

Mapping the Profile of Brazilian Psycho-Oncologists

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Maapeamento do Perfil dos Psico-Oncologistas Brasileiros

Mapeo del Perfil de los Psicooncólogos Brasileños

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ABSTRACT

Introduction: Psycho-oncology is a relatively new specialty in Brazil, dedicated to investigating the emotional variables that influence cancer onset, treatment, and recovery. Given its recent emergence, little is known about professionals in this field. **Objective:** Characterize the profile of Brazilian psycho-oncologists, focusing on their training, professional practice in care and research, and quality of life (QoL). **Method:** Cross-sectional descriptive study with 186 Brazilian psycho-oncologists between 2022 and 2023, who completed an online questionnaire developed by the researchers, covering sociodemographic and occupational characteristics. **Results:** Quantitative data analysis revealed a predominance of private practice (66.7%) and individual psychotherapy services (79%), provided often in isolation from other professionals (49.5%). Work overload was particularly pronounced among hospital-based psycho-oncologists ($p<0.001$), adversely affecting their interdisciplinary collaboration ($p<0.001$), their quality of life ($p=0.005$), self-care ($p=0.002$), and scientific research production ($p=0.001$). **Conclusion:** The findings indicate that psycho-oncologists' practice remains characterized by some degree of fragmented care and significant challenges to their integration into transdisciplinary teams. Designing specific interventions targeting these professionals and healthcare managers is essential to address these gaps.

Key words: Psycho-Oncology/statistics & numerical data; Health Personnel/statistics & numerical data; Professional Practice/trends; Psychotherapy/trends.

RESUMO

Introdução: A psico-oncologia é uma especialidade relativamente nova no Brasil, dedicada a estudar as variáveis emocionais que influenciam o adoecimento por câncer, seu tratamento e a cura. Em razão da sua recentidade, pouco se sabe sobre os profissionais que atuam nessa área. **Objetivo:** Realizar um levantamento sobre o perfil dos psico-oncologistas brasileiros, de modo a compreender, no atual contexto, sua formação, atuação em assistência e pesquisa, assim como sua qualidade de vida (QdV). **Método:** Estudo descritivo transversal com a participação de 186 psico-oncologistas brasileiros, entre 2022 e 2023, que responderam a um questionário on-line desenvolvido pelos pesquisadores, acerca de características sociodemográficas e de trabalho. **Resultados:** A análise quantitativa dos dados revelou que há uma predominância de práticas em consultório particular (66,7%) e na condução de psicoterapias individuais (79%), em uma atuação isolada, sem contato com outros profissionais (49,5%). Também se constatou a sobrecarga de trabalho, especialmente entre os psico-oncologistas hospitalares ($p<0,001$), que impactou seu trabalho interdisciplinar ($p<0,001$), sua QdV ($p=0,005$), seu autocuidado ($p=0,002$) e a produção de pesquisas científicas ($p=0,001$). **Conclusão:** Os dados apontaram para uma atuação dos psico-oncologistas ainda marcada por certa fragmentação do cuidado e por desafios importantes na inserção em equipes transdisciplinares. O delineamento de intervenções específicas voltadas para esses profissionais e para os gestores se faz essencial para solucionar essas lacunas.

Palavras-chave: Psico-Oncologia/estatística & dados numéricos; Pessoal de Saúde/estatística & dados numéricos; Prática Profissional/tendências; Psicoterapia/tendências.

RESUMEN

Introducción: La psicooncología es una especialidad relativamente nueva en el Brasil, dedicada a investigar las variables emocionales que influyen en la aparición, el tratamiento y la recuperación del cáncer. Dada su reciente incorporación, se sabe poco sobre los profesionales de esta área. **Objetivo:** Caracterizar el perfil de los psicooncólogos brasileños, con énfasis en su formación, práctica profesional en atención e investigación, y calidad de vida. **Método:** Estudio descriptivo transversal con la participación de 186 psicooncólogos brasileños, entre 2022 y 2023, que completaron un cuestionario en línea elaborado por los investigadores, que abordaba características sociodemográficas y laborales. **Resultados:** El análisis cuantitativo de los datos reveló un predominio de la práctica en consulta privada (66,7%) y de brindar psicoterapia individual (79%), de manera aislada, sin contacto con otros profesionales (49,5%). Asimismo, se constató una sobrecarga laboral, especialmente entre los psicooncólogos hospitalarios ($p<0,001$), que impactó en su trabajo interdisciplinario ($p<0,001$), su calidad de vida ($p=0,005$), su autocuidado ($p=0,002$) y en la producción de investigaciones científicas ($p=0,001$). **Conclusión:** Los datos señalaron que la práctica de los psicooncólogos aún se encuentra marcada por cierta fragmentación del cuidado y por desafíos importantes en la inserción en equipos transdisciplinarios. El diseño de intervenciones específicas dirigidas a estos profesionales y a los gestores resulta esencial para superar estas brechas.

Palabras clave: Psicooncología/estadística & datos numéricos; Personal de Salud/estadística & datos numéricos; Práctica Profesional/tendencias; Psicoterapia/tendencias.

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INTRODUCTION

Psycho-oncology is a specialty consolidated in Brazil in the mid-90's to comprehend the emotional responses of the patients through all the disease's stages¹. Since oncologic treatment and post-treatment are usually followed by physical and psychoemotional sequelae as physical pain, fatigue, loss of autonomy, significant impact on quality of life (QoL) and symptoms of anxiety and depression, psycho-oncologists promote patient' and families' QoL, providing psychosocial and psychotherapeutic support throughout the treatment and palliative care³.

Thus, psycho-oncology aims at encouraging coping skills and professional training, promoting full care of patients and families through the course of the disease. Moreover, it intends at investigating the psychosocial impact of the factors related to prevention, early detection and cancer survival. In addition, it also involves cultural differences and their influence on the perception of the oncologic diagnosis, follow-up and oncologic rehabilitation, attention to each individual values, understanding and monitoring of QoL and mental health of health professionals, as well as promoting cancer prevention⁴.

As cancer is a multifactorial disease, a multiprofessional approach is essential⁵. In this context, psycho-oncology works with the team helping in decision-making through information exchange and shared collaboration for improved safety to the patient and family^{6,7}.

Communication, collaboration, coordination, integration, knowledge exchange and collective actions are critical for effective therapeutic teamwork⁸. While joining the team, the psycho-oncologist benefits from shared learning, horizontal hierarchy and improved full care^{9,10}.

Some specific difficulties in the work of the multiprofessional team can be observed as ineffective communication among professionals, patients and family, internal conflicts, scarce time to exchange information, professionals emotional overburden and centralized medical decisions with little interdisciplinarity^{10,11}. Other difficulties concern research training and the production of scientific publications, which are hindered by insufficient competencies in study design and an exclusive emphasis on the academic environment¹².

Little is known about how psycho-oncologists act in Brazil, their challenges, limitations and QoL due to the scarcity of studies in this area. The objective of the present study is to design a profile of the Brazilian psycho-oncologists through the description of the present context, professional training and work in assistance and research, as well as variables that can interfere over their action. Also, it aims to understand their QoL by

the identification of risk variables and protective factors associated with their performance in the multiprofessional team and in research.

METHOD

625 Brazilian health psycho-oncologists were approached through Whatsapp groups, e-mail (members and ex-members of the Brazilian society of psycho-oncologists – SBPO), Instagram and website. The final sample consisted in 186 psycho-oncologists who responded to the invitation and filled in the instrument. Inclusion criteria required participants to be active psycho-oncology professionals, such as psychologists or other practitioners in the field. Professionals not currently working in psycho-oncology or those working abroad were excluded.

A 25-item *ad hoc* instrument created by the investigators with objective questions and pre-defined alternatives was applied. An additional field was offered for other comments and possibilities. Sociodemographic data (age, sex, profession, region, time of graduation and post-graduation), assistance work (local, quality of the work, impact on QoL of patients and families, difficulties, professional practice) were collected in addition to aspects impacting publishing research, training and the QoL of participants (scores 0 to 10). The work in the multidisciplinary team – team members, frequency of meetings, trans-disciplinary action, positive aspects, reasons for not joining the team, satisfaction in teamwork, challenges and impact of the teamwork on patients and their families – have also been obtained through the questionnaire.

Further questions examined variations in multidisciplinary team practices and the potential for teamwork in situations involving death and grieving. Two additional objective questions, directed exclusively to psychologists, inquired about their theoretical orientations and preferred interventions.

Upon approval by the Ethics Committee, number 6011107 (CAAE (submission for ethical review): 52713721.0.0000.0123) in compliance with Directives 466/2012¹³ and 510/2016¹⁴ of the National Health Council, the psycho-oncologists were invited to join through a Google Forms link. To accept, they had to sign a digital Informed Consent Form (ICF) and complete a ten-minute questionnaire. An e-mail was provided for future questions. Data were collected from October 2022 to April 2023.

Quantitative data were analyzed with descriptive statistics, and qualitative data were grouped by content, categorized and transformed in variables dummy. Then,

Pearson's correlation was calculated for continuous variables and as a preliminary step for regression analysis, chi-square test for categorical variables were performed. Logistic regressions were calculated for categorical variables and linear for continuous variables to verify risk and protection variables for professionals QoL. Normality and homoscedasticity principles were verified as well as absence of multicollinearity. SPSS version 22 was adopted for all the analyzes with level of significance $\alpha=0.05$.

RESULTS

Sociodemographic and professional characteristics of the sample are presented in Table 1. The majority were females, mean age of 42 years, psychologists (14 years of graduation in average), *lato sensu* post-graduation, working in private practice in Brazil's southeast. Among those who were part of a multidisciplinary team, half (50.5%) reported meeting with the team frequently, and 56.9% believed that the team adhered to a transdisciplinary approach.

Usually, psycho-oncologists had two or more jobs to complement their income, 26.9% worked in private practice (n=50) concomitantly with hospitals and 13.4% worked in private practice and private clinics (n=25).

Participants reported that the multi-professional team was mainly formed by dietitians (35.5%; n=122), nurses (35.2%, n=121), oncologists (31.7%, n=109), psychologists (29.9%, n=103), psycho-oncologists and social workers (25%, n=86 each). The main reasons for not participating in multidisciplinary team were their private practice (9%, n=31) or lack of knowledge about interdisciplinarity (3.5%, n=12).

Participants scored 1 to 5 about importance of multiprofessional team in several areas. The teamwork was valued higher in assisting the patient (mean 4.75) and the lowest for its influence on the quality of the professional's individual practice (mean 3.63).

They reported an intense teamwork routine that left no time for meetings and/or scheduling conflicts among team members (30.8%, n=106), ineffective dialogue (15.1%, n=52) and poor communication within the team (13.1%, n=45). The positive aspects of being part of a multidisciplinary team were information exchange (93%, n=173), broadened perspectives (91.4%, n=170), a healthier work environment (83.3%, n=155) and reduced stress due to shared decision-making (81.2%, n=151).

In response to the possibilities of joining a multidisciplinary team for death and grieving situations, the participants cited comprehensive care (11%, n=38), well-coming and qualitative hearing for patients and families (10.8%, n=37), clear communication and preparation for death (8.4%, n=29).

Among the main difficulties encountered during practice was overbearing work routine (27.9%, n=96), stress/anxiety (20.9%, n=72) and lack of leisure time and/or practice of physical activities (20.6%, n=71 each).

For psycho-oncologists with graduation in psychology, the main modalities of intervention were individual psychotherapy (79%, n=147), psychological support and/or well-coming (74.2%, n=138), management of specific situations (65%, n=121) and psychological guidance (54.3%, n=101). Among the participants who referenced individual psychotherapy, 55.9% were in private practice and/or home care (n=104). However, this modality was found in other contexts too, for instance, hospitals, 76.8%, n=73 and private clinics, 85.3%, n=35.

35.8% of the psychologists referenced humanist-based theoretical approaches (n=58), 29%, psychoanalysis-based, (n=47), 20.4%, behavioral-based (n=37) and 6.8%, eclectic-based (n=11). This ratio was kept constant for individual or group interventions.

According to regression analyzes, psycho-oncologists working in hospitals were 72% more likely of being overloaded ($\exp\beta=0.28$; $p<0.001$) and 76% was at least likely of having quality time with family and friends ($\exp\beta=0.13$; $p=0.022$).

The participants evaluated additional training assigning scores 1 to 5: post-graduation, mean 3.58, attend scientific events, mean 3.34, attend supervision groups, mean 3.24 and joining study groups or participating in researches, mean 3.10.

Regression analysis about involvement in research and demographic variables revealed that professionals who engaged in frequent meetings demonstrated more than double the likelihood of reporting unavailability for research activities ($\exp\beta=2.11$; $p=0.024$). Additionally, psycho-oncologists employed in hospitals showed more than twice the likelihood of reporting lack of research assistants compared with those working in other contexts ($\exp\beta=2.52$; $p=0.016$).

Table 2 shows the relationship between practice-related difficulties and research activities, highlighting that poor management support has significantly impacted on lack of time for self-care and difficulty of teamworking or participation in research. In addition, the absence of a multiprofessional team, lack of time for self-care and work overload have also impacted significantly the production of research.

The regression analyzes exploring the associations between participant's ratings of the importance of additional academic training and research and their reported practice-related difficulties are presented in Table 3. Work-overload or poor diet were associated with higher priority to attend post-graduation courses.



Table 1. Participants sociodemographic and occupational data (n=186)

Variables	Mean (SD)	N (%)
Gender		
Female		167 (89.8%)
Male		19 (10.2%)
Age	42.78 (15.54)	
Region		
North		2 (1.1%)
Northeast		32 (17.2%)
Midwest		18 (9.7%)
Southeast		97 (52.2%)
South		37 (19.9%)
Graduation (valid n = 167)		
Psychologists		162 (97%)
Others		5 (3%)
Time since graduation	14.46 (12.15)	
Post-graduation		
None		7 (3.8%)
Lato sensu		113 (60.8%)
Stricto sensu		66 (35.4%)
Work		
Private practice		124 (66.7%)
Hospital		95 (51.5%)
Private clinic		41 (20%)
NGO		9 (4.8%)
Others		28 (15%)
Frequent meetings with multidisciplinary team		
Yes		94 (50.5%)
No		44 (23.7%)
Does not participate in multidisciplinary team		48 (25.8%)
Transdisciplinary teamwork (valid n = 181)		
Yes		78 (43.1%)
No		61 (33.7%)
No, but works with interdisciplinarity		42 (23.2%)

Captions: SD = standard deviation; NGO = non-governmental organization.

A mean score of 7.17 (0-10) (standard deviation [SD]=1.50) was assigned by psycho-oncologists to their quality of life, Table 4 presents the variables interfering in their QoL. The only statistically significant variables associated with QoL were those related to difficulties of practice, however, the QoL was measured with one question alone in the questionnaire. Poor sleeping, lack of psychologists in the team and lack of time to perform physical exercises were associated with worst QoL.

DISCUSSION

A comprehensive overview of the sociodemographic and professional characteristics and challenges faced by psycho-oncologists in Brazil has been observed based on the results. Further, important aspects are outlined to improve performance, training, well-being and QoL, which is novel in the Brazilian literature.

Women with *lato sensu* post-graduation predominated, concentrated in the Southeast region, consistent with national data of psychologists category¹⁵ and with an earlier survey on Brazilian psycho-oncologists¹⁶. Elevated offer of oncologic services and specialized training explain the concentration in this region, indicating inequalities of access to practice psycho-oncology in other country regions. The inequalities can cause direct impact on equity and integrality of care, with potential damages on patients' well-being and their families, treatment adhesion and social and employment resinsersion¹⁷.

The predominance of private practice, the emphasis on individual psychotherapies, the low participation in team meetings and the absence of transdisciplinarity reflect a traditional training model and a fragmented isolated mode of practice. Psycho-oncology is a recent area which can explain these gaps. The lack of specific

Table 2. Logistic regression of the assistance-actions and research difficulties

Groups	Variables	Practice and research		
		Exp (β)	SE	p
Lack of time for research	Work-overload	0.309	0.340	0.001
	Little time for leisure	1.205	0.397	0.638
	Poor diet	0.938	0.415	0.878
	Little time for physical activities	0.533	0.375	0.094
	Little time for family/friends	0.508	0.471	0.150
Lack of research assistants	Little time for leisure	0.586	0.381	0.161
	Little time for family/friends	0.335	0.423	0.010
	Lack of multiprofessional team	0.396	0.378	0.014
Lack of financial support	Little time for leisure	0.700	0.365	0.328
	Little time for family/friends	0.404	0.488	0.063
Lack of management support	Lack of resources at the hospital	1.081	0.516	0.006
	Poor diet	0.542	0.372	0.000
	Little time for family/friends	0.565	0.418	0.004
	Lack of multiprofessional team	0.460	0.390	0.000
Lack of knowledge research- practice	Poor diet	0.719	0.338	0.395
	Little time for physical activities	0.623	0.360	0.188
	Little time for family/friends	0.580	0.398	0.172

Captions: Exp (β) = exponent beta (odds ratio); SE = standard error.

Table 3. Linear regression of reported importance given to additional scholar formation and research and practice-related difficulties

Group	Variable	Practice		
		Stand. β	SE	p
Exhausting working routine	Attend post-graduation courses	0.455	0.039	0.005
	Attend scientific events	0.137	0.041	0.394
Few leisure time	Attend post-graduation courses	0.288	0.041	0.125
	Attend scientific events	0.247	0.044	0.194
	Attend supervision groups	-0.023	0.039	0.888
Unbalanced diet	Attend post-graduation courses	0.495	0.034	0.006
	Attend scientific events	-0.076	0.036	0.674
Poor financial compensation	Attend post-graduation courses	0.294	0.013	0.120
	Attend study groups	0.125	0.017	0.568
	Attend supervision groups	-0.180	0.021	0.507
	Participate in researches	-0.198	0.015	0.319

Captions: Stand. β = standardized beta; SE = standard error.

training in this area and palliative care also hinders team communication, alignment of conducts and the effectiveness of interventions in health contexts^{11,18-20}.

Work overload, mainly for hospital professionals, was associated with reduction of the time available for self-care and little involvement in scientific research, as found in earlier studies²¹⁻²³. This occurs because health professionals

often work in additional jobs to supplement their income, engage in concurrent activities in other institutions and have frequent on-duty shifts, reducing their time for rest and self-care, leading to dissatisfaction, tiredness and low QoL²⁴⁻²⁶.

On the other hand, the participants valued the multiprofessional care to the patient, highlighting information exchange, broader vision, healthier work

Table 4. Linear regression of sociodemographic and professional variables, practice-related difficulties and positive aspects of teamwork and QoL of psycho-oncologists

Group	Variable	QoL		
		Stand. β	SE	p
Sociodemographic and professional variables	Team satisfaction	-0.071	0.005	0.580
	Frequent meetings	0.214	0.004	0.099
	Transdisciplinarity	0.100	0.125	0.177
	Hospital	-0.047	0.229	0.547
	Importance of the research	0.026	0.120	0.708
Practice-related difficulties	Overload	-0.046	0.228	0.550
	Exercises	-0.199	0.217	0.007
	Diet	0.073	0.254	0.348
	Team	0.048	0.251	0.515
	Sleep	-0.381	0.251	0.000
	Family	0.015	0.263	0.840
	Resources	-0.023	0.282	0.740
	Cure	-0.131	0.358	0.075
	Lack of psychologists	-0.181	0.324	0.014
	Depression	-0.019	0.464	0.794
	Poor financial compensation	-0.111	0.586	0.103
Difficulties to participate in researches	Research groups	-0.116	0.206	0.094

Captions: QoL = quality of life; Stand β = standardized beta; SE = standard error.

environment and reduction of stress due to shared decisions, aspects widely debated in the literature⁹. In addition, team work integration expands the understanding and recognition of Psychology in the oncologic context¹⁶.

There was a diversity of theoretical reference of psycho-oncologic practice, which suggests fragmented actions with heterogeneous effectiveness, especially in reference to the guidelines issued by division 12 of the American Psychological Association²⁷. Better articulation across these approaches and homogeneous communication among the psycho-oncologists and with other professionals are necessary, in line with the evidence-based foundations of interdisciplinary practice, especially in hospital settings where clinical decisions require integrated knowledge and continuous dialogue with other professionals²⁸.

Although many professionals have acknowledged the relevance of scientific research and continuous professional training, mainly post-graduation, effective participation is limited due to lack of time, institutional support and financial and human resources. Therefore, lack of research methodology training and the overload of assistance routine eventually hinder the production of scientific publications due to an intense work routine that provides

limited time for involvement in clinical trials and for the systematization of their professional activities^{1,12,29}.

The lack of management support was associated with multiple difficulties, such as worse QoL, poor diet and lack of multi-professional team, suggesting an unfavorable working environment for professional development and self-care. It becomes apparent that insufficient institutional support may impede the practice of psycho-oncologists and trigger team conflicts, frustrations, diminished motivation and burnout³⁰.

The low participation in supervision groups, studies and scientific events indicate fragility of the processes of continuous education, a key topic in psycho-oncology, which demands constant update in face of new therapeutic approaches, medical advances and transformations of care. However, the professionals who reported high work-overload and poor diet were those who assigned more importance to additional training (especially post-graduation). This information can suggest that, paradoxically, as much as the professional acknowledges the necessity of updating, least practical conditions he/she founds for this. This contrast exposes the urgency of new institutional policies that value and favor the continuous training of psycho-oncologists as integral part of their professional routine.

CONCLUSION

This is the first national survey on the profile and QoL of Brazilian psycho-oncologists, their practice and participation in research. Despite the advances in psycho-oncology in recent years, the data indicate a certain degree of fragmentation of care and important challenges for full insertion of these professionals in transdisciplinary teams. The importance of the multi-professional work, inter-professional competences and dialogue as instruments of planning and management of healthcare should be considered by the multi-professional team.

In that sense, it is urgent that psycho-oncologists develop specific skills for interdisciplinary collaboration even if they are not working in direct contact with multi-professional teams, which is essential to promote the QoL of the patients, their families and the team itself.

It is also suggested that short and targeted interventions focused on learning adaptative coping strategies should be implemented, in order to help manage stress and improving QoL. These skills may involve meditation, physical activity, proper rest, balance between work and other life dimensions, hobbies and strengthening the support network. However, these isolated strategies do not allow an improvement of the emotional resilience if there is no management support to organize work-shifts and overload of professionals working in hospitals.

Although hospitals are important venues for transdisciplinary psycho-oncology, the lack of institutional support for research and continued formation is a persistent challenge in the articulation between clinical practice and production of scientific knowledge. Therefore, the development of strategies to conciliate research with other assistance activities are imperative as they are co-dependent and bidirectional. These strategies should include reduction of the workload through training and participation in scientific events, as well as partnerships with universities and scientific societies to foster research based on collaborative networks of information, research assistants and financial support from investment agencies.

Furthermore, support for rest time, management of the workload, inclusion of workers in decision-making, valorization and incentive to physical and mental health, sufficient human resources and carrier valuation are also relevant strategies to promote health professionals well-being. Promoting and encouraging continuous education as improvement and/or specialization of professionals of the area is essential to bridge existing gaps and provide technical and scientific knowledge suited to hospitals.

Teamwork can also be improved with institutional support through strategies that stimulate deep knowledge about the role of each profession and support better

relationships among members, promoting an effective trans-disciplinary work. These initiatives can elevate the team performance and individual achievements, increasing satisfaction at work, thus reflecting a better care for the patient.

Within the education and health public policies, emphasis should be placed on incorporating psycho-oncology into undergraduate or graduate psychology curricula, creating multiprofessional residency programs that include psycho-oncologists, and reformulating health psychology courses already present in other health-related training programs. These measures aim to eliminate communication barriers among professionals, improve transdisciplinary practice, and enhance the recognition of the profession.

It would be beneficial to promote theoretical training in psychology and supervised internships focused on procedures and group techniques for health contexts that require brief and targeted interventions. Such approaches offer better cost-effectiveness and support a model of expanded clinical practice. In addition, the curricula of psychology should stimulate better integration of research disciplines with other disciplines since research is still seen as belonging to the academic context.

The study limitations are the convenience sample which can limit the results, since only psycho-oncologists members of some association or in contact with other professionals may have responded to the study. It is possible that other psycho-oncologists may have not had access to the invitation to participate, which can lead to overestimation of the insertion in multidisciplinary teams. In addition, it may have been occurred an effect of social desirability where the participants responded to what was socially expected from health professionals, a potential bias. Another limitation was the unvalidated questionnaire developed by the investigators, potentially compromising the reliability of the measures and comparison with other validated instruments.

Future studies should utilize standardized instruments that allow comparison with other national and international studies. Furthermore, longitudinal design, diversification and expansion of the sample for other geographical regions and multiple measurements of QoL could contribute for a better understanding about Brazilian psycho-oncologists and implementation of institutional and political strategies.

The present article contributes to the mapping of a professional category important for oncologic care. The understanding of the practice, training and quality of life of psycho-oncologists helps to design future individual actions of self-care and institutional and public policies to strengthen psycho-oncology in the scientific and practical contexts.



Interdisciplinarity, production of knowledge, specialized training and the prioritization of psycho-oncologists' mental health can strengthen the Brazilian oncology network, reduce access inequalities, and enhance the quality of care.

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CONTRIBUTIONS

All the authors contributed substantially to the conception and design of the study, acquisition, analysis and interpretation of the data, writing and critical review. They approved the final version for publication.

DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interests to declare.

DATA AVAILABILITY STATEMENT

All the content underlying the text is contained in the manuscript.

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REFERENCES

- Costa Junior AL. O desenvolvimento da psico-oncologia: implicações para a pesquisa e intervenção profissional em saúde. *Psico Cienc Prof.* 2001;21(2):36-43. doi: <https://doi.org/10.1590/S1414-98932001000200005>
- Grassi L. Psychiatric and psychosocial implications in cancer care: the agenda of psycho-oncology. *Epidemiol Psychiatr Sci.* 2020;29:e89. doi: <https://doi.org/10.1017/s2045796019000829>
- Pio ESS, Andrade MCM. Psico-oncologia: a atuação do psicólogo junto aos familiares e ao paciente oncológico. *Mosaico.* 2020;11(1):93-9. doi: <https://doi.org/10.21727/rm.v11i1.2259>
- Holland JC. Psycho-oncology: overview, obstacles and opportunities. *Psychooncology.* 2018;27(5):1364-76. doi: <https://doi.org/10.1002/pon.4692>
- Singer S, Roick J, Meixensberger J, et al. The effects of multi-disciplinary psycho-social care on socio-economic problems in cancer patients: a cluster-randomized trial. *Support Care Cancer.* 2018;26(6):1851-9. doi: <https://doi.org/10.1007/s00520-017-4024-x>
- Machado FV, Silva REP, Silva ICM, et al. A atuação da equipe interdisciplinar junto aos familiares e ao paciente oncológico. *Rev Práxis.* 2022;13(2 sup):1-11. doi: <https://doi.org/10.47385/praxis.v13.n2sup.3632>
- Scannavino CSS, Sorato DB, Lima MP, et al. Psico-oncologia: atuação do psicólogo no Hospital de Câncer de Barretos. *Psicol USP.* 2013;24(1):35-53. doi: <https://doi.org/10.1590/S0103-65642013000100003>
- Barbosa MLCS, Dantas GB, Sampaio BA, et al. Potencialidades e desafios encontrados na atuação da equipe multiprofissional em um ambiente hospitalar. *Braz J Implantol Health Sci.* 2023;5(4):1319-30. doi: <https://doi.org/10.36557/2674-8169.2023v5n4p1319-1330>
- Haruta J, Yoshida K, Goto M, et al. Development of an interprofessional competency framework for collaborative practice in Japan. *J Interprof Care.* 2018;32(4):436-43. doi: <https://doi.org/10.1080/13561820.2018.1426559>
- Souza MCS, Borges GSS, Correia YVC, et al. Prática interprofissional e trabalho colaborativo em uma residência multiprofissional: da dificuldade a efetivação dessas ferramentas. *Interfaces.* 2024;12(1):4061-9. doi: <https://doi.org/10.16891/2317-434X.v12.1.a2024.pp4061-4069>
- Silva TSS, Pedreira RBS, Lima ER, et al. Desafios da equipe multiprofissional em cuidados paliativos no Brasil: revisão integrativa. *RSD.* 2022;11(6):e18511628904. doi: <https://doi.org/10.33448/rsd-v11i6.28904>
- Cruces AVV. A pesquisa na formação de psicólogos brasileiros e suas políticas públicas. *Bol Acad Paul Psicol.* 2008;28(2):240-55.
- Conselho Nacional de Saúde (BR). Resolução no 466, de 12 de dezembro de 2012. Aprova as diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos [Internet]. *Diário Oficial da União, Brasília, DF.* 2023 13 [acesso 2025 jun 15]; Seção 1:59. Disponível em: https://bvsms.saude.gov.br/bvs/saudelegis/cns/2013/res0466_12_12_2012.html
- Conselho Nacional de Saúde (BR). Resolução nº 510, de 7 de abril de 2016. Dispõe sobre as normas aplicáveis a pesquisas em Ciências Humanas e Sociais cujos procedimentos metodológicos envolvam a utilização de dados diretamente obtidos com os participantes ou de informações identificáveis ou que possam acarretar riscos maiores do que os existentes na vida cotidiana, na forma definida nesta Resolução [Internet]. *Diário Oficial da União, Brasília, DF.* 2016 maio 24 [acesso 2025 abr 7]; Seção 1:44. Disponível em: http://bvsms.saude.gov.br/bvs/saudelegis/cns/2016/res0510_07_04_2016.html
- Conselho Federal de Psicologia (BR). Quem faz a Psicologia brasileira? Um olhar sobre o presente para construir o futuro [Internet]. Brasília: CFP, 2022.

- [acesso 2025 jun 14]. v. 1. Disponível em: https://site.cfp.org.br/wp-content/uploads/2022/12/Censo_psicologia_Vol1-1.pdf
16. Bergerot CD, Zayat CG, Azevedo IM, et al. Implementation of a Psycho-Oncology Program according to international recommendations applied in a Brazilian Public Service. *Estud Psicol.* 2017;22(4):350-7. doi: <https://doi.org/10.22491/1678-4669.20170036>
 17. Assunção CAL. Atuação e importância da Psico-Oncologia. *Psicodebate.* 2023;9(2):292-304. doi: <https://doi.org/10.22289/2446-922X.V9N2A16>
 18. Assis FE, Figueiredo SEFMR. A atuação da psicologia hospitalar, breve histórico e seu processo de formação no Brasil. *Psicol Argum.* 2019;37(98):501-12. doi: <https://doi.org/10.7213/psicolargum.37.98.AO06>
 19. Caruso R, Breitbart W. Mental health care in oncology: contemporary perspective on the psychological burden of cancer and evidence-based interventions. *Epidemiol Psychiatr Std.* 2020;29:e86. doi: <https://doi.org/10.1017/s2045796019000866>
 20. Rasera EF, Rocha RMG. Sentidos sobre a prática grupal no contexto de saúde pública. *Psicol Estud.* 2010;15(1):34-44.
 21. Murden F, Bailey D, Mackenzie F, et al. The impact and effect of emotional resilience on performance: an overview for surgeons and other healthcare professionals. *Brit J Oral Max Surg.* 2018;56(9):786-90. doi: <https://doi.org/10.1016/j.bjoms.2018.08.012>
 22. Souza DA, Faria MEL, Corrêa NSR, et al. Qualidade de vida no trabalho e suas consequências na saúde mental dos enfermeiros. *Rev Foco.* 2025;18(2):e7534. doi: <https://doi.org/10.54751/revistafoco.v18n2-087>
 23. Perniciotti P, Serrano Júnior CV, Guarita RV, et al. Síndrome de Burnout nos profissionais de saúde: atualização sobre definições, fatores de risco e estratégias de prevenção. *Rev SBPH.* 2020;23(1):35-52. doi: <https://doi.org/10.57167/Rev-SBPH.23.98>
 24. Oliveira LCB, Chaves-Maia EM. Saúde psíquica dos profissionais de saúde em hospitais públicos. *Rev Salud Pública.* 2008;10(3):405-13.
 25. Stilos KK, Wynnchuk L. Self-care is a MUST for health care providers caring for the dying. *Can Oncol Nurs J.* 2021;31(2):239-41.
 26. Yüksel ÖS, Günüşen NP, İnce SC, et al. Experiences of oncology nurses regarding self-compassion and compassionate care: a qualitative study. *Int Nurs Ver.* 2022;69(4):432-41. doi: <https://doi.org/10.1111/inr.12747>
 27. American Psychological Association [Internet]. Washington: APA; ©2025. Evidence-Based Practice in Psychology, 2008 [acesso 2025 abr 4]. Disponível em: <https://www.apa.org/practice/resources/evidence>
 28. Carvalho MM. Psico-oncologia: história, características e desafios. *Psicol USP.* 2002;13(1):151-66. doi: <https://doi.org/10.1590/S0103-65642002000100008>
 29. Tonetto AM, Gomes WB. Competências e habilidades necessárias à prática psicológica hospitalar. *Arq Bras Psicol.* 2007;59(1):38-50.
 30. Villagran CA, Lanes TC, Silva YKA, et al. Manifestações na saúde e fatores relacionados ao sofrimento moral e síndrome de Burnout entre enfermeiros no contexto hospitalar. *Enferm Bras.* 2025;24(3):2388-402. doi: <https://doi.org/10.62827/eb.v24i3.4062>

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