

ONCOLOGICAL PALIATIVE CARE AND ITS PSYCHIC INFLUENCES IN THE PERCEPTION OF NURSES

A ATENÇÃO PALIATIVA ONCOLÓGICA E SUAS INFLUÊNCIAS PSÍQUICAS NA PERCEPÇÃO DO ENFERMEIRO

ATENCIÓN PALIATIVA ONCOLÓGICA Y SUS INFLUENCIAS PSÍQUICAS EN LA PERCEPCIÓN DEL ENFERMERO

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Data Collection: Alex S. A. Siqueira; **Investigation:** Alex S. A. Siqueira; **Methodology:** Alex S. A. Siqueira; **Project Management:** Alex S. A. Siqueira, Enéas R. Teixeira;
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Funding: No funding.

Submitted on: 2019/04/03

Approved on: 2019/09/02

ABSTRACT

Objective: understand what the main psychic influences of palliative oncological care are on the perception of nurses. **Method:** the research is descriptive exploratory, with qualitative approach. The eligible research field was the inpatient sector of a hospital unit specialized in palliative care. This unit belongs to a national referral center for cancer treatment, located in the Estado do Rio de Janeiro. Data collection occurred from a semi-structured interview and the study universe consisted of 18 nurses. The collected data were analyzed with QualiQuantiSoft (based on the collective subject discourse theory). **Results:** two of the collective subject discourses (CSD) emerged with their central ideas: CSD1 – "negative influence from palliative oncological care on nurses' "perception" of nurses and CSD2 – "positive influence from palliative oncological attention on nurses' perception". **Conclusion:** the influence of work on nurses' behavior is evident, being in some moments a source of pleasure and, in others, a source of suffering. We found that conflicts in the multidisciplinary team, organizational conflicts and physical exhaustion were the categories with the greatest impact on psychological distress. In view of the characteristics described by nurses in the voice of the CSD, it is necessary to develop an intervention practice in order to minimize the psychological distress of nurses in palliative oncological care.

Keywords: Stress, Psychological; Palliative Care; Nurses; Cancer Care Facilities.

RESUMO

Objetivo: compreender quais são as principais influências psíquicas da atenção paliativa oncológica na percepção do enfermeiro. **Método:** a pesquisa é exploratória descritiva, com abordagem qualitativa. O campo de pesquisa elegível foi o setor de internação de uma unidade hospitalar especializada em cuidados paliativos. Essa unidade pertence a um centro de referência nacional de tratamento de câncer, localizado no estado do Rio de Janeiro. A coleta dos dados ocorreu a partir de uma entrevista semiestruturada e o universo do estudo foi composto de 18 enfermeiros. Os dados coletados foram analisados com o "QualiQuantiSoft" (com base na teoria do discurso do sujeito coletivo). **Resultados:** emergiram dois discursos do sujeito coletivo (DSC) com suas ideias centrais: DSC1 – "influência negativa oriunda da atenção paliativa oncológica na percepção do enfermeiro" e DSC2 – "influência positiva oriunda da atenção paliativa oncológica na percepção do enfermeiro". **Conclusão:** a influência do trabalho sobre o comportamento dos enfermeiros é evidente, sendo esta em alguns momentos fonte de prazer e, em outros, fonte de sofrimento. Verificamos que os conflitos na equipe multidisciplinar, conflitos organizacionais e desgaste físico foram as categorias de maior impacto sobre o sofrimento psíquico. Frente às características descritas pelos enfermeiros na voz do DSC, faz-se necessário desenvolver uma prática de intervenção, a fim de minimizar o sofrimento psíquico dos enfermeiros na atenção paliativa oncológica.

Palavras-chave: Estresse Psicológico; Enfermeiras e Enfermeiros; Cuidados Paliativos; Institutos de Câncer.

How to cite this article:

Siqueira ASA, Teixeira ER. Oncological palliative care and its psychic influences on the perception of nurses. REME – Rev Min Enferm. 2019[cited _____];23:e-1268. Available from: _____ DOI: 10.5935/1415-2762.20190116

RESUMEN

Objetivo: comprender cuáles son las principales influencias psíquicas de la atención oncológica paliativa en la percepción de los enfermeros. **Método:** investigación descriptiva exploratoria, con enfoque cualitativo. El campo de investigación elegible fue el sector de pacientes hospitalizados de una unidad hospitalaria especializada en cuidados paliativos. Esta unidad pertenece a un centro nacional de referencia para el tratamiento de cáncer, ubicado en el estado de Río de Janeiro. La recogida de datos se produjo a partir de una entrevista semiestructurada; el universo de estudio consistió en 18 enfermeros. Los datos recogidos se analizaron con el QualiQuantiSoft (basado en la teoría del discurso del sujeto colectivo). **Resultados:** surgieron dos discursos del sujeto colectivo (DSC) con sus ideas centrales: DSC1 – "influencia negativa de la atención oncológica paliativa en la percepción de los enfermeros" y DSC2 – "influencia positiva de la atención oncológica paliativa en la percepción de los enfermeros". **Conclusión:** la influencia del trabajo en el comportamiento de los enfermeros es evidente; en algunos momentos es una fuente de placer y, en otros, una fuente de sufrimiento. Descubrimos que los conflictos en el equipo multidisciplinario, los conflictos organizacionales y el agotamiento físico fueron las categorías con mayor impacto en la angustia psicológica. Dadas las características descritas por los enfermeros en la voz del DSC, es necesario desarrollar una práctica de intervención para minimizar la angustia psicológica de los enfermeros en cuidados oncológicos paliativos. **Palabras clave:** Estrés Psicológico; Enfermeras y Enfermeros; Cuidados Paliativos; Instituciones Oncológicas.

INTRODUCTION

Cancer is the second leading cause of disease mortality in Brazil and its incidence has been progressively increasing. This is a serious public health problem where its incidence on the planet has increased by at least 20% in the last decade. It is a disease that, despite the scientific and technological advances, still in the 21st century, remains puzzling and with not totally efficient treatments, occupying a prominent place in chronic and degenerative diseases. In Brazil, of the estimated 600.000 new cases per year, 60% are diagnosed at an advanced stage and considered as a palliative treatment.¹

Palliative care is an approach that improves the quality of life of patients and their families regarding the problem associated with fatal disease, by preventing and relieving suffering through early identification and evaluation and treatment.²

There are many physical changes that cancer produces in the human body, many of them perfectly visible. Most have very harmful effects on the patient, which are confronted with their previous reality, causing suffering that may be intense, depending on who experiences it, thus becoming a central problem para for patients and for those accompanies.³

Caring for a cancer patient in palliative care and being able to meet all their needs is not an easy activity. This type of assistance performed by nurses demands personal and vocational attitude, balance and maturity to work with the various vicissitudes inherent in this patient.

Work can be as much a source of pleasure as it is of suffering. Both feelings are inseparable and can manifest in the same sense. Pleasure and suffering are the result of the combination of the subject's history with the organization of work, and work activity contributes to subverting suffering in pleasure from the social, political and ethical conditions of the organization and the work process.⁴

Occupational stress can be defined as a process whereby psychological experiences and demands in the workplace produce short- and long-term changes in the employees' physical and mental health.⁵ Thus, the employee's suffering can have two different destinations: it becomes a source of creation and ingenuity, in which suffering becomes creative and leads to the invention of solutions to impasses; or it becomes pathogenic, leading the subject to the impossibility of negotiation between the organization of work and its subjective contents, persisting then the experience of failure, which if prolonged can lead to impairment of the health of the employee.⁶

Given the above, the question arises: what are the main psychic influences of palliative oncological care on the perception of nurses?

The study is relevant because it is in line with research priorities in accordance with the National Agenda for Priorities in Health Research and one of the basic principles of Unified Health System/Sistema Único de Saúde (SUS), which is the comprehensiveness of care, taking into account the issue of employee health in various aspects, including their relationship to environmental issues and the risks of the work process. Work can offer employees illness due to different injuries: repetitive stress, tasks that are dangerous by their nature, toxic and chemical products, emotional impacts, psychic diseases, among many others. Therefore, employee's health should be one of the major concerns of society and public policy.

OBJECTIVE

Understand what the main psychic influences of palliative oncological care on the perception of nurses are.

METHOD

ETHICAL ASPECTS

The research met the requirements and ethical precepts of Resolution N° 466/2012 of the Conselho Nacional de Saúde (CNS), which incorporates, from the perspective of the individual and the community, bioethics references, such as autonomy, non-maleficence, beneficence, justice, and equity among others. The CNS also aims to ensure the rights and

duties that concern the research participants, the scientific community and the State.

The project was submitted and approved by the Ethics and Research Committee (CEP) of the *Hospital Universitário Antônio Pedro* as the proponent institution, according to Opinion Report No. 2.013.996 – CAAE 65890117.6.0000.5243, and by the Ethics and Research Committee of the *Instituto Nacional do Câncer (CEP/INCA)*, as a co-participant institution, according to Opinion 2,049,683 – CAAE 65890117.6.3001.5274, after previous registration on the *Plataforma Brasil*.

TYPE OF STUDY AND THEORETICAL-METHODOLOGICAL FRAMEWORK

This is a descriptive exploratory study with a qualitative approach, based on the psychodynamics of Christophe Dejours' work.

Work psychodynamics is a theoretical line born in France in the 1950s, but its heyday with French psychiatrist Christophe Dejours in the 1970s, analyzing the issues of suffering and pleasure in the working class and their repercussions in the working process.⁷

One of his study principles is to investigate the defense mechanisms of employees against situations that cause suffering resulting from work organization. The subjective relationship with work and outside work takes its tentacles beyond workspace and deeply colonizes space outside work. The classic separation between inside and outside work is meaningless in Labor Sociology, as well as in its psychodynamics.⁸

We can say that it is a discipline that is built through work itself, focusing on the importance of employees in the organization of work and articulating all their subjectivities. In addition to be a discipline, Work Psychodynamics is a theory that seeks to analyze the origin of suffering, hardship and disease, but also satisfaction, health and pleasure at work.⁹

Studies about the psychodynamics of work prove that the dynamics of work sometimes produce pleasure, sometimes produce suffering, depending on the relationship that the subject establishes with the tasks he/she performs. This relationship is closely linked to employees' heredity and personal history and determines the career choices and physical and mental responses of individuals in some situations.¹⁰

RESEARCH SCENARIO

The eligible research field was the inpatient sector of a hospital unit specialized in palliative care. This unit belongs to a national referral center for cancer treatment, located in the *Estado do Rio de Janeiro*.

DATA SOURCE

At the time of the study, the hospital inpatient unit for palliative cancer care had a total of 23 nurses. After applying the inclusion and exclusion criteria, the final study sample consisted of 18 nurses. As inclusion criteria, there are nurses who provide assistance in cancer palliative care in hospitalization for over a year. As exclusion criteria, we there are nurses licensed from the service because of compromised health situations and maternity.

DATA COLLECTION

Data were collected from May to July 2017 and occurred during the work period in a reserved and quiet place, so as not to cause harm to the care provided to patients.

The study adopted as a research technique the semi-structured interview, using as an initial question: in your perception, does working in palliative oncological care have a positive or negative influence on your life?

The interviews were recorded in MP3 in the boardroom in the inpatient sector.

No difficulties were encountered in conducting the interviews, as the meeting room is a quiet, air-conditioned environment.

In order to preserve the anonymity of the participants, they were represented in this study by the letter (E) and an arabic number representing the order in which the interview was conducted, for example, E1 to E18.

DATA ANALYSIS PROCEDURE

The interviews were literally transcribed and archived in word processing software (Microsoft Word 2016) to obtain the most accurate answers from the questions.

For sorting and organizing the empirical material produced in the interviews, we used the methodological process of the Collective Subject Discourse (CSD), which has its basis in the theory of social representations, making it possible to organize the set of verbal discourses issued by a given set of subjects about a given theme.¹¹

The collective subject discourse (CSD) is a proposal for the collection, organization, tabulation and analysis of qualitative data of verbal nature, obtained through statements or through the discourse of the subjects.¹¹

This proposal originates from anthropological assumptions, insofar as it is understood that the thought of a collectivity on a given theme can be seen as the set of discourse or discursive formations or social representations existing in society and culture on this theme, which, according to Social Science, subjects use to communicate, interact and think.¹¹

To proceed with the operationalization of the CSD,¹¹ we used the four methodological figures:

- **Key expressions (KE)** – are literal pieces, passages or transcriptions of discourses that must be underlined, highlighted, colored by the researcher and that reveal the essence of the statement or, more precisely, the discursive content of the segments into which the statement is divided.
- **Central idea (CI)** – is the name or linguistic expression that reveals and describes as synthetically, precisely and reliably as possible the meaning of each of the analytical discourses and each homogeneous set of key expressions (KEs), which will subsequently give birth to CSDs.
- **Anchoring (AC)** – is a linguistic expression of a theory, ideology or religious belief that the author of the discourse adopts and is embedded in a statement as if it were a statement.
- **Collective subject discourse (CSD)** – is the gathering in a single homogeneous discourse-synthesis written in the first singular person of KE that has the same CI or AC.

These four figures must be carefully viewed to generate a result that expresses what was searched.

To assist in the analysis of the study, we used *DSCsoft*[®] (*Discurso do Sujeito Coletivo*)¹², a software for the development of qualitative and quantitative research based on the discourse methodology of the collective subject. As a computer resource, it was conceived with the major objective of serving as an instrument for researchers to conduct more safely, efficiently and reach qualitative research with a larger mass of statements.¹²

DSCsoft[®] has been owned by *Universidade de São Paulo* (USP) and is available for download on the Internet at: <http://www.tolteca.com.br>.¹²

Importantly, as a facilitating resource, *DSCsoft*[®] does not in any way replace the role of the researcher. It is an important aid to the social investigator because it allows the practitioner to focus on the noblest tasks of the research (those that revolve around the detection and analysis of the meanings of the statements), which results in a significant saving of time and increased effectiveness of investigative activity.¹²

When starting *DSCsoft*[®], the study was registered with its title and description. The software then received the registration of the survey participants, their questions and their answers in full.

At the beginning of the discourse analysis instrument 1 (DAI1), all key expressions (KEs) and central ideas (CIs) were observed, followed by categorization.

After categorizing all the questions, all the KEs were grouped with the aid of the discourse analysis instrument 2 (DAI2).

In the end the CSD was formulated in the first person of the singular.

RESULTS

The survey had a total of 18 nurses, generating seven hours, 15 minutes and 20 seconds of interview.

Of the 18 nurses interviewed, two were male and 16 females. The age range varied from 26 to 45 years, three from 26 to 30 years, six from 31 to 35 years, seven from 36 to 40 years and two from 41 to 45 years. Regarding the ethnicity of the interviewees, nine declared themselves white, five brown and four black. It was observed that 16 followed some religion, against a non-religious minority of two nurses.

Regarding the type of domicile occupied, 12 had permanent private domicile and six, temporary domicile (rent). It was observed that five were single, 10 married and three separated/divorced. Of all respondents, five had no children, seven had one child and six had two children.

During the careful reading of the answers given by the study participants, as well as their analysis based on *DSCsoft*[®], some core ideas captivated representativeness. It was noted that there was more than one central idea for the same question, with its key expressions, giving rise to more than one discourse within the same question, but with different meanings.

Thus, for the same question arose two of the collective subject discourse (CSD) with its central ideas: CSD1 – “negative influence from palliative oncological attention on the perception of nurse” and CSD2 – “positive influence from palliative oncological attention on perception of nurse”.

The nurse maintains direct and prolonged contact with patients and family members, being the first to meet their needs and, consequently, establishes affective bonds. This proximity can be both beneficial and vulnerable to psychic suffering. By staying close in difficult times, the nurse becomes a reference in the care setting; it is to the nurse that the patient and family look for when they need clarification or immediate care. The nurse then becomes the first professional to deal with dying and death and, consequently, is the one most susceptible to influence from this assistance.¹³

From this perspective, one of the sources of pleasure for nurses is driven to obtain relief from a tension drive originated by the primitive need for species preservation (group protection) or to meet the demands of the narcissistic psychic structure.¹⁰

Displeasure, on the other hand, is the result of unreduced or removed drive stimulation. In the present case, displeasure occurs mainly when the nurse is forced to move away from providing direct care to the patient to perform bureaucratic tasks, work in bad conditions or when his work is not recognized.¹⁰

CSD1 – NEGATIVE INFLUENCE FROM PALLIATIVE ONCOLOGICAL ATTENTION ON THE PERCEPTION OF NURSES

The discourses reveal that some study participants suffer negative influences from palliative cancer care:

[...] Sometimes it causes me sadness, but it is not painful ... But this does not occur all the time and does not happen to all patients [...] (CSD1).

It was observed in the discourses reports of indisposition, but that it could be coming from the long working time and not just for working in palliative oncological care:

[...] I feel very unwell... I have difficulty waking up... I believe this unwell is due to my work routine, because I work in another hospital and my workload is terrible [...] (CSD1).

Defensive strategies are mechanisms used by employees to deny or minimize the perception of the reality that causes them to suffer. Such defenses depend on external conditions and are supported by the consensus of a specific group of employees. Defensive strategies vary according to the work organization and the momentary mental state of the employee.

[...] most of the time before coming to work, I try not to project the shift, I let it happen [...] (CSD1).

For good Nursing care, nurses need to experience a sense of adequacy and well-being, influenced by their values and those with whom they interact. The nurse must know his/her emotions, remaining aware of them to use them to conduct his/her behavior. Knowing your emotions and how to deal with many of them reduces suffering.

The feeling of helplessness mentioned in the following discourse may emerge from a variety of situations, such as failing to alleviate the patient's suffering, providing a serene death for lack of time, meeting the patient's need for support, and providing acceptance of the inevitability of death:

[...] I was already very shaken. The patient had dyspnea and then he turned to me and said: please don't let me die ... Whenever I come across a sad situation I go out and cry, but it's nothing that makes it impossible for me to do my job or that make me sad standing ... the despair of a mother or father losing their child. It really shakes me because I think it could be me. I think I cried because I couldn't do what I had to do; it was a feeling of utter helplessness ... I sat down and cried with the family.

I managed to develop my work but crying. I talked to the relative talking about the death, but completely sensitized and crying along with her. I actually cried and was not ashamed. But it was difficult, because it sensitized me too much, not to the point where I couldn't do my job. I was able to make the orientations that I should do, but I was crying along with the patient's daughter [...] (CSD1).

The feeling, whatever it may be, is a characteristic of caring, and the perception of its implications for care leads to reflection on how to act and analyze the situation. These feelings were constant in the lives of the interviewed nurses and are directly related to their private life and the experience of the other as a patient.

CSD2 – POSITIVE INFLUENCE FROM PALLIATIVE ONCOLOGICAL ATTENTION ON THE PERCEPTION OF NURSES

Despite the contact with death and dying, sadness is not an ordinary episode, being present only with some patients or in some situations. This event depends on the identification and projection of the nurse on the patient's life and suffering, occurring naturally through empathy.

[...] I don't find my work sad and bad. I struggled so hard to be here ... The feeling that I leave here is of satisfaction ... It's great that you can relieve the other's pain, giving clarification and support. I find it very gratifying [...] (CSD2).

From the discourses, it is evident that reaching the objective in the execution of the work is a source of pleasure:

[...] Very good to know that through my work I can reduce the suffering of a patient and support the family. This brings me a lot of pleasure and professional fulfillment. Relieve the suffering of others, even if it is through conversation, clarification [...] (CSD2).

Based on the discourses we observe that work can generate suffering, but can also be a primary mediator of the emancipation and psychosocial growth of the employee, giving a new meaning to life before society:

[...] I improved my my way to see life and changed my values ... I started to value things that I didn't value ... I started to see my own family differently and love them unconditionally ... I see life and death in better manner today [...] (CSD2).

Through work and work accomplishments we generate our identity and constitute ourselves as a social being.

The influence of work on the employee will depend on their accomplishments and recognition at work. In the discourses we also verified that work has a positive influence on nurses, giving them a positive representation in society:

The influence is definitely positive ... It's a constant learning, and I say that I became better as a person and that I evolved spiritually, and today I don't see death as a bad thing ... Working in oncologic palliative care shows me how blessed I am [...] (CSD2).

Contact with death and dying is not considered a bad condition. Despite the negative emotions released during this moment of finitude, nurses describe excellent personal improvement, as they find that their own problems are minimal in the face of death, as well as the satisfaction generated by realizing that they have achieved their goal by helping the patient and family member along the lines of care. palliative. Job satisfaction causes emotions of sadness to be sublimated into joy.

DISCUSSION

Promoting farewell is a remarkable moment in the experience of a nurse, while experiencing the care of a person in the process of dying and facing death. Driven by the resources inherent to his personality and professional maturity, developed during the years of work and rescuing his beliefs about Nursing care in the process of dying, he/she acts by bringing the family closer to the patient, at the moment of separation, marked by the death of the family member.¹⁴

Nurses working in palliative cancer care deal with patients with poor prognoses; incurability; management of symptoms that cause suffering and discomfort to the patient, such as: pain, bleeding, dyspnea, constipation, nausea, vomiting, fatigue and mutilation; besides being present in the process of death and mourning of patients and relatives. These elements contribute to the anguish in the daily lives of health professionals, making them vulnerable to being affected by psychic suffering.¹⁵ Meeting the physical, emotional and spiritual needs of cancer patients and their families represents a challenge for nurses who care for them.

The act of caring must be based on an interpersonal relationship, so that care becomes a true therapeutic practice, promoting health and allowing individual, family and professional growth. The practice of care is fundamental and indispensable for nurses.¹⁹

The origin of suffering, in turn, also has its roots in every person's unique history. Suffering is individualized and depends

on the social and psychic development of each person, together with the organization of work.¹⁷ Thus, suffering and/or pleasure is particular and not transferable, depends on the maturity and life experience of each being.

Sadness arises when there is a loss of something or someone considered valuable, generating a feeling of abandonment and the search for re-connecting to the person or another object, being the most frequent manifestations crying, withdrawal and silence. There are several types of loss that can elicit sadness, from the rejection of a loved or important person, the loss of health or part of the body, to the loss of a valued object. It is one of the most enduring emotions.¹⁸

Considering that the patient is very vulnerable in hospitalization, due to emotional alteration, in which there is often the fear of death causing physical-emotional imbalance, as a result of this fact the nurse's relationship with the patient is based on coping and understanding the reality, with effective communication so that all their basic human needs are met.²⁰

The relationship between the nurse and the family should be based on humanization, considering the aspects for establishing the care plan. The focus of humanization is not only limited to patient care but tends to be concerned with family satisfaction. In search of humanization, nurses should know the process and use it in their functions for effective care. Thus, it is necessary to share the feelings of family members, in order to make visible a policy of humanization in the environment where the patient is. Essential part in the therapeutic process is communication.²⁰

The nurse should consider a reciprocal process, in order to outline the needs to be met, so that the family member feels a dignified and recognized human being during the expected event.²⁰ A helping relationship implies the presence of the nurse with the patient, not only physical, but also with their whole being, and presupposes the existence of a link between nurse/ patient/family.

When caring for terminally ill patients, the professional approaches their own death, limitations and impotence, which can generate feelings of guilt, depression, anxiety, sadness and fear, due to their own identification with the patient. Living with death, pain or the patient's history can lead the nurse to suffering through the empathy process. The name of a patient who refers to a loved one or similar child stories. Each nurse will face situations arising from work differently, based on their life experience until that moment.

Not knowing how to live with difficult work situations, the nurse may present suffering and need to seek sublimation techniques in an attempt to stay healthy and working.

Living with the family member or caregiver influences how the nurse will manage problems and difficulties, so that suffering, tiredness and bad care do not occur.

Due to the possibility of work influence on nurses' psychological distress in cancer palliative care, they may need professional support to create coping strategies against this suffering. When the nurse does not have this support, the nurse creates his compensation form or coping strategy, but it may not be ideal or effective. If the nurse has no support or assistance and creates the wrong coping strategy, he/she potentiates the suffering and causes the illness.

Weariness and discouragement are defenses used due to the failure of certain situations of negotiation of the real organization of work, preventing the subject from transforming, elaborating their experiences and thus being able to propose and conduct appropriate actions, with a view to transforming the organization of work.⁸

Suffering can lead to paralysis, making any attitude towards questioning the organization of work unfeasible, as well as mobilization to transform working conditions. It assumes a fundamental role that articulates health and disease at the same time. When work organization offers sufficient freedom to do so, it can result in fulfillment and enjoyment, where it serves as a motivating factor for the employee to seek new solutions and strategies for carrying out his activities.⁸

The daily and intense suffering should be understood, then, as a warning to the professional, indicating that something is not well. This suffering can be experienced in a lasting but unconscious way, due to the predominance of feelings of anguish, fear and insecurity.²¹

The work allows the meaning of the experience of the contact of oneself with the real, which makes the human limits emerge (suffering). On the other hand, it enables knowledge and the development of an active life in relation to the world (production), with the possibility of existing and working in the development of the world and psychosocial relations, configuring itself in a life with meaning and generator of the human condition of existence based on its three dimensions: labor (physical and mental effort); work (production of permanent goods in worldly life); and action (possibility of the construction of subjective and social history through the exchanges and ties that work in its entirety allows).⁶

The work is evidenced by organizational and practical processes that mobilize ideologies, create preparation strategies, generate identities according to various sociocultural groups and maintain a constant relationship in social dynamics.

Satisfaction is a situation or event that varies from person to person, from circumstance to circumstance, as time changes even for the same person. And it is subject to the influences of internal and external forces in the work environment.

Employee's pleasure results from the discharge of psychic energy from work. Work is not always pathogenic. On the contrary, it has structuring power in the face of both mental

and physical health. Therefore, work mediates health and is part of the dynamics of self-realization.²²

The human being is motivated when his needs, such as self-fulfillment, self-esteem and other related factors, are met. Motivation is a set of actions that manifest themselves in various ways, influencing the individual conduct.²³

The importance that work fills in the life of the person doing it is undisputed, either because it is one of the means of survival, the lifetime dedicated to it or even because it is a means of professional and personal fulfillment. Work is one of the main instruments through which human being dialogues with his social environment and reality.

Despite physical and emotional demands, satisfaction is possible through self and other recognition at work. Recognition generates motivation and meaning for the accomplishment of a task.

The judgment of other people, family and community aims at the subject's recognition of the social relationships one establishes for his life. Thus, sublimation triggers social recognition and, consequently, interferes with the identity and mental health of the subject.²⁴

The award is the process of valorization of the effort invested in the task and even the suffering invested for the accomplishment of the work, when it propitiates the growth of the own characteristics of the individual.²⁴

Recognition plays a key role in shaping identity, and at work it could not be otherwise. From this recognition, the individual can transform suffering into pleasure, benefiting their health. Through the transformation of suffering into pleasure, the interest in production and the availability of subjects for work cooperation increase, as practical intelligence is mobilized.²³

Motivation is the result of stimuli that act strongly on individuals, driving them into action. In order for action or reaction to take place, a stimulus must be implemented, whether from the external environment or from the organism itself.²³

The limitations of the study are linked to the fact that it was performed only in the hospital inpatient sector. Due to these limitations, it is extremely valuable to conduct new research in various sectors for comparative purposes, seeking to better understand the health of the employee and thereby improve the quality of palliative cancer care.

This study is in line with the employee health policy, providing health support and improving the nurses' quality of life and, consequently, improving patient care. It is included in the National Agenda of Health Research Priorities.

From this study we can contribute to improve the work process of the Nursing staff, because with the understanding of the risks of occupational diseases and the influences of these diseases in society, man can minimize the risks of exposure, generating more quality of life for society. It also encourages

public authorities to reflect on the need to implement new policies and complement existing ones.

Thus, this study is necessary because it discusses the assistance in oncological palliative care, its characteristics and influences on nurses, in order to create new perspectives, which go beyond the technicism emphasis of work execution, creating protection strategies and rights for these nurses.

FINAL CONSIDERATIONS

The development of the present study was intended to understand the main psychic influences of palliative oncological care in the perception of nurses, supported by the psychodynamics of Christophe Dejour's work.

Although death is the surest event to happen to all living beings, few nurses know the philosophy and practices of palliative care. This event is due to the fact that death is still a taboo, and little is said about it in academic education. Talking about the death and feelings that emerge during this time still causes discomfort. It is necessary to talk about what haunts us to try to understand the causes that underlie this feeling.

The training of nurses should include, in addition to technical knowledge about this type of care, information about the skills and abilities to be improved in daily work. The co-production of care, with the active participation of patients and their families, represents a change in the care model, bringing demands on nurses, not only to open themselves to negotiation with users, but also to know how to manage conflicts often experienced in dialogue with patients and family members. Through teaching and training, nurses can develop coping techniques with defensive and self-care strategies.²³

Despite being exhausting work that runs with the limits of life and the ways in which human beings cope with illness and death, there is a strong identification of professionals with the patient and family with whom they share their suffering. In the same way, although the conflict between social positions, opinions and decisions is a potential source of attrition for professionals, by work they achieve recognition and satisfaction, generating motivation.²³

The nurse experiences all the influences during the patient's finitude in palliative care, and yet realizing everything that could have done while respecting the precepts of palliative care, one can feel satisfaction and professional fulfillment.

This study shows that nurses in palliative oncologic care experience different feelings, ranging from sadness to full satisfaction. This psychic influence varies according to the vicissitude of each nurse. As this is a qualitative study, all data were considered relevant and of equal importance, not overlapping with their values. Thus, in order to expand comprehensive and humanized care, further studies are needed.

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