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The mental suffering of nursing professionals in a pediatric oncology center: An ergonomic approach

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Abstract

The nursing service is characterized by physical and mental pressure and such factors lead some professionals to become ill and abandon the service. The mission of having to live with the suffering and death of the child with cancer seems to be the main cause of overload and mental suffering in professionals working in pediatric oncology, in addition, there are issues of horizontal violence, bulling, lack of adaptation and problems personal. To alleviate these and other problems, this research proposes some alternatives such as: hiring more staff, mediating conflicts, valuing psychological capital, improving the preparation and reception of new professionals.

Background

More and more nurses play an essential role for health; performing highly complex services in outpatient clinics, intensive care and basic care for people of all ages. Nursing work can be considered as one of the most affected by occupational factors, as they live with the challenges of vulnerability to risks inherent to work, such as contamination with viruses and bacteria; work overloads; the insufficient number of workers for the large number of inpatients; insufficient remuneration; exhaustive shifts, among other factors [1,2].

Occupational diseases and accidents at work "cause not only losses for workers, but also financial costs for organizations and the government" [3]. Steadman et al. consider that "mental illness has considerable implications for employment, and a better understanding of managers about mental disorders, such as depression and its symptoms, can provide important support to professionals" [4].

The hospital environment seen as complex by Mark et al. is "shared by different individuals who can respond to the same stressors in different ways" [5]. Furthermore, interpersonal tension at work is significantly related to areas of professional life, highlighting the presence of burnout and the need to encourage positive interpersonal relationships among coworkers [6].

Due to these factors and the importance of the work of these professionals, suggest that it is necessary to better understand the work of nursing professionals, and in fact seek to avoid or mitigate overload and suffering as a result of work [7]. The authors emphasize that suffering from bulling at work, usually accompanied by horizontal violence must be faced with case monitoring, conflict management and encouraging the empowerment of these professionals.

Professional experiences with extreme situations, such as living with the death of children and adolescents, can produce profound marks on the professional, leading to the attribution attributed to work, influencing their professional life and their actions beyond the work universe [8].

The child's death can cause anguish and sadness in these professionals, as it "puts them face to face with the uncomfortable sensation of their own finitude [9]. He believes that, "to defend themselves from these extremely distressing and difficult situations, professionals who deal with death often isolate and fragment themselves". For mental suffering and occupational illness is largely determined by the degree of success with which each professional deal with factors related to their work [10].

Aim

It was motivated by this scenario that this research was developed, whose objective was to understand the factors that trigger mental suffering in professionals involved in the task of caring for children with cancer and to propose alternatives to mitigate this demand.

Method

Study setting

This research was carried out as part of the doctoral thesis of the main author based on a case study of mental suffering, carried out with 29 (twenty-nine) nursing professionals from a pediatric oncology center, located in southern Brazil. It was initially an Ergonomic Analysis of the work of a nursing professional with complaints of mental suffering and diagnosis of depression and generalized anxiety [11]. It was later extended to all nurses and technicians due to reports of other cases in the sector.

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Search strategy

In order to build the theoretical framework, a bibliographic portfolio was formed the researcher gathered several articles related to the research theme, aligned according to his perception and with the boundaries imposed. Initially, the selection of the raw database was carried out, which involves the definition of the research axes, the keywords, the databases and the search for these articles. The research axes were: Axis 1 - nurses, Axis 2 - mental illness, Axis - 3 workplace and Axis 4 - ergonomics.

As for the databases, the following were selected, because they returned with positive results: Scielo; Science Direct; Web of Science; PsycINFO and Wiley. After defining the keywords and bases, the search for articles on these bases was carried out on November 11 to 18, 2017, with a temporal delimitation between the years 2000 to 2017. The search for the database took place from the year 2000, in order to cover the publications of this century.

After searching the databases with reading the titles and abstracts, 146 articles were partially aligned with the theme and were exported to a file compatible with Mendeley bibliographic management software where it was found that 26 were repeated, or were not scientific articles, being excluded. Thus, the process continued with 120 articles, concluding this first phase with 28 articles fully aligned with the theme.

Then, the alignment of the contents was verified, the scientific recognition of the articles was analyzed based on their citations, consulting Google Scholar. All articles were defined as representative due to their relevance and scarcity, which resulted in 28 articles aligned and available.

Finally, for the conclusion of the Bibliographic Portfolio composition process, an analysis of the bibliographic references cited by the 28 articles of the Bibliographic Portfolio was carried out. Thus, after a search for references in the 28 articles of the Bibliographic Portfolio, a total of 869 raw references were found and thus the entire previous process was carried out again resulting in 10 articles fully aligned with the theme and available that added to the 28 constituted the bibliographic portfolio with 38 articles.

Representing the Brazilian literature, a similar analysis was carried out on the Scielo and Google Academic databases of postgraduate courses, with searches during the literature review phase in the thesis and dissertation banks of some universities in the country, it was possible to form a Bibliographic with 17 (seventeen) national articles.

The inclusion criteria for the studies were: (1) articles published in Portuguese or English, (2) with a sample of the study that included nurses and nursing technicians, (3) studies investigating job satisfaction or dissatisfaction, suffering and mental illness, (4) studies reporting direct measures of training (structural and / or psychological) and job satisfaction, (5) studies using the Self Report Questionnaire 20 o Maslach burnout Inventory to measure mental suffering and burnout and (6) quantitative or qualitative research projects.

In the practical phase, the first step was to carry out an Ergonomic Analysis of the Work of one of the nurses in the sector, which motivated a deeper research with an Analysis of the Team Work Collective. Interviews were conducted with 20 (twenty) professionals and lasted from 6 (six) to 14 (fourteen) minutes, in person.

There were also 04 (four) meetings lasting around 90 minutes each with at least 02 (two) professionals, respecting the same level of training. The statements were recorded (after the group's consent) or simply noted by the researcher. After the individual presentation there was a brief explanation about the activity of each one, a person was chosen to explain in more detail what he did. In the interviews, for those who allowed it, each worker was able to speak in more detail.

There was a clear initial explanation, by the researcher, about the objective of the work. It was sought to know the activity and later, some subjects were developed according to the demand of the meeting. The researcher asked details about the activity and psychosocial situations until he managed to understand them even with delay.

Some questions were raised in order to conduct the meetings and interviews such as: i) do you have or have you had mental problems as a result of nursing work? ii) How do you manage the emotional overload that comes from working with nursing? iii) Does this have health consequences? iv) What are the factors bother you most during shifts? v) Do you have or have you had family problems caused by problems at work? vi) Is there personal factors that can negatively influence your motivation for the service? Which are? vii) What advice would you give to someone new to the service so as not to be overwhelmed by the emotional overload of work?

The conversations were recorded using a tablet device and later transcribed to an Excel spreadsheet. A discourse analysis was performed based on the material generated and followed the methodology content analysis of Bardin and to check the mental health conditions of the professionals, the Maslach Burnout Inventory and Self Report Questionnaire 20 of mental suffering questionnaires were applied.

The research was approved by the Ethics and Research Committee of the Federal University of Santa Catarina, Florianópolis - SC, Brazil (92146318.2.0000.0121), authorization Nº 2.985.966 e do Hospital Infantil Joana de Gusmão – SC authorization Nº (3.156.554) and was conducted according to human research by the National Health Council and Code of Ethics and Research. All subjects agreed to participate in the research, were informed about the purpose and origin of the study and signed a Free and Informed Consent Form, appropriate to Resolution 466/2012.

Results

After conducting the Systematic Literature Review, it was possible to subdivide the theoretical results into sub-items: (i) ergonomics; (ii) mental illness at work and (iii) mental illness of nursing professionals and (iv) the ergonomics and mental health of the nursing professional.

Ergonomics

Ergonomics (or Human Factors) is defined by the International Ergonomics Association [12] as: The scientific discipline that deals with understanding the interactions between human beings and other elements of a system, and the profession that applies theories, principles, data and methods, to projects that aim to promote human well-being and the global development of systems.

Ergonomics professionals and ergonomists contribute to the design and evaluation of tasks, jobs, products, environments and systems, in order to make them compatible with people's needs, skills and limitations. The ergonomics seeks to eliminate or reduce the physical and mental stress of the worker, eliminating or reducing certain annoyances such as noise, light, heat, cold, improving tools and equipment, adapting tasks and, thus, making the least painful and disabling work [13].

Ergonomics also addresses knowledge from different scientific areas, such as anthropometry, biomechanics, toxicology, engineering, etc, and

according to the Brazilian Ergonomics Association – (ABERGO, 2013). In August (2000), the International Ergonomics Association - IEA adopted the official definition of ergonomics, as a scientific discipline related to the understanding of interactions between human beings and different elements or systems, and the application of theories, principles, data and methods to projects aimed at improving human well-being and the overall performance of the system.

According to the specialization domains of ergonomics (ABERGO, 2013) subdivide them into:

Physical Ergonomics

It is related to the characteristics of human anatomy, anthropometry, physiology and biomechanics in relation to physical activity, so that the relevant topics include the study of posture at work, material handling, repetitive movements, work-related musculoskeletal disorders, workplace, safety and health.

Organizational Ergonomics

Also known as macro ergonomics, Correia and Silveira state that organizational ergonomics "is related to the improvement of socio-technical systems, including their organizational structure, policies and processes" [14]. For the authors, the relevant aspects in this field include shift work, work scheduling, job satisfaction, motivational theory, supervision, team work, distance work and ethics.

Cognitive ergonomics

Cognitive ergonomics refers to mental processes, such as perception, memory, reasoning and motor response as they affect interactions between human beings and other elements of a system. Cognitive Ergonomics deals with the fact that, people conceptualize, and process information absorbed in situations arising from their work [14].

Among the cognitive competencies are the capacity for abstraction and reasoning. The individual with cognitive problems can present difficulties in perception, absorption and retention of information if subjected to factors such as mental load, stress, psychological pressure, among others that are part of the daily life of companies.

Mental illness at work

Regarding mental illness at work, Dejours argues that having knowledge about suffering at work is central [15]. The author says that, "first of all, there is a state of struggle of the subject against forces that are pushing him towards mental illness".

Burnout syndrome is one of the frequent mental disorders in the workplace and was described in 1974 by the psychiatrist Hebert Freudenberger, as a way of reacting to stress in terms of mental exhaustion as a result of mental overload [16]. The author realized that health workers often suffered from chronic physical fatigue, emotional exhaustion and increased distance from their patients.

Later, burnout was defined as a specific type of occupational stress reaction more common among healthcare professionals, as a result of the demanding and emotionally charged relationships between caregivers and their patients [17]. Burnout is still commonly defined as a syndrome of feelings of emotional exhaustion, depersonalization and reduced personal fulfillment.

Occupational stress has also been increasing and, as observed by Prado the way in which the different functions and tasks that make up the professional's workload are distributed is associated with important work stressors [18]. This type of stress, according to Prado, "can be significantly aggravated due to precarious conditions of work organization, ranging from low valuation and remuneration, mismatch between prescribed and performed tasks, to severe resource scarcity and infrastructure problems".

Depression (major depressive disorder) is a common and serious medical illness that negatively affects how a person feels, thinks and acts. Fortunately, it is also treatable, causes feelings of sadness and / or loss of interest in activities previously enjoyed and can lead to a variety of emotional, physical problems and decreased ability of the person to function at work and at home [19].

Cases of mild depression can be treated without medication, but in moderate or severe form, people need medication and professional treatments. Specialized care is considered essential, and the sooner treatment begins, the better the results [19].

Compassion fatigue is a syndrome in which the professional connected to the care of a clientele, who has suffering as a demand, becomes fatigued, physically and mentally exhausted, due to constant contact with stress caused by compassion [20]. For some health professionals, when paying attention to the patient and contributing to mitigate their suffering, they feel good and gratified. Barbosa et al. affirm that such feeling results from psychological balance between positive experiences at work, more precisely the feeling of satisfaction out of compassion in contrast frustration will produce fatigue out of compassion [21].

Mental suffering as a result of work has become common, especially among health professionals. When living with people at risk of death, chronically ill or victims of traumatic situations, they can be infected by the pain and suffering of others may develop health problems such as burnout and secondary traumatic stress [21].

Such phenomena can be mitigated through psychological support by establishing empathic attitudes with these professionals or by promoting programs that increase their management capacity of stress sources, resilience, self-regulation and compassion satisfaction [22]. For the author, "this is also possible through the professional's therapeutic accompaniment, and it is necessary to highlight not only the role of the individual, but also that of the organization to which he belongs, in the establishment of prevention programs and the promotion of positive work feedback".

The mental illness of nursing professionals

The main associated factors were work demands, psychological demands, violence, aggression, precarious relationship with administrators, accidents involving risk of exposure to HIV, stress and errors in the performance of work activities [23]. Some work factors, such as lack of rewards and non-participation in the decision-making process, contribute to this decision-making trip. Equally, job demands and work resources have an indirect impact on nurses' life satisfaction.

Demand for employment, extrinsic effort and excessive commitment are associated with higher levels of anxiety and depression. Social support, rewards and skills discernment were negatively associated with mental health problems [5].

Workers suffering from depression, their quality of life is compromised, with decreased productivity in the workplace, causing damage to the employer and may lead to suicide in some cases [24]. The nursing service is an essential part of the workforce for the health

system. However, due to its characteristics, work in hospitals can be stressful and physically exhaust the health professional.

Psychosocial working conditions lead to mental health problems among workers, however it is imperative to examine the working conditions of health professionals and explore how their mental health status can be affected by work [25]. For the authors, long working hours and shifts are strongly associated with the development of occupational diseases.

A high level of work-related stress can increase vulnerability to mental illness and result in poor quality of clinical care [26]. Almost half of the team surveyed in Taiwan had a minor psychiatric disorder, or depressive disorder. The highest prevalence was among nurses and pharmacists, and other employees reported suffering from stress at work.

The violence problems in nursing teams are more common in "tense environments". That is in areas such as emergency departments, psychiatric settings, oncology, geriatrics and wards, where, based on current results, many employees experience high levels of physical and verbal abuse. It is important that professionals are aware of this and that, as these nurses use their voices and tell their stories, the situation can be reversed.

Some attitudes of colleagues can make it difficult to reintegrate into the workplace after the absence of illness. This obviously suggests approaches to improve these attitudes. Glozier, et al. state that this would involve managing the expectations not only of the affected individual, but also of co-workers and managers [27]. In this matter it is important to establish reliable and achievable work standards.

Some studies have assessed the prevalence of the use of prohibited chemicals and mental illness among nurses at a broad population level. However, barriers to seeking assistance and strategies to overcome these barriers have rarely been addressed in the literature [28]. The findings help to clarify the nature of substance use by nurses in the workplace as well as the associated consequences for them and their patients.

The ergonomics and mental health of the nursing professional

Public urgent and emergency services, "are characterized by overcrowding, fast pace and overload of work for health professionals" [1]. The confrontations between professionals and clientele are common facts that add greater tension to the exercise of tasks in emergencies, which ends up making everyone involved in the work feel little recognized. This feeling worsens according to the professional hierarchy [29].

Building a job-specific risk analysis for nurses appears to be an appropriate first step to help healthcare organizations more firmly establish safety expectations within competing organizational priorities and more specifically to empower nurses to successfully avoid the risks they tend to hasten the early retirement of the nursing field [30].

Questionnaire results

After the project submitted to the ethics committee was approved, it was possible to apply the Maslach Burout Inventory and Self Report Questionnaire 20 available in: https://repositorio.ufsc.br/handle/123456789/216129 to 29 (twenty-nine) nurses and nursing technicians in the oncology sector. Thus, the data were then introduced and evaluated using the Statistical Package for Social Sciences 22 program.

The participants were predominantly female, consisting of 23 (twenty-three) nursing technicians and 06 (six) nurses, aged between 26 and 57 years, with an average age of 40 years and one standard deviation = 8.67, 27 of which are female and two are male.

As for the work shift, there was a predominance of 17 (seventeen) professionals in the day shift (58.6%) and 12 (twelve) in the night shift (41.4%), with 06 (six) working with a double bond. The length of service ranged from 6 (six) months to 28 (twenty-eight) years of service.

The results of the burnout syndrome were concentrated in 3 (three) elements of the subscales of the Maslach Burnout Inventory questionnaire, which are: emotional exhaustion, depersonalization and reduced professional achievement, used to measure burnout. Determines the number of statements, reaching a total of 20 questions, distributed as follows: 9 (nine) questions related to Emotional Exhaustion - Questions 1, 2, 3, 6, 10, 11, 14, 19, 20, 4 (four) related to Depersonalization - Questions 5, 12, 15, 18; 7 (seven) referring to Reduced Professional Achievement - Questions 4, 7, 8, 9, 13, 16, 17.

Regarding burnout, the average observed in the participants was 51.83 (range: 0 to 100), demonstrating that this syndrome is in the process of being installed. This is because the scale predicts that at levels ranging from 0 to 20 points, there is no evidence of burnout. From 21 to 40 points, there is a possibility of developing burnout. 41 to 60 points is the initial stage of burnout. From 61 to 80 points, burnout begins to set in. From 81 to 100 points there are strong indications that the person is affected by the burnout syndrome.

Graph 1 show that the majority of respondents are between 30 and 50 years old and the levels of burnout are between 35 and 60. These data suggest that in this age group are the majority of victims of burnout and as observed in the survey, may be related to the fact that professionals at this stage of life suffer greater psychosocial influence, as they already have a family formed, are more committed to work and many depend on income to survive.

The Self Report Questionnaire 20 was answered by 29 (twenty nine) members of the nursing team at the pediatric oncology center. The rates of positive responses in Chart 1 ranged from 0 (zero) to 16 (sixteen) in a total of 20 (twenty) questions (Figure 1).

Table 1 show the distribution of respondents according to the number of positive responses. Is possible to identify that of the total of professionals 3 (three) did not present any positive answer and 1 (one) presented 16 (sixteen) positive answers. It should be noted that 11 (eleven) or 38% of respondents had rates above 7 (seven), which is considered to be mental suffering.

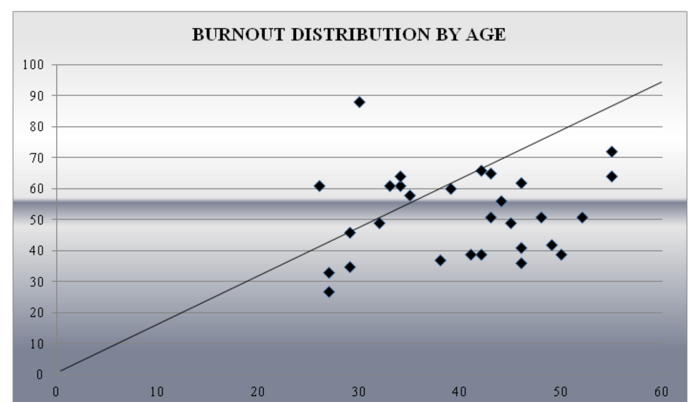

Figure 1. Distribution of burnout by age. Source: Research data

Table 1. Positive responses, frequency and percentage in the SRQ 20 questionnaire.

Positive responses	Frequency	Percentage
0	3	10.3
1	2	6.9
3	2	6.9
4	4	13.8
5	5	17.2
6	2	6.9
7	3	10.3
8	1	3.4
9	2	6.9
10	2	6.9
13	2	6.9
16	1	3.4
Total	**29**	**100**

Table 2. Positive responses from professionals in relation to SRQ20 Factors.

Questionnaire Response	%	Amount
Depressive anxious mood		
Do you feel nervous. tense or worried?	63%	18
Are you scared easily?	26.7%	8
Do you feel sad lately?	46.7%	14
Do you cry more than usual?	13.3%	4
Somatic symptoms		
Do you have headaches often?	33.3%	10
Do you sleep badly?	53.3%	16
Do you feel stomach discomfort?	46.7%	14
Do you have poor digestion?	60%	17
Do you have a lack of appetite?	6.7%	2
Do you have tremors in your hands?	23.3%	7
Decrease in vital energy		
Do you get tired easily?	36.7%	11
Do you have difficulty making a decision?	16.7%	5
Do you have difficulties in satisfying your tasks?	36.7%	11
Does your work bring suffering?	20%	6
Do you feel tired all the time?	30%	9
	6.7%	2
Depressive thoughts		
Do you feel unable to play a useful role in your life?	3.3%	1
Have you lost interest in things?	20%	6
Have you thought about ending your life?	3.3%	1
Do you feel useless in your life?	6.7%	2

Table 2 presents the positive responses to the Self Report Questionnaire 20 questionnaire with the respective percentages for factor I: depressive-anxious mood, factor II: somatic symptoms, factor III: decrease in vital energy and factor IV: depressive thoughts.

Discussion

This research analyzed the data obtained in the international and national literature, in the questionnaires, in the visits and conversations with the professionals about their work routines, and it was possible to carry out the Collective Analysis of the Work of nurses and nursing technicians and was decided to adopt the methodology of analysis of content of Bardin for data processing.

The main issues listed by the professionals were: why work problems; suffering from children's serious illness; local reasons for work overload; the influence of work with personal problems and problems in teams.

The results of the questionnaires showed worrying levels of burnout and emotional distress for the professionals, characterized by tiredness, exhaustion, and emotional shock. The data also reveal that professionals in the sector live in stressful conditions from a psychosocial point of view. Problems at work were evidenced in the report of one of the interviewees when she complained of changes in sleep, excessive tiredness, anxiety, stress, and the use of anxiolytic and depressive medication as resources to face the disorders caused by work overload. [...] "When I leave another duty and I have to assume here I need to speed up the service to get there on time and then the stress is greater. I always have to get there earlier to leave early and take over here. When I arrive, I'm already exhausted, I'm going to take a shower and I think it will be the last time I'm going to double duty because it's very stressful".

One of the main characteristics of the nursing service is on duty with many complications peculiar to work and in interpersonal relationships, and are often associated with personal problems faced by professionals. In addition, Secco et al., argue that since the activity is not valued socially, it presents unsatisfactory remuneration, adequacy of schedules, excess of shifts and strenuous hours it has led professionals to physical and mental exhaustion [31].

Having to work with a seriously ill child was considered to be the most exhausting of tasks, especially because it is a disease as cancer. Some cases of monitored patients, observed at the time of the research and mentioned in the interviews extend for months and years. The relationship of affection that this interaction causes is inevitable and has the side effect of exacerbating the exhaustion of professionals when the loss of these patients occurs.

According to a nurse's report, the work carried out in the pediatric oncology sector, in particular [...]" requires a lot of attention, always needs to be alert with the child, with the patient, and is a type of patient who gets serious very quickly. So it puts a lot of stress on us". Another professional reported that [...] "try to reach the service desk, hit the oncology point, leave, and hang up. It has consequences for your health, because the emotional is shaken, even with this it causes pain, all these things, because you keep thinking, comparing children with their children too".

The answers to these situations are manifested individually each one has his own level of tolerance to stressful situations. Some situations that are easily assimilated by one professional are disturbing to another. There are still small day-to-day events that can act in a cumulative way and become major sources of mental suffering [32].

Suffering and psychopathological symptoms such as work-related depression are often not taken seriously by colleagues and bosses, and are most often converted to bolling. The professional only has to hide from the other in his own way and live in a hostile and discouraging environment.

Caring for and having to live with death has made care and interaction with patients and their families difficult [33]. According to Barbosa et al, nurses, when constantly dealing with death and the risk of death, sick or victimized by traumatic situations, can be infected by the pain and suffering of others, and develop health problems such as burnout and stress [21].

The difficulty in living with the death of the child with cancer and supporting his family in times of despair and pain, reported by the professionals caused mental suffering in the professionals. During visits

to the sector it was possible to witness moments like this, such as when a death occurred emptiness was felt in the place, the professionals' appearances showed fatigue and pointed out that this was not a good day to carry out the research.

The professional who has as part of his job "contact with pain and suffering may suffer from fatigue due to compassion that occurs when the professional is no longer able to cope in a healthy way with the negative feelings that emerge from the suffering of the patients he sees" [21].

The research allowed to observe that the main reasons of mental suffering of the professionals were associated with the work with the child sick with cancer, the pressure of time, the cuts in funds that contributed to the work performed there being more stressful. In addition, due to the responsibility that nursing bears for being responsible for the largest contingent of the workforce in hospital establishments, with the commitment to assistance and management within 24 hours, the group of workers suffering the most with the inadequate working condition and with the unhealthy environment [34].

The issue of emotional overload during shifts received a greater focus than physical overload, Santana et al. [35], Sant'ana et al. [36] understand that in this type of overload, wear is generally characterized by strict supervision; fast pace; piecemeal, monotonous and repetitive work; difficulty in communication; psychic aggression; fatigue; voltage; stress and dissatisfaction.

Experience and length of service appeared to be a positive factor in the industry. The older interviewees showed more control and security when talking about the sector's routine and the influence on their personal life, however one of the interviewees stated that even in silence [...] " the older ones suffer more, have the weight of age and feel the overload of the sector more. The excessive coexistence with pediatric oncology makes professionals add more to the sector's losses and suffering. Younger women with less time respond better, as the plug has not yet dropped". In the period in which the research was carried out, four techniques were replaced on request and the leave rates also decreased, according to information from the leadership.

Overload was considered as the main source of outbreak of musculoskeletal disorders, Karoshi, burnout, and also the issue of doping. Facing loneliness, suffering at work, overload, fear, fear of others, but also the fear of not being able to maintain the cadence, people increasingly resort to substances psychoactive substances to maintain the quality of work [37,38].

Good family life has served as an escape valve for many professionals due to the excessive demands arising from the workday. Many interviewees reported that when they arrived at their homes, they talked to their spouses and managed to relieve tensions on duty. The problem is when the difficulties at work are added to those at home, financial deprivation, personal or family health and lack of support when it comes to the death of a child.

The culture of emotional withdrawal is a common practice in nursing. The dynamics of work, which aim to bring the client and the family closer to the health team, are important, unfortunately, the emotional distance is considered as a negative factor although it is widely used. However, when using it as a form of self-defense, some details of the evolution of the disease are sometimes devalued by this distance [39].

As for the problems in the teams, Dejour understands that the modern man lives an environment of "each one for himself" in such a way that finally "success, my colleague's victory is bad for my future [37]. If the individualized performance evaluation puts everyone against everyone in competition, the one who has a good result on my side becomes a threat to me".

One factor that received special attention in meetings and interviews was the lack of cooperation in the teams. Such factors made the service more overloaded, generating dissatisfaction and stress in some cases. Malarewicz stated that "everyone, as a person, is more easily seen as responsible for their own well-being. Each then arrogates for him the possibility of claiming rights that have the peculiarity of always being legitimate and that he considers to be poorly respected or despised".

In addition to the problems with mental suffering with living with childhood cancer, other factors also received criticism such as Bulling and horizontal violence, living with colleagues said to be problematic, the lack of adaptation to the service, problems with material and equipment, etc. As a way of controlling these problems, it was observed that there were individual strategies in the sector in which some professionals sought to understand and live better with colleagues and to prepare themselves better to deal with patients and family members and, thus, to be able to transform the work environment into a most pleasant place.

To prevent problems from getting worse, professionals try to avoid confrontations and painful situations with family members, bosses and colleagues; trying not to take work problems home. In extreme situations, some ended up missing work or asking for leave from work. For these situations, the support of psychology in the sector became important for both professionals and family members of children. It should be noted that during the visits and interviews the routine of care with psychology in the sector was neither witnessed nor reported.

Under these conditions, the regulation of incidents becomes essential and the choice of pertinent information, the anticipation and control of actions, reasoning appropriate at each moment and due to different events, allows the actor to understand how this activity, not apparent, is at the origin of the gestures, efforts, postures, displacements, and communications manifested by professionals and patients [39].

Implications for practice

Thus, as a contribution to nursing professionals, this research proposed some ergonomic measures: seeking to mediate conflicts, valuing psychological capital, encouraging the meaning of life and non-violent communication. For the new professionals promote a better welcome with the accompaniment of more experienced professionals and improve professional preparation with the offer of supervised internships, training, and recycling courses.

Still, in cases where there is an excess of emotional involvement and mental suffering, seek to reduce emotional overload, greater action by the social worker, psychological support, value psychological capital, courses of losses and mourning, propose the introduction of the theme at graduation, monitoring cases with groups of supportive colleagues, safe behavior, valuing Hard and soft Skills and promoting emotional balance in the sector.

Conclusion

One of the main characteristics of nursing work is living with extreme situations that often end in the loss of the patient. As much as the professional seeks to separate the personal from the professional, involvement with the suffering of the patient and family is contagious.

The main reasons for mental suffering of the professional team were the emotional involvement provided by the shift, living with the suffering of the child with cancer and the despair of family members. Other factors also contributed, as is the case with interpersonal relationships, horizontal violence, and bulling. The issue of personal problems was pointed out as an aggravating factor for the professionals' suffering, contributing to dissatisfaction, demotivation, and illness. For many respondents, it is almost impossible to prevent problems that occur in their personal lives from interfering with work and vice versa. Therefore, they should not be treated with indifference or neglect, but should be identified and monitored by managers.

To deepen the study of mental suffering in nursing work, new research should be encouraged, such as the adaptation of nursing professionals at the beginning of their careers, the causes of interpersonal relationship problems, the deepening of professional preparation in the formation of the nurse and technician and how to live with death and grief.

Conflict of interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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