

## COPING STRATEGIES USED BY ONCOLOGY PALLIATIVE CARE NURSES: AN INTEGRATIVE REVIEW

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**ABSTRACT:** The aim of this study was to characterize the coping strategies used by nurses who provide palliative care to cancer patients. This is an integrative review, with literature search in the months of March and April 2015, in healthcare databases. Thirteen articles meeting the inclusion criteria in the period from 1995 to 2015 were selected. The results showed coping strategies based on the problem, including problem solving, improvement of scientific and technical knowledge, and strategies focused on emotion, which are related to religiosity, spirituality and social support from family and colleagues. It was concluded that building effective coping strategies can make work more enjoyable, reduce occupational risks, and improve management indicators and the quality of care provided to patients.

**DESCRIPTORS:** Oncology nursing; Palliative care; Psychological adaptation.

### ESTRATÉGIAS DE ENFRENTAMENTO UTILIZADAS PELOS ENFERMEIROS EM CUIDADOS PALIATIVOS ONCOLÓGICOS: REVISÃO INTEGRATIVA

**RESUMO:** Objetivou-se caracterizar as estratégias de enfrentamento utilizadas por enfermeiros que atuam na assistência a pacientes com câncer em cuidados paliativos. Trata-se de revisão integrativa, com levantamento bibliográfico nos meses março e abril de 2015, em bases de dados na área da saúde. Foram selecionados 13 artigos que atendiam aos critérios de inclusão no período de 1995 a 2015. Os resultados sinalizaram estratégias de enfrentamento baseadas no problema, dentre estas se destacam a resolução de problemas, o aperfeiçoamento do conhecimento técnico e científico, e as estratégias focalizadas na emoção referem-se religiosidade, espiritualidade e apoio social de familiares e colegas. Conclui-se que construção de estratégias de enfrentamento efetivas contribuirá para tornar o trabalho mais prazeroso, diminuir riscos ocupacionais e melhorar os indicadores de gestão e a qualidade da assistência prestada aos doentes.

**DESCRIÇÕES:** Enfermagem oncológica; Cuidados paliativos; Adaptação psicológica.

### ESTRATEGIAS DE ENFRENTAMIENTO EMPLEADAS POR ENFERMEROS EN CUIDADOS PALIATIVOS ONCOLÓGICOS: REVISIÓN INTEGRATIVA

**RESUMEN:** Se objetivó caracterizar las estrategias de enfrentamiento empleadas por enfermeros actuantes en la atención de pacientes con cáncer en cuidados paliativos. Revisión integrativa con relevamiento bibliográfico realizada entre marzo y abril de 2015, en bases de datos del área de la salud. Fueron seleccionados 13 artículos que cumplieron con los criterios de inclusión, correspondientes al período de 1995 a 2015. Los resultados señalaron estrategias de enfrentamiento basadas en el problema, entre las que se destacan la resolución de problemas, el perfeccionamiento del conocimiento teórico y científico, y las estrategias enfocadas en la emoción en referencia a la religiosidad, espiritualidad y apoyo social de familiares y colegas. Se concluye en que la construcción de estrategias de enfrentamiento efectivas permitirá que el trabajo se torne más placentero, disminuirá los riesgos laborales y mejorará los indicadores de gestión y la calidad de la atención brindada a los enfermos.

**DESCRIPTORES:** Enfermería Oncológica; Cuidados Paliativos; Adaptación Psicológica.

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## ● INTRODUCTION

Nursing professionals working in oncology and oncologic palliative care daily deal with potentially stressful situations such as death, non-healing situations, the process of finitude, and family distress.

In oncology, professionals may deal with complex situations, such as the stigma of the disease carried by society, the suffering of patients during treatment, hopelessness of healing, and the process of dying. Therefore, professionals need to circumvent the stressors that affect them, especially the nursing staff, who stays at the patient's side most of the time, constantly dealing with the process of finitude, mutilations, aggressiveness of antineoplastic treatments, and (physical and emotional) frailty of patients and their families<sup>(1)</sup>.

It should be noted that the psychological, organizational and social factors involved in the context of care to cancer patients, especially in palliative care, are elements that contribute to the difficult routine of nurses, making them vulnerable to occupational stress<sup>(2)</sup>. Thus, in order to adapt to the work environment, these professionals use coping strategies to avoid situations that threaten or stress them.

Coping is defined as the cognitive changes and constant behavioral efforts to manage either internal and/or external specific demands, which are evaluated as a burden or exceeding the person's resources. Coping strategies work as a set of behavioral responses of the individual when facing a stressful situation, as attempts to adapt to a stressing event<sup>(3-4)</sup>. Coping has two functional categories: coping focused on the problem, and coping focused on emotion<sup>(3)</sup>.

If the epidemiological, national and international scenario is considered, where cancer is the second leading cause of death, and estimates show a progressive increase in the number of new cases<sup>(5-6)</sup>, it can be inferred that fatally most nurses will work on cancer patients palliative care, used as a therapeutic method or not, and will be subject to occupational stress related to this practice.

The aim of this study was to investigate, through the scientific production, the coping strategies used by nurses who provide palliative care to cancer patients. Its relevance stands on the construction of knowledge with a view to establishing the behavior, standards, and protocols that address the work-related stress of oncology nurses as an important predictor of morbidity of these professionals and of quality of care provided to patients.

Therefore, the identification of the main coping strategies used by nurses who work in the care of cancer patients can become a valuable tool for managing work processes and monitoring these professionals in healthcare services.

The objective of this study was to identify the coping strategies used by oncology palliative care nurses.

## ● METHOD

An integrative review was performed to answer the question: "What are the coping strategies used by nurses who provide palliative care to cancer patients?"

The literature search took place in March and April 2015, in the following databases: the Medical Literature Analysis and Retrieval System Online (MEDLINE), SciVerseScopus (Scopus) and Web of Science, in the period from 1995 to 2015.

The descriptors used were: Coping (Estratégias de Enfrentamento, Adaptación Psicológica); Nursing (Enfermagem, Enfermería); Oncology (Oncologia, Oncología); Cancer (Câncer, Cáncer); Neoplasms (Neoplasias); Palliative Care (Cuidados Paliativos).

The inclusion criteria of the selected publications were: articles in Portuguese, English and Spanish; those addressing the coping strategies used by nurses who provide palliative care to cancer patients; and those with free access, electronically available in full text. Reflection papers, theses and duplicate publications were excluded.

The search in databases resulted in 67 indexed publications. After reading of their title and abstract, 49 publications that did not meet the proposed criteria for inclusion were excluded. Of the 18 articles selected,

five were excluded because of duplicity in the databases. Thus, the final sample consisted of 13 scientific articles.

Data were analyzed using a specific instrument that addressed information on the title, year of publication, journal, study type, country of origin, and coping strategies using two functional categories: coping focused on the problem, and coping focused on emotion<sup>(3)</sup>.

● **RESULTS**

Chart 1 shows that of the 67 publications found, 18 articles were chosen for meeting the inclusion criteria established, within the last 20 years. However, five of the 18 articles were excluded because they were duplicated in the database, totaling 13 articles for the study.

Chart 1 - Results of articles according to the databases investigated, from 1995 to 2015. Rio de Janeiro, RJ, Brazil, 2015

Database	Found	Excluded	Selected	Repeated in the databases	Included
MEDLINE	48	36	12	2	10
Web of Science	8	5	3	1	2
Scopus	11	8	3	2	1
Total	67	49	18	5	13

The search identified that in the years 1996, 1997, 1999, 2000, 2001, 2002, 2003, 2004, 2011 and 2013 there were no publications on the proposed study. The publications selected were published in the years 1995 (one), 1998 (one), 2005 (two), 2006 (one), 2007 (one), 2008 (two), 2009 (one), 2010 (one), 2012 (two) and 2014 (one), with most of them (76.9%, n = 10) belonging to the MEDLINE database.

The European Journal of Cancer Care stood out for publishing a significant number of articles related to the subject in the studied period, with three research articles, namely two qualitative and one quantitative, all of them from MEDLINE database.

It is noteworthy that, of the selected articles, seven (53.8%) were from the European continent, followed by four (30.8%) from the USA and two (15.4%) from Australia. Regarding the type of study, four (30.8%) were literature reviews, and nine (69.2%) were original articles, namely five (38.4%) quantitative and four (30.8%) qualitative.

Chart 2 describes the main coping strategies used by nurses who provide palliative care to cancer patients. These are focused on the problem: participatory management; improvement of knowledge; team meetings to expose difficulties in the group; classes; training to solve individual difficulties and to prepare professionals, providing the knowledge necessary to the development of the profession.

Chart 2 - Coping strategies focused on the problem, from 1995 to 2015. Rio de Janeiro, RJ, Brazil, 2015 (continues)

Article title	Year of publication/ journal	Type of study	Country of origin	Coping strategies
Threats to the good death: the cultural context of stress and coping among hospice nurses	1995 Sociology of Health & Illness	Qualitative Search	Australia	Construction of the meanings of death, conducted through classes and meetings to assist in changing the stressor environment
Palliative care for breathless patients in the community	2005 British Journal of Community Nursing	Review	England	Improvement of knowledge concerning stressful situations

Stress and coping in hospice nursing staff. The impact of attachment styles	2007 Psycho Oncology	Quantitative Research	United Kingdom	Improvement of scientific and technical knowledge on stressful situations with the help of co-workers
Assessing nurses' attitudes toward death and caring for dying patients in a comprehensive cancer center	2008 Oncology Nursing Forum	Quantitative Research	United States	Educational courses, assistance and learning to develop effective coping
Caring for dying children: assessing the needs of the pediatric palliative care nurse	2009 Pediatric Nursing	Review	United States	Meetings and team training to deal with the difficulties encountered

The coping strategies based on emotion (Chart 3) used by nurses who provide palliative care to cancer patients focused on the religious aspect, showing the attachment to personal religious orientation as a way to ease work-related stress; the search for distractions, such as going out after work; and support from friends and family.

Chart 3 - Coping strategies focused on emotion, from 1995 to 2015. Rio de Janeiro, RJ, Brazil, 2015

Article title	Year of publication/ journal	Type of study	Country of origin	Coping strategies
The art of professional development and caring in cancer nursing	2006 Nursing & Health Sciences	Qualitative research	Sweden	Religious orientation; beliefs
Coping processes in a multidisciplinary healthcare team - a comparison of nurses in cancer care and hospital chaplains	2008 European Journal of Cancer Care	Qualitative research	Sweden	Spirituality
Caritas, spirituality and religiosity in nurses' coping	2010 European Journal of Cancer Care	Quantitative research	United Kingdom	Religiosity and/or spirituality
Relationships between the characteristics of oncohematology services providing palliative care and the sociodemographic characteristics of caregivers using health indicators: social support, perceived stress, coping strategies, and quality of work life	2012 Supportive Care in Cancer	Quantitative research	France	Social support to manage emotions of work peers (multidisciplinary teams), family members and friends
Religious faith in coping with terminal cancer: what is the nursing experience?	2014 European Journal of Cancer Care	Qualitative research	Spain	Religiosity

The balance among the foci of the addressed coping strategies is noteworthy, with five (38.5%) approaching coping strategies based on the problem - Chart 2 (two quantitative studies, one qualitative and two literature reviews) and five focusing on strategies based on emotion - Chart 3 (two quantitative and three qualitative articles).

Chart 4 describes the three (23.1%) remaining studies, with the combination of strategies based on emotion and problem (two review articles and a quantitative study).

Chart 4 - Coping strategies focused on the problem and emotion, from 1995 to 2015. Rio de Janeiro, RJ, Brazil, 2015

Article title	Year of publication/ journal	Type of study	Country of origin	Coping strategies
Caring for the caregiver in oncology and palliative care	1998 Seminars in Oncology Nursing	Review	Canada	Spirituality; support from work peers; better technical and scientific preparation regarding the stressful situation
Nursing experience and the care of dying patients	2005 Oncology Nursing Forum	Quantitative Research	United States	Theoretical improvement regarding stressing situations; work experience and religiosity
Strategies to promote coping and resilience in oncology and palliative care nurses caring for adult patients with malignancy: a systematic review	2012 JBI Library of Systematic Reviews	Review	Australia	Management of emotions through distraction activities, exercises, music, meditation and use of humor; change of the stressful situations, problem solving

## ● DISCUSSION

The studies analyzed had different approaches, such as quantitative, qualitative, and literature reviews, showing that, besides the complexity of the studied phenomenon, coping strategies are linked to situational factors, that is, an individual can use or change the strategy depending on the time and type of stressful situation experienced.

Thus, the concern to seek ways to relieve work-related stress and to value the workers' health allowed the analysis of coping strategies focused on the problem, and of coping focused on emotion<sup>(3)</sup>. This study also had the combination emotion-problem or problem-emotion, including spirituality and family support as stress mitigators.

In coping focused on the problem, the individual strives to act in the situation that is causing stress, trying to change it by changing the problem situation that exists between the environment and him/herself, approaching the stressor. In the emotion-focused coping, the individual acts to regulate his/her emotional state facing stress, with attitudes directed to a physical level and/or a level of feelings, such as: taking a tranquilizer, smoking a cigarette, performing a physical activity, to distance from the problem situation or alleviate it<sup>(3)</sup>.

In coping strategies focused on the problem and/or emotion, the option for the use of any of them is influenced by the stressor, the circumstances of the moment, and the confrontation experiences<sup>(7)</sup>. Therefore, the way each individual responds to stressors is personal, being influenced by coping strategies and individual differences<sup>(8)</sup>.

As for the feature of individuality as a response to stressors, it is emphasized that, in the nurse-patient relationship established in palliative care, it aims to be humanizing, and to implement only useful therapeutic measures; thus, the positive effect is the aim, although recognizing that negative effects are possible. Palliative care nurses have a key role of educating, caring for, promoting, coordinating, keeping the focus on the patient and family, with some of the aims being to relieve discomforts, control symptoms and reduce suffering<sup>(9)</sup>.

In addition, in the oncological hospital context, variables related to the workload, associated with an inadequate team size, everyday confrontation with suffering, pain, death and distress of patients and families, contribute to occupational stress, work overload and professional absenteeism<sup>(10)</sup>.

Therefore, the use and development of coping strategies for professionals are inherent, necessary, and part of the nursing work organization, controlling emotions, providing the reduction of anxiety, and conditions for the care provided<sup>(2,11)</sup>.

However, coping strategies may fail, particularly in situations of stigmatizing, mutilating and incurable diseases, such as cancer<sup>(11-12)</sup>.

The increase in scientific production on stress, observed in the 21st century, is related to globalization and the drastic change of labor relations, as well as to the negative effects of stress and its implications, on organizations and workers' health<sup>(12)</sup>.

In palliative oncology care, the study of coping strategies based on problem showed that nursing actions, such as participatory management; ongoing and/or continuing education; team meetings to expose the difficulties in the group; conduction of practices and training to solve individual difficulties, allow for changes in behavior and in the workplace, and consequently for change of the stressor element.

Continuing or ongoing education are strategies for workers' valorization and qualification. They ensure an improvement in the quality of care and help with the establishment of effective coping strategies<sup>(13)</sup>.

In studies that have addressed coping focused on emotion, a balance was observed in the elements of spirituality, feelings and family life. The great influence of religiosity and/or spirituality in and as coping strategies was evident in the studies.

These findings were consistent with one of the studies analyzed that found religion as a support and a coping strategy among oncology nurses. In this study, religion was regarded as something related to peace, calmness, since when participants faced situations requiring problem solving, they sought in religiosity the strength to face and remove the problem, that is, the stressful situation<sup>(14)</sup>.

It is noteworthy that spirituality goes beyond religion and religiosity, involving questions about the purpose of life and its meaning, since spirituality is defined as an individual characteristic that can include the belief in a God, representing a link from the "self" with the Universe and with other people<sup>(15)</sup>.

Social support acts as a factor that can alleviate everyday problems, representing safety and support, thus helping to reduce stress<sup>(16)</sup>. In the same direction, family support can positively assist professionals in coping with occupational stress<sup>(17-18)</sup>.

It is important to highlight that there are no right or wrong coping strategies for a given situation, but those effective or not, depending on the individual/situation. It is the individual's role to develop and know how to choose the most effective strategy - positive coping - to remove tension or decrease the threat of a situation. A strategy is considered effective when it can decrease the uncomfortable feelings, threats or losses through behavioral change, and is ineffective if the threatening situation remains, causing crisis, psychological and physiological imbalance<sup>(3,13)</sup>.

Therefore, the coping strategies developed and created by nurses working in oncology palliative care should be shared, since they characterize the individual's way of survival on work situations that are considered unfavorable, and may be considered a health protection factor for nurses in this work context<sup>(19)</sup>.

## ● FINAL CONSIDERATIONS

The study contributed to the identification of coping strategies used by palliative care nurses; however, it is understood that its development will depend on the individual and the environment where he/she is inserted, and does not indicate a more effective strategy.

Furthermore, it is thought that, when effective, strategies may promote a more productive, less tiring routine, decreasing the high levels of absenteeism, and increased burden of work. Therefore, healthcare managers have to establish individual and collective mechanisms that contribute to the process and working conditions, minimizing occupational risks, to ensure the quality of care and health of nursing workers.

Further studies on coping strategies are recommended, considering the need for further development and clarification of the elements that can contribute to improving the elaboration of positive strategies to decrease stress among oncology palliative care nurses.

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