

Socio-demographic and work profile of nursing professionals who provide care for children and adolescents with cancer

Perfil sociodemográfico e laboral dos profissionais de enfermagem que assistem crianças e adolescentes com câncer

Perfil socio demográfico y laboral de profesionales de enfermería que ayudan a niños y adolescentes con cáncer

ABSTRACT

Objectives: To describe and analyze the sociodemographic and work profile of nursing professionals who provide care for children and adolescents with cancer. **Method:** Cross-sectional, analytical, exploratory study carried out at a university hospital between October 2016 and March 2017. The data collection instrument used was a sociodemographic and work questionnaire developed for this study. **Results:** Most participants were women, aged between 20 and 59 years, married, with children, with at least university degree, and more than 10 years of experience. They were often allocated to functions that required secondary education level, and the number of patients per shift was much higher than that recommended by legislation. There were also high weekly workloads and even triple shifts. Many of the participants themselves or their family members had already experienced serious illnesses. **Final Considerations:** It became evident that nursing care in oncopediatrics is surrounded by numerous singularities and that the profile of nursing professionals influences issues that involve the working conditions of nursing, nursing practices, and the fragile conditions inherent to the health status of children and adolescents with cancer and their families.

Descriptors: Job Description; Nursing; Oncology Nursing; Nursing staff; Worker's health.

RESUMO

Objetivos: Descrever e analisar o perfil sociodemográfico e laboral dos profissionais de enfermagem que prestam assistência a crianças e adolescentes com câncer. **Método:** Estudo transversal, analítico, exploratório, realizado em hospital universitário entre outubro de 2016 e março de 2017. O instrumento de coleta de dados utilizado foi um questionário sociodemográfico e laboral, desenvolvido para esse estudo. **Resultados:** A maioria dos participantes foram mulheres, com idade entre 20 e 59 anos, casadas, com filhos, com pelo menos a graduação concluída e mais de 10 anos de atuação. Frequentemente estavam alocadas em função de nível médio, com número de pacientes por plantão amplamente superior ao preconizado pela legislação, além de carga horária semanal extensa e até triplas jornadas. Muitos deles já vivenciaram doenças graves seja com eles próprios ou familiares. **Considerações Finais:** Tornou-se evidente que a assistência de enfermagem em oncopediatria é cercada por inúmeras singularidades e que o perfil dos profissionais de enfermagem influencia em questões que envolvem desde as condições de trabalho da enfermagem, suas práticas e se somam as condições frágeis inerentes ao estado de saúde das crianças e adolescentes com câncer e seus familiares.

Descritores: Descrição de Cargo; Enfermagem; Enfermagem Oncológica; Equipe de enfermagem; Saúde do trabalhador.

RESUMEN


Objetivos: describir y analizar el perfil sociodemográfico y laboral de los profesionales de enfermería que atienden a niños y adolescentes con cáncer. **Método:** estudio transversal, analítico, exploratorio realizado en un hospital universitario entre octubre de 2016 y marzo de 2017. El instrumento de recolección de datos utilizado fue un cuestionario sociodemográfico y laboral, desarrollado para este estudio. **Resultados:** la mayoría de los participantes fueron mujeres, con edades entre 20 y 59 años, casadas, con hijos, con al menos graduación y más de 10 años de experiencia. A menudo se asignaban en función del nivel medio, con un número de pacientes por turno muy superior al recomendado por la ley, además de una extensa carga de trabajo semanal e incluso turnos triples. Muchos de ellos ya han experimentado enfermedades graves consigo mismos o con miembros de su familia. **Consideraciones finales:** Se hizo evidente que el cuidado de enfermería en oncopediatria pediátrica está rodeado de numerosas singularidades y que el perfil de los profesionales de enfermería incide en cuestiones que involucran desde las condiciones laborales de la enfermería, sus prácticas y se suman a las frágiles condiciones inherentes al estado de salud de niños y adolescentes con cáncer y sus familias.

Descriptores: Perfil Laboral; Enfermería; Enfermería Oncológica; Equipo de enfermería; Salud del trabajador.

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INTRODUCTION

Childhood and adolescent tumors represent between 1 and 4% of all malignant tumors in most populations. In Brazil, cancer represents the leading cause of death (8% of the total) from disease among children and adolescents aged 1 to 19 years, with an estimated 8,460 new cases in 2020. In this age group, the most common tumors are leukemias, lymphomas, Central Nervous System tumors and carcinomas ⁽¹⁾.

It is noticed that among chronic childhood illnesses, cancer stands out for having a high incidence, bringing important repercussions for the lives of children and their families. Children with cancer need repeated hospitalizations and the family routine undergoes significant changes that require, especially from the hospital nursing staff, care practices aimed at supporting these children and their parents, creating feelings of hope and a relationship of trust, providing knowledge and information, performing actions with skill, showing interest in the life of the children and parents outside the hospital, and also helping them to trust the future and the practice of other health professionals ⁽²⁻³⁾.

Pediatric oncology is perceived by many authors as a demanding scenario, from a professional point of view, for the nursing team; they acknowledge that this scenario produces significant stressors for the professionals' personal aspect ⁽²⁻⁴⁾. Ethical and moral dilemmas, grief, loss, complex treatment regimens, and management of professional limitations are some of the specific stressors involved in this specialty that impact the workers' health. In addition, regardless of the specialty, nursing teams experience workloads, interprofessional conflicts, and disproportionate staff size that, together with the specific stressors of the oncology sector, expose the nursing staff to a high volume of stressors and to the development of conditions such as Burnout, compassion fatigue, and indirect traumatization ⁽⁴⁻⁵⁾. This reality probably has repercussions on the quality of life of these professionals.

Studies have shown a great burden of suffering and feelings of anguish, failure and impotence among nursing professionals who provide care to children and adolescents with cancer, especially when a cure is no longer possible ⁽⁶⁻⁸⁾.

It is recognized that some nursing professionals can effectively deal with stressors, while others, not so much. For both, the influence

of stressors in pediatric oncology can trigger, in addition to emotional burnout, difficulties in coping mechanisms, inability to deal with the organizational team, and even impediments for the team to develop its role of a source of social support for families and children ⁽⁴⁾.

It is suggested that nursing professionals working in hospital pediatric oncology services have the ability to develop an optimistic view, to allow themselves changes that favor personal and professional growth without reducing their health as workers and their quality of life. For this, knowing the individual factors and social characteristics of these professionals are relevant elements to understand the coping and adaptability that pediatric oncology services require.

In view of these considerations, nursing teams working in oncology units may need personal and professional characteristics that allow them to develop their functions effectively, combining technical-scientific knowledge with individualized and humanized care, at the same time that they preserve their health and quality of life as workers. Given the above, the objectives of this study were to describe and analyze the sociodemographic and work profile of nursing professionals who provide care to children and adolescents with cancer in a university hospital.

METHOD

This is a cross-sectional, analytical and exploratory study carried out between January 2016 and March 2017 in a university hospital in the city of Belo Horizonte, Minas Gerais. The researched institution is a large hospital currently under the management of a public company governed by private law and acts as a care center for several municipalities in Minas Gerais within the scope of the Unified Health System (SUS), serving cases of medium to high complexity.

Data collection took place between October 2016 and March 2017 in the morning, afternoon and night shifts, in units that provided assistance predominantly, but not exclusively, to children and adolescents with cancer, namely: pediatric inpatient unit, pediatric Intensive Care Center, chemotherapy clinic, and bone marrow transplant unit.

The inclusion criteria for participants were: availability to participate in the research, and provision of direct nursing care to children and adolescents with cancer. A total population of 166 nursing professionals was eligible.

A total of 25.3% (n=42) professionals were excluded from the final sample according to the following exclusion criteria: refusal to participate in the research (n=9), being on vacation, maternity leave or sick leave (n=8), no return to complete the questionnaire (n=14). Thus, the final sample of participants comprised 124 nursing professionals, including nursing technicians and nurses.

For data collection, professionals were approached, the research objectives were explained, and the data collection instrument was presented. Then, those who agreed to participate were given two copies of the Informed Consent Form (ICF), one to be given to the researcher and the other to be kept by the participant, as well as the data collection instrument, which was to be answered without the intervention of the researcher.

The data collection instrument used was a sociodemographic and work questionnaire, which included discrete qualitative categorical and quantitative variables: age, years of education, sex, marital status, number of children, academic degree, sector where the professionals provided care for children and adolescents with oncological diseases, function performed, time in the profession, and time in the function performed, work shift, type of employment bond, schedule/work regime, number of patients under their care, number of employment bonds, weekly workload, training in family, pediatric, oncology nursing or training in other areas. In addition, there were two questions regarding previous experience with serious illnesses: one of a personal nature and the other, of family nature. In these questions, the participants were asked about becoming ill up to the time of the study due to any serious condition, such as oncological, cardiovascular, psychiatric or other diseases, and even if any family member of their family had experienced or is going through any serious disease such as the ones mentioned. The questionnaires were answered by the professionals themselves without the intervention of the researcher and during working hours.

The data from the questionnaires were entered into the *Epidata 3.1* software and the statistical analyses were performed using the R-Project for Statistical Computing for Windows software (version 3.2.4), with a 5% significance level. Absolute and relative frequencies were used for the analysis of qualitative variables while

measures of position, central tendency and dispersion - mean (M) and standard deviation (SD) - were used for quantitative variables. A comparative analysis was performed between the professional categories (nurses and nursing technicians) and the sociodemographic and work variables. For that, the Chi-square and Fisher's exact tests were used for the categorical variables and the Mann-Whitney test for the numeric variables.

This study was carried out in accordance with Resolution 466/2012 of the National Health Council and approved by the Research Ethics Committee of the Federal University of Minas Gerais, on June 1, 2016, under opinion nº 1.572.613.

RESULTS

Sociodemographic characteristics of nursing professionals working in pediatric oncology units

With regard to sociodemographic characteristics, 86% (n=105) of the participants were female, aged between 20 and 59 years, with a mean of 38.14 years, married 57% (n=70) and with children 65.7% (n=79).

Regarding education, 32.3% (n=40) had a technical level, 14.5% (n=18) had university level, 43.5% (n=54) had a *lato sensu* graduate degree, 9.7% (n=12) had *strictu sensu* training, being 8.1% (n=10) masters and 1.6% (n=2) PhDs. It is noteworthy that only 27.2% (n=33) had training in family nursing, pediatrics or oncology. The survey showed that 63.3% (n=78) had training in other areas. Of these, 24.2% (n=30) had another degree, 10.2% (n=13) had another technical level education and 28.6% (n=35) had a specialization, master's or PhD degree in other areas. Regarding time in the profession, 59.8% (n=73) had more than 10 years in the profession. The study participants reported having studied between 7 and 38 years (M=17.9 years; SD=5.38 years). These data comprise technical courses, undergraduate, graduate and other refresher courses.

Professional characteristics of the nursing team working in pediatric oncology units

As for the function performed in the oncology sector, 58.3% (n=72) of the study participants were nursing technicians, 26.8% (n=33) clinical nurses, 4.9% (n=6) supervisor nurses, 2.4% (n=3) coordinator nurses, 0.8% (n=1) specialist nurses, and 6.5% (n=8) reported exercising more than one of these functions.

Regarding time developing the function, 40.3% (n=50) had been in their function for less than 2 years, 18.03% (n=22) for 2 to 5 years, 10.1% (n=13) for 6 to 10 years, and 31.1% (n=39) for more than 10 years. Regarding the work shift, 6.5% (n=8) of the participants worked more than 1 shift, and the relative frequency in the morning, afternoon and night shifts were similar.

With regard to employment bond, 65.0% (n=81) were linked to a public company governed by private law, 33.3% (n=41) to a special regime autarchy, 1.6% (n=2) had another type of professional bond. The survey showed that 98.3% (n=122) of the professionals had statutory bonds, adding the bonds of the public company and the autarchy. As for the distribution in the sectors, 48.4% (n=60) were allocated to pediatrics, 24.2% (n=30) to the pediatric Intensive Care Center, 16.6% (n=21) to chemotherapy, and 10.5% (n=13) in the bone marrow transplant sector.

Regarding the work regime, 46.0% (n=57) of the individuals had a work schedule of 36 hours/week, 19.8% (n=25) of 30 hours/week, 2.5% (n=3) of 40 hours/week, 13.2% (n=16) worked 12 h x 36 h shifts, 12.4% (n=15) worked

12 h x 60 h shifts, and 4.1% (n=5) were day workers.

On average, each professional had nine patients under their care in each shift, ranging from two to 52 patients. The workload ranged from 30 to 100 hours/week, with a mean of 40 hours. As for the number of employment bonds, 78% (n=97) had only one job, 20.3% (n=25) had two jobs, and 1.6% (n=2) had three jobs.

Experiences of nursing staff professionals working in pediatric oncology units regarding assisting patients with severe illness

The data on the experiences reported by the interviewed professionals regarding dealing with severe personal and family illness are results of the open questions and are listed in Table 1. From them, we could identify that of the 45.5% (n=56) study participants who answered having had experience with a sick family member, cancer accounted for 46.4% (n=26) of the cases, being the most mentioned disease, followed by cardiovascular diseases, 19.6% (n=11) of the total. It was also identified that 33.3% of the participants had a history of serious illness, with cardiovascular diseases and others being the most common diseases.

Table 1 - Experience with severe personal and family disease as reported by study participants. Belo Horizonte, 2017.

Variable	n	%
Experience with serious personal disease		
No	66	66.7
Yes	33	33.3
If the answer was yes, which disease?		
No answer	20	60.6
Cancer	3	9.1
Cardiovascular diseases	4	12.1
Psychiatric diseases	1	3.0
Genetic diseases	1	3.0
Others	4	12.1
Experience with severe family disease		
No	67	54.5
Yes	56	45.5
If the answer was yes, which disease?		
No answer	14	25.0
Cancer	26	46.4
Cardiovascular diseases	11	19.6
Psychiatric diseases	1	1.8
Endocrine diseases	1	1.8
Genetic diseases	1	1.8
Infectious diseases	1	1.8
Others	1	1.8

Source: For purposes of this study.

Comparison between the responses given by nursing technicians and nurses from the evaluated oncopediatric units

Tables 2 and 3 show the results of the comparisons between the responses given by nursing technicians 53.7% (n=72) and nurses 41.9% (n=52) in the surveyed units.

When comparing the numerical characteristics of nursing technicians and nurses, it was noted that nursing technicians had a mean age (M=39.8; SD=1.12) higher than that of nurses (M=35.43; SD=0.85). In turn, nurses had more years of education. As for the number of patients per shift, nurses were responsible for a greater number of patients (M=11.18) compared to nursing technicians (M=6.19), but the latter had a higher weekly workload (M=40.22) than nurses (M=39.76) (Table 2).

With regard to time in the function performed, nursing technicians tended to have more than five years in the function 50.7% (n=35) while nurses had less than two years 63.3% (n=31). As for the work shift, the percentages were evenly distributed, however, there were

more nurses 13.7% (n=7) performing more than one work shift than nursing technicians 1.4% (n=1). It was noticed that 86.0% (n=43) of nurses had an employment contract of the CLT type, while among nursing technicians the percentages were evenly distributed between the CLT and statutory type. Regarding the distribution in the sectors, most nursing technicians 69.4% (n=50) worked in the pediatric inpatient unit, while most nurses worked in the pediatric Intensive Care Center 43.1% (n=22) (Table 3).

Still in relation to categorical variables, the percentage of nurses 48.6% (n=17) with experience on serious personal disease was higher than the percentage of nursing technicians 25.4% (n=16) with such experience. However, the percentage of nursing technicians with experience on severe family disease was 55.6% higher (n=40) than the percentage of nurses 52% (n=26) with this experience. As for having children or not, 75.7% (n=53) of nursing technicians reported having at least one child, compared to 51% (n=26) of nurses with only one child.

Table 2 – Comparison of numerical variables between nursing technicians (n=72) and nurses (n=52). Belo Horizonte, 2017.

Variable	Nursing technicians					Nurses					P ⁵ -value
	N	M ¹	S.D ²	MIN ³ .	MAX ⁴	N	M ¹	S.D ²	MIN ³ .	MAX ⁴ .	
Age	71	39.8	1.12	20	59	51	35.43	0.85	27	52	0.003
Years of schooling	51	15.86	0.52	7	30	38	20.84	0.98	9	38	<0.001
Number of patients under care per shift	67	6.19	0.35	2	20	49	11.18	1.81	2	52	0.295
Weekly workload	65	40.22	1.72	30	100	49	39.76	1.64	30	76	0.513

Note: 1. Mean, 2. Standard deviation from the mean, 3. Minimum value, 4. Maximum value, 5. Mann Whitney test.

Source: for purposes of this study.

Table 3 – Comparison of categorical variables between nursing technicians (n=72) and nurses (n=52). Belo Horizonte, 2017.

Variable	Nursing technicians		Nurse s		P-Value
	n	%	n	%	
Sex					
Female	59	83.1	46	90.2	0.264 ¹
Male	12	16.9	5	9.8	
Marital status					
Without a partner	31	41.7	23	45.1	0.705 ¹
With a partner	42	58.3	28	54.9	
Children					
No	17	24.3	25	49.0	0.005 ¹
Yes	53	75.7	26	51.0	
Academic degree					
High school	40	55.6	0	0.0	<0.001 ²
University degree	16	22.2	1	2.0	
<i>Lato sensu</i>	15	20.8	39	76.5	
<i>Strictu sensu</i>	1	1.4	11	21.6	
PhD					
Pediatric Intensive Care Center	8	11.1	22	43.1	<0.001 ²
Pediatric	50	69.4	10	19.6	
Chemotherapy	12	16.7	8	15.7	
Transplants	2	2.8	11	21.6	
Time in the profession					
Less than 5 years	10	13.9	7	13.7	0.027 ²
6 to 10 years	13	18.1	20	39.2	
More than 10 years	49	68.1	24	47.1	
Time in the function					
Less than 2 years	17	24.6	31	63.3	<0.001 ²
Between 2 and 5 years	17	24.6	5	10.2	
More than 5 years	35	50.7	13	26.5	
Work shift					
Morning	20	27.8	15	29.4	0.029 ²
Afternoon	23	31.9	17	33.3	
Night	28	38.9	12	23.5	
More than 1 shift	1	1.4	7	13.7	
Professional bond					
Statuary	34	47.2	6	12	0.059 ²
CLT	37	51.4	43	86	
Other	1	1.4	1	2	
Work schedule					
30 hours	17	24.6	6	11.8	0.095 ²
36 hours	27	39.1	29	56.9	
Other	25	36.2	16	31.4	
Number of employment bonds					
Only one	55	76.4	41	80.4	0.597 ¹
More than one	17	23.6	10	19.6	
Training in other areas					
Yes	18	60	13	68.4	0.561 ¹
No	12	40	6	31.6	
Experience with severe illness					
Yes	47	74.6	18	51.4	0.020 ¹
No	16	25.4	17	48.6	
Experience with severe illness in the family					
Yes	40	55.6	26	52	0.698 ¹
No	32	44.4	24	48	
Training in family, pediatric or oncology nursing					
Yes	62	88.6	24	49	<0.001 ¹
No	8	11.4	25	51	

Note: 1. Chi-square test. 2. Fisher's exact test.

Source: For the purposes of this study

DISCUSSION

The results obtained corroborate the data found in the national survey on the profile of nursing professionals in Brazil, which showed that nursing professionals are predominantly female, married, with children, and with a mean age of 38 years, ranging from 20 and 59 years⁽⁹⁾. These data indicate that nursing has been one of the rare cases in the world of work where the framework of abstract and practical knowledge that provided the foundations of the profession was mostly developed by women, recognized as pioneers and responsible for its creation and systematization⁽¹⁰⁾. It is noticed that nursing has significantly contributed to the feminization of the health sector and although the high degree of feminization in a given profession tends to negatively interfere with its social recognition, as shown by several studies^(9, 11), the care provided by nursing has been evaluated as a fundamental reason for the decrease in hospital mortality and the main indicator for the development of health systems throughout the world⁽¹²⁾. Therefore, it is important to value programs aimed at the development and empowerment of women and the punishment of gender discrimination in health institutions in order to promote a better quality of life for health workers.

With regard to the technical division of work, this study revealed that the nursing team was predominantly composed of technicians and nursing assistants, who represented 77% of nursing professionals. These numbers are also in line with the profile of nursing in Brazil⁽⁹⁾, however, it is worth highlighting the high number of nursing technicians who had graduated in nursing or another teaching area.

In Brazil, around 34% of assistants and technicians are studying or have higher education (63.7%) than required to work in secondary level jobs⁽⁹⁾. In this research, nursing technicians had mean of 15.8 years of schooling, being close to the mean of nurses (20.8). These technical level professionals seek growth, professional development, greater knowledge, and personal evolution in nursing graduation. Furthermore, it is expected that professional ascension brings better pay and social positions, with greater recognition in the work sphere^(6,9). It is understood that these data on the mean schooling of the nursing team indicate that the categories have an adequate level of education for what they propose. It is inferred that the

profession requires a continuous need to seek updating, as health issues are subjective, broad and complex. In addition, the number of nursing technicians who already have higher education training was noteworthy, opening space to discuss aspects of professional practice that require a concrete definition of their roles and distinctions in the tasks beyond the established power relations. Also with regard to the level of education of nursing professionals, it is noted that 24.5% of participants were studying or had graduated in another area. It is noteworthy that, according to data from the national survey on the profile of nursing professionals in Brazil, just over 8% of nurses reported having acquired or being studying to acquire another degree, predominantly those outside the health area. The search for other areas of knowledge may represent the insertion of nurses in management spaces or scenarios that are different from what is classically known, as hospitals.

The expansion of the technological apparatus and new resolutions from the Federal Nursing Council that expand skills and jobs in nursing contribute to encourage nursing professionals to seek new knowledge. On the other hand, we live in a context of transformations that have advanced towards the construction of new professions, new possibilities for recognition and remuneration, and many who opted for nursing leave the profession in the expectation of professional satisfaction and a better quality of life. After all, the work process of nursing in oncology units overloads the professional emotionally when dealing with sick human beings and their families^(9,13).

Another aspect to consider is the training at the postgraduate level; 43.5% of the professionals interviewed claimed to have completed their studies at this level. However, only 27.2% of the nurses declared they had taken or were taking specializations in family nursing, oncology or pediatrics, converging with their area of expertise. According to Santos *et al.* (2015), the academic preparation of the nursing staff to work specifically with oncology is limited⁽¹⁴⁾.

We must emphasize, however, the difficulties found in the training base of these professionals, in which the approach to topics related to oncology, and, inherently, to palliative care, especially pediatric care, are not usually included in the curriculum of courses in the health area. A study carried out by the Federal University

of Rio de Janeiro with academics from the ninth semester of the undergraduate course of nursing, which explored palliative care in Pediatric Oncology, showed the lack of preparation to deal with children with cancer without possibility of cure due to, above all, the lack of contact with the topic during undergraduate training⁽⁶⁾. In another study, lack of preparation to deal with patients in palliative care was noticed in the statements of the nursing technicians team^(6,13).

Despite the difficulties in relation to specific themes of care for children and adolescents with cancer during the training of nursing professionals, 59.7% of them had already been in the profession for 10 years, which indicates that, despite the lack of specific training in the area of oncology, there was a concrete experience of professional performance. Among the professionals interviewed, most nursing technicians and assistants had been working specifically in the oncology service for more than 5 years. Nursing professionals with these characteristics establish a long-lasting relationship with the team, patients and family members due to the condition of the pathology⁽¹⁵⁾. According to Hercos (2014), professionals who work directly with these patients and families, regardless of their experience, must have access to continuing education to qualify care and to ensure the assumptions of comprehensiveness and humanization of care⁽¹⁵⁾. Regarding nurses, unlike the profile of nursing technicians, most had less than 2 years of experience. These data reveal the low turnover of professional nursing technicians in the oncology sectors. On the other hand, nurses had less time in the profession, which may lead to a feeling of insecurity, professional dissatisfaction that comes together with a feeling of incompetence⁽¹⁵⁾.

According to Kameo (2020), professional dissatisfaction comes together with a feeling of incompetence⁽¹⁶⁾. It reflects low self-esteem, a feeling of insufficiency, lack of motivation and professional failure, resulting in inappropriate and inefficient activities, and sometimes the professional is prone to abandon the job⁽¹⁶⁾.

Thus, these professionals must have support for their professional development within the institution and within the care team through consistent and focused continuing education.

The research indicated that the work of the nursing team was predominantly carried out in the morning shift, with only one employment bond, and working in shifts that comprised from

30 to 100 hours. These data reinforce the stressful characteristics of the nursing work, corroborating a research that indicates that work shifts can reach over 80 hours a week⁽⁹⁾.

The physical strain caused by work overload and difficult working conditions can generate emotional exhaustion that when added to the stressors of oncological units such as the difficulties inherent in the institution, the chronicity of the diseases, the bond with children, adolescents and family members, and the real possibility of the break of this bond due to death, can significantly affect the lives of nursing professionals⁽⁶⁾.

In a study carried out in a public hospital in Bahia, nurses had a long workday, with emphasis on double shifts and the health behavior of the female group marked by accumulation of functions in both private and professional life, resulting in greater exposure to risk factors for workers' health^(9,17). In oncopediatric units, many professionals are invited to develop strategies and use coping mechanisms to deal with the suffering generated during care. Studies show that many opt for denial of the disease, distancing themselves from dealing with the children and their families, but, on the other hand, there may be a resignation and a search for a new meaning in life^(16,18).

This study also revealed that the mean number of patients per shift was nine, with a minimum number of two patients and a maximum of 52 patients. When comparing the categories, nursing technicians had a mean of 6.19 patients per shift and nurses had a mean of 11.1 patients per shift. In a prospective cohort study carried out with 151 patients with a mean age of 52 years admitted to the onco-hematology unit of a university hospital in São Paulo, it was evidenced that these patients demanded a greater workload from the nursing staff when compared to patients with other non-neoplastic diseases, being considered semi-intensive care patients⁽¹⁹⁾.

According to COFEN Resolution number 543/2017, which updates and establishes parameters for sizing the staff of nursing professionals, when it comes to patients who require semi-intensive and intensive care, the sizing of professionals must include a nurse for 2.4 patients and a nursing technician for 1.33 patients⁽²⁰⁾. Therefore, the discussion demonstrates a reality experienced by nursing professionals in the context of oncohematology which is consistent with work overload. In

addition, we must consider that patients are children and adolescents accompanied by their families, who already have characteristics and vulnerabilities that demand greater commitment from nursing professionals.

The above discussion is even more opportune when looking at the data on the illnesses of the nursing team. In this research, 74.6% (n=47) of the nursing technicians responded that they had already had personal experience with a severe disease. Regarding nurses, 51.4% (n=18) also reported having had experienced a severe disease. It is also relevant to point out that 54.5% of the participants reported already experiencing seeing a family member get sick, and cancer was the most common disease. Among the categories, nursing technicians reported having gone through this situation more (n=40, 55.6%) than nurses (n=26, 52%). Chronic diseases, therefore, have a significant representation in the lives of these professionals, as they are present at work, at home, and often in their own individuality. Reflecting on the presence of chronic diseases in the daily lives of these professionals is to try to understand the limit between taking care of oneself and taking care of the other and the points where they intertwine. More than that, it means realizing at which points the experiences of taking care of self and of the other relate affect the person's way of acting.

Studies have revealed that some characteristics of the profile of the nursing team such as sex, age and education can influence the quality of care provided for children and adolescents, as well as the quality of life of these professionals, contributing to stress and illness (8,15-16,22).

Therefore, it is important to develop studies that deepen the perspective of nursing work, as well as the influences of the characteristics of the work of these professionals on both personal and work life, among people who care for cancer patients in pediatric sectors (15). It is necessary to find resources to minimize the potential of these people to get ill that these units impose on workers. Hercos *et al.* (2014) indicate the need to improve the working conditions (organization with less bureaucracy, dynamics of service, and salaries), encouragement and inclusion of physical and leisure activities in the daily routine of professionals, a continuing education policy, psychological and systematized support to the professionals to face the difficulties

in their daily work, and investment in the interpersonal relationships in the institution (15).

With a view to increasing the satisfaction of the nursing staff in this unhealthy context, the strategies that involve relationships have been considered as the basis for expanding the feeling of belonging. The inclusion of the nursing team in the participation of decision-making by the multidisciplinary team has also been shown to increase the satisfaction of the nursing teams in care in oncopediatric units (16).

FINAL CONSIDERATIONS

This study revealed that most professionals working in oncopediatric units linked to a university hospital in Minas Gerais were women, aged between 20 and 59 years, married, with children, with at least complete university education, and more than 10 years of experience in nursing. Despite this, they were often hired in functions that performed secondary education level (nursing technician), with a number of patients per shift that was vastly higher than that recommended by the legislation on nursing staff size, in addition to a high weekly workload and double or triple shifts.

The study revealed that many nursing professionals have already experienced themselves or have seen family member get ill with chronic diseases, and cancer was coincidentally the most common pathology.

It became evident that nursing care in oncopediatrics is surrounded by numerous singularities, ranging from the working conditions of nursing that influence its practices and add to the inherent fragile conditions of the health status of children and adolescents with cancer and their relatives.

This study begins a discussion of paramount importance when it presents sociodemographic and work characteristics, as they may be directly related to the quality of nursing care in pediatric oncology, as well as to the quality of life of professionals who provide care to children, adolescents and their families during cancer treatment. It is suggested that both non-modifiable (sex, age, presence of children, etc.) and modifiable characteristics can act as generators of burnout and professional suffering in the daily routine of their practice, which may culminate in attitudes that do not bring benefits to patients and contribute to greater risk for the professional to get sick.

The need for health institutions to position themselves in favor of measures that value professionals stands out. This could be done through reduced workload, creation of environments that favor dialogue and discussions about the concerns, fears and limitations of the employees, improvement of leadership aimed at the well-being of the nursing team, and strengthening of continuing education.

Therefore, this research opens space for further research that addresses the analysis of the profile of nursing professionals and its relationship with the quality of care offered and the living conditions imposed on these professionals resulting from the work environment. As limitations of the study, we point out the non-inclusion of other work variables such as work accidents, work environment conditions, use of personal protective equipment (PPE), and work leave, which could give further clues about the reality experienced by these workers in stressful environments such as oncopediatric units.

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