

Research Article

Meanings of the Feelings and Thoughts on Children's Hematology and Oncology Service Nurses' Experience: A Qualitative Study

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Abstract

AIM: This study aimed to analyze the feelings and thoughts related to working in the pediatric hematology–oncology unit of the nurses who have worked in this unit in the past, related and the meanings they attribute to it.**METHOD:** In this qualitative study, 15 nurses between the age of 29 and 53 years, who had previously worked in the pediatric hematology–oncology unit and left the unit, were interviewed in depth. The interviews were held using a semi-structured interview form. Each interview lasted for 35 to 45 minutes.**RESULTS:** In the study, 5 main themes and sub-themes related to these were identified from the perspective of the nurses with working experience in the pediatric hematology–oncology unit in the past with regard to their feelings and thoughts about this experience. These included 1) feelings: (a) fear and anxiety, (b) desperation, mercy, and guilt, (c) exhaustion, and (d) longing; 2) coping; 3) professional attributions; 4) meanings related to life; and 5) unmet requirements and suggestions.**CONCLUSION:** Working in the pediatric hematology–oncology unit should be considered as a multi-dimensional condition that causes nurses to experience a wide variety of feelings and affects their perspectives on the profession and life. These findings can be used to strengthen the nurses working in hematology–oncology unit.**Keywords:** Adaptation, anxiety, child, emotions, hematology

Introduction

The pediatric hematology–oncology unit is a stressful area where, on one hand, various feelings such as pain, misery, and loss are intensely experienced; and on the other hand, nursing practices such as providing aid, keeping people alive, and relaxing are performed. There are children, families, and employees struggling between death and life. Providing care to children suffering from cancer can be very stressful. Although pediatric nurses provide lifelong care to their patients, death is one of the most traumatic events experienced at work (Pilkington, 2006). Being with a child, feeling the pain and misery, and his/her family experiencing loss when everything is fine and experiencing these recurrently are the stressful conditions causing nurses to have difficulty coping with it. This condition may be traumatic for the nurses (Robins, 2009). While oncology nurses take care

of their patients, they are consistently exposed to traumatic experiences, and thus, they tend to experience secondary traumatic stress (Perry, 2011; Quinal, 2009). However, these experiences are not mentioned most of the time.

Trauma experience causes a deep psychological injury at the unconscious level leading to the loss of control, language, strength, and self. Trauma such as a screaming wound is a silent injury expressed with restructuring. If it is not resolved, it can sustain its effect even after years. Being exposed to death and the pain of patients and witnessing the difficulties experienced by their families are defined as the factors affecting the development of traumatic stress (Quinal, 2009). It is necessary to understand this condition both in terms of the difficulties experienced by the patient and his/her family and in terms of the health, productivity, and nursing quality of

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the nurses responsible for caring for these patients. Moreover, some nurses experience the feelings of disappointment and powerlessness when patients do not recover as desired or have no chance to recover, and they have difficulty in coping with these feelings (Austin, 2012; Austin, 2009; Caton & Klemm, 2006; Günüşen, 2017). When stress levels exceed the limits, there may be situations such as avoidance of patient care, exhaustion, workplace change, or job change (Coetzee & Klopper, 2010). Therefore, it is required to examine the issue from the perspective of nurses.

In this area, qualified nursing care is of great importance. Understanding the emotions and feelings of nurses working in the pediatric hematology–oncology unit as well as the meanings they attribute to these emotions and feelings will make it possible to provide aid to ensure and sustain professional satisfaction. It is possible to say that the correct understanding of the requirements of nurses working in the unit and meeting them will improve the quality of care and provide positive contributions to the results of patients in the short and long term. The aim of this study was to determine the feelings and thoughts of nurses who have working experience in the pediatric hematology–oncology unit in the past in relation to that experience and the meanings they attribute to it and contribute to the development of the programs to support nurses still working in this unit.

Method

Study Design

This study is a qualitative study.

Sample

Fifteen nurses with working experience in the pediatric hematology–oncology unit were the participants of the study. The records of the nurses who had previously worked in a hospital in Istanbul located in the west of Turkey and left the unit because of various reasons were obtained from the head nurse of the unit. All of the nurses were female, and their ages varied between 29 and 53 years. The characteristics of the participants are presented in Table 1.

Data Collection

Semi-structured interviews created according to the rules identified by Smith (1995) were held. The second author held interviews lasting for 35 to 45

minutes. Open-ended and closed-ended questions were asked in the interviews. The interviews held with the participants were recorded. The participants were interviewed when it was appropriate and when they wanted to be interviewed to make them feel comfortable and ensure that they could express their feelings and thoughts during the interview. The interview started by asking about their general experiences and how they began to work in oncology. Then, it proceeded with questions such as “What kind of experience was it to work in the pediatric hematology–oncology unit?,” “When you think about the period when you worked in the pediatric hematology–oncology unit, which feelings do you experience at most?,” “What was the incident that affected you most during the period you worked in the pediatric hematology–oncology unit?,” “How did a child’s death affect you during the period you worked in the pediatric hematology–oncology unit?,” “What were the difficulties of working in the pediatric hematology–oncology unit?,” “How did working in the pediatric hematology–oncology unit affect your perspective on life?,” “How did working in the pediatric hematology–oncology unit affect your thoughts about your job?,” “Did working in the pediatric hematology–oncology unit affect your concerns about your or your family’s health?,” “Do

Table 1

Demographic Characteristics of the Participants

Characteristics	n
Age	
29–39 years	6
40 years and older	9
Marital status	
Married	12
Single	3
Gender	
Female	15
Educational Level	
Associate Degree	6
Bachelor’s Degree	5
Master’s Degree	4
Doctoral Degree	
Working Year in Hematology	
3–5 years	6
6–8 years	3
9 years and more	6

Table 2*Colaizzi's Method of Data Analysis*

Serial number	Steps
1.	Read and re-read all the participants' verbatim transcripts of the phenomena to acquire a feeling for them.
2.	Significant statements or phrases are extracted from participants' transcripts pertaining directly to the research phenomena.
3.	Formulated meanings are constructed from the significant statements.
4.	Formulated meanings are arranged into themes.
5.	Incorporation of the results into a rich and exhaustive description of the lived experience.
6.	Validation of the exhaustive description from the participants involved in the research.
7.	Incorporation of any new or pertinent data obtained from participants' validation and adapted to attain congruence with the lived experience of the participants' studied.

you think that you experienced exhaustion during the period you worked in the pediatric hematology–oncology unit?," and "How did having information about the diseases of the patients staying in the pediatric hematology–oncology unit affect you?" At the end of the interview, the participants were asked if there was something they wanted to add.

Statistical Analysis

Colaizzi's (1978) method of data analysis (Table 2) was applied to the transcripts, which had been proofread and cross-checked with the audio recordings, 3 times for exactitude, and to acquire familiarity with the content. The records of the interview were analyzed by 2 researchers (MK and SI) independent of each other in terms of the experiences, feelings, and thoughts of the nurses. Two independent coders (MK and SI) closely read the descriptions and keywords. After that, MK and SI started with the descriptions to code. The codes were listed in categories. Then, all researchers came together and discussed to create a thematic framework. In conclusion, 5 main themes and sub-themes related to these were determined. These were 1) feelings: (a) fear and anxiety, (b) desperation, mercy, and guilt, (c) exhaustion, and (d) longing; 2) coping; 3) professional attributions; 4) meanings related to life; and 5) unmet requirements and suggestions. Statistical Package for Social Sciences 20.0 (IBM SPSS Corp.; Armonk, NY, USA) package program was used to analyze the quantitative data of the research.

Ethical Considerations

This study was permitted by the Ethical Committee of the Medical Faculty of Istanbul University (Date: 09.01.2016; Protocol No: A-09), and the study was

conducted with respect to the principles of the Declaration of Helsinki. Informed consent was obtained from participants.

Results

In the study conducted to examine the feelings, thoughts, and perceptions of the nurses with working experience in the pediatric oncology service in relation to this experience, 5 main themes and sub-themes related to these were identified. These were 1) feelings: (a) fear and anxiety, (b) desperation, mercy, and guilt, (c) exhaustion, and (d) longing; 2) coping; 3) professional attributions; 4) meanings related to life; and 5) unmet requirements and suggestions.

Theme 1: Positive and Negative Feelings

The study identified that the nurses experienced various feelings related to working in pediatric hematology–oncology, and they still experienced these feelings intensively when they retrospectively thought about the working unit, conditions, and experiences. The feelings experienced were generally negative feelings. There were feelings of fear and anxiety about themselves or their relatives getting cancer, desperation, guilt with regard to the inadequacy of the practices and approaches they performed, mercy to the patients and their relatives, and feeling exhausted and experiencing exhaustion for not coping with these feelings. It was determined that as a result of not coping with the negative and intense feelings and not receiving the required aid and support, some nurses left their jobs or changed their jobs. Furthermore, most of the nurses reported that they missed the years they worked in this unit, and they experienced this feeling because of

the fact that the sharing among the members of the team was considerably constructive and positive. The sub-themes forming this theme were as follows:

Feelings

a. Fear and Anxiety

It was identified that almost all the participants in the study experienced the feelings of fear and anxiety. It was observed that they intensively experienced fear and anxiety, especially with regard to the health of their relatives. All participants mentioned this feeling, and some of them made the following statements:

"I cannot get rid of the fear that my child or one of my family members will be exposed to cancer, and I will experience the same thing. Twelve years have passed since I left my job in that service, but I still experience the same feelings. I needed psychological help from time to time. There were moments when I felt desperate and thought I could not cope... I feel that fear even after years" (with a wobbly voice) (41 years, Master's Degree).

"I began to think about the worst when I saw a nodule. I think about the worst of my children's diseases after I have experienced the sense of loss to that degree. This fear is already engraved in the subconscious. Will that happen to my child too?" (46 years, Doctoral Degree).

"It seems that I have sent the fear of loss to the subconscious. The greatest pain is losing your child because your child is your most valuable one. I experienced the fear of loss very seriously. I experienced intense fears that my children would die and I would lose them." (40 years, Master's Degree).

One of the participants stated working in this unit as a reason for not being a mother:

"It is not that I do not fear when I think about disease. It scares, hurts... I had concerns about myself and my relatives' health... I was very affected about the possibility of my child getting cancer. Maybe, this is the reason why I am not a mother now." (45 years, Bachelor's Degree).

b. Desperation, Mercy, Guilt

It was determined that the nurses experienced unresolved feelings that might affect their mental health negatively, especially because of being insufficient against the pain experienced by the patient. It was

observed that death and the experiences after death were considered as secondary trauma.

"You feel desperate as a nurse, as a mother there. It is not easy to cope with a child's death." (46 years, Associate Degree).

"There was a patient in the terminal period, who was blind and had a lot of pain. He told me to help him, but I could not relieve his pain, I blamed myself. It is too bad not to be able to do anything ... I cannot forget these. I still think that "Was it because of me?," "Did I do my best?," "What else could I do?" (30 years, Master's Degree).

"... there are patients that I cannot forget. Feeling guilty, being desperate and unable to help were considerably negative feelings... For instance, I had a patient. His death was too hard. Sometimes even death is an escape; sometimes even death is hard. He was in pain for days; even morphine did not relieve his pains. For the first time, I prayed for this child to die and relieve" (41 years, Master's Degree).

One of the participants talked about her conflicts and desperation experienced against pain:

"You work with children suffering from a disease threatening life and struggling with this, and after you lose them you think why I work, the things I do are for nothing. We were sharing so much pain with the team. I did not notice the workload because of this pain. The pain I witnessed was the hardest." (30 years, Bachelor's Degree).

One of the participants stated that she still bore the negative traces of unresolved feelings in her life, and one of the reasons for the negativities was working in the hematology–oncology unit.

"The first arrival of the child, being affected by chemotherapy, terminal period, the things experienced by the family... and experiencing these over and over with each child... Most of my friends working there cannot have a baby... My pregnancy was bad too... Our feelings used to get confused with my work friend. Nobody who does not work there can understand these feelings. People cannot tolerate even listening. Each child and family were a different story and experience with traces in my life for me." (40 years, Master's Degree).

c. Exhaustion

It was determined that most of the nurses experienced the feeling of exhaustion because of reasons such as not coping with negative emotions and not being supported sufficiently:

"... I wanted to leave the service after I got pregnant. I did not want my child to have anomalies. I wish I was a little more insistent on leaving there... Working there exhausted me." (30 years, Bachelor's Degree).

"... I experienced exhaustion a lot. There were many times when I did not want to go to work. I got psychological help." (46 years, Associate Degree).

Three participants stated that working in hematology–oncology exhausted them, and thus, they changed the unit.

"... Working there exhausted me. Thus, I left. I was psychologically affected." (37 years, Associate Degree).

"... I used to experience exhaustion from time to time. I noticed that after I had left." (29 years, Bachelor's Degree).

"The whole team needed psychological support. However, we tried to cope with it by ourselves. Hematology is a terribly busy service; its workload is too much. The long-term hospitalization of patients and their current conditions are considerably bad. This exhausts people. I felt 10 years younger after leaving there." (38 years, Bachelor's Degree).

A participant stated that she left work because of exhaustion.

"...The pain I witnessed was the hardest. This is not about the workload. I could not take it anymore and left the job." (40 years, Master's Degree).

d. Longing

Some of the nurses stated that they remember the team cohesion and their relationships with their workmates during the period when they were working there with longing:

"There are both positive and negative sides of working there. You become a family with the patient after a while, and you feel the same sadness with them. In that period, I used to go to hospital happily. When I think about those times, I always remember good

things. I remember working with my teammates contently..." (41 years, Associate Degree).

"You cope with the difficulties you experience with the team support. Team support and solidarity are important. The team was very important; we used to listen, talk, share and support each other." (50 years, Associate Degree).

"... Actually, everything in my life reminds me there even now... Working with people struggling with a serious disease allows the members of the team to work more closely. I long for that work environment now. It was a very different experience..." (46 years, Doctoral Degree).

Theme 2: Coping

It was determined in the study that nurses mostly had difficulties in coping with the condition they experienced. It was observed that they felt desperate in terminal patient care, approach to death, and against child death and had difficulties in providing aid to the family and the child in pain. It was also observed that the nurses tried to cope with this feeling by sharing with the team; however, it was not sufficient as is indicated below:

"... I remember that we hit bottom when a child died. I remember that immediately after losses, I was hovering from end to end, I began very motivated and then hit bottom with the changes in the conditions of children and had difficulties in being motivated again after losses." (41 years, Master's Degree).

"... A friend of mine had a paroxysm of laughter. I can understand what she's been through, but it was a very strange reaction from an external perspective. An unbelievable feeling of emptiness after the moment of loss, everything is meaningless and in vain... I had a small child in that period, and my psychology was affected negatively... Who can say that the people, who seem to be coping very well when you look at them, are really coping? It was so hard to be a mother and also work in hematology." (46 years, Master's Degree).

"The thought of getting rid of this unit as soon as possible was very intense. I even wanted to change my job. Even the thought of working in another service did not seem good to me. Thus, I studied at another department and left the service when I was pregnant." (40 years, Master's Degree).

“... You establish close relationships with the family. The bonds were very strong, so I experienced very intense feelings, and I got exhausted. Not able to control my feelings, being young, being inexperienced made it hard to behave professionally. I was so burdened, established so many relationships, and I could not cope with it, I did not draw the line...” (39 years, Bachelor’s Degree).

“The fact that the patient you take pains with does not respond to it and dies, trauma experienced by families make you sad. I remember the times when I got in my room, locked the door and cried. Even now I am badly affected when I think about it.” (49 years, Bachelor’s Degree).

Theme 3: Professional Attributions

Some of the participants stated that working in hematology–oncology made them stronger professionally:

“My working experience there has a very important place in my professional life. It made me stronger. I did good things in the name of nursing. During 4 years when I worked there, I felt like I graduated from the school of nursing again. What I have learned there still helps me a lot.” (50 years, Associate Degree).

“... Working there increased my awareness two times. I knew the importance of my job, but it allowed me to see how important it was to provide good care and that I could make a difference when I worked as a professional. There was an environment where I could use all my roles effectively such as caring, consultant, educator, healing roles... It allowed me to be more informed professionally.... I could examine and criticize the doctors’ orders, correct missing doses or miswritten treatments. Doctors used to trust our knowledge. I could observe the effect and side-effects of the drug. So, glad I have worked there. It allowed me to grow and increase my professional experience.” (46 years, Doctoral Degree).

“... I don’t know whether there is an area in which qualified nursing care makes a difference that much. Being a good nurse changes a lot of things. I saw this there.” (46 years, Doctoral Degree).

“... It is a different world; I experienced so many different feelings there. I think that it is very different from being a nurse in other services. It includes

everything, teaching, psychological counseling, motherhood, being a sister.” (48 years, Associate Degree).

“I see that none of the problems I have experienced are problems. Everyone has to work here to understand nursing...” (53 years, Associate Degree).

“I experienced the feeling of being useful when I used to work there. My ability to empathize improved. I developed professionally. I experienced the feelings of being insufficient and failure from time to time; I made a lot of effort, there were many times when I said I couldn’t succeed. I think that the nurse has an important role. Emotional losses, different relationships, emotional transitions are experienced there a lot.” (45 years, Bachelor’s Degree).

Theme 4: Meanings Related to Life

Some of the participants in the study stated that working in hematology–oncology affected their perspectives on life positively as follows:

“It changed my perspective on life. Now I can distinguish what is important and what is not. That place takes a particularly important place in my life. It has even affected my personality.” (50 years, Associate Degree).

“It changes the perspective on life; you accept what you go through. Sometimes, even if you do your best, the result is the same. I do my best, but if the result does not change, in this case, it is necessary to accept it. I have developed this thought.” (46 years, Doctoral Degree).

“I have learned life in hematology. I have experienced mercy, exhaustion, happiness, joy all together...” (48 years, Associate Degree).

“... It can happen to everyone. Now I try to understand people more.” (30 years, Bachelor’s Degree).

“My perspective on life allowed me to evaluate everything in more detail and try to protect it. Maybe, hematology allowed me to express myself in society. It allowed me to grow mature.” (53 years, Associate Degree).

“You learn; not to delay life there. I have understood the importance of life... I have learned there that life is not cheap.” (46 years, Associate Degree).

"... After working there, I have realized that I should hold on to my life more tightly. Seeing that people are trying that hard to live made me connect to the life more tightly." (39 years, Bachelor's Degree).

"... Working there allowed me to understand the importance of each day I live even more. You cannot learn what you have learned there somewhere else. Working there has made me grow mature. It has made me responsible. It has provided success for the rest of my life. I owe what I succeed now to what I have learned there." (38 years, Bachelor's Degree).

"As if I had not lived and felt anything before I worked there. Working there allowed me to love people more and identify the feeling of mercy and affected my relationships positively. It made me more sensitive to the health problems of my family. I have become on guard." (29 years, Bachelor's Degree).

Theme 5: Unmet Requirements and Suggestions

All the participants stated that they needed psychological help during the period when they worked in the service. For example, a participant stated that:

"If we had received psychological support, everything could have been easier. I don't think that it is right to work rotationally there. It is a time-consuming process to specialize in the field. There should not be frequent changes. However, employees should be supported, and their motivations should be increased. Lots of nurses left the service. The excess workload may be a reason for leaving work, but the lack of support to help to cope with emotional difficulties is the real reason for leaving the service. Maybe, if there had been such support, I would have worked in the service for a longer time. Branching should be ensured in this field with graduate education." (46 years, Master's Degree).

Some of the participants stated that rotation practice would be better for nurses working in these units. Moreover, they said that working time in the service should be between 3 and 10 years.

"... Working time in this service should be 5 years. There should be a rotation once in five years." (40 years, Master's Degree).

"I had difficulty in establishing a professional bond with chronic patients. Definitely, support should be

provided. Working time there should be 5 years. It is not the workload that affects people there, it is being psychologically exhausted. It was so special to me, and it will always be so." (39 years, Bachelor's Degree).

"Working time should be 4-5 years. Then, rotation should be applied. Working time there should be 3 years, every nurse should work there from the professional aspect." (49 years, Bachelor's Degree).

Some participants stated that working time might vary from person to person:

"Working time there should depend on the person. Anyone who thinks he/she cannot work anymore should not be forced. The conditions should be made more attractive, there should be specialization." (29 years, Master's Degree).

"Since there are chronic patients in hematology, they should be treated in a more sensitive and emphatic way. Empathy should be definitely used, and emotions should not be put aside. We are not bankers, we work with people, and we should not behave mechanically. Working time there may vary by person. It may be useful to apply rotation. There should be a rotation for nurses to protect their mental health." (53 years, Associate Degree).

Some participants emphasized the aspect of a team. In many statements above, the emphasis on the team drew attention. For example:

"Team is very important, the team should be strong, and employees should be conscientious." (30 years, Bachelor's Degree).

Discussion

In this qualitative study, the feelings, thoughts, and perceptions of the nurses with the working experience in the pediatric hematology-oncology service in relation to this experience have been examined. The nurses' working environment, work unit, perspectives on the patient and his/her family, and experiences have been attempted to be understood. It has been determined that the participants experience feelings such as fear, anxiety, guilt, desperation, exhaustion, and longing especially in relation to this experience. They have difficulty in coping with their current condition and require psychological

help. It is only the team sharing that supports them, and this sharing is important. It has been identified that it is important to have a supportive connection within the team and that the connection should be developed. Moreover, it has been determined that working there professionally has changed their perspectives on life, and they left the service because of being exposed to repetitive deaths and not being able to cope with this condition. It has been seen that it is necessary to determine a period of working in this service, and psychological help is required for employees.

According to Gerow et al., (2009), nurses are not equipped to cope with patient death witnessed and the emotional trauma created on their own. Coping with the death of a patient may cause stress and unhealthy physical and emotional sequels. It has been indicated in the literature that stressors affecting nurses negatively are dealing with the emotional desires of patients and their families, working with individuals with the fear of death and fears related to death, feeling insufficient, excess workload, and conflicts with other health professionals (Al Zoubi, 2019; Csaszar, 2009; Moszczynski & Haney, 2002). The findings of this study in which the feelings, thoughts, and perceptions of the nurses related to their working experiences in pediatric oncology have been examined support the literature. Sorrow, desperation, ineffective coping skills and being unprepared, and feelings of guilt and exhaustion experienced as a result of that were the sub-themes frequently mentioned during the interviews with the nurses.

All these stress factors may have a negative effect on physical, mental, and emotional welfare as well as the career of the nurse. In fact, it has been observed in this study that the nurses themselves have experienced the feeling of not wanting to work in the service and changed their work environments. Oncology nurses are exposed to traumatic experiences multiple times while taking care of their patients, and thus, predisposition to secondary traumatic stress is high (Mealer & Jones, 2013; Missouridou, 2017; Quinal et al., 2009). This situation may be one of the reasons for nurses to change their work environments. Whereas secondary traumatic stress is similar to posttraumatic stress disorder, it is triggered by being exposed to people experiencing trauma and providing care to these people. Exposure to end-of-life stories, cumulative exposure to death, and the pain of patients are described as the effective factors in the

development of secondary traumatic stress (Quinal et al., 2009). In contrast, Wolf et al. (2016) stated that feelings such as weakness, anger, anxiety, and fear could be experienced among nurses overloaded and feeling moral distress owing to patient care. The most interesting fact in this study is that not feeling strong enough to change the system causes the least stress. In this study, when the expressions of the nurses were examined, it was observed that they still experience negative feelings dramatically.

This study demonstrates that the nurses have difficulties in coping with the problems they experience, and they try to cope with the problems in team solidarity. Nurses are expected to stay strong and support families while they are affected by the loss of someone, they provide care to. Nurses may develop ineffective coping methods such as avoiding, instead of mourning, which may lead to exhaustion and other physical and emotional problems (Brunelli, 2005). In a study conducted, nurses have stated that they handle themselves by unofficially talking with their colleagues about their sadness, and they have difficulty in talking about their emotions during the death of a patient (Rashotte, 1997). According to Papadatou (2000), the team members of each unit have their own open and closed rules to cope with the difficulties and emotions at work and thus to protect their professional roles and attitudes at least to a certain degree. The relationship of a professional with his/her patient and the commitment level of this relationship may affect his/her professional practice in some cases. Furthermore, normative rules that are an inseparable part of organizational life cause differences in the expression and operation of feelings. The nurses' personal loss story, life philosophy, the rules, characteristics and the way of working of the unit worked in, witnessing patient's life and death struggle, and the difficulties they experience may cause them to react in different ways such as mourning and avoiding or suppressing the feelings (Wilson & Kirshbaum, 2011). It has also been identified in this study that nurses experience emotional difficulties in their relationships with patients, and they cope with these difficulties with team solidarity and the support of their colleagues. Moreover, most of the participants stated that they needed professional support in coping with these difficulties. When the perceptions and emotional expressions of the nurses in relation to the period they worked were examined, it drew attention to the fact that they could not cope with the situation they experienced effectively. It is also indicated in the literature that nurses are usually

emotionally affected and may experience depression or sadness when the patient they provide care to dies and provides examples showing that nurses stay away from the patients who are about to die and display the lack of organization at work. Some nurses do not exhibit any feelings in relation to the death of a patient; however, then they fall into depression, reject talking about their feelings, and finally leave their jobs (Gerow et al., 2010; Kellogg, 2014; Rashotte et al., 1997; Viero et al., 2017). It is reported that especially nurses looking after pediatric patients may feel desperate while looking after a patient in the terminal period and may have difficulties in establishing communication with the patient and his/her family (Chang, 2007; Hecktman, 2012; Zander, 2010). The results of our study are also consistent with the literature.

Nurses who do not get the appropriate emotional support may experience exhaustion, which may cause the nurse to leave his/her job (Chang et al., 2007; Rashotte et al., 1997). If the nurses can't express their feelings, this situation may affect the way they handle the crisis in the future and may also affect their self-respect and relationships with patients, personnel, and even family negatively (Papadatou, 2000; Wenzel, 2011).

An important feature of this study is that it tries to examine the working experience of the nurses working in the pediatric hematology-oncology unit from all aspects. From this perspective, the data obtained from this study can be used to understand and strengthen the nurses working in these units; thereby, teaching them to deal with exhaustion and leaving the job more effectively. It is suggested to conduct more comprehensive studies related to the themes obtained from this study in the future studies.

Conclusion and Recommendations

Working experience in the pediatric hematology-oncology unit is multi-dimensional and causes the nurses to experience a wide variety of feelings and affects their perspectives on profession and life. The data obtained from this study can be used to strengthen the nurses working in the pediatric hematology-oncology unit.

Ethics Committee Approval: This study was approved by Ethics committee of Medical Faculty of Istanbul University (Date: 09.01.2016; No: A-09).

Informed Consent: Verbal informed consent was obtained from the patients who agreed to take part in the study.

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References

- Al zoubi, A. M., Saifan, A. R., Alrimawi, I., & Aljabery, M. A. (2019). Challenges facing oncology nurses in Jordan: A qualitative study. *The International Journal of Health Planning and Management*, 35(1), 247-261. [\[Crossref\]](#)
- Austin, W. (2012). Moral distress and the contemporary plight of health professionals. *HEC Forum*, 24(1), 27-38. [\[Crossref\]](#)
- Austin, W., Kelecevic, J., Goble, E., & Mekechuk, J. (2009). An overview of moral distress and the paediatric intensive care team. *Nursing Ethics*, 16(1), 57-68. [\[Crossref\]](#)
- Brunelli, T. (2005). A concept analysis: The grieving process for nurses. *Nursing Forum*, 40(4), 123-128. [\[Crossref\]](#)
- Caton, A. P., & Klemm, P. (2006). Introduction of novice oncology nurses to end-of-life care. *Clinical Journal of Oncology Nursing*, 10(5), 604. [\[Crossref\]](#)
- Chang, A., Kicis, J., & Sangha, G. (2007). Effect of the clinical support nurse role on work-related stress for nurses on an inpatient pediatric oncology unit. *Journal of Pediatric Oncology Nursing*, 24(6), 340-349. [\[Crossref\]](#)
- Coetzee, S. K., & Kloppe, H. C. (2010). Compassion fatigue within nursing practice: A concept analysis. *Nursing & Health Sciences*, 12(2), 235-243. [\[Crossref\]](#)
- Colaizzi, P. (1978). Psychological research as the phenomenologist views it. In R. S. Valle & M. King (Eds.), *Existential phenomenological alternatives for psychology* (pp. 48-71). New York: Oxford University.
- Csaszar, N., Ganju, A., Mirmics, Z. S., & Varga, P. P. (2009). Psychosocial issues in the cancer patient. *Spine*, 34(22S), 26-30. [\[Crossref\]](#)
- Gerow, L., Conejo, P., Alonzo, A., Davis, N., Rodgers, S., & Domian, E. (2009). A phenomenological study of nurses' experience of grief following patient death. *Western Journal of Nursing Research*, 31(8), 1078-1079. [\[Crossref\]](#)
- Gerow, L., Conejo, P., Alonzo, A., Davis, N., Rodgers, S., & Domian, E. W. (2010). Creating a curtain of protection: Nurses' experiences of grief following patient death. *Journal of Nursing Scholarship*, 42(2), 122-129. [\[Crossref\]](#)
- Günüşen, N. P., Üstün, B., Ak, P. S., & Besen, D. B. (2017). Secondary traumatic stress experiences of nurses caring for cancer patients. *International Journal of Nursing of Practice*, 25(1): e12717. [\[Crossref\]](#)

Hecktman, H. M. (2012). Stress in pediatric oncology nurses. *Journal of Pediatric Oncology Nursing*, 29(6), 356-361. [\[Crossref\]](#)

Kellogg, M. B., Barker, M., & McCune, N. (2014). The lived experience of pediatric burn nurses following patient death. *Pediatric Nursing*, 40(6), 297-302.

Mealer, M., & Jones, J. (2013). Posttraumatic stress disorder in the nursing population: A concept analysis. *Nursing Forum*, 48(4), 279-288. [\[Crossref\]](#)

Missouridou, E. (2017). Secondary posttraumatic stress and nurses' emotional responses to patient's trauma. *Journal of Trauma Nursing*, 24(2), 110-115. [\[Crossref\]](#)

Moszczynski, A. B., & Haney, C. J. (2002). Stress and coping of Canadian rural nurses caring for trauma patients who are transferred out. *Journal of Emergency Nursing*, 28(6), 496-504. [\[Crossref\]](#)

Papadatou, D. (2000). A proposed model of health professionals' grieving process. *OMEGA: Journal of Death and Dying*, 41(1), 59-77. [\[Crossref\]](#)

Perry, B., Toffner, G., Merrick, T., & Dalton, J. (2011). An exploration of the experience of compassion fatigue in oncology nurses. *Canadian Oncology Nursing Journal*, 21(2), 91-105. [\[Crossref\]](#)

Pilkington, F. B. (2006). Developing nursing knowledge on grieving: A human becoming perspective. *Nursing Science Quarterly*, 19(4), 299-303. [\[Crossref\]](#)

Quinal, L., Harford, S., & Rutledge, D. N. (2009). Secondary traumatic stress in oncology staff. *Cancer Nursing*, 32(4), 1-7. [\[Crossref\]](#)

Rashotte, J., Fothergill-Bourbonnais, F., & Chamberlain, M. (1997). Pediatric intensive care nurses and their grief

experiences: A phenomenological study. *Heart & Lung: The Journal of Acute and Critical Care*, 26(5), 372-386. [\[Crossref\]](#)

Robins, P. M., Meltzer, L., & Zelikovsky, N. (2009). The experience of secondary traumatic stress upon care providers working within a children's hospital. *Journal of Pediatric Nursing*, 24(4), 270-279. [\[Crossref\]](#)

Smith, J. A. (1995). Semi structured interviewing and qualitative analysis. In J. A. Smith, R. Harre & L. van Langenhove (Eds.), *Rethinking methods in psychology* (pp. 9-26). London, Thousand Oaks, Calif: Sage.

Viero, V., Beck, C. L. C., Coelho, A. P. F., Pai, D. D., Freitas, P. H., & Fernandes, M. N. S. (2017). Pediatric oncology nursing workers: The use of defensive strategies at work. *Escola Anna Nery*, 21(4), e20170058 [\[Crossref\]](#)

Wenzel, J., Shaha, M., Klimmek, R., & Krumm, S. (2011). Working through grief and loss: Oncology nurses' perspectives on professional bereavement. *Oncology Nursing Forum*, 38(4), 272-282. [\[Crossref\]](#)

Wilson, J., & Kirshbaum, M. (2011). Effects of patient death on nursing staff: A literature review. *British Journal of Nursing*, 20(9), 559-563. [\[Crossref\]](#)

Wolf, L. A., Perhats, C., Delao, A. M., Moon, M. D., Clark, P. R., & Zavotsky, K. E. (2016). "It's a burden you carry": Describing moral distress in emergency nursing. *Journal of Emergency Nursing*, 42(1), 37-46. [\[Crossref\]](#)

Zander, M., Hutton, A., & King, L. (2010). Coping and resilience factors in pediatric oncology nurses CE. *Journal of Pediatric Oncology Nursing*, 27(2), 94-108. [\[Crossref\]](#)