ORIGINAL ARTICLE

FEELINGS OF WORKERS FROM THE ONCOLOGICAL OUTPATIENT CLINIC ABOUT INTERPERSONAL RELATIONSHIPS IN THE CARING AND WORKING PROCESS

ABSTRACT
Objective: to understand the feelings experienced by workers in an outpatient oncology clinic about interpersonal relationships with staff and patients. Method: this was a case study with a qualitative approach. There were 38 workers interviewed from a specialized institution in the care of cancer patients. The content analysis technique was used for data analysis. The Research Ethics Committee, CAAE 0171.0.213.000-10, approved the study. Results: participants especially expressed four feelings related to satisfaction, fear, affection, and emotional exhaustion. Conclusion: there is a need to improve the quality of working life of these professionals, building spaces in the service where they can express their feelings to minimize stressful situations and suffering generated in the caring and/or working process. Descriptors: Oncology; Interpersonal relationships; Worker ’ s Health; Quality of Health Care.

RESUMO
Objetivo: compreender os sentimentos vivenciados por trabalhadores de um ambulatório de oncologia nas relações interpessoais com a equipe e os usuários. Método: estudo de caso com abordagem qualitativa. Foram entrevistados 38 trabalhadores de uma instituição especializada no atendimento de pacientes oncológicos. Utilizou-se a técnica de Análise de Conteúdo para a análise dos dados. A pesquisa foi aprovada pelo Comitê de Ética em Pesquisa, CAAE 0171.0.213.000-10. Resultados: os participantes manifestaram primordialmente quatro sentimentos relacionados à satisfação, ao medo, à afetividade e à exaustão emocional. Conclusão: há necessidade de melhorar a qualidade de vida no trabalho destes profissionais, construindo espaços no serviço onde eles possam expressar seus sentimentos na tentativa de minimizar as situações de estresse e sofrimento geradas no processo de cuidado e/ou de trabalho. Descritores: Oncologia; Relações Interpessoais; Saúde do trabalhador; Qualidade da Assistência à Saúde.

RESUMEN
Objetivo: comprender los sentimientos vividos por trabajadores de un ambulatorio de oncología en las relaciones interpersonales con el equipo y los usuarios. Método: estudio de caso con enfoque cualitativo. Fueron entrevistados 38 trabajadores de una institución especializada en la atención de pacientes oncológicos. Se utilizó la técnica de Análisis de Contenido para el análisis de los datos. La investigación fue aprobada por el Comité de Ética en Investigación, CAAE 0171.0.213.000-10. Resultados: los participantes manifestaron primordialmente cuatro sentimientos relacionados a la satisfacción, al miedo, a la afectividad y a la exahustión emocional. Conclusión: hay necesidad de mejorar la calidad de vida en el trabajo de estos profesionales, construyendo espacios en el servicio donde ellos puedan expresar sus sentimientos en la tentativa de minimizar las situaciones de estrés y sufrimiento generadas en el proceso de cuidado y/o de trabajo. Descriptores: Oncología; Relaciones Interpersonales; Salud del trabajador; Calidad de la Asistencia a la Salud.
INTRODUCTION

Caring for cancer patients causes a physical and emotional burden on health care professionals, and situations experienced in the cancer sector cause suffering and stress.¹ Co-workers spend most of their time together. Therefore, it is necessary to value their interpersonal relationships at work.² It is also important coping with daily stressful situations for the emotional balance of these workers.¹

It is noteworthy that when an institution gets to know the feelings of professionals on different aspects, it is possible to create strategies to promote their quality of life at work (QVT). Through these strategies, the team can be more committed to the mission and philosophy of the institution.³

When studying health work, an increased job performance or technical skills and theoretical knowledge should not only be sought after but also the construction of strategies to supply the needs of the studied population.⁴⁻⁵ Health workers live daily with pain, suffering and loss. Therefore, they also need care.¹⁻⁴

The work in health area has been modernized over the years. However, it still uses a Taylorist logic determining an individualistic, specialized work process, with domination and power relationships, aimed at high productivity. This functional method strengthening the neoliberal model includes little interpersonal relationships and satisfaction among professionals, focusing on rules and routines for the needs of patients and service workers. In addition, it generates a more precarious working environment, waging devaluation and instability in employment.⁶⁻⁸ According to our observation, the workers of the unit where the study was conducted have experienced feelings of hostility, impotence, stress, conflict, power struggle, fear, insecurity, and low self-esteem among others. All these factors have led to a large staff turnover, as well as transfers and dismissals. Such feelings are explained in the daily work.

This health institution has a great stream of patients with several demands varying in complexity and genre, which increases workload and influences relationships.

Studies that determine the feelings influencing interpersonal relationships in the caring and working process become relevant. Studying emotions is important to understand human behaviors in all its complexity. However, in this study, it was not intended to exhaust all possibilities of comprehension of the feelings expressed by professionals in their interpersonal relationships within the work environment, since all research should have the dynamics of a cycle that will have a provisional product and a final analysis that will inform a new beginning.⁷ Thus, the objective of this study is: to understand the feelings experienced by workers in an outpatient oncology clinic about interpersonal relationships with the staff and patients.

METHOD

This article was elaborated from the monograph << The perception of workers at the outpatient oncology clinic in the south of Minas Gerais about the interpersonal relationships at work >> presented in the Graduation Nursing Course at the Pontifical Catholic University of Minas Gerais, Campus Poços de Caldas. Poços de Caldas, Minas Gerais, Brazil, 2011.

This was a case, exploratory, descriptive study with a qualitative approach.⁷⁻⁸ The data production occurred from June to September of 2011 in an institution specialized in cancer patients care located in Poços de Caldas city, Minas Gerais (MG).

The study population was composed of 38 workers and 10 volunteers, resulting in 48 individuals. Due to sick leave and absence during data collection, ten subjects were excluded, and the final sample consisted of 36 professionals and two volunteers who serve food to patients and outpatient caregivers in the Assistance Unit in High Complexity Oncology (UNACON) totaling 38 subjects. Volunteers who work daily in the unit were added in the study sample because the research subjects chosen should be social subjects with relevant attributes that the investigator intends to know.⁷ The choice of research subjects was intentional, and the sample closure criteria were by exhaustion; all subjects available were included.⁹

The interview was used in data collection, following a script with five semi-structured questions about the feelings experienced by participants, relationships between professionals, the perception of cancer patients, the influence of environment in the work process, and suggestions for changing this environment. This collection technique allows participants to reveal important information from their perspective and spontaneously. The interviews were recorded and transcribed by one of the authors.

The content analysis method, widely used in qualitative research, was used for data
analysis, which consists of a historical theoretical search and practice in the area of social research allowing researchers to evaluate the subjectivity of individuals in their communications.  

In this study, the thematic content analysis was used and implemented in three phases. The pre-analysis included floating and thorough reading of the article, organization of the material, and formulation of assumptions and goals. The material exploration consisted of an encoding process by clippings text in recording units, classification, and aggregation of data on theoretical or empirical categories. The treatment and interpretation of the material sought to understand the meanings of the most relevant features in the text through inferences and interpretations based on known theoretical references and by suggesting other theories formulated by the reading of the material.  

The letter E following the crescent number of interviews identified each respondent and aimed at data organization and participant anonymity. The Research Ethics Committee from the Pontifical Catholic University of Minas Gerais approved the research project under CAAE 0171.0.213.000-10. The subjects were informed about the anonymity and freedom to stop their participation in the research at any time by signing the Voluntary Informed Consent Form according to Resolution 196/96 from the National Health Council.

RESULTS AND DISCUSSION

Out of the total sample, 24 participants were women, and 14 were men, age ranging from 21 to 65 years old. The workers were doctors, nurses, nursing technicians, physical therapist, nutritionist, social worker, psychologist, cleaning staff, administrative staff, volunteers serving food to patients, and daily caregivers. After analyzing the data, we identified four feelings experienced by respondents in the workplace represented by the following categories: satisfaction related to the caring and working process, affection related to bonds formed through assistance and the collective work, and emotional exhaustion related to the caring and working process.

It is noteworthy that all categories are related to each other because the feelings were similar in the participants’ speeches, however, for the discussion purposes they are presented separately. It is noteworthy that the categories related to fear and emotional exhaustion are a counterpoint to the category related to workers’ satisfaction and those that correlate the findings with other studies.  

♦ Category 1 - Satisfaction related to the caring and working process

Professionals show the feeling of satisfaction through expressions of joy, pleasure, gratification, and enthusiasm for carrying out their work, which appears as a source of pleasure, awakening these positive impressions.

[...] The greatest feeling is the satisfaction of helping others, solving problems, and being able to manage effectively. (E18)

[...] I like working here very much, I really like what I do, the environment, co-workers and I get along with everyone very well. (E11)
The first thing is a sense of joy because I really wanted to work with this type of disease, and I was very happy to be part of people’s life and contribute to them to be better or in the death stage [...]. (E26)

The work is very significant for people, giving them identity and being a source of pleasure and well-being when the conditions to carry it out are adequate. Several factors influence the performance of work such as the institution’s characteristics and personal aspects of each professional, as well as interpersonal relationships established in this environment.  

It was noticed that most of the speeches show pleasure for the tasks performed, but not all of them were pleased with the established professional relationships. This is maybe because these interpersonal relationships, both among professionals and among professionals and patients also depend on the character and personality of every person involved in this relationship.  

When living among team members is marked by solidarity actions, cooperation, trust and confidence, positive manifested can be generated, as shown in the E11 speech.

Satisfaction involves a set of favorable feelings that compose the personal and professional world of individuals. It can be understood as the result of the evaluation the employee has about his work. Therefore, it is assumed that the greater the satisfaction factors, the greater will be the commitment of the professional to provide qualified care.

Another study confirmed that the satisfaction with life, in general, was significantly related to performance in the workplace. The same research showed that there is positive correlation between satisfactions with life in general and the skills needed to develop a supportive relationship
with the patient, such as empathic skills, communication, and contact, which can be acquired and improved by professional training and continuing education in the service. The promotion of skills in interpersonal relationships can be applied to improve care and coexistence among team members.\textsuperscript{11}

Professions have material, psychological and social meanings. The satisfaction of respondents was associated with psychosocial needs at work as the feeling of pleasure and joy, beyond the idea that professional practice brings contributions to others. Psychosocial factors at work are interactions in the workplace, the content of work, organizational conditions, culture, personal issues that can affect the health, performance and job satisfaction.\textsuperscript{14} Thus, the professionals' satisfaction with their work has a well-marked psychosocial representation since the work environment and its relationships composed of subjective and social neutrality.\textsuperscript{11}

For the professional to have satisfaction about what he does, he should feel comfortable in the workplace, not only for his pleasure or his affinity of what he does but also for the relationships among the different professionals in health services. This point leads to a reflection on the power relationship at work and the autonomy that every professional has to do their jobs or apply care strategies that diverge from those imposed by the institution. In these cases, it is extremely important that decisions about patient care be collective and shared with the entire multidisciplinary team.\textsuperscript{5} This is also a way to recognize and value the activities carried out by each professional, being a source of satisfaction.

Regarding the speech of E26, it is understood that the tendency in helping patients and feelings of joy and satisfaction awaken in the professional are not enough to establish a therapeutic relationship for an effective and quality care. Their statements also expressed a certain need of the professional focusing their attention on the patient's disease rather than the patient as a person. It is noteworthy that the professional focused on the patient's disease, tends to take way the pleasure or his affinity of what he does; mainly focusing on technical care actions not to "feel fear as an object of himself\textsuperscript{19-19} which can result in the dissatisfaction of the professional in the caring process.

\textbf{Category 2 - Fear associated with the difficulties of the caring process}

Feelings of workers from the oncological outpatient...

The feeling of fear among the participants is shown through expressions representing discomfort, distress, dissatisfaction, tension, and anxiety. It was noted that in most cases, their fear was linked to the idea of death. However, this topic was not very expressed, and only a few of them dared to evoke it explicitly:

\textit{[... But everything has an emotional stress because I still have a hard time dealing with death [...].} (E11)

\textit{As you get involved, you end up with tension, unconsciously.} (E14)

\textit{[...] For me, it was anguish, impotence, you know, that you cannot do anything and have to manage, it is very complicated.} (E02)

\textit{I feel a very heavy environment, [...] It is not a light environment, it is not a pleasant thing.} (E31)

Fear is a primary emotion and often seen as negative. It is an adaptive reaction to seek strategies to address difficult or dangerous situations, whether real or imagined. Objects or situations can acquire negative symbolic representations constituting an object/situation causing fear.\textsuperscript{6,7} Therefore, it is understood that this feeling may have two purposes: act as a warning system, generating an adaptive response in the individual who experiences a dangerous situation; and as a psychological mechanism when there is any threat to the satisfaction of the ego’s desires, usually generating an anxiety and a fearful response, exemplified by the threat of loss.\textsuperscript{16}

The study participants expressed fear, not on their physical or motor aspects such as organic behavioral reactions, but verbal and psychological, through subjective reports of experiences or perceptions that somehow are related to the feeling of fear.\textsuperscript{17} Thus, expressions that show discomfort as “emotional stress”, “tension”, “anguish”, “impotence”, and “heavy environment” characterize the difficulties that health professionals have to deal with the care of patients in critical or terminal states as well as with their own feelings, emotions and limitations in these situations. Such reactions may indicate any impairment in the mental health of professionals and can generate a level of dissatisfaction with a consequent decrease in performance at work.

Fear can also be expressed as anxiety and the professional adopts behaviors of denial and escape as a defense mechanism.\textsuperscript{17,4} The speeches show that some health professionals have a certain state of anxiety because they work under severe tension during their daily activities and need to deal with not only the pain and suffering of patients but also their...
families. Such circumstances can generate fear, insecurity, frustration and helplessness especially when the health professional needs to attend a critical patient with the possibility of imminent death. Therefore, the professionals present emotional and physical distancing attitudes towards patients and families by avoiding talking directly about death.\textsuperscript{18}

In this case, it is important that professionals have the opportunity to express their feelings, sufferings and fears to relieve their own pain, and seek personal empowerment. One way to provide this is to open spaces in the workplace and in academic training to discuss death, sharing feelings about the topic, providing tools for professionals to cope with it.\textsuperscript{19,20}

Undergraduate courses in health prioritize theoretical and technical knowledge for the human development, which would provide the development of interpersonal skills that are necessary for the relationships among professionals and with patients. The health training also guided in the paradigm of disease and healing process, strengthens the idea that the professionals’ role is to get the cure and save the patient, not letting him die.\textsuperscript{19} This is worrisome because, for health professionals, “the true sense of death in the human being is failure and impotence”.\textsuperscript{19,20} Thus, the patient becomes an even greater source of anxiety for these professionals, and the anguish is nothing more than their fear and the fear of something that escapes the understanding.\textsuperscript{20}

\textbf{Category 3 - Affection related to assistance bonds and collective work}

Considering that the capitalist model of organization of work processes is a split between work and affection, it is important to understand and rescue the affective dimensions mainly involving health professions.\textsuperscript{21}

Feelings related to affection were also frequent in the speeches and showed different content: caring, compassion, love, dedication, humanity, collaboration, distress, discomfort, and helplessness.

[...] Affection is a generic term that includes different ways of affective experiences such as mood, emotions, and feelings.\textsuperscript{22,155} Affections can be divided into positive and negative, measured independently since they do not constitute extreme poles of a single continuum of affection/emotion.

The positive affection occurs when there is a sense of excitement and enjoyment of life. While negative affection appears in the lack of energy and pleasure, apathy and hopelessness, tiredness, and uncomfortable sensations. People have concomitantly positive and negative affections, and the balance between them provides the same emotional well-being with the adversities experienced in work and personal life. An emotional state with predominantly negative affections can cause anger, guilt, fear, disgust, and concern in health professionals affecting the quality of care provided and the quality of life of these professionals.\textsuperscript{7} On the other hand, the presence of significant positive affections has motivational and satisfaction effects. This affection diversity can be corroborated in the following speeches:

Here is a little complicated to work and I feel a little bit upset with everything, we feel affection, pity and mercy, it is a mixture of feelings. (E07)

[...] We feel like helping, collaborating, sometimes I get a little upset with some situations [...]. (E20)

I have the feeling of trying to help, I come to collaborate, I think they need a lot of attention, a lot of affection. (E35)

It is hard not to be mobilized psychologically and emotionally with the demands that go with the technical-supportive care. Professionals need to establish some levels of emotional involvement or commitment to the human being demanding care.\textsuperscript{23}

It is noteworthy that the emotional commitment involves cognitive and affective aspects. This involvement requires knowledge, insight, and self-discipline from professionals having enough maturity and openness and showing to the patients that they are human beings. Thus, the professional would have the ability to transcend and show concerns for others without becoming unable to perform or paralyzed. When the emotional involvement reaches a mature level, it helps the patient to experience the interest and care offered by the professional.\textsuperscript{12}

In this sense, it is noteworthy that there is still in the society and academic area, an improper judgment that the health professional who shows his emotions is immature professionally. It is worth to emphasize that the establishment of a meaningful relationship with the individual patient does not reduce the quality of care and competence of professionals. This is an opportunity for human growth and to effectively perform useful actions for the patient.\textsuperscript{12}
In the speeches, it is noted that respondents act technically, however, at the same time they also show emotional reactions to these patients:

I have love for these people, but there are times that we have to act with reason and not with the heart. (E13)

At first, we have to have a sense of humanity, dedication [...] and on the other hand, we also have to have a certain emotional balance, because you deal with a series of extreme situations with cancer patients. (E25)

Throughout his life humans face several conflicts and the most common is “determined by the discrepancy between his need for affection and the proportion and quality of affection that the society can and wants to offer”. It is observed that professionals seem very willing to offer this affection to patients by expressing love, concern and empathy for the sick person, although this does not ensure the quality of care. The intention of offering affection is a key point in the attempt to bring assistance actions of needs for love and attention they always show, in different ways, to people who suffer or have a disease.

It is highlighted that the desire to maintain emotional balance permeates the idea that professionals should have a mature emotional commitment with the patient, not inhibiting their feelings towards an alleged impartiality in interpersonal relationships - a practice still valued in many institutions training health professionals. In addition, the professional also must not develop only an intuitive relationship with the patient compromising the care, but they need to establish a therapeutic interpersonal relationship that is a planned person-to-person relationship with therapeutic effect.

The search for balance cannot be confused with the feeling of fear in approaching the patient, by distancing from the relationship with the patient in critical condition. Such an attitude appears as a self-defense mechanism in the health professionals by avoiding intimacy with the suffering sick person in order to prevent their own suffering; these professionals are faced with situations that inevitably bring discomforts and anxieties that can mobilize personal conflicts in the relationships established in their caring activity. Therefore, they prefer to maintain a superficial relationship without emotional commitment. These issues interfere with the deepening of therapeutic actions in order to seek better alternatives for the treatment and even deal with each of the patients in an idiosyncratic way.

The affection established in relationships among workers can be positive and negative. It is known that the difficulties in interpersonal relationships are a major source of stress for healthcare professionals, and in this situation there are problems such as lack of collegiality associated with emotional exhaustion and disappointment or low job satisfaction. The following statements are examples:

[...] I think we could have a little more companionship. (E14)

I see a lot of individualities, right [...] in a working group, it is every person by himself [...] I think that there is a lot of intrigues, lots of gossips. (E9)

The lack of collegiality is when it does not make more sense for the person to maintain positive relationships with colleagues at work. Professionals realize that there is no support or unity among colleagues to perform working activities. Thus, social support and cohesion in collective work is essential to resolve interpersonal conflicts that appear in this environment, and these questions depend on the actions taken by the health facility to mitigate consequences from organizational stress such as monitoring disagreements that occur at work and promoting discussion forums to address them.

However, the presence of positive emotions in co-workers may be evident when the professional uses conversations with their peers - and becomes aware of this act - as an efficient resource to address occupational stress and minimize the perception of emotional exhaustion. Case discussions, for example, enable health professionals to share emotional and informational support.

Category 4 - Emotional exhaustion related to the caring and working process

Another category found in the analysis was feelings related to emotional exhaustion, that together with depersonalization and lack of professional achievement, are the three components of the Burnout syndrome (professional breakdown), which is an important result of occupational stress.

This category does not intend to discuss the Burnout in depth because the participants’ speeches do not bring enough elements to do this. Statements only have data for the analysis of the presence of some of the elements characterizing the Burnout Syndrome. Thus, emotional exhaustion appears as the main point expressed by
workers. The problem of depersonalization is also revealed, however discreetly while the lack of professional achievement is not evidenced in the speeches in a direct and meaningful way. In this study, the appearance of Burnout occurs when the emotional exhaustion and depersonalization are combined producing a feeling of low professional achievement.\(^2\)

It is also considered that job achievement involves job satisfaction in some way, and the studied sample demonstrated considerable satisfaction with their work. However, the presence of some of the components of burnout syndrome may indicate certain risk to the health of workers and their quality of work because this syndrome evolves gradually and has a cumulative character.\(^2\)

Therefore, emotional exhaustion was highlighted in the participants’ speeches - a basic stress component in the initial stage of the Burnout Syndrome\(^2\) - defined by a reduction or lack of energy associated with a feeling of emotional exhaustion. The exhaustion can be physical, psychological or both. Workers realize they cannot afford to use more energy to assist patients and families as they did before.\(^2\)

In this case, professionals feel tired, exhausted, without having a replacement source of their energy. Prolonged exposure to high levels of stress arising from work overload and personal conflicts at work can lead to exhaustion,\(^5\)\(^2\)\(^7\) which can be seen in the following speeches:

\[\ldots\] A lot of times we go home a little overwhelmed, it seems that it takes a lot out of us, it’s an energy that runs out, at the end of our work day we’re pretty tired […]. (E15)

We feel very tired, just entering, we feel a negative energy, thus, you go in tired, stressed, all of this at the time to get to work. You already come exhausted. (E16)

It is noted that the feelings related to emotional exhaustion were multiple, appeared many times in the interviews, and were usually linked to energy reduction, tension and stress. These situations can affect the performance of professionals in their daily activities.

Such feelings are common in oncology workers by dealing directly with pain, distress and human suffering. These feelings can often interfere with the professional-patient relationship and the provision of care.\(^2\)\(^3\)\(^7\) Thus, the speeches show the presence of another important component of the Burnout, which is the depersonalization related to negative reactions from the professional as a response to the overload of emotional exhaustion, with a self-protection function. Professionals who complain of being overworked tend to decrease their performance, not feeling motivated to do their best but only the minimum as possible. The consequence of this attitude is the loss of the ideal for the profession and dehumanization in relationships with patients, families and staff.\(^2\)

Considering that patients from an oncology outpatient clinic demand attention and empathy, it is necessary to rethink the relationships in the workplace and work organization process to increase in quality, which would benefit patients, health professionals, and health institutions. As the following speeches:

\[\ldots\] I think that personal relationships are good, but working relationships could be better in order to have an exchange, a relationship, an exchange of more information […]. (E38)

Some sovereignty relationships, some from the team, some even from not friendly relationships, for personal reasons […] against each other […] it is very clear the relationship between divided groups […]. (E18)

Interpersonal relationships, so necessary for the health care, generate physical, mental and emotional wear in professionals, and can be aggravated by work overload. In addition, differences in the concentration of power and decision among professionals create conflicts.\(^2\)

With all its multidimensional aspects, Burnout is also related to the professionals’ perception of organizational support, reinforcing the importance of institutions in promoting health and well-being at work, planning interventions to prevent the development of Burnout.\(^2\)

Some studies have found an inverse relationship between quality of working life, job satisfaction and emotional exhaustion: the higher the exhaustion, the lower the quality and satisfaction.\(^2\)\(^7\)\(^9\) Nevertheless, the complexity of interactions in the workplace is revealed by certain ambiguities: professionals even living with difficult situations at work can also express feelings of satisfaction.\(^2\)

The first category presented in this study showed significant feelings of satisfaction with the work done in the outpatient oncology clinic, even identifying feelings of fear and emotional exhaustion in interviewed workers. It can be inferred that in this study there was no clear association between job satisfaction and emotional exhaustion, or at least the participants did not present this direct
relationship. This idea can be corroborated by a study that found a low occurrence of burnout and high level of occupational stress among nurses satisfied with their work. In fact, this satisfaction may even be a protective factor against Burnout. However, it should be noted that this fact does not rule out the possibility of this relationship in sample similar to that in this study, as observed in some studies conducted in other health services.

On this issue, it is important to note that in this study the speeches showed satisfaction mainly related to the task performed and not so much to the general aspects of the work such as work organization policies, salary, physical environment, and use of sophisticated technologies among others, which may affect the levels of satisfaction and quality at work.

Another reason that may explain the unexpected findings of studies that found a little significant relationship between job satisfaction and presence of occupational stress or even burnout, with emotional exhaustion as the main dimension, is the development of coping strategies and cognitive and behavioral skills acquired by people to manage stressful situations at work. The strategies used are focused on the problem or the emotion. The strategy focused on the problem aims at controlling stressful situations, seeking to overcome the problem with changes in the environment/stressor, and the strategy focused on the emotion seeks to escape when the professional has emotional attitudes as denial, detachment, and selective attention.

In coping focused on emotion, widely used by nurses in oncology, the person perceives that the stressor cannot be changed and that it is necessary to keep up with it, however, trying to change the understanding that people have about the stressor object. The avoidance strategies are related to the presence of emotional exhaustion and are a way to address breakdown. However, removal strategies of stressing sources may have a protective effect in some specific situations but do not promote physical and emotional balance in situations of prolonged exposure to stress, requiring an active stand by the professional.

It is noteworthy that the manifestations of emotional exhaustion such as fatigue, stress, and breakdown are easier to take than to admit the lack of emotional commitment to patients and family or the actions of emptiness and detachment. It is also difficult for professionals to admit the presence of feelings of inadequacy and lack of personal and professional achievement at work due to social identity built around patients with pain and suffering.

**CONCLUSION**

The professionals highlighted many feelings, however, the main ones referred to satisfaction, fear, affectation, and emotional exhaustion related to the caring and/or working process. Satisfaction was the category with the highest expression, expressed by the pleasure of the respondent to perform his work to cancer patients. However, there was a need to search for a better quality of working life, especially when considering interpersonal relationships.

We realize that changes about the view of caregivers by the institution are inevitable. These changes could minimize stress and conflicting situations, providing quality health care by allowing opportunities for communication (dynamic group or individual sessions) where professionals can express feelings and difficulties encountered while carrying out those activities.

One limitation of this study is the absence of participant observation, which could add significant elements to data analysis because this technique is used to confirm and validate verbalized information that is compared with their work practice. Another possible limitation would be sample heterogeneity: participants perform quite distinct functions because they represent different categories of workers, which implies different interpersonal relationships that are established with disparate purposes. Therefore, we believe that a heterogeneous sample can provide greater value to the collected information due to similarities observed in the participants' speeches.

This study provides rich information that can assist health services seeking and implementing strategic actions aimed at quality care to patients, but also to pay attention to the needs by improving working conditions of professionals who provide health care. Quality in health work also depends on actions encouraging professionals to view themselves and the other in a more human way, as human beings full of feelings, and not in a cold and technicist way as if the other is an object that has only symptoms and diseases.

In this perspective, we propose a reflection to professionals and, especially, to health managers about the importance of seeking balance between the technical and scientific dimensions.
knowledge, which contain rational elements, and the knowledge of human beings and their behaviors under emotion, in order that health professionals also develop the necessary skills to relate well with both patients and families, and with other team members.

REFERENCES


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