lived in the daily life of cancer hospitals[26,27,48]. Prayers, both for the professionals themselves and for the patients and their families, appears as a way of seeking protection and explanations[26,50].

Professionals also recognize the importance of institutional support through programs offered to employees and their families, in enabling spaces for discussion of complex cases[22], as well as in relation to training, career and participation in training[27,43]. In this sense, concrete examples such as the creation of a grief group[43] and psychosocial care meetings when patients were lost[27], as well as the interdisciplinary rotation, were also cited as effective coping strategies[43].

The findings show that, in certain studies, some respondents report not having any individual or organizational coping strategies[16,36]. In addition, in other studies, coping strategies were not addressed by respondents[18,22,29,30,37,44-46,49,51].

Needs perceived by professionals

Most studies (69%; 27) showed in the results the needs perceived by professionals to improve their work process and to contribute with their mental health as well. Among the perceived needs, the most frequent was the need for training professionals, mentioned in 26% of the studies (10).

The findings show that, in addition to the need to expand their knowledge on specific subjects such as pediatric oncology work[42], the participation of oncology patients in clinical trial research[36], work in chemotherapy rooms[16] and the role of nursing in its services, there was also the demand for training in other topics, such as psychological and emotional preparation to work with the reality of the oncology environment[23,31,34], knowledge about compassion fatigue[38], preparation and development of communication skills with the patient[23,50], knowledge related to grief care and counseling skills[22], and discussion of ethical issues in formal multidisciplinary environments[36].

The need to increase the number of nursing professionals in oncological hospitals[21,34,49], in order to reduce the burden and enable humanized care[23,49] with more dedication time to patients[21,40,49] was present among the results, as well as the requirement to improve working conditions[31,49], support from managers[21,34] and regular meetings for sharing experiences and feelings[19,23,35].

The results also emphasized that it is essential to create a supportive and education work environment[38], with physical space in which professionals can recompose their emotions[40], with access to psychological support to cope with death and end-of-life situations[48] and in which they can rotate between different sectors, since some of these environments bring greater emotional overload[23].

In addition, the need for restructuring the organizational system was mentioned, with the attribution of more powers and authority for nurses[39], with improvement in role definitions between the team members and a reduction of administrative functions for nurses[43] and improvements in bureaucratic administrative processes for the medical category[41].

A total of 12 studies did not mention the needs perceived by oncology professionals[15,24,27-30,32,33,45,46,51-53], of which four, besides not presenting these shortcomings, also did not address coping strategies used by workers[29,30,45,46,51].

DISCUSSION

The results indicate that working in oncology care has a significant impact on the experience of psychoemotional illness of health workers. The main cause of illness identified was coping with death, associated with challenges related to the adequacy of technical preparation to work in the area. The coping strategies adopted included, especially, emotional distancing from patients, the search for institutional support and the work team, as well as the practice of body activities related to occupational leisure.

Most of the studies selected for this review limited their inclusion criteria to a specific group of professionals or a particular sector, probably due to the complexity of studying actors with different types of links and roles in caring for cancer patients.

Discussions about communication approach processes can be found as far-reaching recommendations among the professions involved in oncological care with a certain frequency, indicating that the search for solutions can be shared, but the encounter with suffering needs to be specific to each of the involved[54,55].

In this sense, the experiences and feelings found in the results of the studies show that professionals working in oncology need support in terms of technical training that favors human relations[22,23,31,32,36,38,50], since most feelings, causes of illness and perceived impacts are related to involvement issues between colleagues, patients and, relatives[15,20,21,23-28.34-36,38,39,42,43,45,46,48,50,51].

Oncological treatment continues to be indicated as an experience of mobilization for professionals, since issues such as death, response to treatment, disease progression and chemotherapy interruption appear in prominence among the research presented here[15-18,20-22,28,30,31,35-38,43,45,49,50,52].

Oncology care is understood to lack attention in terms of psychoemotional illness and that the search for coping strategies occurs in a functional or dysfunctional way among the individuals surveyed. In view of this scenario, the search for support and better understanding about coping with death in the oncology field demands knowledge and research focused on palliative care, a medical work field focused on the relief process and support linked to the death process[56].

It is important, therefore, to re-integrate these values and techniques to professional training, as essential tools to deal with the lack of control over serious illnesses and the psychoemotional vulnerability associated with the life and death cycle[56].

The findings of the review corroborate the study published by Martins, Fuzinelli and Rossit, in which the intra-institutional interaction also shows itself as an important element of the so-called organizational mood, which concerns a synthetic way of conceiving the environment and the working atmosphere of a given organization. Paying attention to the quality of this

interaction contributes to the technical, relational and behavioral performance, as well as satisfaction with the work developed by its co-participants[57].

Moreover, problematizing the balance between working hours and personal life[26,38,53], in addition to the balance between their own assistance and administrative functions[41,44], is also favorable to the cause. After all, situations in which there was social and institutional support[23,24,27,38,40,43,48] were mentioned as welcome solutions to the recurrent stress and frustration in the daily oncological work and can give way to opportunities for dialog and sharing experiences[17,24,26,27,34,41,42,48,49,53].

In the field of oncology, organizational support in the form of training behavioral skills of coping and resilience, as well as psychological support and safe and protected spaces to share experiences, is essential. It is worth highlighting the importance of professionals adopting a proactive approach to coping, with the application of strategies such as problem solving, self-control, seeking help and developing positive attitudes and realistic expectations of their patients[58].

A systematic review study with oncology nurses highlighted the importance of specific training and support groups to help cancer nurses deal with oncology field stresses. The study participants reported feelings of loneliness related to their individual posture and lack of institutional support, feelings that can have a deleterious effect on both patient care and mental health of these professionals[59].

On the other hand, positive perspectives regarding work in oncology are observed in the present study, emphasizing the spiritual value and intrapersonal growth from contact with severe cases[60]. In addition to spirituality as a meaning of life, the search for God emerged as a way of obtaining comfort in the face of the challenges experienced at work. This fact corroborates the literature that shows a positive relationship between spirituality and aspects of quality of life, especially regarding the psychological domain, and positive aspects of faith to cope with stress in the daily life of doctors in the field of oncology and palliative care[61].

The results demonstrate the need to deepen the investigation on reports of psychoemotional suffering in the face of oncological work from a systemic point of view, allowing to establish better perceptions about the relations between the various professionals that make up the interdisciplinary team in oncology. Likewise, it is recommended to conduct studies with other professionals of the oncological care team, such as psychologists, nutritionists, physiotherapists, pharmacists and/or speech therapists.

The strengths of this study lie in the fact it integrates the experience of 681 professionals in 23 different countries. A total of 39 articles were analyzed, all published in peer-reviewed journals of good quality, and a rigorous method of analysis and categorization of the results was applied. Thus, the results made it possible to reach a broad perspective on the subject studied.

The limitations of this research, in turn, refer to aspects related to the type of study, since qualitative meta-synthesis collects only partial data from the participants and depends on the interpretations of the data by the researchers of the studies included in the review. In addition, there is the absence of studies on the subject with all professionals of the multiprofessional team, object of the present study, since only studies with doctors, nurses, nursing technicians and social workers were found.

As practical implications, the findings present important coping strategies that can be formally incorporated into mental health policies in the hospital environment, thus contributing to the reduction of suffering, pain and illness at work. Among these strategies are: Enabling spaces for discussion and sharing of cases; psychiatric and psychological support for professionals; institutional support through a program aimed at workers' health; training and permanent education that also include aspects related to psychological and emotional preparation for work in the field of oncology; ensuring adequate working conditions; and finally, sufficient human resources to provide quality care.

CONCLUSION

The results of the study show that the practice of care in oncology is intrinsically associated with significant labor and emotional overload. However, perceptions have also emerged that reveal the singular and charming character of this field, in which human connection is sustained by the hope that the efforts expended will culminate in a profound existential meaning. Under this perspective, the experiences reported by the multiprofessional team highlighted several coping strategies adopted by professionals to manage the emotional challenges and the specific demands of the oncological area.

The findings of the present study indicate not only the importance of a more directed look at the mental health of workers of oncology hospitals' multiprofessional teams, but also the need to build effective public policies and programs aimed at mental health in the hospital environment. The aim is to promote improvements in the quality of life of these workers.

CONTRIBUTIONS

Tatiana de Medeiros Carvalho Mendes, Helena Serafim de Vasconcelos, Nayara Priscila Dantas de Oliveira, Dyego Leandro Bezerra de Souza and Janete Lima de Castro have substantially contributed to the study design, data acquisition, analysis and interpretation, wording, and critical review. They approved the final version for publication.

DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interest to declare.

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