

Feelings experienced by the nursing staff regarding the treatment of cancer patients: integrative review

Sentimentos vivenciados pela equipe de enfermagem perante o tratamento de pacientes com câncer: revisão integrativa

Sentimientos experimentados por el equipo de enfermería con respecto al tratamiento de pacientes con cáncer: una revisión integradora

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RESUMO

Objetivo: Compreender os sentimentos vivenciados por enfermeiros envolvidos diretamente no tratamento de pacientes com câncer. **Método:** Trata-se de uma revisão integrativa da literatura, realizada no período de 2013 a 2018, sendo o levantamento bibliográfico realizado nas bases de dados SCIELO e LILACS utilizando os descritores enfermagem oncológica; emoções; e cuidados paliativos. **Resultados:** Foram selecionadas 20 produções científicas que versavam sobre o objeto do estudo. Prevaleceram os estudos do ano de 2014. Optou-se pela definição de três categorias para a discussão dos resultados: sentimentos vivenciados pela equipe de enfermagem perante o tratamento de pacientes com câncer; reações dos profissionais da enfermagem perante o processo de morte e morrer de seus pacientes; a importância da enfermagem no tratamento de pacientes com câncer. **Conclusão:** Os profissionais da enfermagem envolvidos no cuidado de pacientes com câncer têm uma rotina onde estão expostos a sofrer sobrecarga emocional decorrentes da assistência, por este motivo é necessário que esses profissionais estejam preparados e capacitados para não sofrer ao presenciar pacientes e seus familiares em estado de sofrimento.

Descritores: Enfermagem Oncológica; Emoções; Cuidados Paliativos.

ABSTRACT

Objective: To understand the feelings experienced by nurses involved directly in the treatment of cancer patients. **Method:** This is an integrative literature review, conducted from 2013 to 2018, and the bibliographic survey was performed in the databases SCIELO and LILACS using the keywords oncologic nursing; emotions; and palliative care. **Results:** Twenty scientific productions were selected that dealt with the object of study. The studies of 2014 prevailed. Three categories were chosen to discuss the results: feelings experienced by the nursing staff regarding the treatment of cancer patients; reactions of nursing professionals to the process of death and dying of their patients; the importance of nursing in the treatment of cancer patients. **Conclusion:** Nursing professionals involved in the care of cancer patients have a routine where they are exposed to emotional overload due to care, so it is necessary that these professionals are prepared and trained not to suffer when witnessing patients and their families in a state of suffering.

Descriptors: Oncology Nursing; Emotions; Palliative Care.

RESUMEN

Objetivo: comprender los sentimientos experimentados por las enfermeras directamente involucradas en el tratamiento de pacientes con cáncer. **Método:** esta es una revisión bibliográfica integradora, realizada entre 2013 y 2018, con una encuesta bibliográfica realizada en las bases de datos SCIELO y LILACS utilizando los descriptores de enfermería oncológica; emociones y cuidados paliativos. **Resultados:** se seleccionaron veinte producciones científicas que abordaron el objeto del estudio. Prevalecieron los estudios en 2014. Elegimos definir tres categorías para la discusión de resultados: sentimientos experimentados por el equipo de enfermería con respecto al tratamiento de pacientes con cáncer; reacciones de profesionales de enfermería ante el proceso de muerte y muerte de sus pacientes; La importancia de la enfermería en el tratamiento de pacientes con cáncer. **Conclusión:** Los profesionales de enfermería involucrados en la atención de pacientes con cáncer tienen una rutina en la que están expuestos a sufrir sobrecarga emocional como resultado de la atención, por esta razón es necesario que estos profesionales estén preparados y capacitados para no sufrir al presenciar pacientes y sus familias en un estado de sufrimiento.

Descriptores: Enfermería Oncológica; Emociones; Cuidados paliativos.

Introduction

Cancer is considered a group of diseases whose main feature is the disordered growth of cells, capable of affecting any tissue or organ at any age. It is a public health problem with a gradual increase in incidence, whether due to population aging, exposure to carcinogenic factors or genetic causes.¹

Currently the chances of cure have increased due to technological advancement, sophisticated clinical studies, multidisciplinary care, humanized care and the great concern of the professional with the patient and their families. However, some patients are unable to achieve a cure and at this time there is a need to plan for palliative care.¹⁻²

From this perspective, the contribution of nursing becomes important because it offers integral and humanized care, contributing to the well-being of the patient through rehabilitation and care that aim to mitigate the impacts caused by the disease. For this reason, the nursing professional is exposed to emotional stress related to work overload and feelings of sadness caused by the affective bond with patients during prolonged care, factors that contribute to physical and emotional distress.²

Faced with the care of patients without the possibility of cure, in addition to having the technique to offer physical care, must have the ability to take care of the psychological patient who is fragile and in a state of suffering, each nurse will have a different way to deal with. this kind of situation, and it will depend on one's individual perception.³⁻⁴

In order for cancer care to be efficient, it is necessary for the nursing staff to be aware of the disease itself, as well as to cope with the feelings of others managing their own emotions in front of the patient with or without the prospect of cure. This is why it is so important to understand the process of dying and dying, as this makes professionals able to cope with fatalities that may occur in cancer treatment units, making them able to offer healthcare.³

Thus, it is essential that nursing professionals involved in the care of cancer patients are emotionally prepared to provide quality care, offering the patient safety and well-being. On the other hand, the therapeutic environment needs to provide safety and tranquility for staff, patients and their families.⁴

Therefore, considering what was presented, this paper aims to understand the feelings experienced by nurses directly involved in the treatment of cancer patients.

Method

This is an integrative literature review, aiming to understand the feelings experienced by nurses directly involved in the treatment of cancer patients.

As a methodological procedure, a database search was performed. The bibliographic survey of the databases was performed on the Internet in the databases Scientific Electronic Library Online (SCIELO) and Latin American and Caribbean Health Sciences Literature (LILACS). To locate the studies, the following descriptors were used: oncologic nursing; emotions; and palliative care.

This research was structured in three stages, namely: the descriptors were identified at the Virtual Health Library (VHL) through the descriptors in health sciences (DeCS), selecting those considered pertinent for the accomplishment of the research - oncologic nursing; emotions; and palliative care. In the second stage, the search was performed using these descriptors in the databases SCIELO and LILACS, refining the search for the period from 2013 to 2018; and finally, we proceeded with the critical analysis of the studies, excluding those not consistent with the scope of the research, as well as the duplicate productions.

From this perspective, the analysis of the studies found was systematized following the steps of the bibliographic research, contemplating: the preliminary bibliographic survey in the aforementioned databases; the viability of the studies found for the literary review; selective reading, specifically analyzing the relevance of the studies; analytical reading, summarizing the information found critically; interpretative reading, articulating the knowledge versed in all the analyzed studies; and the elaboration of the final text that summarizes the results of literary research.

As a criterion for the studies inclusion, we selected the productions in Portuguese or English, made between 2013 and 2018, which dealt with the object of the study. Among the themes addressed in the studies, the following stand out: feelings experienced by the nursing staff regarding the treatment of cancer patients; reactions of nursing professionals to the process of death and dying of their patients; the importance of nursing in the treatment of cancer patients. These topics provided thematic pillars for the analysis of the research results, which will be discussed throughout the study. We found 66 publications on the subject, but only 21 articles were part of the final sample, sixteen research articles (80%) and four review articles. The temporal dimension of publications varied from 2013 to 2018, and the largest number of publications occurred in 2014 (7 articles = 33.3%).

Results

Overview of selected articles

Chart 1 shows the general information of the 21 articles that were included in this integrative review. All results were interpreted and synthesized through a comparison of the data evidenced in the analysis of the articles.

Chart 1- Distribution of articles according to title, author (s), purpose, design, conclusion and year of publication.

	Title	Author(s)	Objective	Design	Conclusion	Year
Article 1	Nurse's role in oncology from the perspective of genetics and genomics	Flória-Santos M, Santos EMM, Nascimento LC, Pereira-da-Silva G, Ferreira BR, Miranda DO, Lopes Júnior LC, Pinto PS	Reflecting on the role of nurses in oncology, from the perspective of genetics and genomics, and their role as an integral member of the multidisciplinary and interdisciplinary team of cancer genetic counseling	This is a reflection, the result of a thorough reading of the literature of the area, plus the authors' experience and discussions in a research group.	Nurses need to consider genomics-based health care and appropriate core competencies. These competencies include the ability to mobilize genomic resources in collecting family history and providing guidance on genetic testing to families at risk for hereditary neoplastic syndromes. The nursing professional can act as a reference for other health team members, with the potential to integrate their knowledge in care, teaching and research in oncology, from the perspective of genetics and genomics..	2013
Article 2	The experience of nurses in caring for cancer patients	Salimena AMO, Teixeira SR, Amorim TV, Paiva ACPC, Melo MCSC	Knowing the perceptions and feelings of nurses of a cancer hospital of reference in diagnosis and treatment of cancer patients.	Qualitative approach field research conducted with 9 nurses	By knowing the perceptions and feelings of nurses of an oncology hospital, it was possible to realize how difficult it is not to be shaken psychologically and emotionally in face of the demands that pervade the technical assistance care.	2013
Article 3	Palliative care for children with cancer	França JRFS, Costa SFG, Nóbrega MML, Lopes MEL	Understanding nurses' existential experience in caring for children with cancer without therapeutic possibilities	Field research, with qualitative approach, conducted with 10 nurses working in pediatric oncology of a public hospital, from April to June 2010, in João Pessoa - PB	Based on palliative care, the practice of nursing care with emphasis on the dialogical relationship between the nurse and the child with cancer directs this professional to the therapeutic process based on a system of universal humanistic values, such as respect, affection (for themselves and others). and affection, which favor their growth and the being that is cared for (in this case, the child).	2013
Article 4	Coping strategies used by nurses when caring for cancer patients	Salimena AMO, Teixeira SR, Amorim TV, Paiva ACPC, Melo MCSC	Knowing the strategies that nurses use to deal with psycho-emotional disruption arising from the process of caring for cancer patients.	Qualitative, descriptive approach. An open interview was conducted, with the testimony of nine nurses, from a cancer hospital in Zona da Mata Mineira.	The challenges are dealt with through distance or approach, spiritual search, the presence of the interdisciplinary team and the qualified assistance offer..	2013
Article 5	The nurse who works in oncological hospital units: profile and professional training	Santos FC, Camelo SHH, Laus AM, Leal, LA	Identifying the profile of nurses working in oncology hospital units	Integrative review and data collection were performed in four electronic databases from March to May 2013. We selected 15 articles published from 2004 to 2013.	The need for technical-scientific professional development through specializations, postgraduate studies, residences, training, refresher courses and participation in congresses is identified.	2014
Article 6	Emotion and care in caring for children with cancer: perceptions of the nursing staff	Alencar AR, Alencar AMPG, Menezes RA, Kerntopf MR, Ramos AGB, Brito SMO, Lemos ICS	Knowing emotional aspects related to the care of children with cancer	Qualitative research, and data collection was performed through semi-structured interviews with 14 professionals of the Nursing Team	The importance of multidisciplinary and continuous training of these professionals and the promotion and prevention of health in the workplace is reinforced.	2014
Article 7	The role of nurses with children with cancer: palliative care	Monteiro ACM, Rodrigues BMRD, Pacheco STA, Pimenta LS	Knowing the action of caring for nurses to children with cancer in palliative care	Qualitative study, developed with 14 nurses in pediatric onco-hematology wards of a federal hospital, located in the city of Rio de Janeiro	Nurses treat children in palliative care in a unique way, based on understanding, affection and respect for their needs and that of their families.	2014
Article 8	The work of nursing professionals in intensive care units in the care of cancer patients	Hercos TM, Vieira FS, Oliveira MS, Buetto LS, Shimura CMN, Sonobe HM	Identifying the factors that influence the performance of nursing professionals in cancer units and strategies that favor the care of cancer patients in the literature.	This is an integrative review, searching the Lilacs and Medline databases with the descriptors: cancer nursing, burnout, stress, health professionals and Intensive Care Unit (ICU).	Data analysis revealed two themes: "the context of cancer patient care in the ICU", in which the various factors that can negatively influence the work of the multidisciplinary team in the cancer ICU, both physical and psychological factors; and "the feelings of professionals in the care of cancer patients in the ICU".	2014
Article 9	The experience of death by nurses working in the oncology sector	Novelino SEV, Finelli LAC	To investigate the experience of death in the workplace by nurses working in the cancer sector of a hospital in northern	This is a qualitative study, using a semi-structured interview. Four nurses were interviewed, three female and one male	The results show that the suffering is present in the nurses' death experience, in the form of sadness, anguish, frustration and concussion.	2014

			Minas Gerais			
Article 10	Being a nurse in a chemotherapy center facing the death of cancer patients	Lima PC, Comassetto I, Faro ACM, Magalhães APN, Monteiro VGN, Silva PSG	Understanding the experience phenomenon by nurses working in a chemotherapy center facing the possibility of death of the patient of this service	Phenomenological qualitative research and, to support the analysis, Martin Heidegger's philosophical framework. Eight nurses who work at the Chemotherapy Center of a university hospital	Four categories were revealed: Experiencing death as the natural cycle of life; Experiencing powerlessness in the face of the other's death; Experiencing death with the help of faith and Experiencing empathy with the patient's possibility of death.	2014
Article 11	The patient facing cancer diagnosis and the performance of nursing professionals: an integrative literature review	Belhiane HPP, Matos LRP, Camargos F	Understanding, through the integrative review, how the patient facing the diagnosis of cancer, follows a health professional behavior or nurse	The integrative literature review was used through the PICO strategy, with the guiding question "What are the patient's reactions to the diagnosis of cancer and the importance of nursing in this context?"	We concluded that the family is a foundation for the patient and the nurse within the multidisciplinary team assumes a relevant role to better clarify the disease..	2014
Article 12	Living with cancer: from diagnosis to treatment	Batista DRR, Mattos M, Silva SF	Describing the difficulties faced by cancer patients, from diagnosis to treatment	Descriptive and exploratory research with a qualitative approach, developed with six people diagnosed with cancer, of both sexes.	The results confirm the need for continuing education in service of professionals working in the health care network. Knowing how the process of illness and treatment of cancer patients is experienced can contribute to improve the care conditions of the multidisciplinary team..	2015
Article 13	Job satisfaction and dissatisfaction of oncology nursing professionals from Brazil and Portugal	Bordignon M, Monteiro MI, Mai S, Martins MFSV, Rech CRA, Trindade LL	Identifying the reasons for satisfaction and dissatisfaction among nursing professionals working in cancer care in Brazil and Portugal	Study with qualitative, descriptive approach, conducted with nine Portuguese nurses and seventeen Brazilian nursing professionals, using a questionnaire and interview	Satisfaction, in both scenarios, was mainly associated with the patient and treatment process, and the bond established between the professional and the individual who demands their care. Dissatisfaction arose primarily from exposure to the exhaustive workload and death of the cancer patient.	2015
Article 14	Nurses' feelings towards the cancer patient	Kolhs M, Machri E, Ferri G, Brustolin A, Bocca M	Knowing the nurses' feelings towards the cancer patient during their treatment and / or hospitalization	The work followed a descriptive exploratory approach with qualitative approach, the researched public were nurses who work in the specific sectors of cancer patients of the referred Hospital.	We concluded that the work of the professional nurse is complex, especially in the cancer sectors, because it is loaded with feelings, which need to be faced in ensuring adequate care and continuity of care.	2016
Article 15	Nursing workload of cancer patients under palliative care	Fuly PSC, Pires LMV, Souza CQS, Oliveira BGRB, Padilha KG	Verifying the nursing workload required by cancer patients, palliative care and possible associations between demographic and clinical variables patient characteristics and nursing workload	This is a quantitative, cross-sectional, prospective study conducted at the Connective Bone Tissue (OCD) clinic.	NAS has proven to be a useful tool in clinical cancer units for patients undergoing palliative care.	2016
Article 16	Coping strategies by oncology nurses in high complexity	Luz KR, Vargas MAO, Barlem ELD, Schmitt PH, Ramos FRS, Meirelles BHS	Identifying the coping strategies of oncology nurses in the high hospital complexity, facing the care of people with cancer	Qualitative research with 18 nurses from oncologic inpatient and / or chemotherapy outpatient units in two capitals of southern Brazil	Coping strategies are expressed in the cultural understanding of what it means to have cancer and the management or not of health institutions for nurses to work with satisfaction. In-service education is a major factor in the development of ethical competence.	2016
Article 17	Perceptions and emotional reactions of nursing professionals who assist children with cancer	Santos LSB, Costa KFL, Leite AR, Leite IDR, Sarmento NT, Oliveira GSC	Analyze the perception and emotional reactions of nursing professionals who assist children with cancer	Exploratory, descriptive, qualitative study conducted with six nurses and four nursing technicians of the Center of Oncology and Hematology, through semi-structured interview	Nursing care for children with cancer triggers various feelings in nursing professionals, and these need emotional support.	2017
Article 18	Occupational stress in palliative care in oncology	Santos NAR, Santos J, Silva VR, Passos JP	Identifying the indicative of occupational stress in nursing professionals who work with cancer patients in palliative care	Descriptive, cross-sectional study of nursing professionals from a public hospital unit specialized in oncological palliative care in the city of Rio de Janeiro, Brazil.	The data suggest that, despite being exposed to stressors such as pain, suffering and death, the professionals studied use effective coping strategies to reduce the subjective perception of stress..	2017

Article 19	Feelings of nurses working with terminally ill cancer patients	Alencar DC, Carvalho AT, Macedo RL, Amorim AMNE, Martins AKL, Gouveia MTO	Identifying the feelings of nurses who work with terminally ill cancer patients	Qualitative research conducted with ten oncology nurses from a hospital in Teresina, Piauí, Brazil	Due to the fragility of the nurses' feelings, support to the oncology professional is urged with the formation of professional support groups in order to share experiences and minimize emotional distress.	2017
Article 20	Psychological distress experienced by nurses working with dying patients: a qualitative clinical study	Bastos RA, Quintana AM, Carnevale F	Knowing the anguish experienced by nurses when working with patients at risk or dying in a blood-cancer unit	This is a clinical-qualitative study conducted at the blood-oncology clinic of a university hospital in the state of Rio Grande do Sul, during 2015.	Nurses, throughout the work process, have insights into how their relationship with work could be improved, but at the time of suffering, the nurses' concern was not heard. There is a need for health institutions, teams and the nurse himself to perceive this professional as an ethical subject, needing to reflect their work so that there is a possibility to plan some way of digesting work anxiety.	2018
Article 21	Meaning of caring and their feelings for the nursing staff regarding the child undergoing cancer treatment	Silva CMM, Silva MPC, Ferreira DO, Amaral JB, Gonçalves JRL, Contim D	Understanding the meanings and feelings expressed by the nursing staff during care in a pediatric oncology service	This is a descriptive research with a qualitative approach, developed at the Pediatric Inpatient Unit of a philanthropic hospital.	It was concluded that feelings of empathy, compassion and attachment are involved during the daily work of the nursing team, and psychological support is needed to avoid the mental imbalance of the team..	2018

Based on the descriptive analysis, it was decided to define three categories for the discussion of the results: feelings experienced by the nursing staff regarding the treatment of cancer patients; reactions of nursing professionals to the process of death and dying of their patients; the importance of nursing in the treatment of cancer patients.

Discussion

Feelings experienced by the nursing staff regarding the treatment of cancer patients

The routine of nursing professionals in an oncology unit is intense and full of situations where they are vulnerable to emotional stress, which can be caused by several factors such as work overload, problems with the team, professional dissatisfaction and feelings generated by healthcare provided.⁵⁻⁸

The high level of stress will depend on age and length of profession, it is considered that the older and longer the working time, the lower the level of stress experienced by this professional. Studies show that when the time of training and performance is longer, the professional is easier to manage the feelings experienced in the care of cancer patients, because over time this professional will create strategies, maturity and experiences that help gain skills. and safety to make decisions in the face of stress situations minimizing the effects caused by it, thus improving your quality of life and the care provided.^{6,8}

Given this, the nurse is involved in different stages of care-prevention, diagnosis, treatment, and especially promoting palliative care to patients with no possibility of cure.⁹⁻¹⁰ By routinely participating in the life and treatment of cancer patients, these professionals are always witnessing the process of death and dying, which consequently predisposes them to experience two types of feelings, the good and the bad, both experienced daily by them before the care. oncology. Feelings of anguish, sadness, anxiety,

stress and anger over helplessness in the face of the disease are considered by the nurses themselves as a bad feeling, as they feel responsible for maintaining the patient's instability, taking care to relieve and improve the suffering, the pain, and the death process.¹¹⁻¹³

Emotional overload is characterized by exhaustion, lack of energy to work, constant feeling of fatigue that can affect the physical and psychological of this professional resulting in a gradual reduction of productive capacity in the workplace, generating dissatisfaction along with a feeling of incompetence that reflects low self-esteem, demotivation, and professional failure. Often causing this professional to be prone to leave work, which predisposes increased turnover in the sector.¹³

On the other hand, feelings of affection, friendship, satisfaction and gratitude are considered good feelings. The sense of accomplishment is considered pleasurable in the face of patients in need of special attention, where care and follow-up are essential for reestablishing health. Thinking that everything that was done in the care was worth it and the patient took the best care possible brings feelings of satisfaction and encouragement, making this professional feel useful and valued in his profession.²

Thus, being in front of a terminally ill patient, with disbelief in the available therapeutic measures and expecting death, is something that generates difficulties for coping by professionals, which can negatively impact the quality of care provided. The involvement in the process of death and dying are directly linked to the patient's stay in the unit during hospitalization, which favors the intensity of the suffering experienced, since it is concluded that the affective bond is greater.²

In this perspective, childhood cancer is where nursing professionals have more difficulties to deal with, especially when they involve terminal situations.¹² Being in front of a child without the possibility of cure is much more difficult for the team and the feelings experienced by them in this case is much more intense, because the involvement with pediatric patients is much greater. These are patients who need a lot of attention and monitoring from these professionals, which is very important to make the child understand more about the disease and its treatment, contributing to an easier and positive acceptance. The feeling of helplessness most often happens because we consider death in this case as untimely and premature, given that the child is still early in life and will have its cycle of growth and development interrupted.^{7,9}

Some practitioners use defense mechanisms to prevent their feelings from interfering with the care they provide. Some use the mechanism of denial, try to forget that the patient has the disease and others try to manage and live with the feelings generated during care while preserving the excessive involvement that may harm their professional side, without being inhuman.^{7,11,14-17}

Studies show that how your child will respond to the

diagnosis will depend on their age. When the child is older, he / she understands better what is happening and therefore tend to go through the process of not accepting the disease and thus have more resistance to treatment and the pain caused by it. Already younger children are considered easier to be treated, precisely because they do not express themselves through speech and do not understand well what is happening.⁷

In pediatric oncology, the involvement of nursing professionals with the patient's family is inevitable, more specifically with the mothers, who in this case are considered the main source of child support during treatment. However, it can be considered that when faced with childhood cancer treatment, support should be offered not only to patients but also to family members who actively participate in the treatment. When it comes to children, care should be increased, as there must be affection and more sensitivity as well as good professional training. Feeling comfortable offering the smile on a child's face and hoping for a possible cure in the terminal state demonstrates how difficult it is for the nursing professional to cope with the acceptance of death and the frustration of not having any power over it.^{11,18}

Regardless of the stage of the disease, it is necessary to establish a relationship of trust between the nurse and the child with cancer in order to improve and facilitate the provision of care. It also helps to reduce the damage and trauma caused by hospitalization. It is important that the environment is happy and relaxed, which enables the reduction of suffering on the part of children and their families.¹⁹

At the moment of his performance, the nurse is charged for maintaining a firm posture, often being prevented from showing his real feelings about his work. There is a need to understand that the nursing professional is a human being with feelings that go beyond the desire to improve the care provided, understanding this professional means giving voice to a suffering that is often contained to maintain professionalism in the workplace.¹⁸

Having unmotivated professionals, overworked and at risk of abandonment at work, generates negative impacts for oncology, as it reduces the quality of humanized care, as well as impairing the physical and mental health of these nurses.

Reactions of nursing professionals to the process of death and dying of their patients

Death is a cause of fear and is more common in a hospital setting. In this scenario, the nursing professional stands out, especially for being directly involved in patient care, and for this reason they are not immune to feel and react to care. Studies show suffering in the experience of death by nurses. This feeling is directly related to the bond created between the professional, the patient and their relatives, considering that the cancer patient has a

longer lasting treatment, so a good part of them spend a lot of time inside the inpatient unit together with their relatives, the patient. that contributes to the strengthening of this bond.¹⁴

The loss of a patient to this professional is very painful, as a result of a bond created during treatment, often the suffering they experience is similar to losing someone in the family, that is, someone they love. The episodes of patient loss create in nurses a feeling of emptiness, providing a grieving process. In elderly patients death and pain, but it is more accepted by these professionals because it is part of the natural cycle of life. The difficulty of coping is much greater when dealing with a child, because the suffering is more intense, and facing this event is still a challenge for these nurses, since the mission of saving the lives of these patients is a daily self-charge.¹⁵

Therefore, nursing professionals use faith as support to reduce the suffering caused by the loss of their patients, but it depends on their religion, based on what they believe to feel more reassured, some rely on the theory that death represents the end of life, others believe it is a passage, that is, that is starting a new cycle.¹⁵

The importance of nursing in the treatment of cancer patients

The nurse is the first professional who comes into contact with the cancer patient. In primary health care (PHC), has the mission of early detection of the disease through nursing consultation, extremely important tool to know if there is family history, any symptoms, possibility of performing a routine examination and prevention.²⁰

The participation of nursing professionals in cancer treatments is extremely important, as they are qualified to offer more humanized care, taking on the role of counselor, listening with empathy, and with the responsibility to be with patients under any circumstances, addressing a holistic and multidisciplinary care in oncology.¹¹

It is essential that the act of caring is present in the treatment of cancer patients, as it involves the human being as a whole. Nurses specialize in this care; is trained to increasingly seek holistic care for the well-being of patients and their families based on more humanized care.⁵ Having a professional ready to listen and speak already makes all the difference in the patient's life and brings benefits to the treatment, considering that cancer has the power to disrupt and undermine the psychological of its victims and consequently their families. The presence of the nurse is paramount to the success of the treatment, considering that this professional is present a good part of the patient's life, contributing to his recovery.¹⁶

All of this allows us to reflect on the importance of keeping a professional emotionally well prepared to offer palliative care to

any cancer patient, as the terminally ill patient often does not accept this condition, which consequently aggravates their suffering and that of their families. If the professional does not have emotional preparation he suffers together, which generates an emotional burden, as the experience with these patients is frequent in oncology units specialized in palliative care.

Thus, nurses need preparation to offer care that aims to alleviate the suffering resulting from the disease and its treatment, such care must be accompanied by respect, ethics, and recognition of human values.²⁰⁻²¹

We emphasize that each professional has a way of dealing with situations of suffering resulting from the care provided to cancer patients, that is, each has its particularities and time to overcome, so it is important to give voice to this professional respecting that each One will have a different difficulty, needing help and psychological accompaniment according to their way of coping with the difficult situations.

Conclusion

Given the study, it was concluded that nursing professionals involved in the care of cancer patients need to be well prepared and able to face the emotional difficulties arising from direct contact with patients and their families in a state of suffering. Regardless of the cause, these professionals tend to suffer a great emotional burden that can have negative consequences on the quality of care provided to the patient, considering that the negative feelings caused by the care can contribute to demotivation and emotional distress. On the other hand, we have professionals who are honored to be contributing to the improvement of cancer patients and performed with the profession.

Their importance in caring for cancer patients, especially children, is undisputed. During the research, it was remarkable the difference that nurses make in cancer treatment, both for patients and their families. Given the above, it is possible to conclude that professionals dedicated to oncology need special attention, because the emotional overload was mentioned in most research articles, which becomes a point of attention to worry about their mental health. professionals, trained and qualified to offer the best care, with techniques that help throughout the treatment of the patients in question.

Assistance in oncology units by these professionals can be much better if they are happy and healthy, so it is necessary that the institution recognizes that nursing is important in cancer care and that beyond recognition should provide care, always reviewing the emotional burden. , proposing improvements in working conditions and frequent psychological monitoring.

Therefore, it is important that these nursing professionals were prepared in academic life to face the challenges present when

assisting patients with no perspective of life, since it was possible to realize that dealing with children in death situation is still important. A major challenge for these professionals, understanding how to deal with these types of situations would provide prior knowledge on how to act in professional life with future situations involving death.

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