

Caring in Oncology: Challenges and Daily Overcoming Experienced by Nurses

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Cuidar em Oncologia: Desafios e Superações Cotidianas Vivenciados por Enfermeiros

Cuidar en Oncología: Desafíos y Superaciones Cotidianas Vivenciados por Enfermeros

Raphaella Amanda Louise de Oliveira do Carmo¹; Andreia Guerra Siman²; Renata Almeida de Matos³; Érica Toledo de Mendonça⁴

Abstract

Introduction: Caring in Oncology is quite complex. Professionals working in this area are often subject to emotional risk factors, demanding from them skills to cope with the feelings of the others and with their own emotions in face of the oncologic care and its challenges. **Objective:** To understand the nurses' perspective about the process of coping with the challenges experienced while caring for the person with cancer. **Method:** Qualitative study, performed with the nurses of a cancer hospital in the rural area of Minas Gerais. The data were collected through an open questions script and ended when the Content Analysis specialist concluded that the saturation of the data was achieved. **Results:** Interviews were conducted with thirteen male nurses, whose narratives gave rise to three categories: the first discusses the nurses' daily routine in Oncology, pointing out positive, negative and inherent challenges to this practice; the second category indicates the core attitudinal skills to the oncology caring process, such as empathy, humanization, affection, acceptance, maturity, strength and patience; and the third category describes how the professionals deal with the emotional issue in their practice further to their actions to support their daily routine. **Conclusion:** The results point out that it is necessary to envisage a new angle about the formation of health professionals further to the technical skills, emphasizing the relevance of focused coaching in human and relational capabilities that are crucial for the work process in Oncology.

Key words: Medical Oncology; Oncology Nursing; Professional Competence; Resilience, Psychological.

Resumo

Introdução: O cuidar em Oncologia é algo complexo. Os profissionais que atuam nessa área frequentemente são submetidos a fatores de riscos emocionais, exigindo deles habilidades para lidar com os sentimentos dos outros e com as suas próprias emoções frente ao cuidado oncológico e seus desafios. **Objetivo:** Compreender a perspectiva de enfermeiros acerca do processo de enfrentamento dos desafios vivenciados no cuidado à pessoa com câncer. **Método:** Pesquisa de natureza qualitativa, realizada em um hospital oncológico do interior de Minas Gerais, junto a enfermeiros dessa instituição. A coleta de dados foi realizada por um roteiro com perguntas abertas, e se encerrou no momento em que se constatou a saturação dos dados que foram analisados pela técnica de Análise de Conteúdo. **Resultados:** Foram entrevistados 13 enfermeiros, cujos depoimentos originaram três categorias: a primeira discorre sobre o cotidiano do enfermeiro na Oncologia, apontando aspectos positivos, negativos e desafios inerentes a essa prática; a segunda categoria sinaliza para as competências atitudinais fundamentais ao processo de cuidado na Oncologia, como empatia, humanização, carinho, acolhimento, maturidade, força e paciência; e a terceira apresenta como superação importante na prática do enfermeiro saber lidar com a questão emocional, além das formas de enfrentamento utilizadas por esse profissional para sustentar suas ações cotidianas. **Conclusão:** Os resultados apontam que é necessário (re)conduzir um novo olhar à formação de profissionais de saúde, para além das competências técnicas, sinalizando para a relevância da formação centrada em competências humanas e relacionais, indispensáveis ao processo de trabalho no âmbito da Oncologia.

Palavras-chave: Oncologia; Enfermagem Oncológica; Competência Profissional; Resiliência Psicológica.

Resumen

Introducción: El cuidar en Oncología es algo complejo, estando los profesionales que actúan en esa área frecuentemente sometidos a factores de riesgos emocionales, exigiendo de las mismas habilidades para lidiar con los sentimientos de los demás y con sus propias emociones frente al cuidado oncológico y sus desafíos. **Objetivo:** Comprender la perspectiva de enfermeros acerca del proceso de enfrentamiento de los desafíos vivenciados en el cuidado a la persona con cáncer. **Método:** Investigación de naturaleza cualitativa, realizada en un hospital oncológico del interior de Minas Gerais, junto a enfermeros de esta institución. La recolección de datos fue realizada por un guión con preguntas abiertas, y se cerró en el momento en que se constató la saturación de los datos. Los datos fueron analizados por la técnica de Análisis de Contenido. **Resultados:** Fueron entrevistados trece enfermeros, cuyos testimonios originaron tres categorías: la primera discurre sobre el cotidiano del enfermero en la Oncología, apuntando aspectos positivos, negativos y desafíos inherentes a esta práctica; la segunda categoría señala a las competencias actitudinales fundamentales al proceso de cuidado en la oncología, como empatía, humanización, cariño, acogida, madurez, fuerza y paciencia; y la tercera categoría presenta como superación importante en la práctica del enfermero saber lidiar con la cuestión emocional, además de las formas de enfrentamiento utilizadas por este profesional para sostener sus acciones cotidianas. **Conclusión:** Los resultados apuntan que es necesario (re) conducir una nueva mirada a la formación de profesionales de salud más allá de las competencias técnicas, señalando para la relevancia de la formación ingresada en competencias humanas y relacionales, indispensables al proceso de trabajo en el ámbito de la Oncología.

Palabras clave: Oncología Médica; Enfermería Oncológica; Competencia Profesional; Resiliencia Psicológica.

¹ Federal University of Viçosa. Viçosa (MG), Brazil. Orcid iD: <https://orcid.org/0000-0003-4391-6257>

² Department of Medicine and Nursing of the Federal University of Viçosa. Viçosa (MG), Brazil. Orcid iD: <https://orcid.org/0000-0001-79909273>

³ Foundation Cristiano Varella. Muriaé (MG), Brazil. Orcid iD: <https://orcid.org/0000-0002-5204-7578>

⁴ Department of Medicine and Nursing of the Federal University of Viçosa. Viçosa (MG), Brazil. Orcid iD: <https://orcid.org/0000-0002-3014-1504>

Address for correspondence: Raphaella Amanda Louise de Oliveira do Carmo. Rua Nossa Senhora das Graças, 240 - Bom Jesus. Viçosa (MG), Brazil. CEP 36570-000. E-mail: raphaella.oliveira@ufv.com.br



INTRODUCTION

Cancer is a disease of elevated incidence, is considered a public health problem worldwide. Its diagnosis is encircled by stigma, fears and uncertainties, causing physiologic, psychosocial and economic changes in the life of the patient and its familiar core¹⁻².

Cancer-related uncertainties are about its evolution and results of the treatment, causing suffering, anguish, insecurities, pain and outrage by the affected and its family. The suffering aroused can be credited to the understanding, yet deeply rooted in common sense that cancer is a disease that has no cure and, many times, stigmatized as synonym of death³.

While caring for the oncologic patient, nurses live with a high degree of emotional commitment⁴, as they deal with individuals that undergo prolonged treatments that, many times, result in innumerable side effects and difficulties, as changes of life routine, self-esteem and self-image, in addition to experiencing the finitude of life, creating a great impact over the personal and professional identity and of the whole team involved.

Based on this, the professionals who work in this area are frequently facing emotional risks, demanding nursing skills to cope with the feelings of the other and with their own emotions of oncologic care and its challenges⁵.

This study is justified because it contributes for a new form of seeing healthcare from the perspective of the professionals who care, in addition to helping professional interested or just about to start working in oncology to know more than what is required to work in this area. Furthermore, it is important to design a professional profile for this area to know how to process the daily life of oncology nurses focused to the challenges this area requires, to the factors they deem necessary to overcome daily in order to match their profiles to the demands and yet how to cope with the surging difficulties.

In line with the core issues in regard to the signed-in professionals, the National Curricular Guidelines of the Nursing courses recommend the formation of a generalist professional, educated within scientific and intellectual strictness ruled by ethical principles and who works as a promoter of integral health of the human being, developing healthcare-related skills and competencies, decision taking, communication, leadership, administration, management and continuous education⁶. Furthermore, this study is grounded on suppositions of competencies that embrace a set of knowledges, skills and attitudes, which form the profile of the professional and are supported by four axis: learn to be, learn to know, learn to live together and learn to do; these are attributes that, together, ensure the integrality of the care provided by the healthcare professional⁷.

It is important to invest in studies that qualify the professional profile in specific areas as oncology in order to guide the nurses in relation to the specific competencies they should develop to face the peculiarities of this area of knowledge, in addition to signaling essential aspects that can be approached in the process of formation of nurses.

The questions that will be attempted to answer are: What are the greatest challenges a nurse thinks he will be living in his professional daily activities while caring for the oncologic patient? What are the nurses' coping mechanisms in caring for the oncologic patient?

Therefore, the present study has the objective of understanding the perspective of the nurses about the process of coping with the difficulties in caring for the person with cancer.

METHOD

Qualitative trial, whose study object is the universe of human production represented by the world of relations, representativeness and intentionality of the human being. The qualitative approach delves into the world of meaning, motives, aspirations, beliefs, values and attitudes of the subjects inserted in a social reality where they live human phenomena, favoring the relative deepening of the meaning people assign to their actions and human relations⁸.

The study was conducted in an oncologic hospital in the rural area of Minas Gerais, licensed by the Ministry of Health as High Complexity Oncology Center (Cacon)⁹, with 56 nurses.

The study subjects were male nurses of this institution who accepted to voluntarily join the study. The inclusion criteria were nurses who had at least six months of work in oncology in any area, justified by the necessity of adaptation of the professional to the daily activities and familiarization with aspects of health-disease-sickening of oncologic patients. It were excluded the nurses who had less than six months of work and who were in vacations or in leave of absence for some reason.

The hospital assigned female nurse conducted the investigators into the field to meet the potential interviewees in the institution and inform the nature of the study. The nurses were randomly selected in the sectors based in their wish to join the study. Data collection occurred in February 2018 through a guided interview with the following open questions script: Tell me more about your daily activities in oncology. Which situations do you think are the toughest while caring for the oncologic patient? How do you feel when dealing with these challenging situations? What you do to face the difficulties that rise up while caring for oncologic

patients? What have you already overcome and/or wish to overcome in your work as oncology nurse? Do you think the oncology nurse has some competence or characteristic that distinguishes him/her from the nurses of different areas? When the investigator realized his interaction with the field failed to provide elements to deepen the theorization of the study, data collection was halted and the saturation of the data occurred¹⁰.

For a full record of the interviewees' narratives, it was asked their permission to record the interviews. The anonymity of the interviewee was ensured because their names were shielded through the letter E (*"enfermeiro"* in Portuguese and nurse in English) and assigned a number corresponding to the order of the interview: E1, E2, E3.

The analysis of the interviews was conducted based in the technique Analysis of Content, that divides the process of analysis in the following phases: organization of the analysis, coding and categorization of the data¹¹. Initially, to allow the familiarization with the language and understand what the participant attempted to transmit it was made a floating and exhaustive reading. Soon after, the units of meaning were defined, known as themes where the elements semantically similar have been identified for further categorization, analysis and interpretation of the data.

The Institutional Review Board of Federal University of Viçosa reviewed and approved the study, CAAE: 80132517.6.0000.5153. The study complied with ethical requirements of Resolution 466, 2012.

RESULTS

Of the 13 nurses interviewed, the majority (69.2%) were females, age ranging between 25 and 32 years old. The time of formation varied from one to nine years, the mean is five years; the work in oncology varied from one to five years, the majority (61.5%) of the participants reported they completed college and started working immediately in the area.

Three main categories emerged from the analysis of the data: the daily activity of (Being) an oncology nurse, the professional competencies working in this area, daily conquests and forms to cope during the caring practice in oncology.

DAILY ACTIVITY OF (BEING) A NURSE IN ONCOLOGY

The results of this category revealed that the daily work in oncology is seen by some professionals either as negative or positive. Some participants brought narratives of a day characterized negatively as stressful, tiresome, boring and overbearing with suffering the narratives show these issues:

[...] it is stressful, tiresome (E1); [...] a heavy day [...] the patients demand a lot from us, they suck you up (E4); [...] it is a quite boring routine, sometimes (E9); [...] our daily life in oncology is this, lots of suffering [...] (E3).

It was noticed that the daily activity arouses in the participants negative feelings as frustrations, depression and despair. These feelings could be evidenced when the interviewees reported their experiences as the moment of disclosing the diagnosis of the disease, its relapse or progression, configuring tough situations to deal with the patients, family and work staff as shown in the following narratives:

[...] the frustration of having told him the truth, but I had to [...] I wept with the women when I tell them their breasts will go away, totally (E7); [...] I thought I would go down into depression [...] I was desperate, because the family was desperate (E8).

Feelings of incapacity or impotence also appeared in the narratives about their work day in oncology about questions that brought up issues of impossibility of cure and terminality, which can be seen in these testimonies:

[...] the main sensation in a moment like this is impotence, there is nothing I can do, don't know how to cope with this, everything I can do, actually, is wait this patient get to the end (E3); [...] the toughest part of caring is terminality, when the patient closes out, you see? [...] today he is here, tomorrow he may not be here anymore. Yes, is a tough situation [...] (E13).

In addition to these questions, the interviewees brought some difficulties in their working days to deal with the social representation of cancer of the patients and family as observed in the following narrative:

[...] Sometimes, the ignorance about the disease. Or even the stigma the disease throws on you [...] people believe it is deemed they are going to die, this turns things even tougher [...] (E6).

Still, it was possible to identify that in the nurses' activities there are problems in dealing with feelings created with the proximity, bonding and attachment to the patients, as seen below:

[...] be very fond, show esteem for the patient [...] you get too close and ends up being a toll on you [...] mainly when the patient worsened or dies [...] (E6); [...] I don't want to have contact, to be

close, don't want to suffer. Not that I am cold, it is my way of not suffering, because I hold on too much on things, then, if I don't know, when the patient comes, who the patient is, its family, where it lives [...] I am sad, because I don't want to lose the patient, then I suffer [...] (E8).

It was also noticed that situations that touch personal issues of the professionals interviewed cause suffering because they put themselves in the patient situation and figure themselves in that condition, which is shown below:

[...] I met a 30-year-old woman, she was a licensed practice nurse and had found she had breast cancer, so close to me, she had a boy the same age of my son [...] and this called back my experience, my personal and professional life. This hurt me, I wept with her [...] (E7).

On the other hand, the work in oncology was described by some professionals interviewed as positive because it triggers feelings as gratification, empathy and tenderness for the other as shown:

[...] it is stressful, it is tiresome, but at the same time, very gratifying, because sometimes the family loses a dear person, but she approaches, hugs you, thanks for all the love you gave their relative in their last living days (E1); [...] very gratifying [...] when you witness people succeeding, if not the cure, but some quality of life (E6); [...] we show too much empathy, with the family and the patient (E1).

Also, it was observed that the work in oncology reframes the life and the personal values of these professionals, making them see the world differently, complaining less and trying to see the positive angle of all the situations lived, as seen in the narratives:

[...] I try to see the lighter side of everything, because we see people suffering horribly here (E2); [...] I will ever forget a patient who cried when she saw the sun! Behold the sun out there! [...] we learn to be more humane, to value the small stuff (E9).

The aforementioned narratives indicate that care in oncology triggered experiences of nursing professionals that talk about their personal and professional lives, building up a set of professional skills inherent to this specialization.

PROFESSIONALS SKILLS OF THE ONCOLOGY NURSE

This category reveals that the nurses working in oncology care need to have a profile with attitudes and

values as strength, sensitiveness, determination and maturity as the narratives below illustrate:

[...] I think the main aspect is at the same time the sensitiveness towards the patient and strength to deal with him (E3); [...] he needs to be strong, determined, know that he needs to be here (E5); [...] maturity to be dealing with the fact that the patients are terminal, with death (E13).

In the view of the interviewees other professionals skills demanded from the nurse in the process of oncology caring are empathy, patient, affection, ability to support and offer comfort and welcoming the patient and its relatives, in addition to know how to work its emotional part to avoid psychological suffering in face of the daily challenges as shown in the following narratives:

[...] he needs to be a person with empathy, to like people, because who else is in oncology, needs too much support, a friendly word (E5); [...] be more patient, the psychological aspect needs to be strengthened, he has to be totally humane [...] (E7); [...] the difference is the psychological part [...] not that you become callous, but we turn out being more selective in the emotions we will absorb or not (E6).

In addition, the narratives of some interviewees showed that this professional needs to be able to put apart his personal from the professional life as shown below:

[...] we have to come here always with our mind prepared [...] the problems we have in life stay at the door. We have to know pretty well how to pull apart [...] (E11).

DAILY CONQUESTS AND FORMS OF COPING OF THE NURSES IN THE CARING PRACTICE IN ONCOLOGY

The results of this category brought some desires the nurses have of overcoming the situations lived in the caring practice of the oncologic patient shown by their narratives who revealed issues of emotional nature as involving themselves less with the patients, leave weaknesses and incapacity feelings behind just as the daily fights in oncology as their narratives expose:

[...] I wished I was less involved with the patients, emotionally (E1); [...] I would very much like to overcome this feeling of incapacity, when you tackle a situation you have nothing to do [...] (E4); [...] I think every day you have to let challenges behind, every day it will be different challenges that stir your feelings [...] (E2).

It was noticed as well the nurses wish to overcome the difficulties of dealing with pediatric patients where the majority of the interviewees were adamant in accepting the sickening and death of these patients, in addition to failing to succeed to pull away from the personal experience of having a child, of having to cope professionally with patients of the same age of their children as the narratives show:

[...] we experience and see an adult in end of the life, it is easier than if it was a child. We figure out the child is well, the whole life ahead, it is tougher [...] (E2); [...] then, when a child gets here, we feel bad, we keep wondering: Why does a child has this disease? Why an innocent child is suffering? (E9); [...] every time I think in Pediatrics, my daughter comes to my mind [...] I still must work on this [...] couldn't still overcome this point (E6).

As the testimonies leave clear, another aspect identified in the interviews was that each professional copes differently with the challenging situations encountered in their daily life, they brought issues of how keeping themselves more detached and not involving affectively with the patient and its family as shown below:

[...] we try to keep afar, you know if you get too close, you will get hooked (E1); [...] We try not to get too involved and deal as professionally as possible so we don't suffer too much because it is inevitable (E1).

On the other hand, the narratives brought forms of coping presented by the nurses to deal with the adversities inherent to the job, as the support of the team and the family, the pursue for religious support, the practice of physical activities and therapy as demonstrated below:

[...] the teamwork helps a lot (E1); [...] there are many recreational activities we need to do, physical activities, good relation with the family members, basically is that thing that chills you out, anyone has to let go in a certain manner (E3); [...] I try to cope even with prayer (E7); [...] I go to a shrinker. So, I have a high emotional burden and then I load off literally with my therapist (E12).

The time of work in oncology, based in the interviewees' narratives, helps to cope with the daily difficulties as shown below:

[...] nowadays we cope better, after a few years we have worked with this, we do it better [...] you end up having to get accustomed with this type of situation because is very frequent (E4).

Other narratives showed that another form of coping these professionals use is to pursue more knowledge about the pathology and its prognosis, avoiding unexpected situations and more suffering for the professional as seen next:

[...] a way to not let this get to you at the start, is to understand somehow more about the disease and what are the prognosis (E6); [...] I study a lot! I try to be well informed about what this disease can cause to that patient (E12).

Furthermore, the interviews showed that the reckoning the professional has of having done everything possible for the patient and accept the outcome of each case he accompanied were reported by the nurses as a key mechanism that helps to cope with the daily challenges of the work, as follows:

[...] see there was no way out, did everything I could and couldn't and in the end, he passed away, I suffered a lot with his loss, but it is a thing we go through and there is not much to do (E4); [...] you think you did what you could [...] when a tough moment comes on, it is important to know your conscience is there [...] (E5).

It was perceived that this form of coping aforementioned sometimes unravels as a feeling of duty accomplished or being hard on itself that leads to overload, tiredness and stress in the professional's daily tasks as the narratives show:

[...] it is a feeling of accomplishment, that you walked the extra mile for that patient [...] (E1); [...] when I manage to solve it, but there are moments I don't, [...] I keep wondering, how do I do? And if I had made it differently? And if I had done that? [...] I were so angry I wept, wept, of anger, because I failed to accomplish what I wanted (E10).

DISCUSSION

One of the issues that permeate care in oncology is the creation of a bond among nurses, patients and family made possible because of the extended period the professionals are close to these individuals in the caring process, acting in the moment of the diagnosis, treatment, rehabilitation and palliative care. Consequently, the demands for relational and affective skills oncology nurses should demonstrate are, most of the times, a challenge in the daily professional practice.

In that line, the results of this study reinforce the existing evidences about the great complexity of caring

for the oncology patient¹², since some study participants qualified the daily job in this area as challenging, heavy, stressful and loaded with suffering.

A study in the city of São Paulo that attempted to understand the meaning the nurse attributes to caring in oncology, defined the job in this area as tiresome and exhausting. Revealed yet feelings experienced by the nurses as suffering, impotence outrage and overload of work¹³, corroborating some findings of the present study where participants also brought narratives of a stressful daily activity, tiresome and heavy and mentioned feelings as suffering and impotence.

On the other hand, the recognition and the valorization of the work generate satisfaction in the nursing team¹⁴, concurring with the narratives that characterize the daily activity as gratifying, as seen in the first category.

Another aspect that defined the professional practice of the oncology nurse, in the view of the current interviewee was the difficulty professionals had in coping with social representations and cancer stigma brought in by patients and their relatives. It is seen that, regardless of the care to persons with cancer has progressed along the years, the term cancer is still avoided by many¹⁵. A study indicates that cancer, because of its stigmatization, places the individuals and their families in a condition of fragility by the own diagnosis of the disease and is accountable for the withdrawal of the ill from its social roles and even, abandoning the treatment because of the impossibility of cure¹⁶.

In addition, this study indicates that the more the family knows about the diagnosis and treatment of cancer, better is the quality of the care provided; the nursing and healthcare providers are responsible for guiding the family and the patient about the aspects of the oncologic treatment, being a source of support and protection and minimize the disease-related stigma¹⁷.

Still in the first category, it was perceived that the interviewed nurses reported difficulties in their professional practice about to deal with the emotional bond created with the patients and relatives, with life terminality, in addition to situations lived in the work that involve their personal lives. These results corroborate the findings of other studies that reveal challenging situations in the daily life at oncology resulting from ethical and moral dilemmas that bear upon the decisions about treatment, disease, loss and premature death of the patients and management of professional borders in regard to the relations with the patients and their relatives, assuming that these situations can push professionals to change their specialization or even their careers⁴.

The repercussions in the life of the professional can be related to breaches of the formative process that fails to

prepare the nurse to live situations that require emotional foundations and suffering handling in face of the finitude of life, since the formation is still quite centered in the curative model¹⁸.

Another study corroborates this issue when affirms that when the cure is no longer part of the prognosis, the professionals realize the process of terminality and death, so common in chronic diseases diagnosed in advanced staging as cancer, as a nuisance that defies the professional knowledge because they believe in the cure as sole finality and the belief in the omnipotence of technology as hinders of coping with these situations¹⁷. This situation creates feelings of impotence, frustration, insecurity and even depression, aspects that were also present in the testimonies of the interviewee of the present study¹⁹.

The findings of the second category show essential competencies of the nurse who works in oncology within a specific professional profile of this specialty. A study with the objective of understanding the nature of the interaction between nurse and oncologic patients brought as essential attributes of a nurse the development of feelings as concern, empathy, facilitation, authenticity towards the other²⁰, corroborating the findings of this study where the participants expressed feelings like empathy, professional achievement, devotion to the other, enthusiasm and motivation to develop the work.

The daily work in oncology characterized by many authors as complex, demands professionals competencies that incorporate essential knowledge to deal with the challenges the oncologic patient presents, requiring wisdom, skills and attitudes that address the four pillars of the required competencies of healthcare professionals: know to be, know to live with, know how to know and know to do²¹.

Knowing to be comprehends the attitudes of the professionals based in their principles and beliefs and their manner of perceiving and live the world; know to live with is about personal attitudes and abilities that facilitate the relationship and teamwork; know how to know covers the specific theoretical knowledges of each professional and, finally, the competencies related to know how to do, which is the set of cognitive, emotional or social capacities that make the individual to apply the knowledge in its practice⁷.

As seen in the interviewee's narratives, the professional attitudes like strength, sensitiveness, determination, maturity, resilience, empathy, patience, tenderness, supporting capacity and offer comfort to the patient and relatives, among others, that touch attitudinal questions and values mean to know how to be; to know how to work as a team and keep a good relationship with the family are within the range of the second pillar, to know how

to live with. In line with the findings of this study, when reporting the continuous pursuit for improvement and the necessity of acquiring specific technical knowledge, they concur with the pillars to know and know how to do, sequentially, where it is inferred that a professional who works in oncology must own competencies in the four axis considered essential for the formation of the professional profile.

The construction of the identity of the nurse goes beyond the theoretical and technical knowledges acquired during its formation, since it occurs also by the union of the objective and subjective elements that form the working world; this, while producing its effects in the daily life, affects and are felt by the worker, leaving its imprint on them. Therefore, the nurse learns to mobilize itself, to integrate and transfer the knowledge to the practice to develop its skills¹⁵.

Given this fact, the current study adopted the philosopher Maffesoli's concept of daily activity that defines it not only as a synonym of the day-to-day, but also as a form to express the manner of living within certain contexts, integrating the scenes of living and living with. In the area of health, this author sees the daily activities as a form of living of the human beings, considering its beliefs, values, meanings that design the individual's process of living²¹.

This concept expresses the daily work of the oncology nurse with innumerable challenging issues, creating a spiral of affection, feelings, anguishes, uncertainties and (re) signification in a continuous movement of quests and associations personal-professional, forming a praxis that transcends the physical space and the technical skills.

In relation to the third category, the study participants mentioned they wished to overbear the obstacles to improve the management of emotional issues like involving less with the patients, win the weaknesses and feelings of incapacity and know how to handle the daily hurdles of oncology. Most of the interviewees were anxious to overcome the difficulties in dealing with pediatric patients.

A study about pediatric neoplasms revealed that stressful situations for healthcare professionals of this area go beyond suffering, complications and death caused by the disease. There is the perception of incompatibility of these illnesses with childhood, since the cancer can shut a life that is just about to begin, depriving the child of the development of its vital cycle¹⁷.

All the necessities to surpass the challenges of oncology practice reported by the nurses of the current study indicate the importance of coping strategies to keep the physical, psychological and spiritual well-being of these professionals. Among them, stand out the construction

and development of new conceptual milestones for caring, as the resilience²².

In this study, the process of coping is understood as behavioral and cognitive efforts utilized by the individual to go through a stressful event. Because the individual is unable to ensure the problem will be resolved, resilience is what is needed, resulting in actions of confrontation and overcoming²³.

Under the psychosocial perspective, which will be considered for the purposes of the present study, resilience can be defined as the capacity persons or groups have to respond consistently to the challenges and difficulties, to recover from unfavorable circumstances without losing the initial balance, ultimately, the ability to adapt and find the balance continuously²⁴.

Corroborating the findings of this study, some authors describe the difficulty of providing care to persons with cancer and the necessity of developing strategies of coping since if these strategies are utilized, the individual succeeds in reevaluating its physical and emotional condition in regard to the stressful factor and creating effective manners of dealing in future situations¹⁵⁻²⁵.

In this study, the oncology nurses reported it were found different forms of coping, among them, the support of the teamwork, family, religion, physical activities, therapy, in addition to time of experience in the area and professional improvement on the disease and its prognosis.

A study with the objective of knowing the strategies nurses use while coping with situations resulting from the process of caring oncologic patients evidenced the importance of teamwork and the spiritual quest as forms to minimize the suffering imposed by the daily caring. These results are consistent with some of the findings of the present study²⁶.

Further to these forms of coping, some of the interviewees said they hold themselves as far from the patients as possible to avoid being attached, not to speak about endeavoring to keep the professional life apart from their personal life. The study concluded that, despite the nurses' focus is keeping a certain detachment among them and the patients and their relatives, it ends up affecting the caring actions, voiding and limiting them¹⁵. Furthermore, in reacting that way, there is a certain inability to exert resilience expressed by some interviewees in their oncology caring, which can hamper the execution of the job and yet be a source of emotional suffering for them while living the situations they go through.

The results presented for the first category indicate that the feelings aroused by the work in oncology as guilt, sadness, frustration added to the narratives that reveal the attempts to not attaching to the patient identified in the third category, show that many professionals,

either intentionally or not, eventually provide care that is anything, but humane. This is characterized by the heedlessness of the patients and relatives necessities whose focus is only to the technical aspects of caring, demonstrated by attitudes that mean circumventing the patient's questions or attitudes that reveal the professionals do not attempt to know their stories to no suffer, confirming the lack of competence, of the resilience of these professionals and still, difficulties in managing situations related to chronic sickening, to the dying process and while dying.

In counterpart, the narratives that demonstrate strength to cope with difficult situations, acceptance of the patient prognosis, be aware of having granted the best care to the patient indicate the development of important attitudinal competencies for emotional, interpersonal and affection demands presented by the patient.

Furthermore, while reviewing the interviewees narratives of this study, it is possible to infer that resilience is directly related to the working time in the area and it can be learned and developed by the professionals during the professional life of the interviewee. According to a study, resilience is understood as a tendency that manifests itself when the necessity of overcoming a risk situation appears and ensuring the continuity of a healthy development²⁷. This affirmative concurs with the authors who see this resilience as a personal and social competence that can be learned, enhanced or improved by persons, organizations and communities through transformational cognitive practices, education and environmental support.

Resilience, consequently, can be used to facilitate nursing actions, encouraging personal changes and improvement of working relations and ensuring the patient better care provided by these professionals²⁸.

CONCLUSION

This study showed that the daily work in oncology creates distinguished meanings for the professionals of this area that range from the professional achievement and motivation, until a complex daily routine permeated with tough and negative feelings that still need to be surpassed and worked out by these professionals.

In addition, this study evidenced some unmistakably competences of the nurse acting in oncology addressed through the axis of knowing how to be, to live with, to make do and live together. This profile indicates the permanent need to pursue knowledge and professional improvement for better management of challenges and difficulties of caring in oncology.

Therefore, it is a key strategy for the nurses to develop resilience as a tool to cope better with the process of

health-disease-getting ill of the individuals and families they attend, contributing for the promotion of quality caring and construction of more flexible and healthier working environment.

Therefore, this study's results bring important reflections and consequences for the area of health education and nursing, (re) orienting a fresher vision to the formation of healthcare professionals beyond the technical skills and indicating the relevance of the human and relational competences-driven formation, indispensable to the process of working in oncology.

The limitations of this study are not having approached the process of formation of the nurses, which could favor the establishment of interesting correlations between the difficulties lived in practice because of the challenges of the daily oncology job and the development of skills. New studies about this theme should be conducted.

CONTRIBUTIONS

All the authors contributed substantially in the conception or design of the study, gathering, analysis and/or interpretation of data as well as in the wording and/or critical review and approved the final version to be published.

DECLARATION OF CONFLICT OF INTERESTS

There are no conflict of interests to declare.

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