

DOI: <https://doi.org/10.36489/saudecoletiva.2021v11i61p4958-4967>

# Experience of the nurse in front of care for oncological patients in the hospital of clinics Dr. Alberto Lima in Macapá-AP

Experiencia de la enfermera frente a la atención de pacientes oncológicos en el hospital de clínicas Dr. Alberto Lima en Macapá-AP

Vivência do enfermeiro frente ao cuidado a pacientes oncológicos no hospital de clínicas Dr. Alberto Lima em Macapá-AP

## ABSTRACT

Cancer is a set of more than 100 diseases that have in common, the growth and disorderly multiplication of cells. Nurses who work constantly with patients need to know how to deal with their emotions and help them cope with their suffering when diagnosed with cancer. Objective to know the emotions of nursing professionals towards the cancer patient treated at the Dr. Alberto Lima clinical hospital (HCAL) in Macapá-AP, using the Coping Strategies Inventory. Method: This study was descriptive, field research, quantitative and qualitative. Results: All nurses interviewed used coping strategies, with problem solving strategies (83.3%) and positive reevaluation (73.3%) being the most used. Conclusion: This shows that nurses plan their actions to find a better solution for each problem and also try to grow and change as a person from conflicting situations.

**DESCRIPTORS:** Cancer, Nursing, Patients, Emotions.

## RESUMEN

El cáncer es un conjunto de más de 100 enfermedades que tienen en común el crecimiento y la multiplicación desordenada de las células. Las enfermeras que trabajan constantemente con los pacientes necesitan saber cómo lidiar con sus emociones y ayudarlos a afrontar su sufrimiento cuando se les diagnostica cáncer. Objetivo conocer las emociones de los profesionales de enfermería hacia el paciente oncológico atendido en el hospital clínico Dr. Alberto Lima (HCAL) de Macapá-AP, utilizando el Inventario de Estrategias de Afrontamiento. Método: Este estudio fue descriptivo, de campo, cuantitativo y cualitativo. Resultados: Todas las enfermeras entrevistadas utilizaron estrategias de afrontamiento, siendo las estrategias de resolución de problemas (83,3%) y la reevaluación positiva (73,3%) las más utilizadas. Conclusión: Esto demuestra que las enfermeras planifican sus acciones para encontrar una mejor solución a cada problema y también tratan de crecer y cambiar como persona a partir de situaciones conflictivas.

**DESCRIPTORES:** Cáncer, Enfermería, Pacientes, Emociones.

## RESUMO

O câncer é um conjunto de mais de 100 doenças que possuem em comum o crescimento e a multiplicação desordenada de células. A enfermagem que atua constantemente com o paciente, necessita saber lidar com suas emoções e ajudar no enfrentamento do sofrimento do mesmo ao ser diagnosticado com câncer. Objetivo conhecer as emoções dos profissionais de enfermagem frente ao paciente oncológico atendido no hospital de clínicas Dr. Alberto Lima (HCAL) em Macapá-AP, utilizando o Inventário de estratégias de Coping. Método: Foi um estudo de natureza descritiva, pesquisa de campo, quanti-qualitativa. Resultados: A totalidade dos enfermeiros entrevistados utilizou as estratégias de coping, sendo as estratégias de resolução de problemas (83,3%) e reavaliação positiva (73,3%) as mais utilizadas. Conclusão: Isso demonstra que os enfermeiros planejam suas ações para encontrar uma melhor solução para cada problema e também procuram crescer e mudar como pessoa a partir de situações conflitantes.

**DESCRITORES:** Câncer, Enfermagem, Pacientes, Emoções.

RECEIVED ON: 10/30/2020 APPROVED ON: 11/09/2020

## Ana Karoline Pinto dos Santos

Nurse. Graduated from Madre Tereza College  
ORCID: 0000-0002-84742866

## Fabiana da Cruz Coelho

Nurse. Graduated from Madre Tereza College  
ORCID: 0000-0002-2485-8699

## Marivanda Conceição da Fonseca

Nurse, specialist in Urgency/Emergency and ICU. Graduated from Madre Tereza College  
ORCID: 0000-0001-6511-1527

## Ildilane Suelem Rodrigues Carvalho

Advisor, Professor of the Nursing Course at Faculdade Madre Tereza. Master's student in Health Sciences (UNIFAP).  
ORCID: 0000-0001-8418-4852

## INTRODUCTION

Cancer is a disease evidenced by the abnormal growth and disorder of the cells that affect individuals without distinction of gender, age, culture and socioeconomic status<sup>1</sup>.

Kiuser, et al.<sup>2</sup>, says that the emotional side of the professional and the cancer patient are shaken, the professional admits that in addition to technical care, he must also strive to take care of the psychological side of this patient, even though he is not trained in this sense. In view of this, it is important to emphasize that the nurse must also be assisted by trained professionals to help him/her to live with the daily suffering of cancer treatment and frequent losses.

For Menegócio, Rodrigues, Teixeira,<sup>3</sup> the principles of humanization, demonstrate the importance of expanded assistance and not based only on technical issues. In this way, they present the relationship of affection (small gestures such as touching, disturbing emotions).<sup>4</sup>

The justification for this study is given by the importance that is directed to cancer, as it is the second leading cause of death in the world, it is only behind cardiovascular diseases, in addition to being a pathology with a high mortality rate, it still has to take into account the wear and tear emotional and physical effects inflicted by neo-

plasms, deserving special attention by nursing professionals in order to reduce the patient's suffering, as they are the ones who are closest to him for a longer period, which makes them qualified to provide adequate care, to know understand and support all your needs, during the period of illness. For this reason, it is necessary to study coping strategies used by professionals as a way of relieving everyday stress in the care of cancer patients. The problem with this work was to know what nurses perceive when dealing with their emotions when providing care to these patients?

The objective of this research was to know the emotions of nursing professionals towards the oncology patient seen at the Dr. Alberto Lima clinical hospital (HCAL) in Macapá-AP, using the Coping Strategies Inventory, as detailed in the methodology.

## METHOD

This study was descriptive, field research, quantitative and qualitative. Exclusion criteria were not providing assistance to cancer patients, inadequate completion of data collection instruments, giving up or non-acceptance to participate in the research at any time and providing incomplete information in data collection and vacations or other type of leave of the service.

The instrument used in this research was the coping strategy inventory.

The responses for each item were noted on a Likert-type scale, which ranges from zero (I did not use this strategy), to three (I used this strategy in large quantities), in which only the items that correspond to the objectives of this research will be used, this inventory consists of eight items, they are: Factor 1: Confrontation; factor 2: Removal; factor 3: Self-control; factor 4: social support; factor 5: acceptance of responsibilities; factor 6: Dodge escape; factor 7: Problem solving; factor 8: Positive reevaluation<sup>5</sup>.

Data collection took place after authorization from the hospital and approval by the research ethics committee, in compliance with the provisions of Resolution No. 466/2012 of the National Health Council, which deals with research with human beings. Approved by CEP/SEAMA No. 2.294.739. A sample of 30 nurses working in medical clinics participated in the research: female, male, surgical, CDT, ICU and UNACON at Hospital de Clínicas Dr. Alberto Lima. Data collection took place from 10/2 to 10/20/2017. All participants signed a Free and Informed Consent Term - TCLE, guaranteeing them the anonymity, precision and impartiality of the study, with secrecy and confidentiality of the information obtained through the form and interview.

Therefore, graphs were used to present the results. Still as a form of data

analysis, it was sought to identify in the subjects' speech information regarding the nurse's experience regarding the care of cancer patients.

## RESULTS AND DISCUSSION

Nursing care for cancer patients requires a lot of attention from the nursing professional, since they provide intensive care to people with or without the possibility of a cure, as the routine of the hospital environment and the experiences with cancer patients and their families cause wear and tear to these professionals, and dealing with the accumulation of these factors cause stress <sup>6</sup>.

### Emotions aroused in the care of cancer patients

We list the emotions that were mentioned by the professionals. We have

above, the emotions mentioned by nurses in response to the interview question. Describe what emotions you feel when caring for cancer patients?

Thus, it is clear that the most evident emotions used by the professionals were: Empathy (20%), Impotence (23%) and Sadness (43,3%).

### Use of coping strategies to cope with emotions

In the difficulty of providing assistance to cancer patients, a way of coping with certain stressful situations should be sought, ways of coping can be used, which help and help in the face of a stressful situation, strategies that help the individual to adapt to the situation in the best possible way to the stressful event, in order to reduce or minimize these situations<sup>7</sup>.

The responses were compared between 2 categories: (A +B) Did not use or Used little and (C+D) Used a lot or Large and, it was found that there was a statistically significant tendency for:

- Used a lot of Problem Solving (83,3%), with p-value = 0,0005 \*.
- Used a lot of Positive Reevaluation (73,3%), with p-value = 0,0176 \*.

The confrontation is related to the challenges faced in the daily life of stressful situations, such as venting your feelings (LAGES, et al, 2011). In this research, when using this strategy (Graph 2), in the classification did not use or used little (A+B) 58,3% and enough or large quantity (C+D) 41,6%. It should be noted that the majority avoid behaviors with intentions of confrontation in the face of the situation said to be stressful. Result evidenced in the voice of (NUR. 23).

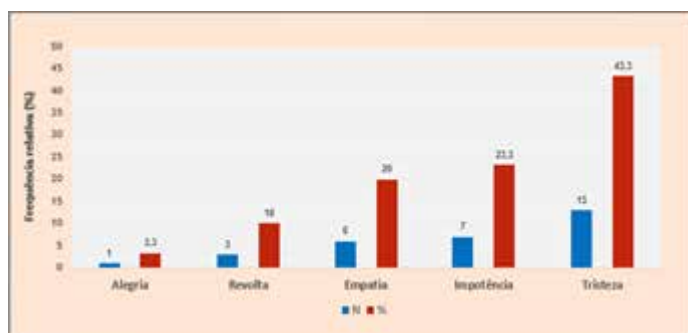
(...) "Things are more difficult, so we try to maintain that impartiality, patient here, I'm here, here I am a professional and he is patient, I try to differentiate things."

According to Damião, et al. <sup>8</sup> the withdrawal corresponds to the strategy of not being emotionally involved and always looking for distractions outside the hospital environment. This factor shown in (Graph 2), in the classification (A+B) 52% does not use and (C+D) 48% a lot and in large quantities. This result shows that nurses do not deny or refuse to be close to the destructive fact. Such result mentioned in the voice of (ENF 21).

(...) "It was very remarkable, so I went to the funeral, talked to her husband, with her children, I went to her house a lot ... I never imagined having a relationship like this."

According to Oliveira<sup>9</sup>, having self-control means doing nothing in a hur-

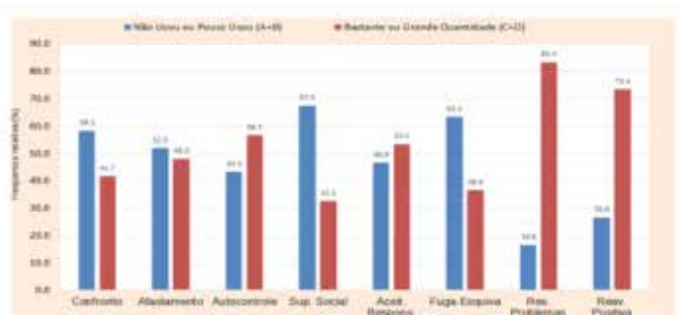
Graph 1: Emotions aroused by nurses at HCAL Macapá/AP, year 2017.



Source: Primary, 2017

\* Statistically significant trend using the Kolmogorov-Smirnov test. (Ayres et al., 2007, p.121)

Graph 2: Distribution of coping strategies, n=30 professionals.



Source: Primary, 2017

\* Statistically significant trend by the Chi-square of adherence (Ayres et al., 2007, p.121)

ry or following a first impulse, and also the ability to control your emotions and desires. Self-control (Graph 2), in the classification (A+B) 43.3% did not use it (C+D) 56,7% used it a lot. Therefore, it was possible to observe that the professional tries to control his emotions by keeping his feelings to himself. Better clarified in the report of (NUR. 22).

*(...) "There is no way to think about feeling, the feeling is to provide the best possible care for that patient, to minimize his suffering... we feel... we end up thinking about life a little more... and see the patient fighting for life. But what can we do? Try to ease his suffering."*

Social support is related to the support found in people and in the environment, which helps the professional to deal with the unwanted effect of stress, which concerns seeking social and professional support, also emotional support in friends and family<sup>9</sup>. Related to social support (Graph 2), in the classification (A+B) a percentage of 67,5% did not use the strategy and in (C+ D) only 32,5% did. Confirmed in the voice of (NUR. 28).

*(...) "And there is still a shortage of professional psychologists, which we don't have."*

The acceptance of responsibilities factor is evidenced by the acceptance of reality in the process of dealing with stressful situations and this encourages them to face their problems in another way, understanding that things may be different next time (DAMIÃO, et al, 2009). Related to this factor (Graph 2), in the classification (A + B) 46,6% do not use it and (C+D) 53,4% use it a lot. With this result, it was possible to observe that the nurse accepts the reality and gets involved in the process of dealing with stressful situations. The voice of (NUR. 17) demonstrates this factor.

*(...) "It is the least we can do, offer what we have, and give attention, and I realize that it makes a big difference in our work, although there is so much missing, but you want to do it, giving attention can be a great medicine."*

**The acceptance of responsibilities factor is evidenced by the acceptance of reality in the process of dealing with stressful situations and this encourages them to face their problems in another way, understanding that things may be different next time**

Escape and avoidance is characterized as efforts to distance or avoid stressors<sup>7</sup>. This factor (Graph 2), in the classification (A+B), 63,3% of the research participants did not use it and in (C+D) only 36,6% used it. Such a result shows that nurses do not escape the difficulties faced in their daily lives. This can be found in the quote from (ENF 25).

*(...) "and I remember that I got very attached to her... it was very emotional... when I arrived on duty she had died."*

For Lages, et al.<sup>7</sup>, problem solving is related to the individual's ability to have an adequate planning to find solutions to specific problems. In (Graph 6), it was observed that in the classification A+B it was represented by 16,6% and C+D 83,3% use these strategies. This result shows that nurses have adequate planning to face stressful events. This factor can be emphasized in the statement of (ENF 24) (...) "so if we professionals here do not start doing it on their own, improvisations do not come out."

The positive reassessment concerns the way of reinterpreting, changing and growing as a person after the experiences lived out of conflicting situations, which may have religious characteristics<sup>9</sup>. This factor (Graph 6), in the classification (A+B) 26,6% do not use it and in (C+D) 73,3% use this strategy. This result shows that professionals seek to improve as a person from conflicting situations. We can make explicit in the reports of nurses 5 and 27 respectively.

*(...) "on a call near death, the patient called me to take medication to relieve his pain, I took his hand and prayed that God would give him a peaceful ending."*

*(...) "The patient was very distressed, because ... before she died I talked to her, I said a prayer with her, then she was calmer and she died the same night."*

*When we do something we feel that we have fulfilled our role."*

## CONCLUSION

The results of this research demonstrate that the emotions cited by the professionals identified those that were most evident: Empathy (20%), impotence (23%) and sadness (43,3%). These results demonstrate that the nursing practice, despite being based on scientific technical knowledge, also suffers interferences from the feelings that nurses bring to their daily lives.

In the first analysis when using the coping strategy, it was observed that when classifying the categories, they did not use, used little, used a lot, and a large amount, there was a significant tendency to Use a lot of Problem Solving (52,2%).

In the second analysis, it was found that nurses used the eight coping factors. When determining strategies, the

**The results of this research demonstrate that the emotions cited by the professionals identified those that were most evident: Empathy (20%), impotence (23%) and sadness (43,3%).**

forms of coping most used by nurses were problem solving (83,3%) and positive reassessment (73,3%).

Therefore, it is understood that they seek adequate planning to deal with stressful situations, using positive ways to solve problems, in an attempt to reduce emotional burden through plans and alternatives. In this way, knowledge of these strategies can help nurses' needs to alleviate their suffering and improve the process of caring for cancer patients.

Therefore, it is worth reinforcing the importance of thinking about creation, spaces for sharing difficult experiences that circulate in oncology environments, this interaction will help the professional not to feel alone, nurses working in oncology, need to receive psychological support and emotional support from the hospital where they work, and greater preparation during graduation, so that they can deal with the feelings of others and their own emotions. ■

## REFERENCES

1. Silva MEDC, Silva LDC, Dantas ALB, Araujo DOR; Duarte IS; Assistência de enfermagem ao paciente oncológico no hospital: revisão integrativa, 2013. Disponível em: <http://apps.cofen.gov.br/cbconf/sistemainscricoes/arquivosTrabalhos/I47669.E11.T9135.D7A.P.pdf>. Acesso em 12 mar 2017, 23:00
2. Kiuser SR; Terra MG, Noal HC, Lacchini, AJB; Padoin SMM de. Vivencia de uma equipe de enfermagem acerca do cuidado aos pacientes com câncer. Rev. Rene. FORTALEZA, 2011. Disponível em [http://www.revistarene.ufc.br/vol12n1\\_pdf/a22v12n1.pdf](http://www.revistarene.ufc.br/vol12n1_pdf/a22v12n1.pdf). Acesso em: 18 fev 2017 16:44:20.
3. Menegócio AM, Rodrigues L, Teixeira GL, Enfermagem Oncologia: Relação de Afetividade ou Meramente Técnica? Ensaios Cienc., Cienc. Biol. Agrar. Saúde, v.19, 2015 Disponível em: <http://www.pgskroton.com.br/seer/index.php/ensaioeciencia/article/viewFile/3191/2929>. Acesso em 14 de jun. 2017 02:00:12.
4. Guia H; Stresse Profissional e Estratégias de Coping dos Enfermeiros do Serviço de Urgência, Barcarena, 2015. Disponível em: <https://repositório.cientifico.uatlantica.pt/bitstream/10884/968/1/Monografia%20Enfermagem%20Helena%20G%20uia%20200290137.pdf>. Acesso em: 29 jun. 2017, 19:28:00.
5. Guido LA; Linch GF, Pitthan C, Oliveira L; Umann J; Estresse, coping e estado de saúde entre enfermeiros hospitalares, 2011. Disponível em: <http://www.scielo.br/pdf/reesp/v45n6/v45n6a22.pdf>. Acesso em: 29 jun. 2017, 19:31:00.
6. Rodrigues AB, Chaves EC, Fatores Estressantes e Estratégias de Coping dos Enfermeiros atuantes em Oncologia; Rev Latino-am Enfermagem 2008. Disponível em: [http://www.scielo.br/pdf/rlae/v16n1/pt\\_03.pdf](http://www.scielo.br/pdf/rlae/v16n1/pt_03.pdf). Acesso em 02 out 2017 10:48:23.
7. Lages MGG; Costa MAO de, Lopes TR, Amorim FCS, Neto APA de, Nascimento LRD; Costa CLS, Estratégia de enfrentamento de enfermeiros frente ao paciente oncológico pediátrico, 2011. Disponível em [http://www.inca.gov.br/rbc/n\\_57/v04/pdf/06\\_artigo\\_estrategias\\_enfrentamento\\_enfermeiros\\_frente\\_paciente\\_oncologico\\_pediatico.pdf](http://www.inca.gov.br/rbc/n_57/v04/pdf/06_artigo_estrategias_enfrentamento_enfermeiros_frente_paciente_oncologico_pediatico.pdf). Acesso em 25 mar 2017 15:30:00.
8. Damião EBC, Rossato LM, Fabri LRO de, Dias VC, Inventário de estratégias de enfrentamento: um referencial teórico. 2009 Disponível em: <http://www.scielo.br/pdf/reesp/v43nsp2/a09v43s2.pdf>, Acesso em: 22 nov. 2017, 17:31:00.
9. Oliveira JF de; Estratégias de enfrentamento (Coping) dos familiares de pacientes internados em unidade de terapia intensiva;2007. Disponível em: [http://www.scielo.br/scielo.php?script=sci\\_nlinks&ref=000120&pid=S00806234201000020002700013&lng=pt](http://www.scielo.br/scielo.php?script=sci_nlinks&ref=000120&pid=S00806234201000020002700013&lng=pt) Acesso em: 22 nov. 2017, 18:31:00.