

Original Article

Effects of Working at the Pediatric Oncology Unit on Personal and Professional Lives of Nurses

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Abstract

Background: Cancer is a universal problem that increases day by day and that has negative effects on patients from all age groups. Oncology nurses and other health professionals, who serve children with cancer, witness the suffering or death of these children.

Methodology: This study is a qualitative study that aims to analyze the effects of working at the pediatric oncology units on personal and professional lives of the nurses. For this aim, we used semi-structured in-depth interview method.

Results: Participant nurses were in a close relationship with the children with cancer and their parents. They developed empathy towards the children and their parents and sympathized with them. Although the participants expressed that working at the pediatric oncology unit, which may sometimes be mentally exhausting, required special skills and attention, they were satisfied with their jobs. Finally, loss of the children led the participants to question their attitudes towards life. They stated that all patients are individually unique, nothing is worse than the death of a child, enjoying your life to the full is important and every breath you take is valuable.

Conclusions: The participants expressed that working with children with cancer is a valuable experience for their personal and professional lives. They are satisfied with their jobs. Finally, lessons, which they derive from the experiences with the children with cancer and their parents, have a positive effect on the attitudes of the participants towards their lives.

Keywords: Child, nurse, cancer, patient care

Introduction

Despite the developments in medical sciences, prevalence of cancer, which is a chronic illness associated with despair, pain, fear and death, has increased worldwide (Lewis et al. 2000, Babaoglu & Oz 2003, Rajapakse 2009, Ozkan 2012). According to the World Health Organization (2018), cancer is the second most important reason of mortality with 300.000 new children diagnosed with cancer every year (<http://www.who.int/cancer/en/> 2018). As a result

of the long process of the diagnosis and treatment of childhood cancer, a special interaction develops between children, their parents and health professionals. During this process, nurses and other health professionals that take care of children with cancer may experience the disease and witness the sufferings of children and their parents (Kebudi 2006).

Coping with terminal illnesses is a hard task in psychological and physiological terms for not only the patients and their parents but also health

professionals. Nurses, who work at the pediatric oncology units, may be negatively affected by the side effects, which may occur as a result of cancer treatment or poor prognosis in children, and may face with the emotional reactions of children and their parents (Himelstein et al. 2004). The study of Ergun et al. (2015) on 89 oncology nurses in 12 different cities found that 75% of the nurses were negatively affected by working at oncology unit, 25.4% expressed the feeling of despair, 8.5% were afraid their family members may have cancer one day, and 11.9% were disturbed of being not able to do anything. Other studies found that working with cancer patients may not only cause negative feelings but may also have positive effects, such as positive change in interpersonal relations and perception of selfhood, understanding the value of life, change in life goals, and realization of new alternatives (Contro et al. 2004, Strasser et al. 2004, Sinclair 2011).

Studies on children with cancer mostly deal with the burdens on the parents and the experiences of

children. Only a limited number of studies deal with experiences and problems of nurses and other health professionals, who provide healthcare to the children with cancer (Foster et al. 2010, Kostak & Akan 2011). This study aims to analyze the effects of working at pediatric oncology unit on personal and professional lives of nurses.

Materials and Methods

This study used semi-structured personal interview method in order to provide in-depth analysis of the effects of providing healthcare to the children with cancer on personal and professional lives of oncology nurses. The study was conducted on ten nurses that work at the pediatric oncology unit of a research and training hospital. Necessary permission was obtained prior to the research. All of the participant nurses hold bachelor's degree and are female. Table 1 shows codes, length of employment in nursing and length of employment at the oncology unit.

Table 1. Codes and length of employment of nurses in nursing and at oncology unit

Code	Length of Employment in Nursing (in years)	Length of Employment at Oncology Unit (in years)
Nurse A	13	11
Nurse B	5	2
Nurse C	2	1
Nurse D	1	1
Nurse E	3	2
Nurse F	14	4
Nurse G	4	1
Nurse H	2	0.5
Nurse I	14	5
Nurse J	3	2

Data Collection

For data collection, we prepared a semi-structured personal interview form based on the relevant literature. Interviews were conducted at a special room and took about 45 to 60 minutes. After obtaining their permission, responses of the participants were recorded via tape recorder and transcribed. Semi-structured interview form that was prepared by reviewing the literature included the following questions:

1. How do you describe you work at pediatric oncology unit?
2. What factors attract you to work at the pediatric oncology unit?
3. How do you describe your work satisfaction from the pediatric oncology unit?
4. During your employment at the unit, have you ever had an experience that affected you the most? How did it affect you?
5. What kind of difficulties do you encounter when interacting with and providing healthcare to the children?
6. How does working at the pediatric oncology unit affect your mood?
7. Have you ever provided healthcare to a child in the terminal period? If yes, how did it affect you?

Data Analysis

Transcribed personal interviews were analyzed by the researchers by using content analysis method. Categories and themes were constructed and interpreted after coding all records, which were read one by one. Based on the analysis, we constructed two categories and six themes, which include the followings:

Category 1. Working at the Pediatric Oncology Unit

Theme 1. Professional satisfaction

Theme 2. Developing empathy and sympathizing in communication

Category 2. Caring children with cancer

Theme 1. Difficulties

Theme 2. Sufficient and efficient care

Theme 3. Deriving lessons from death and enjoying life to the full

Theme 4. Expectations for a good death

Findings

Category 1. Working at the Pediatric Oncology Unit

Theme 1. Professional Satisfaction

Participant nurses expressed that they were satisfied with their jobs since the patients were children, who were dependent on the nurses for healthcare and since they developed close relations with the children and their parents during the long-lasting diagnosis and treatment processes. The participants expressed the following statements:

Nurse C: "*This unit is like my second home; it is a charming unit in professional terms*".

Nurse D: "*I am more willing to do my tasks for the children with cancer and their parents. I am happy with helping them, I feel better and I am satisfied with my job*".

Nurse B: "*I feel comfortable when the children are relieved, when their fever go down, and when their pain is reduced*".

Participants expressed that working at the pediatric oncology unit may sometimes be mentally and physically exhausting. It requires special qualification and attention. However, compared to other units, participants stated that they were in a closer relationship with the children and their parents. Regarding this issue, the participants stated the followings:

Nurse C: "*Working in this unit requires special attention, continuous development, holistic care and continuous review of the developments in literature. Patients and their relatives may continuously ask questions about the status of the illness and the patients. We, the nurses, should have adequate levels of knowledge and skills. I may combine my theoretical and practical knowledge in this unit. This, in turn, increases my professional esteem. I feel comfortable and happy when the child is relieved as a result of the treatment and care that we deliver*".

Nurse A: "*I love to work here. The smile of a child we care worth everything. However, a unit that requires long and difficult treatment and care may sometimes be exhaustive and difficult*".

Nurse D: "*The children stay here for a long time, we feel like we are a part of the families of the children. They share every experience*

and pain with us. This sometimes makes me sad. I am exhausted, but I forget it when the child smiles at me. That is the moment when every problem disappears".

Theme 2. Developing empathy and sympathizing in communication

Nurses expressed that they were in a special relationship with the children and their parents due to the long and difficult treatment process. Besides, they expressed that they developed not only empathy but more often sympathized with the patients and their parents. Regarding this, the nurses expressed that:

Nurse C: "When there is a child in terminal period at the unit, I feel as if I am losing my close relative and feel like I am the child's sister or mother. I had a patient at the age of seven that I cared for three-to-four months. When he died, I could not sleep for two days. I could not let a new child to enter his room. When I entered his room, I always remembered him".

Nurse A: "We lost a child of our friend from the hospital. This event had a huge impact on me. Since I am also health personnel, I sympathize with my friend. I feel as if I have lost something from me".

Nurse G: "I had been taking care of a patient for five months. One day, I asked my patient to eat together so that the child could be treated. At that moment, I was not the child's nurse but his sister. I had a role confusion since I had a brother at the same age".

Nurse D: "I felt terrible in case of metastasis. I felt as if the patient was my own sister or brother and I was wondering about the results. We had a 22-months patient. He was at the unit since he was nine or ten months old. He cried when he saw other nurses but loved me. We played together and he mostly asked me not to leave him. One day, I learned that we lost him. I could not sleep and came to the unit as I heard the news. I could not see him or talk with his family".

Category 2. Caring children with cancer

Theme 1. Difficulties

Participant nurses expressed that mortality risk for the patients was always in their mind. When a child's situation worsens, all patients and health personnel are negatively affected. Regarding this, the nurses expressed the followings:

Nurse D: "When one of the children's health status worsens, I was trying not to let other children to hear about it. I acted as if everything was normal, but the children felt the negative development and asked about it. Everybody knows each other".

Nurse A: "We did not let others to become aware of the negative developments at the unit. Children mostly saw us. Due to this reason, our facial expressions are highly important. They do not ask anything; everybody feels on their own. In such cases, I feel afraid that my children may suffer from same illnesses. Her own child's health is the most important thing for a mother".

Nurse H: "Since most of the oncologic diseases are chronic and require long-term treatment, children are mostly rehospitalized for long terms. During the period, patients and their parents develop close relations. However, since the treatment process is a difficult one, some of the mothers may be resentful and fragile against the nurses at the unit. For example, it has been a frequent thing that some of the mothers expressed their envy of my relations with other mothers".

Nurse I: "I worked at several pediatric unit during my career. However, pediatric oncology unit had the most negative effect on me. Unsuccessful treatment of the children deeply influences me".

Nurse C: "I feel as if the child returns back from the unit to home when a child die. When I remember the fact, I feel sad. I meet their parents. I try to give the message that I am with them and I try to support them".

Nurse G: "Bone marrow sample was taken from the healthy twin of a two-year old child, who was diagnosed with leukemia. However, supposedly healthy twin was also diagnosed with leukemia. It was very sad for me and the doctor to tell the parents that the both twins had leukemia. I found it hard to deal with the situation. It took a long time to escape from its effects".

Theme 2. Sufficient and efficient care

Nurses expressed that during treatment and care, they were careful, compassionate, and merciful towards their patients and were more sympathetic towards the parents since the patients were children. They personally got involved with the children, took the demands and physical,

psychological and social comfort of the children in palliative care into consideration, arranged nursing hours according to the children's resting hours or pain, and paid special attention to the involvement of children in self-care. Besides, they expressed that they were careful while taking care of the children in order to decrease the possibility of infection and that mothers of the children watched the extent to which the nurses were careful enough to prevent infection. Regarding this, the nurses stated the followings:

Nurse C: "*I give special emphasis to the demands of the children during treatment and care and try to maintain the participation of the children to their self-care. Before and after administration, I play games, such as computer or drawing picture*".

Nurse E: "*Children are disturbed of various physical symptoms during chemotherapy treatment. During this period, drawing pictures with them makes them happy. I feel happy when my effort to draw their attention to somewhere else works*".

Nurse B: "*This illness is a part of the parents' lives. Decreasing their children's pain is highly important for them. It makes their parent happy when I draw blood at once*".

Nurse A: "*Our appearance and facial expression are highly importance while taking care of the children. We place attention to our appearance. A child may state that I look pale when I do not put on makeup*".

Nurse C: "*Parents are more sensitive in case of low blood values. We act more sensitive in such situations. It is highly important for health professional to be hygienic in order to prevent the development of infections. Healthcare should be planned from a holistic approach. Parents and children may ask too much. We have to follow the recent developments and develop ourselves in order to provide sufficient treatment and care to the children and their parents*".

Theme 3. Deriving Lessons from Death and Enjoying Life to the Full

We found that the most devastating development for the pediatric oncology nurses has been the loss of a child, which has an impact on the whole unit.

Nurse B: "*When we lose a child, the whole unit turns into a silent place. Some of the*

health professionals try not to show their emotions whereas others cry. We do not talk loudly or laugh. Mothers of other patients do not leave their rooms for a period. We share our feelings about the child that passed away among us".

Nurse J: "*I do not think much at the unit. However, when I return back to my home, I remember about the children. Others' happiness may make you happy and their sadness may make you sad. When there is death, nothing has a meaning. We are upset by various unimportant things. I think that there is nothing to be upset by such things. But later, we return back to our normal lives*".

Nurse C: "*We lose the children due to respiratory distress. This makes me remember the importance of every breath we take. I think that every individual and every minute in our lives are valuable. The concepts of patience and hope are more valuable for me. I learnt how to think in a positive way and the importance of positive thinking*".

Nurse D: "*Since I have been working here, I learnt not to get upset for unimportant things. Now, I believe that nothing deserves to get upset in this life. I do not care for everything. I believe there is a positive side of every negative development. I believe in fate*".

Theme 4. Expectations for a Good Death

The participants expressed that when there was no hope for recovery of the children, they considered death as a way to avoid pain. Regarding this theme, the nurses expressed the followings:

Nurse F: "*Graft versus host disease developed after bone marrow transplantation of a child. I was desperate to see that treatment did not work and that I could not do anything. I felt that the child suffered from pain during skin dressing despite the analgesics. Three weeks later, the child passed away. I thought that death was salvation for the child. I was very angry at me for such a thought*".

Nurse B: "*Children may live for a long period during the terminal period. They always suffer from pain. Our practices increase their pain. You cannot administer analgesics more than the suggested dose. They are little, innocent children. When there is no chance of recovery, I start to pray. No one can be ready*".

for a death but I pray for their salvation without more suffering".

Discussion

Participant nurses in this study were satisfied by working at the pediatric oncology unit. Although it is a busy and sometimes an exhausting place, they defined their working environment as a beautiful place, where effective communication takes place and emotional links develop. For the participants, nurses working at the pediatric oncology unit should continuously develop their skills and should pay special attention to the treatment of children. Nurses expressed that they were supportive of children and their parents before, during and after medical practice and were good-humored and concerned. They also stated that they planned treatment process parallel to the needs and demands of the children, tried to maintain the participation of children to their self-care and placed special emphasis on sterilization for neutropenic patients.

Nurses frequently expressed that working at the pediatric oncology unit requires special skills and attention. Although this may sometimes be mentally exhausting, they mostly expressed their job satisfaction. Treatment and care by taking physical, psychological and social comfort of the children in palliative care into consideration, and the possibility of the nurses to realize consultative and educational functions are highly important for effective patient care and professional satisfaction of the nurses. Existing studies reveal the increasing need of patients and their members for care, education, consultation and support. Besides, these studies suggest that nurses have the responsibility to evaluate the needs of patients and to maintain the patients' real demands in line with the evidences, which, in turn, will increase professional satisfaction (Grant & Ferrell 2012, Stayer & Lockhart 2016, Cırık & Efe 2017, Yesilot & Oz 2017).

In case of extremely sick patients, nurses try to avoid other patients from realizing the situation. Nurses expressed that they frequently tried to smile when a severe patient leaves his or her room and to treat and care other patients as usual. When a child passes away, participants questioned their attitudes towards life, which ended with the conclusions that every individual is unique, nothing is worth to be sad, and every breath you take is valuable. These findings are parallel to the literature. Other studies found that pediatric oncology nurses used the experience

they gained from working with terminal children in their professional and private lives and that these experiences provided an opportunity to help other patients about to pass away (Desbiens & Fillion 2007, Bailey, Moran & Graham 2009, Semra et al. 2018).

Loss of a child patient does not only change the nurses' attitudes towards life but also cause great pain and sorrow. Existing studies on nurses that undertake palliative care found that the loss of patients results with conflicting feelings. While the loss leads the nurses to develop positive outlook towards the life and to enjoy their lives to the full, it also creates negative feelings, including, sorrow, despair, pain and fear (Foster et al. 2010, Crozier et al. 2012, Wu et al. 2016, Stayer & Lockhart 2016, Curcio 2017, Semra et al. 2018)

Conclusions

Working at pediatric oncology units provides job satisfaction but leads to conflicting feelings at the same instance. Although the smile of a child leads the nurses to feel happy, worsening health status of the child may cause sorrow. On the other hand, working with children with cancer forces the nurses to develop their skills, leads them to question the meaning of life and helps them to develop a positive outlook towards life.

We believe that in order to increase quality and success of health care, issues, such as self-perception, the concept of death, proper attitudes towards terminal patients, and the ways to cope with consequent stress, should be included to education programs designed for nurses that work at pediatric oncology units.

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