



CURRENT WORK WORLD AND THE MENTAL IMPLICATIONS FOR ONCOLOGY NURSING PROFESSIONALS

MUNDO DO TRABALHO ATUAL E AS IMPLICAÇÕES MENTAIS PARA PROFISSIONAIS DE ENFERMAGEM ONCOLÓGICA

MUNDO ACTUAL DEL TRABAJO Y LAS IMPLICACIONES MENTALES PARA PROFESIONALES DE ENFERMERÍA ONCOLÓGICA

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ABSTRACT

Objective: to analyze the possible mental implications for nursing professionals who work in the care for patients undergoing oncologic treatment. **Method:** this is an interpretive study with a qualitative approach. Oral History was chosen. The collection of information was carried out with 14 nursing professionals who work at a unit of a philanthropic hospital institution in Natal, Rio Grande do Norte, Brazil. The inclusion criteria were: working in the care for the oncologic clientele and working in sectors with patients whose diagnosis has no therapeutic possibility. To collect the information, individual interviews were conducted through a semi-structured script. The speeches underwent thematic analysis. The research was approved by the Research Ethics Committee of Universidade Federal do Rio Grande do Norte (UFRN), under the Opinion 186/2008. **Results:** the nurse is the healthcare professional who spends more time with the patient during the therapeutic process. Among the categories found in the analysis of interviews, stood out: work routine, mental fatigue, and its influences on personal and professional life, and the professional's feelings when dealing with the oncology patient. **Conclusion:** the professional who cares for oncologic patients experiences an environment of anguish and suffering, since, in general, she/he expects death. The professional needs a support from the institution, through multidisciplinary groups implementing activities related to the quality of life. The key is to care for those who care for, to provide the oncologic patient with a better physical and emotional support. **Descriptors:** nursing; occupational health; oncology.

RESUMO

Objetivo: analisar as possíveis implicações mentais para profissionais de enfermagem que atuam no cuidado aos pacientes em tratamento oncológico. **Método:** trata-se de estudo interpretativo com abordagem qualitativa. Optou-se pela História Oral. A coleta das informações foi realizada com 14 profissionais de enfermagem atuantes em uma unidade de uma instituição hospitalar filantrópica de Natal-RN. Os critérios de inclusão foram: atuar na assistência à clientela oncológica e trabalhar em setores com pacientes cujo diagnóstico não apresenta possibilidade terapêutica. Para coletar as informações foram realizadas entrevistas individuais, por meio de um roteiro semiestruturado. As falas foram submetidas a análise temática. A pesquisa foi aprovada pelo Comitê de Ética em Pesquisa da Universidade Federal do Rio Grande do Norte (UFRN), sob o Parecer n. 186/2008. **Resultados:** o enfermeiro é o profissional da saúde que passa mais tempo com o paciente durante o processo terapêutico. Dentre as categorias encontradas na análise das entrevistas, destacam-se: rotina de trabalho, cansaço mental e suas influências na vida pessoal e profissional, e sentimentos dos profissionais ao lidar com o paciente oncológico. **Conclusão:** o profissional que cuida de pacientes oncológicos vivencia um ambiente de angústia e sofrimento, pois, em geral, ele espera a morte. O profissional precisa de apoio da instituição, a partir de grupos multidisciplinares que implementem atividades relacionadas a qualidade de vida. O essencial é que se cuide de quem cuida, para proporcionar melhor amparo físico e emocional ao paciente oncológico. **Descritores:** enfermagem; saúde do trabalhador; oncologia.

RESUMEN

Objetivo: analizar las posibles implicaciones mentales para profesionales de enfermería que trabajan en la atención a los pacientes en tratamiento oncológico. **Método:** esto es un estudio interpretativo con abordaje cualitativo. Se optó por la Historia Oral. La recogida de las informaciones se llevó a cabo con 14 profesionales de enfermería que trabajan en una unidad de una institución hospitalaria filantrópica de Natal, Rio Grande do Norte, Brasil. Los criterios de inclusión fueron: trabajar en la atención a la clientela oncológica y trabajar en sectores con pacientes cuyo diagnóstico no presenta posibilidad terapéutica. Para recoger las informaciones fueron realizadas entrevistas individuales, por medio de un guión semi-estructurado. Las hablas fueron sometidas a análisis temático. La investigación fue aprobada por el Comité de Ética en Investigación de la Universidade Federal do Rio Grande do Norte (UFRN), bajo la Opinión 186/2008. **Resultados:** el enfermero es el profesional de la salud que pasa más tiempo con el paciente durante el proceso terapéutico. Entre las categorías encontradas en el análisis de las entrevistas se destacan: rutina de trabajo, fatiga mental y sus influencias en la vida personal y profesional, y sentimientos de los profesionales al lidiar con el paciente oncológico. **Conclusión:** el profesional que cuida de pacientes oncológicos vive un ambiente de angustia y sufrimiento, pues, en general, ello espera la muerte. El profesional necesita el apoyo de la institución, por medio de grupos multidisciplinares que implementen actividades relacionadas con la calidad de vida. Es esencial que se cuide de los que cuidan, para proporcionar un mejor amparo físico y emocional al paciente oncológico. **Descriptores:** enfermería; salud laboral; oncología.

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INTRODUCTION

The study indicates the process of turning natural matter into objects of culture for the human being; it's the creativity which changes the status of things in order to meet the needs of men. Work is, thus, effort and result. In capitalist societies, the employer has the unit of capital, and turns part of this capital into wages, leading the worker to have as her/his only alternative selling her/his labor to maintain her/his life.¹

In the work world, globalization presents, as one of its most concrete unfoldings, new ways of organization and new technologies. This world unleashes both benefits and harms to workers, such as the replacement of men by machines, causing unemployment.²

The new ways of work organization also comprise the healthcare services, with strategies of productive restructuring and reorganization; the professional hierarchy characterized by the division between intellectual labor versus manual labor stands out.

As a service, the work in healthcare has less visibility, especially because product and consumption get confused. The client, in health care, is the main work object, which receives the actions of healthcare professionals, turning the client itself into the product of such actions, and she/he is also a consumer, taking advantage of these actions.³

The social division of labor in nursing takes place initially much more in order to suit an established model of healthcare policy, and at the same time it produces the class structure of capitalist society, through the professional hierarchy.

Nursing has the responsibility of caring for people, even more if clients are people diagnosed with cancer, as they live with suffering, several episodes of hospitalizations, powerlessness over the disease, and the possibility of imminent death. In the context of cancer, the nurse acts through prevention and control actions. She/he has the incumbency of providing assistance to cancer patients in the diagnostic evaluation, treatment, rehabilitation, and attention to relatives. Moreover, she/he develops education actions, integrated actions along with other professionals, and identifies occupational risk factors.⁴

Nurses who work with oncologic patients have emotions when facing rewarding and also difficult factors found in everyday life, like seeing the sick patient recover or live with the patient's suffering, respectively.⁵

Considering such a problematic, the research is relevant with regard to the nursing professionals' coping in the daily care to patients with cancer. The need for investigating these social actors justifies itself, considering that they experience a daily work with the historic features of a typically painful activity. There's also, with the new configuration of the current work world, the evolution and consequences on the life and health of these professionals.

The main aim of this study is to analyze the possible mental implications for the nursing professionals who work in the care for patients undergoing oncologic treatment.

METHOD

This is an interpretive study with a qualitative approach on the mental implications, in the context of the current work world, for oncology nursing professionals who directly deal with patients with no therapeutic possibility.

The approach was ruled by the qualitative research, due to the fact that it's characterized by the attempt to understand the meanings and features noticed in respondents and based on the assumption that knowledge on the individuals is possible only through the description of human experience, just as it is experienced and defined by its own atores.^{6,7}

Oral History was chosen, because one understands that the historical construction of the oncologic nursing professionals' experiences enable an understanding of the changes which occurred in the life of these professionals.

Oral History can produce reflections and bring up changes in the daily life of individuals and communities. It's a means by which movements of marginalized and discriminated minorities have found space to express their ideias, providing a social meaning to experiences lived under various situations.⁸ Thematic Oral History was chosen as the specific methodological framework; it's part of a specific issue with a straightforward objectivity and only the aspects, from the story told, which may be useful for the main thematic information are objects of interest.

The collection of information was conducted with 14 nursing professionals, being 11 nursing assistants and technicians and 3 nurses. The inclusion criteria were: working in the care for the oncologic clientele and working in sectors with patients whose diagnosis has no therapeutic possibility. Considering each testimony as single and

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unique, it was decided to carry out the survey requesting the participation of all professionals who met the inclusion criteria.

The research field was a unit of a philanthropic hospital institution located in the city of Natal, Rio Grande do Norte, Brazil, which, due to its structure and competence, is a reference center in the treatment of cancer in the Northeast region. In this unit, particularly, outpatient care, admissions, examinations, treatments, and surgical procedures are performed.

To collect the information, individual interviews were conducted through a semi-structured script, with close and open questions, encouraging the free report by respondents. In the case of thematic interviews, there's a need for being cautiously concise, as the purpose is to uncover something personal.⁸

For the analysis of speeches, we used thematic analysis, which comprises a bundle of relations and can be graphically represented by a word, a sentence, or a summary. Thus, carrying out a thematic analysis consists in discovering the meaning units which make up the communication, whose presence or frequency has a peculiar significance for the analytical aim concerned.⁹ The analysis was performed through empirical categories, by means of dialogue with the specialized literature.

This research complied with the guidelines of the Resolution 196/96, from the Brazilian National Health Council (CNS), which regulates the research involving human subjects, and it was approved by the Research Ethics Committee of Universidade Federal do Rio Grande do Norte (UFRN), under the Opinion 186/2008.¹⁰ The study took place between September and November 2008.

RESULTS AND DISCUSSION

The nursing work is performed in installments by a professional team composed of nurses, nursing technicians, and nursing assistants, who have different levels of training.^{11,12} Nursing is the category whose healthcare professionals spend more time in contact to the patient during the therapeutic process.¹³

Among the categories found after analysis of the interviews stand out: routine work, mental fatigue, and its influences on personal and professional life, and the professional's feelings when dealing with the oncology patient.

♦ Routine work

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technicians interviewed showed this technical division existing in the nursing labor process, with a divergence between the activities performed by these professionals, thus emerging two subcategories: the routine of nursing technicians and the routine of nurses.

♦ Routine of nursing technicians

In the speeches of nursing technicians, when reporting their daily work, stand out the performance of activities, the contact to the patient, and the rush of work.

These professionals have a routine of tasks to be done during the workday, according to their function in the hospital; most of them consist of direct patient care, through technical procedures, which must be performed with some frequency, as it may be observed in the following report:

We get a work shift and we'll carry out the activities, which consist of taking the patient to bathe, bathing in bed when needed, delivering a comfort massage, administering medication, talking to the patient, checking his vital signs. All the care procedures which a patient really needs. (E1 – T1)

Nursing technicians have a technical training and perform less qualified tasks, more intensive and repetitive ones, assigned by the nurse. Among the nursing care activities stand out the administration of medication, provision of hygiene and comfort actions, help to feed, control of vital signs, among others.^{11,12}

In addition, the professionals with lower level of training spend more time with the sick patients and follow up them more closely, watching more closely to the reactions and deaths of patients.¹²

The actions of nursing professionals aren't limited only to purely technical procedures, her/his work has to focus on the social, psychic, and spiritual aspects.¹³

In accordance with this approach, the nursing technicians state in their reports that, besides the technical service, they provide attention and emotional support for the patients:

I am very attached to the patients. If today there's one of them down there, I'm making a joke, telling a story. (E11 – T9)

This report shows that the nursing technicians' acts go beyond the simple execution of the technical procedures, there's a very significant emotional involvement.¹⁴

♦ Routine of nurses

In turn, the reports of nurses, when talking about their daily work, focused on the following acts: developing the nurse's duties;

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the multiple functions performed; and the different look at the oncologic patient.

Nurses state that, in the daily routine, they develop all activities involved in their job, which are more closely related to administrative aspects, such as managing the nursing team and solving bureaucratic problems, besides providing a direct care to patients, when there's a need for more qualified procedures, specifically assigned to the nurse. This may be exemplified by the following speeches:

We arrive, come get the shifts [...] So, there's the daily visit to all patients [...] Then, I visit them and perform the activities, thus that activities, some bureaucratic things, some procedures with the patients. (E4 – E1)

Administration, coordination, assistance, we do a little of everything as a nurse. (E14 – E3)

As nurses have the highest level of training within the nursing team, they master the knowledge related to nursing care, manage the nursing labor process, develop the most qualified activities in this process, and can analyze some of the patient's care needs.^{11,12} These professionals end up assuming several functions, thus becoming overloaded, such as supervising the team's activities, checking the equipment, replacing the materials, and carrying out bureaucratic activities.¹⁵

In a domain full of suffering, such as oncology, the patient should be approached by the professional in a humanized and solidary manner, understood in its varied reactions and not just as one more case, in order to promote not only health, but, especially, life.¹⁶

It's a must for the professional to stay alert to realize the other's needs and, thus, help her/him to improve the situation, as observed in the following speech:

It is an oncologic hospital, it has a different reality from other institutions [...] above all, there's the look at the oncologic patient. At the time of visit, I just see the patient in a different way, I don't know if that patient slept well, if he feels pain, what he's thinking of his illness, there's the coping along with the family, which is out there [...] for me, there's a difference, because you see that patient in a different way. (E5 – E2)

According to the above considerations, one realizes that nurses use, in their daily work routine, a specific approach to the oncologic patient, seeing each patient as a whole and in her/his own context, also with regard to the feelings caused by the disease.

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• Mental fatigue and its influences on personal and professional life

The variety and complexity of the nursing labor process, besides the daily coping with suffering and death of patients, can lead to excessive mental load and, hence, to the nursing professionals' fatigue.¹⁷

Fatigue represents one of the factors observed in the burnout syndrome, whose physical and psychological symptoms can be severe and have an influence on the personal and professional life of its victims.¹⁸ These factors are evidenced in the following speech:

With the mental fatigue, you become mentally exhausted. You can't develop a good work, have a good relationship, even because you aren't mentally well, then, as the brain is the master of everything, you can't do anything. (E1 – T1)

The way how mental fatigue influences on the professional and personal life of the worker is evidenced by the lack of attention at work, the low work performance, undermining in interpersonal relationships, and frequent mood swings. This may be observed in the following speeches:

In the professional [life] I think that less than in the personal [life], because we try at work to avoid that some things interfere, but, then, when you get home, you just end up [...] you can't. You end up taking it out at home [...] when you're tired, you want to rest, so it ends up compromising your relationship with your family. Because at that free time which you'd have to spend with it, you're going to rest. (E4 – E1)

Under this perspective, one observes that the professionals within hospital environments, when they aren't working, just want to rest, they aren't willing to have fun, study, or keep working.¹² Among the symptoms, according to the respondents' reports, stand out fatigue and physical and emotional exhaustion, as well the mood swings.¹⁸

• Professionals' feelings when dealing with the oncology patient

Cancer is a disease which causes antagonistic reactions. At certain times, it strengthens us and at other ones it weakens us, also causing adverse reactions in caregivers, as they experience the care of people whose death is imminent.¹⁸ One realizes these features in the following report:

They need us, our strength, then, sometimes I get angry, I stop my crying to keep helping them. (E5 – E2)

Working with an individual with cancer is a challenge both professionally and personally,

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it breaks boundaries and paradigms. Acting in oncology, sometimes, requires exhaustive physical and emotional actions, and, in other opportunities, it brings up feelings of confidence, thankfulness, and solidarity in the professionals.¹⁸ This challenge of dealing with oncologic patients is evidenced by this testimony:

We know that we're enabling a good death, providing the best [...] we have to see the good side, if not, we can't work. (E1 – T1)

When dealing with death often, the professional experiences distress and suffering, that bring a preview of her/his own death or memories of coping with it, something which will cause them psychic exhaustion.¹⁹ However, this companionship may also bring up a feeling of gratification and accomplishment.¹³

Although there has been a major technological breakthrough in the diagnosis and treatment of cancer, this is still linked to the idea of terminal condition, resulting in nursing professionals' feelings of distress, suffering, and helplessness when coping with death. Despite their knowledge on the disease and its evolution, many times, as they can't deal with the psychological and emotional sphere of the patient, there's a sense of powerlessness to help in her/his recovery.^{13,14}

FINAL REMARKS

The nursing professional's reality is characterized by several complex technical tasks, which are performed through a closer contact to the patient. Stands out in this context the professional who deals with oncology patients, as she/he experiences an environment full of anguish and suffering, because it generally involves a patient waiting for death. This professional deals in a daily basis with feelings, sorrows, and also joys, and she/he needs to be strong to face this day-to-day emotions. The professionals are often unprepared to tackle this environment, which provides them with psychological and physical discharges that end up influencing on their professional and personal life.

The professional needs a support from the institution where she/he works, there's a need for multidisciplinary groups working out the quality of life and addressing the usual risks of the healthcare field, such as the physical, chemical, and ergonomic ones, besides dealing with a major factor, which can't be forgotten by the managers of healthcare services: the emotional factor. The professionals' peculiarities and feelings and their daily contact to people who are dying,

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all that needs to get a more attentive look from the institution, so that actions and activities which minimize the stressing elements are promoted. The key is to care for those who care for, thus providing the oncologic patients with a better physical and emotional support.

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