

Nurses' Coping Strategies in Pediatric Oncology: An Integrative Review

Estratégias de Enfrentamento dos Profissionais de Enfermagem Frente à Morte na Oncologia Pediátrica: Revisão Integrativa

Estrategias de Enfrentamiento de los Profesionales de Enfermería Frente a la Muerte en la Oncología Pediátrica: Revisión Integrativa

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ABSTRACT

Objective: This study's aim has been to identify the coping strategies used by nurses in pediatric oncology in face of the patient's death. **Methods:** This integrative review was carried out using the following databases: VHL, MEDLINE/PubMed, and Google Scholar, from April 1st to May 3rd, 2017. The following descriptors were used: death, nursing, child, health pediatrics, oncology, cancer, and coping. The final sample consisted of ten scientific papers. **Results:** The following coping strategies identified: psychological support from other professionals and from the institution; institutional training on death and the dying process; exchange of experiences among professionals; sports practice; and religion and faith. These strategies were carried out according to individual characteristics and the work environment. **Conclusion:** It was concluded that the strategies lead to supportive attitudes according to the needs of professionals, alleviating their suffering and improving their care process.

Descriptors: Pediatric nursing, psychological adaptation, death.

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RESUMO

Objetivo: Identificar as estratégias de enfrentamento utilizadas por profissionais de enfermagem que atuam na oncologia pediátrica diante da morte do paciente. **Métodos:** Revisão integrativa da literatura realizada nas fontes de informação: BVS, MEDLINE/PubMed e no *Google Scholar*, no período de 01 de abril a 03 de maio de 2017. Utilizou-se os descritores: *death, nursing, child, health pediatrics, oncology, cancer, coping*. A amostra final foi constituída por dez artigos científicos. **Resultados:** Estratégias de enfrentamento identificadas: apoio psicológico de outros profissionais e da instituição; capacitação institucional sobre a morte e o processo de morrer; troca de experiências entre profissionais; prática de esportes; religião e fé. As estratégias ocorrem de acordo com as características individuais e do ambiente de trabalho. **Conclusão:** Concluiu-se que as estratégias levam a atitudes auxiliaadoras nas necessidades do profissional, amenizando seu sofrimento e melhorando seu processo de cuidar.

Descritores: Enfermagem Pediátrica, Adaptação Psicológica, Morte.

RESUMEN

Objetivo: Identificar las estrategias de enfrentamiento utilizadas por profesionales de enfermería que actúan en la oncología pediátrica ante la muerte del paciente. **Métodos:** Revisión integrativa de la literatura realizada en las siguientes fuentes de información: BVS, MEDLINE/PubMed y en *Google Scholar*, en el período del 01 de abril al 03 de mayo de 2017. Se utilizaron los descriptores: *death, nursing, child, health pediatrics, oncology, cancer, coping*. La muestra final fue constituida por diez artículos científicos. **Resultados:** Estrategias de enfrentamiento identificadas: apoyo psicológico de otros profesionales y de la institución; Capacitación institucional sobre la muerte y el proceso de morir; Intercambio de experiencias entre profesionales; Práctica de deportes; Religión y fe. Las estrategias ocurren de acuerdo con las características individuales y del ambiente de trabajo. **Conclusión:** Se concluyó que las estrategias llevan a actitudes auxiliares en las necesidades del profesional, amenizando su sufrimiento y mejorando su proceso de cuidar.

Descriptores: Enfermería Pediátrica, Adaptación Psicológica, Muerte.

INTRODUCTION

Cancer in children and adolescents is a set of diseases with its own characteristics regarding histopathology and clinical behavior. It represents 1% to 4% of all malignant tumors in most populations. In Brazil, in 2013, the average percentage of cancer in the infant population was 2% and corresponds to the second cause of death. In the period 2009 to 2013, the average mortality rate was 44.25 per million in the age range from 0 to 19 years.¹

In the face of this epidemiological reality, nursing professionals working in pediatric oncology are exposed daily to potentially stressful situations, including the death of children. Despite significant advances in early detection and onset of therapy, cancer still frightens humanity by carrying with it the synonym of death, suffering associated with pain, degradation, and stigma. When it occurs in childhood, it acquires a connotation of greater intensity, given the feeling of the adults' piety and perplexity before the precocity of disease and death.²

Therefore, nursing professionals seek to develop in their work process various ways of avoiding affective links.

However, a paradox arises: the assistance to the pediatric oncology patient who demands a protective conduct in the attempt to manage various feelings and emotions.³

In this context and in face of the phases of the illness process, diagnosis, treatment and palliation, nursing care goes beyond direct care, allowing various subjective constructions of the disease, such as anguish against the uncertainty regarding the development of cancer, being necessary attention to the different meanings that children set up of the illness and consequently the possibility of death in all phases. Thus, the process of caring for pediatric oncological nursing is challenging and requires, in addition to specific material and therapeutic resources, professionals with proper training and sensitivity to care for children.⁴

Following up the cancer patient's death usually refers to a sense of professional failure. In addition to managing a demand for the patient's death, nursing professionals need to care for both patients and their families, and this requires them to be effective.⁵

Nursing professionals have a peculiar way to deal with the requirements of care for children with cancer, facing situations of suffering and the expectation of death and this assistance experience may affect them psychologically and emotionally.⁶

Faced with the stress generated by the difficulty in dealing with death, nursing professionals can use coping strategies to alleviate the emotional burden involved in this process. These strategies are: going on vacation, practicing physical activities, and seeking social support and involvement in spiritual practices.⁷

The process of confrontation is defined as a set of behavioral responses to a stress situation for modifying the environment to adapt to the stressor event. Coping strategies are intentional, physical, or mental actions aimed at reducing the effect of stressful situations. In this way, identifying these strategies is important in order to alleviate the effects of stressors and prevent their worsening. Also, they contribute to these professionals' well-being and health.⁸⁻⁹

In this perspective, this study aimed to identify the coping strategies used by nursing professionals in the face of the death of pediatric cancer patients.

METHODS

This is an integrative review of the literature, which aims to summarize, in a systematic, orderly and comprehensive manner, the results obtained by the research on a chosen theme.¹⁰ Thus, the steps followed in this study were: choosing the research question; determining the sample, inclusion criteria, and exclusion criteria; collecting data; analyzing data; and interpreting and discussing the results, presenting them, and summarizing the knowledge.¹¹

The question that drove this study was: “What are the coping strategies used by nursing professionals in face of the cancer children’s death?”

We searched for articles in the *Biblioteca Virtual em Saúde (VHL)* [Virtual Health Library] and National Library of Medicine (PubMed) databases. In addition, we used Google Scholar. This study was carried out from April 1st to May 3rd, 2017. The following Medical Subject Headings (MeSH) descriptors were used: oncology nursing, child health, pediatrics, oncology, cancer, and coping. The “and” and “or” Boolean operators were used for combining them according to **Table 1**.

Table 1 - Results of the database search.

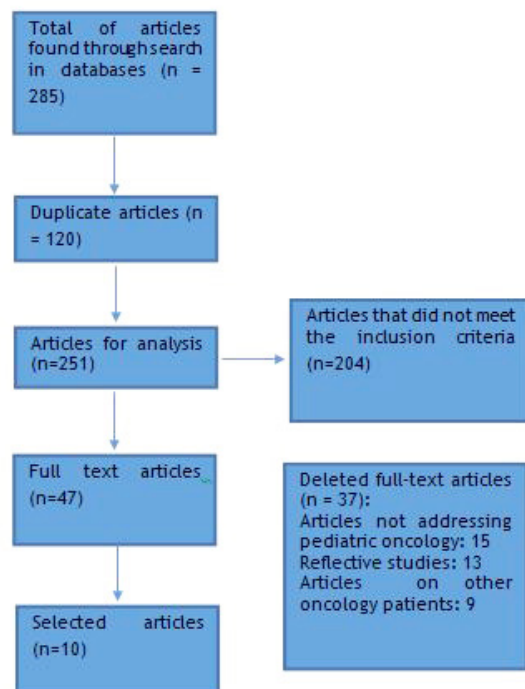
Descriptors	Database	Articles found	Selected articles
death AND oncology nursing AND child health OR pediatrics AND oncology OR cancer AND coping	LILACS, MEDLINE, SCIELO, and PubMed	50 44 18 173	3 2 0 0
death AND nursing AND pediatrics AND oncology AND coping	Google Scholar	86	5

Source: Research data.

For sample selection, we adopted the following inclusion criteria: full text, on-line articles about nurses’ coping strategies in the face of pediatric oncology patients’ death in Portuguese, English, and Spanish. The exclusion criteria were: reflective studies; integrative reviews; systematic reviews or those that did not involve research with human beings; and theses, dissertations, or proceedings. There was no restriction on the year of publication. Data collection was performed through an online search, and an Excel table was used with the following variables: article title, authors, journal, year of publication, country, objectives, evidence level, conclusion, and coping strategies.

Through the search and selection strategies, 371 publications potentially eligible for inclusion were identified. After the elimination of duplicate articles (n = 120), the abstracts of 251 articles were analyzed in order to verify whether they were meeting the inclusion criteria and answered the guiding question. After this analysis, we excluded 204 and selected 47 articles for further reading. Finally, 10 articles were included in this study, as recommended by the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA). **Figure 1** illustrates this procedure.

Figure 1 - Flowchart of the procedure for sample selection.



The result analysis and classification according to evidence level were carried out in accordance with the recommendations of the American Agency for Healthcare Research and Quality (AHRQ), in 2005. The quality of the evidence is classified into seven levels: Level 1 – publications from systematic reviews or meta-analysis of controlled randomized clinical trials, and clinical guidelines based on systematic reviews of controlled randomized clinical trials; Level 2 - at least a well-designed, randomized clinical trial; Level 3 - well-designed, non-randomized clinical trials; Level 4 - well-designed cohort and case-control studies; Level 5 - systematic reviews of descriptive and qualitative studies; Level 6 - descriptive or qualitative studies; and Level 7 – authorities’ opinions and/or expert committees’ report.¹²

RESULTS AND DISCUSSION

Ten articles were selected for analysis and synthesis of data. As for the country, two were published in the United States, one in Colombia and seven in Brazil. The year of publication varied from 2005 to 2015.

Regarding the participants, we identified that in eight studies were carried out exclusively with nurses, and two, in addition to nurses, with technicians and nursing assistants. Eight studies were published in English, seven of them available in Portuguese, and one in Spanish.

As for the type of study, the selected articles used both the qualitative and quantitative approach and showed that the coping strategies were linked to situational factors, such

as the specific care for children with cancer, or the stress intensity of the professionals working in pediatric oncology. In this way, the professional can use or change the strategy according to the moment and stressful situation.

The coping strategies identified focused on emotions (six studies), on problems (two studies), and on problems and emotions (two studies).

Table 2 organizes the selected titles according to title, authors, year of publication, local, objective, methods, participants, level of evidence, results, and coping strategies.

Title, authors, year of publication, and local	Objective, methods, and participants	Evidence level	Results and coping strategies
"Criança com Câncer em Processo de Morrer e sua Família: Enfrentamento da Equipe de Enfermagem". Carmo AS, Oliveira ICS (2015). Rev. Bras. de Cancerologia; BRAZIL ¹⁷	Objective: describing the specificities of nursing care for children with cancer in the process of dying and their families and analyzing the performance of the nursing team in this situation. Method: study with a qualitative approach. Participants: one nurse, four nursing technicians and one nursing assistant.	V	Death is understood as loss and sometimes relief. The nursing team had difficulty in experiencing the children's process of dying. Coping Strategies: Separating professional aspects from the emotional ones, neutralizing feelings and never showing weakness. Emotion-focused strategy
"Percepções das profissionais de enfermagem na assistência a crianças portadoras de câncer". Pereira DMB, Bertoldi K, Roese A (2015). Rev. Enferm. UFSM; BRAZIL ¹⁸	Objective: analyzing the experience of nurses caring for children with cancer. Method: study with a qualitative approach. Participants: Three nurses, and seven nursing technicians.	V	The nursing team had difficulties due to feelings of pain, death, and suffering. Coping Strategies: Psychological support and institutional training on this subject. Strategy focused on problem and emotion
"Vivência de enfermeiras no cuidado a criança em fase terminal: estudo à luz da teoria humanística de enfermagem". França JRF, Costa SFG, Andrade CG, Costa ICP, Souza ATO, Souto MC (2014). Cienc. Cuid. Saude; BRAZIL ¹⁹	Objective: investigating the experience of nurses in end-of-life children. Method: study with a qualitative approach. Participants: 10 Nurses	V	Nurses experience great pain in caring for children with terminal cancer. This care is humanistic, integrated with each child, expressing their feelings from the establishment of trust, respect, and dialogue, and being sensitive to human suffering. This experience improved their lives. Coping Strategies: psychological support, dialogues for exchanging experience among professionals. Emotion-focused strategy
"O impacto das estratégias de enfrentamento na intensidade de estresse de enfermeiras de hematologia-oncologia". Umann J, Silva RM, Benavente SBT, Guido LA. (2014). Rev. Gaúcha Enferm.; BRAZIL ²⁰	Objective: assessing the impact of the coping strategies on the stress intensity of nurses working in hematology and oncology. Method: cross-sectional, analytical study. Participants: 18 nurses.	V	The Managing Symptoms strategy had a positive impact on the nurses' stress. The reduced perspective of healing and the chronicity of patients hindered proactive and avoidance actions. Coping strategies: use of different coping strategies depends on the professional, who can act differently in the face of the same stressor. Strategy focused on problem and emotion.
"Morte digna da criança: percepção de enfermeiras de uma unidade de oncologia". Souza LB, Misko MD, Silva L, Poles K, Santos MR, Bouso RS. (2013). Rev. Esc. Enferm; BRAZIL ²¹	Objective: identifying the meaning and interventions of nurses working in pediatric oncology for promoting worthy death for children. Method: study with a qualitative approach. Participants: eight nurses.	V	Understanding the process of care allows the nurses to contemplate the integration of knowledge and actions that constitute integral care, transcending the care focused on only clinical and biological needs. Coping strategy: improving knowledge on the subject of death and the process of dying. Problem-focused strategy.
"Develando el significado del proceso de duelo en enfermeras(as) que se enfrentan a la muerte de un paciente a causa del cáncer". Vega Vega PA, Rodriguez RG, Torres CP, Jarufe EA, Diaz CO, Diaz CO, Martinez SR (2013). Aquichan; COLUMBIA ²²	Objective: revealing the meaning of nurses' grief when facing the death of children with cancer. Method: study with a qualitative approach. Participants: ten nurses	V	Nurses experienced the death of a patient by linking their own way of dealing with death and the professional care that they provide. Coping strategies: Social and psychological support to adapt to the different mechanisms of coping with death. Emotion-focused strategy.
"Working through grief and loss: oncology nurses' perspectives on professional bereavement". Wenzel J, Shaha M, Klümmeck R, Krumm S. (2011). Oncol. Nurs. Forum; United States ²³	Objective: determining facilitators and barriers to manage the death of patients from the combined perspectives of oncology nurses and extracting essential components from support intervention. Method: study with a qualitative approach. Participants: 34 nurses.	V	The dimensions of death are related to work and support in grief. Coping strategies: creating an environment of supportive care; religion and faith or sports; limiting the amount of time spent talking about work at home. Emotion-focused strategy.

"Cuidados paliativos à criança oncológica na situação do viver/morrer: a ótica do cuidar em enfermagem". Avanci BS, Carolindo FM, Goes FGB, Netto NPC. (2009); Esc. Anna Nery; BRAZIL ²⁴	Objective: understanding the nurses' view of children with cancer under palliative care, and discussing how this perception interrelates with the care for these patients. Method: study with a qualitative approach. Participants: five nurses.	V	According to the nurses, the care for children with cancer in palliative care was a process of suffering and a mix of emotions. Care was focused on promoting comfort, and relieving pain and other symptoms, in addition to meeting the biopsychosocial, spiritual, and family support needs. Coping Strategies: Psychological support from the institution. Emotion-focused strategy.
"Peer-supported storytelling for grieving pediatric oncology nurses". Macpherson LH (2008). Pediatr. Oncol. Nurs.; United States ²⁵	Objective: addressing the experiences of nurses caring for children dying. Method: study with a qualitative approach. Participants: six nurses.	V	There is a significant positive correlation between the number of special deaths during the nurses' career and the impact of the sessions on their suffering. Coping Strategies: Support from co-workers through the exchange of experience. Emotion-focused strategy.
"O enfermeiro e o cuidar em Oncologia Pediátrica". Paro D, Paro J, Ferreira LUM (2008). Arq. Cienc. Saude; BRAZIL ²⁶	Objective: identifying the knowledge and reactions of nurses caring for pediatric oncology patients. Method: study with a qualitative approach. Participants: 17 nurses.	V	There are limitations in facing stressful situations, such as the children's death. The nurses required emotional support to process grief. Coping strategies: Improving technical and scientific knowledge about the stressor situation. Problem-focused strategy.

Source: BVS, MEDLINE/PubMed, and Google Scholar.

In the pediatric oncology context, there is the professional's emotional involvement with the patient and family because of the long treatment and frequent hospital admissions and follow-ups. Hence, the strategies used by nurses working in this context are accepting the disease and its consequences and changing suffering to resignation and natural in face of the possibility of death.³

When nurses realize that cancer can lead to death, coping difficulties with professional consequences arises. Health care workers are complex beings with feelings, reflections, needs, difficulties, and perceptions about the daily life, but with limitations to face and transform stressful situations like a death in childhood.²²

Nurses aim to find personal and professional sources of social support to face the patient's death. Caring for end-of-life children is challenging because it requires an active coping, in other words, cognitive and behavioral responses.²³ According to the selected publications, an example of such actions is the search for psychological and spiritual support.

Aiming to improve the adaptation in the working environment, these professionals use coping strategies to eliminate the stressful situation. These strategies can be focused on emotion and problem. In the emotion-focused strategies, the goal is to cause emotional changes in stressed individuals, minimizing the unpleasant physical feeling caused by stress. The problem-focused strategies, however, seeks to change the stressful situation by defining the problem. After evaluating the best option, an attitude must be taken. This strategy is considered the most adaptive because it can eliminate the source of stress.⁹

Each strategy influences the stressor, circumstances, moment, and coping experiences. Therefore, the way each professional respond to stressors is personal, being influenced by the coping strategies used and by individual differences.²⁴

The selected studies that presented problem-focused coping strategies showed that the actions for improving

scientific and technical knowledge of stressful situations and team meetings can change the nurses' behavior and their workplace, thus modifying the stressor element. Institutional training in the dying process can provide this knowledge, and team meetings are a good place to expose professional difficulties. Nevertheless, problem-focused coping strategies involve modifying the external conditions of the situation, accepting responsibility, planning problem-solving actions, and positive reevaluation.⁹

Regarding these findings, one of the studies analyzed sought to verify the impact of coping strategies in nurses' stress working in hematology and oncology. Given the characteristics and specificities of the nursing practice, the individual effort to implement problem-focused coping strategies results in stress, considering the therapeutic restrictions in oncology.¹⁶

The emotion-based coping strategies used by nursing professionals were also based on religion,¹⁹ distractions, and psychological and social support.^{14,18,20} By using this approach, nurses can adapt themselves to stressful conditions, such as the death of a child with cancer, in which they seek to minimize the emotional discomfort.²⁵

Emotion-focused strategies are more suitable for unhealthy and workload environments, such as those for pediatric oncology, although they are not necessarily more effective. This type of control may be essential for psychological adaptation to an unalterable condition or situation, as is the case of the oncological disease.^{16,25}

Some studies presented both the coping strategies in a combined way.^{14,16} In response to the stressor situation, nurses need to combine these strategies independently of each other. The emotion-focused strategies, such as psychological support, can facilitate problem-focused ones by mitigating the conflict. In the same way, problem-focused strategies, such as institutional training in death and its process,¹⁴ can lessen the threat, thus reducing stress.⁹

The constant change between the reduced possibility of controlling stressful events and the need for dealing with usual circumstances in pediatric oncology lead to a change of attitude and adoption of different strategies in the face of work situations. This can justify the use of simultaneous and combined coping strategies, as well as the variability of the effects on occupational stress. In this way, both the strategies are useful, confirming their interdependence and complementarity.¹⁶

Identifying the coping strategies used by nursing professionals in the face of the death of children with cancer is related to situational factors. Thus the nursing professional can use or change the strategy according to the moment and the kind of stressful situation. The understanding of the coping strategies can adapt attitudes to fit the needs of nursing professionals and thus alleviate their suffering and improve the process of caring for pediatric oncology patients.²⁶

CONCLUSIONS

Death is a daily event for nursing professionals who work in pediatric oncology. Despite this, these professionals do not feel comfortable to manage this situation due to the large number of feelings and emotions that they need to deal with. This study identified that the coping strategies used by these professionals were: psychological support from other professionals and from the institution; institutional training in dealing with death and the process of dying; exchange of experiences among professionals; sports practice; and religion and faith. These strategies are carried out according to the individual characteristics and the work environment, and none of them can be considered the most effective.

The relevance of defining and identifying these coping strategies is to provide nurses with a more productive, less stressful, and more present daily life.

It is emphasized the importance of scientific research that contributes to the practice of oncology nursing professionals in their experience with end-of-life patients, helping to minimize their suffering and stress.

REFERENCES

1. Ministério da Saúde. Incidência, mortalidade e morbidade hospitalar por câncer em crianças, adolescentes e adultos jovens no Brasil: Informações dos registros de câncer e do sistema de mortalidade [Internet]. Rio de Janeiro: INCA; 2016 [acesso em: 01 jun 2017]. Disponível em: <http://www1.inca.gov.br/wcm/incidencia/2017/pdf/versao-completa.pdf>
2. Morais SRS, Andrade ANA. Sob a espada de Dâmoqueles: a prática de Psicólogas em Oncologia Pediátrica em Recife-Pe. *Psicol. cienc. prof.* [Internet]. 2013 [acesso em 02 abr 2017]; 33(2), 2013. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-98932013000200011&lng=en&nrm=iso&tlng=pt.
3. Luz KR, Vargas MAO, Barlem ELD, Schmitt PH, Ramos FRS, Meirelles BHS. Estratégias de enfrentamento por enfermeiros da oncologia na alta complexidade. *Rev. bras. enferm.* [Internet]. 2016 [acesso em 02 abr 2017]; 69(1): 67-71. Disponível em: <http://dx.doi.org/10.1590/0034-7167.20166901091>.
4. Aquino A M, Conti L, Pedrosa A. Construções de significados acerca do adoecimento e morte nas narrativas de crianças com câncer. *Psicol. reflex. crit.* [Internet]. 2014 [acesso em:30 mar 2017]; 27(3): 599-606. Disponível em: <https://dx.doi.org/10.1590/1678-7153.201427322>.
5. Camarinho APF, Gomes SMR. Tradução e Validação da Escala de Coping com a Morte: Um Estudo com Enfermeiros. *Rev. Enf. Ref.* [Internet]. 2015 [acesso em: 04 abr 2017]; serIV(7): 113-22. Disponível em: <http://dx.doi.org/10.12707/RIV14084>.
6. Salimena AMO, Teixeira SR, Amorim TV, Paiva ACPC, Melo MCSC. Estratégias de enfrentamento usadas por enfermeiros ao cuidado de pacientes oncológicos. *Rev. enferm. UFSM.* [Internet]. 2013 [acesso em: 04 abr 2017]; 3(8):8-16. Disponível em: <http://periodicos.ufsm.br/reufsm/article/view/6638/pdf>.
7. Rohan E. How oncology professionals manage the emotional intensity of their work. In G. Christ, C. Messner & L. Behar (Eds.), *Handbook of oncology social work: Psychosocial care for people with cancer.* 2016. pp. 777-784. New York, NY: Oxford University Press.
8. BenettiERR, Stumm EMF, Weiller TH, Batista KM, Lopes LFD, Guido LA. Estratégias de Coping e características de trabalhadores de enfermagem de hospital privado. *REME rev. min. Enferm.* [Internet]. 2015 [acesso em: 07 abr 2017]; 16(1): 3-10. Disponível em: <http://www.periodicos.ufc.br/index.php/rene/article/viewFile/2657/2042>
9. Lazarus RS, Folkman S. *Cognitive appraisal processes.* USA: SPRINGER PUB CO; 1984.

10. Ercole FF, Melo LS, Alcoforado CLGC. Revisão Integrativa versus Revisão Sistemática . REME rev. min. Enferm. [Internet] 2014 [acesso em: 05 jun 2017]; 18(1): 1-260. Disponível em: <http://dx.doi.org/10.5216/ree.v18.39888>.
11. GANONG LH. Integrative reviews of nursing research. Res. nurs. health. 1987; 10(1):1-11.
12. Agency for healthcare research and quality (AHRQ). Methods Guide for Comparative Effectiveness Reviews [internet]. 2012 [acesso em: 06 abr 2017]. Disponível em: <https://www.effectivehealthcare.ahrq.gov/ehc/products/457/1752/methods-guidance-grading-evidence-131118.pdf>.
13. Carmo AS, Oliveira ICS. Criança com Câncer em Processo de Morrer e sua Família: Enfrentamento da Equipe de Enfermagem. Rev. Bras. de Cancerologia [Internet]. 2015 [acesso em: 12 abr 2017]; 61 (2):131-38. Disponível em: http://www.inca.gov.br/rbc/n_61/v02/pdf/07-artigo-crianca-com-cancer-em-processo-de-morrer-e-sua-familia-enfrentamento-da-equipe-de-enfermagem.pdf.
14. Pereira DMB, Bertoldi K, Roese A. Percepções dos profissionais de enfermagem na assistência a crianças portadoras de câncer. Rev. enferm. UFSM. [Internet]. 2015 [acesso em: 12 abr 2017];5(1):112-20. Disponível em: <https://periodicos.ufsm.br/reufsm/article/view/13426/pdf>.
15. França JRFS, Costa SFG, Andrade CG, Costa ICP, Souza ATO, Souto MC. Vivência de enfermeiros no cuidado à criança em fase terminal: estudo à luz da teoria humanística de enfermagem. Ciênc. cuid. saúde. [Internet]. 2014 [acesso em: 12 abr 2017]; 13(3): 425-32. Disponível em: <file:///C:/Users/Alini/Dropbox/1%C2%BA%20semestre/Desktop/apagar%201.pdf>.
16. Umann J, Silva RM, Benavente SBT, Guido LA. O impacto das estratégias de enfrentamento na intensidade de estresse de enfermeiras de hemato-oncologia. Rev. gaúch. enferm. [Internet]. 2014 [acesso em: 13 abr 2017]; 35(3):103-10. Disponível em: <file:///C:/Users/Alini/Dropbox/1%C2%BA%20semestre/Desktop/apagar%202.pdf>.
17. Souza LF, Misko MD, Silva L, Poles K, Santos MR, Bousso RS. Morte digna da criança: percepção de enfermeiros de uma unidade de oncologia. Rev. Esc. Enferm. USP. [Internet]. 2013 [acesso em: 13 abr 2017]; 47(1): 30-7. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342013000100004&lng=en.
18. Vega Vega PA, Rodriguez RG, Torres CP, Jarufe EA, Diaz CO, Diaz CO, Martínez SR. Develando el significado del proceso de duelo en enfermeras(os) pediátricas(os) que se enfrentan a la muerte de un paciente a causa del cáncer. Aquichán [Internet]. 2013 [acesso em: 13 abr 2017]; 13(1): 81-91. Disponível em: <http://aquichan.unisabana.edu.co/index.php/aquichan/article/view/2400/pdf>.
19. Wenzel J, Shaha M, Klimmek R, Krumm S. Working through grief and loss: oncology nurses' perspectives on professional bereavement. Oncol. nurs. forum. [Internet]. 2011 [acesso em: 13 abr 2017]; 38(4):272-82. Disponível em: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4648272/>.
20. Avanci BS, Carolindo FM, Góes FGB, Netto NPC. Cuidados paliativos à criança oncológica na situação do viver/morrer: a ótica do cuidar em enfermagem. Esc. Anna Nery Rev. Enferm. [Internet]. 2009 [acesso em: 13 abr 2017]; 13(4). Disponível em: <http://www.readcube.com/articles/10.1590/s1414-81452009000400004>.
21. Macpherson CF. Peer-supported storytelling for grieving pediatric oncology nurses. J. pediatr. oncol. nurs. [Internet] 2008 [acesso em: 13 abr 2017]; 25(3):148-63.
22. Paro D, Paro J, Ferreira DLM. O enfermeiro e o cuidar em Oncologia Pediátrica. Arq. bras. ciênc. saúde. [Internet]. 2005 [acesso em: 13 abr 2017]; 12(3):151-57. Disponível em: http://repositorio-racs.famerp.br/racs_ol/vol-12-3/06%20-%20ID132.pdf.
23. Granek L, Barrera M, Scheinmann K, Bartels U. Pediatric oncologists' coping strategies for dealing with patient Death. J. psychosoc. oncol. [Internet]. 2016 [acesso em: 18 abr 2017]; 34(1-2): 39-59. Disponível em: <http://dx.doi.org/10.1080/07347332.2015.1127306>.
24. Santos NAR, Gomes SV, Rodrigues Clarice Maria de A, Santos J, Passos JP. Estratégias de enfrentamento utilizadas pelos enfermeiros em cuidados paliativos oncológicas: revisão integrativa. Cogitare enferm. [Internet]. 2016 [acesso em: 18 abr 2017]; 21(3):01-08. Disponível em: <file:///C:/Users/Alini/Dropbox/1%C2%BA%20semestre/Desktop/apagar%204.pdf>.
25. Band EV, Weisz JR. Developmental Differences in Primary and Secondary Control Coping and Adjustment to Juvenile Diabetes. J. clin. child psychol. 1990; 19(2):150-58.
26. Lages MGG, Costa MAO, Lopes TR, Amorim FCS, Araujo Neto AP, Nascimento IRD, Costa CLS. Estratégias de Enfrentamento de Enfermeiros frente ao Paciente Oncológico Pediátrico. Rev. Bras. Cancerol. [Internet]. 2011 [acesso em: 19 abr 2017]; 57(4): 503-10. Disponível em: http://www.inca.gov.br/rbc/n_57/v04/pdf/06_artigo_estrategias_enfrentamento_enfermeiros_frente_paciente_oncologico_pediatico.pdf.

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