Nurses’ Coping Strategies in Pediatric Oncology: An Integrative Review

Estratégias de Enfrentamento dos Profissionais de Enfermagem Frente à Morte na Oncologia Pediátrica: Revisão Integrativa

Estrategias de Enfrentamiento de los Profesionales de Enfermería Frente a la Muerte en la Oncología Pediátrica: Revisión Integrativa

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ABSTRACT

Objective: This study’s aim has been to identify the coping strategies used by nurses in pediatric oncology in face of the patient’s death. Methods: This integrative review was carried out using the following databases: VHL, MEDLINE/PubMed, and Google Scholar, from April 1st to May 3rd, 2017. The following descriptors were used: death, nursing, child, health pediatrics, oncology, cancer, and coping. The final sample consisted of ten scientific papers. Results: The following coping strategies identified: psychological support from other professionals and from the institution; institutional training on death and the dying process; exchange of experiences among professionals; sports practice; and religion and faith. These strategies were carried out according to individual characteristics and the work environment. Conclusion: It was concluded that the strategies lead to supportive attitudes according to the needs of professionals, alleviating their suffering and improving their care process.

Descriptors: Pediatric nursing, psychological adaptation, death.

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RESUMO

Objetivo: Identificar as estratégias de enfrentamento utilizadas por profissionais de enfermaria que atuam na oncologia pediátrica diante da morte do paciente. Métodos: Revisão integrativa da literatura realizada nas fontes de informação: BVS, MEDLINE/PubMed e no Google Scholar, no período de 01 de abril a 03 de maio de 2017. Utilizou-se os descritores: death, nursing, child, health pediatrics, oncology, cancer, coping. A amostra final foi constituída por dez artigos científicos. Resultados: Estratégias de enfrentamento identificadas: apoio psicológico de outros profissionais e da instituição; capacitação institucional sobre a morte e o processo de morrer; troca de experiências entre profissionais; prática de esportes; religião e fé. As estratégias ocorrem de acordo com as características individuais do paciente e do ambiente de trabalho. Conclusão: Concluiu-se que as estratégias levam a atitudes auxiliares nas necessidades do profissional, amenizando seu sofrimento e melhorando seu processo de cuidar.

Descritores: Enfermagem Pediátrica, Adaptação Psicológica, Morte.

RESUMEN

Objetivo: Identificar las estrategias de enfrentamiento utilizadas por profesionales de enfermería que actúan en la oncología pediátrica ante la muerte del paciente. Métodos: Revisión integrativa de la literatura realizada en las siguientes fuentes de información: BVS, MEDLINE/PubMed y en Google Scholar, en el periodo del 01 de abril al 03 de mayo de 2017. Se utilizaron los descritores: death, nursing, child, health pediatrics, oncology, cancer, coping. La muestra final fue constituida por diez artículos científicos. Resultados: Estrategias de enfrentamiento identificadas: apoyo psicológico de otros profesionales y de la institución; Capacitación institucional sobre la muerte y el proceso de morir; Intercambio de experiencias entre profesionales; Práctica de deportes; Religión y fe. Las estrategias ocurren de acuerdo con las características individuales del paciente y del ambiente de trabajo. Conclusión: Se concluyó que las estrategias llevan a actitudes auxiliares en las necesidades del profesional, amenizando su sofrimiento y mejorando su proceso de cuidar.

Descritores: Enfermería Pediátrica, Adaptación Psicológica, Muerte.

INTRODUCTION

Cancer in children and adolescents is a set of diseases with its own characteristics regarding histopathology and clinical behavior. It represents 1% to 4% of all malignant tumors in most populations. In Brazil, in 2013, the average percentage of cancer in the infant population was 2% and corresponds to the second cause of death. In the period 2009 to 2013, the average mortality rate was 44.25 per million in the age range from 0 to 19 years.1

In the face of this epidemiological reality, nursing professionals working in pediatric oncology are exposed daily to potentially stressful situations, including the death of children. Despite significant advances in early detection and onset of therapy, cancer still frightens humanity by carrying with it the synonym of death, suffering associated with pain, degradation, and stigma. When it occurs in childhood, it acquires a connotation of greater intensity, given the feeling of the adults’ piety and perplexity before the precocity of disease and death.2

Therefore, nursing professionals seek to develop in their work process various ways of avoiding affective links.

However, a paradox arises: the assistance to the pediatric oncology patient who demands a protective conduct in the attempt to manage various feelings and emotions.3

In this context and in face of the phases of the illness process, diagnosis, treatment and palliation, nursing care goes beyond direct care, allowing various subjective constructions of the disease, such as anguish against the uncertainty regarding the development of cancer, being necessary attention to the different meanings that children set up of the illness and consequently the possibility of death in all phases. Thus, the process of caring for pediatric oncological nursing is challenging and requires, in addition to specific material and therapeutic resources, professionals with proper training and sensitivity to care for children.4

Following up the cancer patient’s death usually refers to a sense of professional failure. In addition to managing a demand for the patient’s death, nursing professionals need to care for both patients and their families, and this requires them to be effective.5

Nursing professionals have a peculiar way to deal with the requirements of care for children with cancer, facing situations of suffering and the expectation of death and this assistance experience may affect them psychologically and emotionally.6

Faced with the stress generated by the difficulty in dealing with death, nursing professionals can use coping strategies to alleviate the emotional burden involved in this process. These strategies are: going on vacation, practicing physical activities, and seeking social support and involvement in spiritual practices.7

The process of confrontation is defined as a set of behavioral responses to a stress situation for modifying the environment to adapt to the stressor event. Coping strategies are intentional, physical, or mental actions aimed at reducing the effect of stressful situations. In this way, identifying these strategies is important in order to alleviate the effects of stressors and prevent their worsening. Also, they contribute to these professionals’ well-being and health.8,9

In this perspective, this study aimed to identify the coping strategies used by nursing professionals in the face of the death of pediatric cancer patients.

METHODS

This is an integrative review of the literature, which aims to summarize, in a systematic, orderly and comprehensive manner, the results obtained by the research on a chosen theme.10 Thus, the steps followed in this study were: choosing the research question; determining the sample, inclusion criteria, and exclusion criteria; collecting data; analyzing data; and interpreting and discussing the results, presenting them, and summarizing the knowledge.11
The question that drove this study was: “What are the coping strategies used by nursing professionals in face of the cancer children’s death?”

We searched for articles in the Biblioteca Virtual em Saúde (VHL) [Virtual Health Library] and National Library of Medicine (PubMed) databases. In addition, we used Google Scholar. This study was carried out from April 1st to May 3rd, 2017. The following Medical Subject Headings (MeSH) descriptors were used: oncology nursing, child health, pediatrics, oncology, cancer, and coping. The “and” and “or” Boolean operators were used for combining them according to Table 1.

Table 1 - Results of the database search.

<table>
<thead>
<tr>
<th>Descriptors</th>
<th>Database</th>
<th>Articles found</th>
<th>Selected articles</th>
</tr>
</thead>
<tbody>
<tr>
<td>death AND oncology nursing AND child health OR pediatric nursing AND oncology OR cancer AND coping</td>
<td>LILACS, MEDLINE, SCIELO, and PubMed</td>
<td>44</td>
<td>2</td>
</tr>
<tr>
<td>death AND nursing AND pediatrics AND oncology AND coping</td>
<td>Google Scholar</td>
<td>86</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: Research data.

For sample selection, we adopted the following inclusion criteria: full text, on-line articles about nurses’ coping strategies in the face of pediatric oncology patients’ death in Portuguese, English, and Spanish. The exclusion criteria were: reflective studies; integrative reviews; systematic reviews or those that did not involve research with human beings; and theses, dissertations, or proceedings. There was no restriction on the year of publication. Data collection was performed through an online search, and an Excel table was used with the following variables: article title, authors, journal, year of publication, country, objectives, evidence level, conclusion, and coping strategies.

Through the search and selection strategies, 371 publications potentially eligible for inclusion were identified. After the elimination of duplicate articles (n = 120), the abstracts of 251 articles were analyzed in order to verify whether they were meeting the inclusion criteria and answered the guiding question. After this analysis, we excluded 204 and selected 47 articles for further reading. Finally, 10 articles were included in this study, as recommended by the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA). Figure 1 illustrates this procedure.

The result analysis and classification according to evidence level were carried out in accordance with the recommendations of the American Agency for Healthcare Research and Quality (AHRQ), in 2005. The quality of the evidence is classified into seven levels: Level 1 – publications from systematic reviews or meta-analysis of controlled randomized clinical trials, and clinical guidelines based on systematic reviews of controlled randomized clinical trials; Level 2 - at least a well-designed, randomized clinical trial; Level 3 - well-designed, non-randomized clinical trials; Level 4 - well-designed cohort and case-control studies; Level 5 - systematic reviews of descriptive and qualitative studies; Level 6 - descriptive or qualitative studies; and Level 7 – authorities’ opinions and/or expert committees’ report.

RESULTS AND DISCUSSION

Ten articles were selected for analysis and synthesis of data. As for the country, two were published in the United States, one in Colombia and seven in Brazil. The year of publication varied from 2005 to 2015.

Regarding the participants, we identified that in eight studies were carried out exclusively with nurses, and two, in addition to nurses, with technicians and nursing assistants. Eight studies were published in English, seven of them available in Portuguese, and one in Spanish.

As for the type of study, the selected articles used both the qualitative and quantitative approach and showed that the coping strategies were linked to situational factors, such
as the specific care for children with cancer, or the stress intensity of the professionals working in pediatric oncology. In this way, the professional can use or change the strategy according to the moment and stressful situation.

The coping strategies identified focused on emotions (six studies), on problems (two studies), and on problems and emotions (two studies).

Table 2 organizes the selected titles according to title, authors, year of publication, local, objective, methods, participants, level of evidence, results, and coping strategies.

Table: Coping Strategies in Nurses Working in Pediatric Oncology

<table>
<thead>
<tr>
<th>Title, authors, year of publication, and local</th>
<th>Objective, methods, and participants</th>
<th>Evidence level</th>
<th>Results and coping strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Nurses' Coping Strategies in Pediatric Oncology&quot;</td>
<td>Objectives: studying the factors that influence nurses' stress and analyzing the strategies used by nurses. Method: study with a qualitative approach. Participants: 10 nurses.</td>
<td>V</td>
<td>Emotional-focused strategy.</td>
</tr>
<tr>
<td>&quot;Nurses' Coping Strategies in Pediatric Oncology&quot;</td>
<td>Objectives: analyzing the experiences of nurses in the process of dying and their families and analyzing the performance of the nurses. Method: study with a qualitative approach. Participants: 10 nurses.</td>
<td>V</td>
<td>Emotional-focused strategy.</td>
</tr>
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<td>&quot;Nurses' Coping Strategies in Pediatric Oncology&quot;</td>
<td>Objectives: investigating the strategies used by nurses in the process of dying and their families and analyzing the performance of the nurses. Method: study with a qualitative approach. Participants: 10 nurses.</td>
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In the pediatric oncology context, there is the professional's emotional involvement with the patient and family because of the long treatment and frequent hospital admissions and follow-ups. Hence, the strategies used by nurses working in this context are accepting the disease and its consequences and changing suffering to resignation and natural in face of the possibility of death.

When nurses realize that cancer can lead to death, coping difficulties with professional consequences arises. Health care workers are complex beings with feelings, reflections, needs, difficulties, and perceptions about the daily life, but with limitations to face and transform stressful situations like a death in childhood.

Nurses aim to find personal and professional sources of social support to face the patient's death. Caring for end-of-life children is challenging because it requires an active coping, in other words, cognitive and behavioral responses. According to the selected publications, an example of such actions is the search for psychological and spiritual support.

Aiming to improve the adaptation in the working environment, these professionals use coping strategies to eliminate the stressful situations. This strategy can be focused on emotion and problem. The emotion-focused strategies, the goal is to cause emotional changes in stressed individuals, minimizing the unpleasant physical feeling caused by stress. The problem-focused strategies, however, seeks to change the stressful situation by defining the best option. After evaluating the best option, an attitude must be taken. This strategy is considered the most adaptive because it can eliminate the source of stress.

Each strategy influences the stressor, circumstances, moment, and coping experiences. Therefore, the way each professional respond to stressors is personal, being influenced by the coping strategies used and by individual differences.

The selected studies that presented problem-focused coping strategies showed that the actions for improving...
scientific and technical knowledge of stressful situations and team meetings can change the nurses’ behavior and their workplace, thus modifying the stressor element. Institutional training in the dying process can provide this knowledge, and team meetings are a good place to expose professional difficulties. Nevertheless, problem-focused coping strategies involve modifying the external conditions of the situation, accepting responsibility, planning problem-solving actions, and positive reevaluation.9

Regarding these findings, one of the studies analyzed sought to verify the impact of coping strategies in nurses’ stress working in hematology and oncology. Given the characteristics and specificities of the nursing practice, the individual effort to implement problem-focused coping strategies results in stress, considering the therapeutic restrictions in oncology.10

The emotion-based coping strategies used by nursing professionals were also based on religion,13 distractions, and psychological and social support.14,16,20 By using this approach, nurses can adapt themselves to stressful conditions, such as the death of a child with cancer, in which they seek to minimize the emotional discomfort.25

Emotion-focused strategies are more suitable for unhealthy and workload environments, such as those for pediatric oncology, although they are not necessarily more effective. This type of control may be essential for psychological adaptation to an unalterable condition or situation, as is the case of the oncological disease.16,25

Some studies presented both the coping strategies in a combined way.14,16 In response to the stressor situation, nurses need to combine these strategies independently of each other. The emotion-focused strategies, such as psychological support, can facilitate problem-focused ones by mitigating the conflict. In the same way, problem-focused strategies, such as institutional training in death and its process,14 can lessen the threat, thus reducing stress.9

The constant change between the reduced possibility of controlling stressful events and the need for dealing with usual circumstances in pediatric oncology lead to a change of attitude and adoption of different strategies in the face of work situations. This can justify the use of simultaneous and combined coping strategies, as well as the variability of the effects on occupational stress. In this way, both the strategies are useful, confirming their interdependence and complementarity.16

Identifying the coping strategies used by nursing professionals in the face of the death of children with cancer is related to situational factors. Thus the nursing professional can use or change the strategy according to the moment and the kind of stressful situation. The understanding of the coping strategies can adapt attitudes to fit the needs of nursing professionals and thus alleviate their suffering and improve the process of caring for pediatric oncology patients.26

CONCLUSIONS

Death is a daily event for nursing professionals who do not feel comfortable to manage this situation due to the large number of feelings and emotions that they need to deal with. This study identified that the coping strategies used by these professionals were: psychological support from other professionals and from the institution; institutional training in dealing with death and the process of dying; exchange of experiences among professionals; sports practice; and religion and faith. These strategies are carried out according to the individual characteristics and the work environment, and none of them can be considered the most effective.

The relevance of defining and identifying these coping strategies is to provide nurses with a more productive, less stressful, and more present daily life.

It is emphasized the importance of scientific research that contributes to the practice of oncology nursing professionals in their experience with end-of-life patients, helping to minimize their suffering and stress.

REFERENCES


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