

Perceptions of Nursing Professionals with Regards to the Suffering and its Coping Strategies in Oncology

Percepções dos Profissionais da Enfermagem a Respeito do Sofrimento e das Estratégias de Enfrentamento na Oncologia

Percepciones de Profesionales de Enfermería Sufren de Respeto y Estrategias de Supervivencia en Oncología

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ABSTRACT

Objective: The study's purpose has been to recognize the situations that cause either pleasure or suffering related to the work of nursing professionals in oncology sectors. **Methods:** It is a descriptive study with a qualitative approach, which was carried out in two oncology sectors from a Teaching Hospital located in the Brazil South region. **Results:** The following two categories were identified: Suffering in the nursing professionals' viewpoint related to oncology sectors, shows that this feeling is developed most often when the patient is facing death; and, Strategies that nursing professionals use to face suffering at work in oncology sectors, where it was identified that the distance between the nursing professionals and the patients may be one of the defense mechanisms to minimize the suffering. **Conclusion:** The nursing professional deals with both the feeling of pleasure in the oncology sector and the suffering related mainly to the patient's death.

Descriptors: Pleasure, Suffering, Strategies, Nursing Professionals, Oncology.

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RESUMO

Objetivo: Conhecer quais as situações que causam prazer e sofrimento no trabalho dos profissionais de enfermagem em setores oncológicos. **Método:** Estudo descritivo, com abordagem qualitativa, realizado em dois setores oncológicos de um Hospital Escola do sul. **Resultados:** Foram identificadas duas categorias: Sofrimento na visão dos profissionais de enfermagem em setores oncológicos, mostra que esse sentimento é desenvolvido na maioria das vezes quando o paciente está no seu processo de morte, e Estratégias que os profissionais de enfermagem utilizam para enfrentar o sofrimento no trabalho em setores oncológicos, onde identificou-se que o distanciamento entre os profissionais da enfermagem e os pacientes pode ser um dos mecanismos de defesa para minimizar o sofrimento gerado. **Conclusão:** O profissional de enfermagem esta rodeado tanto de sentimento de prazer no setor oncológico, quanto de sofrimento relacionado preponderantemente pela morte do paciente.

Descritores: Prazer, Sofrimento, Estratégias, Profissionais de Enfermagem, Oncologia.

RESUMEN

Objetivo: Saber acerca de las situaciones que causan placer y sufrimiento en el trabajo de las enfermeras en los sectores de oncología. **Métodos:** Estudio descriptivo con enfoque cualitativo se llevó a cabo en dos sectores del hospital oncológico de la Escuela del Sur. **Resultados:** Se identificaron dos categorías: El sufrimiento en la vista de las enfermeras en los sectores de oncología, muestra que este sentimiento se desarrolla la mayor parte del tiempo en que el paciente se encuentra en su proceso de muerte, y las estrategias que utilizan los profesionales de enfermería para abordar el sufrimiento en el trabajo en sectores oncológicos, donde se encontró que la brecha entre los profesionales de enfermería y pacientes puede ser uno de los mecanismos de defensa para minimizar el sufrimiento generado. **Conclusión:** El profesional de enfermería está rodeado tanto sentimiento de placer en el sector oncológico, la cantidad de sufrir una muerte relacionada principalmente del paciente.

Descriptorios: Placer, Sufrimiento, Las Estrategias, Profesionales de Enfermería, Oncología.

INTRODUCTION

Cancer has gained relevance due to the profile that the disease is currently presenting, becoming one of the most complex public health problems that the health system faces, with great epidemiological, social and economic importance. Moreover, at least one-third of all new cancer cases annually in the world are thought to be preventable.¹

The process of getting cancer is not just an individual event because it covers the entire body dimension, the family and social relationships of the sick person. As a professional it is necessary to perceive and respect in a singular way the needs of each person, making possible the inclusion of the family as an element of care, being integrated, participative in the service, receiving adequate guidelines and understanding their particularities.^{2,3}

The nursing team's work practice faces situations that can cause pleasure and suffering. Due to this, it is important that the professional feel satisfied with the activity that develops, with the perspective of guaranteeing the recognition and

the pleasure in the work. Likewise, this professional when experiencing situations that can trigger feelings as physical or emotional wear and tear.⁴

Perceiving the person with cancer brings different meanings to nursing professionals, such as changes in values, beliefs and attitudes, that demand appropriate interventions to minimize their physical and mental integrity, which causes the nursing team to confront their feelings before the disease process to the next. And this may be related to the care of the person with cancer and his/her family, which involves following their trajectory, from diagnostic procedures, treatment, remission, rehabilitation, possibility of relapse, and the final phase of the disease.⁵

The nursing professional working in cancer sectors experiences situations that can arouse feelings that cause emotional and physical exhaustion, being more vulnerable to suffering at work, and also need to be prepared for the end-of-life situation.⁴ Therefore, emotional preparation is essential to provide the best possible care throughout the disease process for all those involved in care process.⁶

The work is relevant when analyzing the scientific production in the search for the subject in question and, thus, to know the recent research on the pleasure and suffering of the professionals in the area of oncology, it was noticed that there is great growth and interest of studies in relation to the subject matter. Furthermore, it was based on the professional and academic experience of the authors in the provision of care to cancer patients, as well as the experience of coping with the illness of a person close to one of the authors, which allowed for reflection on the disease, profession and family. Given the aforementioned, this study used the following guiding question:

What are the situations that cause either pleasure or suffering related to the work of nursing professionals in oncology sectors? From this question, this study aimed to know the experience of nurses working in the oncology sector, as well as the factors that generate either pleasure or suffering in their work.

METHODS

It is a descriptive study with a qualitative approach, which was carried out in two oncology sectors from a Teaching Hospital located in the Brazil South region. The oncology sectors were the Chemotherapy services and the Medical Clinic Hospitalization Unit. The study included 10 nursing professionals (among nurses, nurse technicians and nursing assistants) who worked in the sectors selected for the study, eight of them in the chemotherapy sector, which are four nurses, three nurse technicians and one nursing assistant, and two participants of the unit of clinical medical hospitalization, being them two nursing assistants. The inclusion criteria of the study: being part of the nursing team in the selected sectors and having already worked with oncology over a minimum period of three months.

The study complies with ethical principles, then respecting the Resolution No. 466/20121, being submitted to the Brazil Platform with an approval Legal Opinion No. 1.416.821. Furthermore, the anonymity of the participants was safeguarded, they were identified by interview along with the number in chronological order, followed by the professional category (nurse (N), nurse technician (NT), or nursing assistant (NA) and age, for instance, I4, N, 52 years old, as well as the Free and Informed Consent Term to all participants. Data collection took place from April to May of 2016, through a semi-structured interview, and the thematic analysis was used for data assessment.⁷

RESULTS AND DISCUSSION

Through the analysis of the data of the study, two themes were highlighted: Suffering in the nursing professionals' viewpoint related to oncology sectors; and, Strategies that nursing professionals use to face suffering at work in oncology sectors.

Suffering in the nursing professionals' viewpoint related to oncology sectors

Suffering at work begins when the worker cannot handle the task, the same happens when there is a failure in the intermediation between the expectations of the worker and the reality imposed by the work organization. In their daily lives, employees are exposed to various forms of suffering which can contribute to their devaluation, and automatically cause this feeling in professionals.⁸

Nursing is a profession dedicated to the care of the patient, but living with pain, suffering, and death, despite being part of the professional life of the team is a very stressful factor in this medium of work, leading to different forms of suffering.⁹

Faced with this, the sufferings that permeate the daily life of nursing professionals in cancer work, among them are the feeling of loss, which is characterized by the death of the patient, as in the following reports:

Can it cause suffering precisely because of the loss of the patient, the weight loss, and the bad characteristics that the disease occurs in the patient right? (I3, NT, 44 years old)

[...] If we see that a patient died, we see that it shakes the whole team like that, there's no way we cannot shake it... It's difficult for you not to get involved with a patient, you do not involve with some history... (I6, N, 32 years old)

[...] We lose many patients over the years and sometimes the patients that you made a certain connection, that you used to live more, patients who came more times, more hospitalized. So then, sometimes sadness happens, even after all these years... Sometimes gives a feeling of loss. [...] (I9, NA, 46 years old)

[...] Also when we have some loss, which is a person that you have more affinity, which soon is doing more treatment. [...] (I10, N, 37 years old)

From this perspective, it can be identified that professionals working in the field of oncology report that the loss of a patient generates a great deal of suffering for the team, since most of the times cancer patients are hospitalized due to the progression of the disease, in outpatient care, that treatment is usually prolonged. Given this, nursing professionals who are closer to patients, create a greater affinity and bond during care delivery and in the process of death, causing the suffering of this employee who is not prepared for the moment of loss of the patient.

Nursing professionals say that there are quieter and more distressing deaths, and because of this, the team is frustrated due to the defeat against cancer, with difficult acceptance in the daily work. Death for the professionals is a factor that generates a lot of discomfort among the health workers, since it demonstrates the fragility of life and the impotence in certain situations.¹⁰

Death is part of the life cycle that ends the period of human existence, but it assumes an important role for each one, which can be difficult to accept when there is a stigmatizing disease such as cancer.¹¹

Cancer for many people is still seen as a fatal disease and is directly linked to death. Therefore, it is important for all to create the habit of thinking about death and dying before it is necessary to confront them in life.¹²

Moreover, the feeling of powerlessness emerges from the nursing professionals working in oncology units because they feel frustrated when the goal is healing and this cannot be achieved:

[...] We get frustrated, a little like that with a feeling of powerlessness, because we have done what we can and have not been able to achieve the treatment goal. (I1, NA, 65 years old)

[...] One wonders why the patient is passing, one sees patients so old, other patients so new, other patients that they discover, then when they think that they are cured, no, from here comes another one again. [...] (I4, NT, 23 years old)

[...] At first I was very frustrated, I always said that losing a patient to me was always such a terrible thing, so I was very frustrated! [...] (I9, NA, 46 years old)

[...] It is not suffering, but it is something that strikes you and sometimes even you cry... Sometimes it ends up turning a little suffering because you accompany the patient and often have no more what... You have to give him comfort and that's it, comfort alone! It is a medication for pain, it

is to put the pillow better, it is to put a blanket, it is being there nearby, and in a little while you grab his hand, have a conversation right? [...] (I10, N, 37 years old)

According to the testimonies it is noticed that the feeling of impotence and frustration are part of the routine of the nursing team, and that this way of expressing suffering is directly linked to the patient's death process. It is seen that the workers do everything they can for the improvement of the patient, however, what is expected is the cure of the disease, which is often not achieved.

The recurrence of cancer is a factor that causes frustration for the professional, because it leads to suffering, knowing that many times the patient will go through the whole process of the disease again.

Cancer recurrence is a factor that implies the quality of life and patient coping with the disease, generating a psychosocial and emotional impact and feelings of suffering for the patient, family and professionals involved in care.¹³

The work in oncology requires a lot of skill and dedication of the team, since the daily contact with patients with cancer brings important effects to the professional and private life of each one.¹⁴

Additionally, it is important to highlight that providing care to young patients is a relevant factor that upsets nursing professionals, since they are similar in appearance to the same age range, and are identified from the following statements:

[...] A young patient like this is something that makes me very reflective [...] We lost a patient at 34 years old... Then I think, I'm 32 years old... Then you think: - my God, what God still has for me right? [...] (I6, N, 32 years old)

[...] What shocks us, what strikes the professional in a total is when you see someone you project, your age, your life story... When you project and for ops, could be me! [...] When you take care of yourself, you project to that patient that you are attending is your age, has your dreams... It gives you a bigger shake! Now losing a child is horrible, worse, it is one of the worst. (I7, N, 32 years old)

[...] But when you are young, there you see the suffering of father, mother... Then you get something like that right? [...] (I8, NA, 42 years old)

[...] We lose teenagers 16, 18 years old, so imagine you see the teenager, you see the family, the suffering... (I9, NA, 46 years old)

According to the reports it can be noted that nursing workers report that providing care to young patients is a source of suffering because it makes professionals more reflective of the child/adolescent/young person with cancer. This fact makes each employee compare his or her life to a close person, some family member or even a child with that

patient who is sick, and from this perspective think what is reserved for each in the near future.

The death process, especially for young patients, has been a challenge for nursing professionals, who are not prepared to face this cycle of human life. The professionals who work with end-stage cancer patients are confronted with their own mortality, their limitations, and their impotence when faced with the disease. The feelings generated from this confrontation can range from depression, guilt, sadness, anxiety, and fear to one's identification with the patient.¹⁵

Another cause of suffering at work in oncological units is the sector itself, since it requires complex and exhaustive care:

[...] Because it is precisely in the hospital, a stressful environment, this unit is a complex unit. [...] (I6, N, 32 years old)

[...] Patients draw a lot from us, it's a heavy unit, because there's a lot of suffering they bring with them [...] It's a heavy environment; it's an environment where sometimes the person is heavy right? That she is suffering from pain, psychic pain, physical pain, has everything. [...] (I7, N, 32 years old)

Oncology is seen by many people, not only by health professionals, as a sector of difficulty coping in their daily work, which is permeated by diseases, pain, and anguish that patients present, leading to a stressful unit, the complexity of assisted patients.

Therefore, a study addresses that working with the oncologic patient is complex and demands from the professionals some confrontations and attitudes at work. It is important for the team to know the best way to deal with the patient and their family during this process, and also to deal with their own feelings of suffering generated by the illness, which are feelings that wear the worker physically and psychologically.¹⁰

The hospital environment produces some occupational stress in the health professionals, because the work is surrounded by serious illnesses, fragility of the patients before the diagnosis and still emotional involvement of the professional with the patient, due to this, the team is exposed to many situations that influence the increase of the stress in the service.¹⁶

It should also be noted that the link between the nursing professional and the patient is another factor that causes suffering at work, which can be seen in the following statements:

[...] Some patients have a stronger bond, or if it's a teenager, or a child, or even some elderly people, I'm very moved. So sometimes you end up absorbing it there... Some patients end up being closer to us, I do not know why, by affinity, something that we relate in life, or some familiar one that we resemble, I do not know... So when something happens to this patient, it really causes sadness. [...]. (I2, N, 29 years old)

If you bond well, that you end up having a bond there, you cling much more, then you suffer much more when you see that you cannot have a result you wanted right? (I3, NT, 44 years old)

The bond between the professional and the patient is perceived when they are long hospitalized or carry out prolonged treatments, as in the area of oncology, thus, this fact generates a greater contact between them and also at the moment of the client's death, which entails the psychic suffering of the worker. However, the bond can also be beneficial, since the patient feels welcomed and relies more on the team, although it can cause suffering in the professional when the expected result in the disease, is not the improvement.

Nursing workers have a greater link with oncology patients, because they carry out the treatment for a long time, and the team ends up creating this greater approximation, which is important for a more humanized care, however, it is necessary that the professionals establish limits with the patients, so as not to run the risk of projecting suffering to oneself, mixing feelings. Bearing this in mind, an excessive attachment is cited as a source of suffering, and may lead to unpleasant situations in the daily work situation when they perceive that the same goes beyond the limits and confuses professional life with private life.¹⁷

Qualified and effective care requires the professional ability to deal with their own feelings before the sector and the cancer patient, so it is important to note that the suffering generated by the unit does not influence the workers in providing care to the patient and his family. Considering the aforesaid, this feeling is developed most of the times when the patient is in the process of death and it is notable that professionals, especially nursing professionals, do not see themselves prepared for this moment that is part of the cycle of life.

Strategies that nursing professionals use to face suffering at work in oncology sectors

Health professionals use different strategies to deal with difficulties and suffering in their work process. In this context, it is identified that adequate communication in the work environment and harmony among colleagues constitutes one of the strategies used by the nursing team to face suffering:

[...] You talk to people; do you end up exposing? Speaking... Then, one helps the other. [...] (I5, NT, 38 years old)

[...] I think a lot comes from the colleagues support, I think we support each other as colleagues, we talking, exchanging ideas when some patient that sometimes impacts you more or a story that impacts you the most. [...] (I10, N, 37 years old)

It is evident that for nursing professionals, dialogue, mutual support, and unity are ways to deal with suffering in the work environment, especially in the oncology scenario. Nursing professionals from all health sectors affirm that the dialogue between the team is a strategy that helps in situations of suffering in the daily work, because in this way they avoid sharing their negative experiences with their relatives, in an attempt to "keep them" and also to forget what is experienced in the work, and with the experience of the colleague they are able to face in a more relaxed way the suffering that they experience.¹⁸

In a study carried out with nursing technicians of an Emergency Room, it was identified that mutual help and teamwork are configured as coping strategies aimed at reducing the workload of this sector. Moreover, they point out that non-involvement with patients, separating work from personal life, spirituality/religiosity, planning of actions in the sector and recognition are factors that collaborate in coping with adversity and suffering.¹⁹

Another factor that helps the nursing team to minimize the suffering that the work can cause in their life is associated to the mental distancing of the memories and responsibilities coming from work, through leisure activities with the family, interaction with other people and the study:

[...] Try to enjoy the moments with the family when you are not here, try not to talk about service out of here, enjoy life well with the family, enjoy it a lot. (I2, N, 29 years old)

[...] And every day I salute for being healthy, for being well, I try to do different things... I try to go out, take a "chimarrão", talking, studying, I like to study a lot too, these things make me reflect, it makes me rethink [...] I think that studying is also a way for you to take more of things and try to understand and reflect more [...] You try to look for things that bring you pleasure right? [...] (I6, N, 32 years old)

[...] I have a type of escape, when I leave in the morning from here I like, I always say this... I breathe and feel the air of the street to leave behind everything that has in here so, you know? Like, take a breath for the day [...] When things get too difficult I tend to isolate myself a little, shut off. (I9, NA, 46 years old)

It should be noted that professionals realize how much work can harm their mental and/or emotional health and, in the face of this perspective, use strategies to minimize any unpleasant feelings that the routine of the oncology sector may cause, such as leisure activities between family and friends. This objective is aimed at dissociating the professional side of the staff. It can also be considered that studying helps in this process, making them reflect more on the difficulties that permeate the daily work.

Nursing professionals seek external support to avoid suffering from work, such as carrying out leisure activities, reading books and watching movies, which helps to confront work in oncology. Strategies aimed at the emotion of the worker, which helps to maintain, distract and distract attention from the mishaps encountered.²⁰ It was also evidenced in a study that the professionals of the oncology sectors seek to dedicate themselves to themselves, taking care of health and performing activities pleasurable, and soothing to the tensions and problems of daily life. Among these activities were massages, relaxation, water aerobics, Pilates, Reik, doing the nails, doing the hair, gym, hiking, reading, and embroidery.¹⁰

It is also used as a strategy to work on oncology confrontation, withdrawal, and escape-avoidance, which shows that the team cares and engages with patients, and through these strategies, it is notable that the team presents certain difficulties with your job. Leakage is considered a relevant factor in this process, since the first thing is to think about leaving the unit when the new workplace is encountered, since oncology is considered a more complex sector for some professionals.¹⁰

Additionally, nursing professionals rely on the psychology team to help them cope with the suffering that is generated in the oncology unit, which can be identified in the testimonials below:

[...] We have a follow-up with the psychologist like that, because sometimes talk and strategy is your trying to control you. [...] (12, N, 29 years old)

[...] And since we have a very active psychology service, I talked to her... And then I got to see. [...] (17, N, 32 years old)

The oncology sector has the support of a multidisciplinary team that is very present in the patients' daily life, as well as in the healthcare team. Accordingly, professionals have the support of psychology to face the situations that cause suffering at work, because with this type of help they can perceive their own difficulties and see strategies to deal with the problems encountered. It is believed that the psychological support is of great relevance, because it is the nursing professionals who are closer to the patients, and this causes the team to suffer along with them and their families during and after the care provided, so the encounters with the psychology professional helps to minimize the feeling that the professionals present before the work in the oncology.

It is of great importance that hospitals offer the psychology service to professionals who provide care to patients without therapeutic possibilities of cure, because this situation mobilizes anxieties, limitations, and longings for these workers. It is also mentioned that the team creates psychological defense mechanisms, as everyday experiences will require them to be able to face work in a more relaxed way to deal with these feelings.²¹

Nursing professionals who work in oncological units need psychological support to feel welcomed and motivated to continue in this sector. Nursing care for the cancer patient is a complex task, permeated by uncertainties and always present contact with death, which causes the professional to acquire strategies to provide adequate care, making the delivery of patient care be humanized and qualified, but also need to control their emotions which are generated by suffering at work.²²

Another strategy cited as a relief from suffering before oncology unit is spirituality, since according to participants, it collaborates in coping with adversities:

[...] Pray also for the patient, for me, when I am very shaken like this, I think that is what can give a consolation for us, you to pray a little for you and the patient and try to take a little good mood that is not to feel so much the burden of the disease right? [...] (13, NT, 44 years old)

[...] I come home, I take a deep breath, I thank God, I pray that God will continue to do so... [...] *The question of attachment to faith also, I think, regardless of religion, I think it's very important right? [...]* *Now I'm looking for the spirituality issue to understand some things, so these are ways so you try to seek to maybe minimize and even to better understand the situations, to live better in your work.* (16, N, 32 years old)

[...] It's crying, tearing apart and the other day I try to look different. I try to pray and that is an angel that is here on my side and what I could, I did. [...] *But I try to remember in a good nostalgic way, not sadness. It was nostalgia, not sadness!* (17, N, 32 years old)

In this sense, spirituality is seen as something necessary for professionals to be able to face the routine in the oncology field. The team considers faith as a source of support. They also point out that they need to learn more about it so that spirituality contributes to the coping process of suffering before the patient, family members, co-workers and the unit as a whole. In addition, good humor is cited as a way to reduce the overhead that the sector has and at the same time brings joy to the patient who is surrounded by fears and uncertainties about his illness and treatment.

In a research developed in Paraná State with nursing professionals working in an Intensive Care Unit, it was revealed that in the face of terminality, religious beliefs also help the professional's comfort in the face of patient suffering. Moreover, the religiosity of the professional is a factor that interferes with the perception and actions before the person served.²³

Spirituality and/or religiosity are pointed out by nursing professionals as a strategy used in the face of issues that cause suffering at work. So, it is emphasized that having faith and believing in spiritual strength assists in moments of suffering, soothes and enables them to move forward.¹⁰

Among the methods used by health professionals to manage their suffering at work, in order to achieve professional satisfaction and improve the quality of oncology care, there is good humor and professional motivation, conveying joy and patient support.²⁴ In this way, it is described that nursing workers at certain moments use good humor to deal with daily work dissatisfaction, whether talking about funny subjects or smiling with colleagues and patients, as a way to overcome and alleviate suffering in the activities.¹⁰

Nursing professionals, participants in the study, emphasized the detachment of the patient as a strategy to maintain their emotional balance by working in oncology:

[...] We have to police ourselves in order not to enter, not absorb that of the patient. [...] At the moment the patient is speaking, it is you to listen, to be there, to understand the patient, but to try not to absorb. [...] (12, N, 29 years old)

[...] I try not to get too attached... We try not to get involved, but sometimes it does not! [...] But I try to separate well. (18, NA, 42 years old)

You know, I'll be out of here in a while, I think of other things outside this environment so I do not get too upset. [...] (19, NA, 46 years old)

Distancing is an important strategy used by nursing workers, because the professionals who are more time with cancer patients, the link between them can be greater due to the prolonged care that the patients are submitted, and in this way the workers use as a way to minimize the suffering that can often be caused by the bond.

Professionals deal with diverse feelings that can lead to physical and emotional exhaustion, and the experience of living with cancer is a challenging process. The nursing team has had their emotions shaken, which may or may not be overcome during the care of the person. Therefore, they often need to resort to detachment as a defense mechanism to confront their daily lives in order to avoid excessive emotional involvement.⁶

In this perspective, the distance between nursing professionals and patients may be one of the defense mechanisms to minimize the suffering generated by oncology experiences, a fact that may not be so beneficial to the patient, but it helps the worker to tolerate the adversities imposed by the work scenario. Thus, this strategy used in nursing care for cancer patients can make care easier and more enjoyable for some members of the team.²⁵

It is believed that it is relevant that nursing professionals develop strategies to alleviate the suffering caused by working in an oncology unit. Hence, it is necessary for the institutions to assist the professional in the face of situations that cause suffering in the work environment, offering support for the same as a way to reduce the feelings generated by the complexity of the service. The strategies are developed individually by

each professional to better face their daily work with oncology patients. It is perceived that this method often directly helps oncology workers in an attempt to improve their well-being and in a way minimize the feelings that lead to suffering.

CONCLUSIONS

Herein, it was possible to know the work in which the nursing professionals in oncology are inserted, their experiences of pleasure and suffering, as well as to identify the strategies used in the suffering that is caused in the oncology area, which matched the study's initial goals.

Bearing this in mind, it was identified that the nursing professional deals with both the feeling of pleasure in the oncology sector and the suffering related mainly to the patient's death. Thus, evidencing that these workers are not prepared for the process of death and dying by not knowing how to handle the loss in their work, hampering the development of a complete and effective service to the patient in all stages of his illness.

Another aspect identified in this study are the strategies adopted by nursing professionals to deal with their own suffering triggered in the oncology sector, the support of colleagues, the accomplishment of leisure activities, psychological and spiritual support, and the distance between the professional and the patient are pointed as factors that contribute to a better customer service, minimizing the situations of suffering generated by the work.

In this perspective, it is important that hospital institutions attend to the mental health care of their professionals, especially the nursing team, who are present throughout the treatment of the patient and constantly deal with debilitated patients and death. So, it is necessary that the professionals feel able to perform the assistance during the death process of the patient, and, in addition, support the family, who most of the time are not prepared for this moment of pain, anguish, and suffering.

Given the aforementioned, there is a need for greater emphasis on the subject of death in health courses in general, through lectures, reflective readings, and practical situations, in order to expose their students to this experience in a more lenient way, from the perspective of modifying the culture of death as a taboo, this being veiled and denied subject in the academy.

By developing a humanized and welcoming care during the death process and dying to the patient with cancer, the professional will feel pleasure in the work, feeling this generated by not being fleeing from death or facing it in a mechanized way.

REFERENCES

1. Brasil. Instituto Nacional de Câncer José Alencar Gomes da Silva. Coordenação Geral de Ações Estratégicas. Coordenação de Educação. ABC do câncer: abordagens básicas para o controle do câncer / Instituto Nacional de Câncer José Alencar Gomes da

- Silva, Coordenação Geral de Ações Estratégicas, Coordenação de Educação; organização Luiz Claudio Santos Thuler. 2ª ed. Rio de Janeiro: Inca; 2012.
2. Nunes MGS, Rodrigues A, Benedita MRD Maria. Tratamento paliativo: perspectiva da família. *Rev Enferm UERJ*. 2012;20(3):338-43.
 3. Souza MGG, Gomes AMT. Sentimentos compartilhados por familiares de pacientes oncológicos em tratamento quimioterápico: Um estudo de representações sociais. *Rev Enferm UERJ*. 2012;20(2):146-54.
 4. Klüser SR et al. Vivência de uma equipe de enfermagem acerca do cuidado aos pacientes com câncer. *Rev Rede Enferm do Nordeste*. 2011;12(1):166-72.
 5. Silva RCV, Cruz EA. Planejamento da assistência de enfermagem ao paciente com câncer: reflexão teórica sobre as dimensões sociais. *Esc Anna Nery*. 2011;15(1):180-85.
 6. Salimena AMD et al. O vivido dos enfermeiros no cuidado ao paciente oncológico. *Cogit Enferm*. 2013;18(1):142-47.
 7. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 12.ed. São Paulo: Hucitec, 2010. 407 p.
 8. Dejours C. Psicodinâmica no trabalho e teoria da sedução. *Psicol em Estudo*. 2012;17(3):363-71.
 9. Gomes GC, Filho WDL, Erdmann AL. O sofrimento psíquico em trabalhadores de UTI interferindo no seu modo de viver a enfermagem. *Rev Enferm UERJ*. 2006;14(1):93-99.
 10. Viero V. Prazer e sofrimento dos trabalhadores de enfermagem em oncologia pediátrica. Santa Maria; [dissertação]; 2014. 184f.
 11. Ribeiro SL et al. Incidentes críticos experienciados no tratamento da doença oncológica. *Rev de Enferm do Centro Oeste Mineiro*. 2015;5(3):1805-819.
 12. Kübler-ross E. Sobre a morte e o morrer: O que os doentes terminais têm para ensinar a médicos, enfermeiras, religiosos e aos seus próprios parentes. 9.ed. São Paulo: Editora WMF Martins Fontes, 2012. 296 p.
 13. Arruda-Colli MNF, Santos MA. Aspectos psicológicos da recidiva em oncologia pediátrica: uma revisão integrativa. *Arqu Brasileiros de Psicol*. 2016;67(3):75-93.
 14. Rezende MCC, Neto JLF. Processos de subjetivação na experiência de uma equipe de enfermagem em oncologia. *Rev Psicol e Saúde*. 2013;5(1):40-48.
 15. Bordignon M. Insatisfação dos profissionais de saúde no trabalho em oncologia. *Rev Rede de Enferm do Nordeste*. 2015;16(3):398-406.
 16. Morais ICPS et al. Vivência do enfermeiro frente ao paciente oncológico em fase terminal: Uma revisão da literatura. *Rev Internacional Interdisciplinar*. 2013;6(1):96-104.
 17. Martins JT. Prazer e sofrimento no trabalho do enfermeiro em unidades de terapia intensiva: estratégias defensivas. Ribeirão Preto; [dissertação]; 2008. 201 f.
 18. Kessler AI, Krug SBF. Do prazer ao sofrimento no trabalho da enfermagem: o discurso dos trabalhadores. *Rev Gaúcha de Enferm*. 2012;33(1):49-55.
 19. Alessandra BG, Maria CFLH, Mara SGD, Fernanda LRR, Paloma SCP. Estratégias utilizadas por técnicos de enfermagem para enfrentar o sofrimento ocupacional em um pronto-socorro. *Rev Rene*. 2016;17(2):285-92.
 20. Catalan VM. A organização do trabalho, prazer e sofrimento da enfermagem: estudo de caso em uma unidade de internação hospitalar. Porto Alegre; [dissertação]; 2012. 99 f.
 21. Menegócio AM, Rodrigues LT, Geane L. Enfermagem oncológica: Relação de afetividade ou meramente técnica? *Ensaio e Ciência: Ciências Biológicas, Agrárias e da Saúde*. 2015;19(3):118-23.
 22. Silva TP et al. Cuidados de enfermagem à criança com câncer: uma revisão integrativa da literatura. *Rev Enferm UFSM*. 2013;3(1):68-78.
 23. Calíope P, Macedo JQ, Zanelatto R, Soares LG, Kusumota L. Percepção da equipe de enfermagem de uma Unidade de Terapia Intensiva com relação à espiritualidade e religiosidade. *Cienc Cuid Saude*. 2014;13(3):479-86.
 24. Trindade LL et al. Satisfação profissional e qualidade no cuidado em oncologia: Visão dos profissionais da saúde. *Rev Pesqu Cuid Fundam*. 2015;7(2):2383-392.
 25. Rezende MCC, Neto JLF. Processos de subjetivação na experiência de uma equipe de enfermagem em oncologia. *Rev Psicol Saúde*. 2013;5(1):40-48.

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