

Resilience and oncology nursing

Resiliência na área da Enfermagem em Oncologia

Resiliencia en el área de Enfermería en Oncología

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ABSTRACT

The objectives of this study were to synthesize the national and international scientific publications on resilience and oncology nursing and to discuss the application of resilience in nursing practice. Resilience has its origin in the Latin “resilience” meaning recover from or adjust to, change, to be pushed back, recover its size and shape, and to break. A systematic literature review was conducted in the PubMed (Public Medical), MEDLINE (Medical Literature Analysis and Retrieval System Online), LILACS (Latin American and Caribbean Health Sciences Literature), BDENF (Base de Dados de Enfermagem “Nursing Database”), and the web sites of the Oncology Nursing Society and the International Society of Nurses in Cancer Care. Key words in English and in Portuguese included “Resilience AND Nursing,” “Resilience AND Cancer AND Oncology,” “Resilience AND Nursing AND Cancer AND Oncology.” From the 116 publications retrieved, only 5 publications were on oncology nursing. There was a gap in the use of the concept of resilience in oncology nursing in Latin American publications. In addition, the study and use of the concept resilience in the international publications continue in incipient phase. Thus, there is a need for discussions regarding the use of resilience in oncology nursing.

Keywords: Oncology nursing; Resilience; Review

RESUMO

Este estudo objetivou mapear a produção científica, nacional e internacional, sobre a resiliência na Enfermagem em Oncologia e discutir sua aplicabilidade na assistência. Resiliência origina-se do latim *resiliens* e significa saltar para trás, voltar, ser impelido, recuar, encolher-se, romper. Trata-se de revisão sistemática sem meta análise nas bases de dados Public Medical (PubMed), Literatura Internacional em Ciências da Saúde (Medline), Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS) e Base de Dados de Enfermagem (BDENF) e nos sites da Oncology Nursing Society e da International Society of Nurses in Cancer Care. Os descritores foram: resilience e nursing; resilience, cancer e oncology; resilience, nursing, cancer e oncology; resiliência e enfermagem; resiliência, câncer e oncologia; resiliência, enfermagem, câncer e oncologia. Foram encontrados 116 artigos e selecionados cinco artigos que abordam a resiliência vinculada à Enfermagem em Oncologia. Verifica-se uma lacuna na utilização do conceito na Enfermagem em Oncologia na América Latina, e incipiência nas produções internacionais. Há necessidade do incremento da abordagem da resiliência nessa área e ampliação da discussão na temática.

Descritores: Enfermagem oncológica; Resiliência; Literatura de revisão

RESUMEN

En este estudio se tuvo como objetivo listar la producción científica nacional e internacional, sobre la resiliencia en el área de Enfermería en Oncología y discutir su aplicabilidad en la asistencia. La resiliencia se origina del latín *resiliens* y significa saltar hacia atrás, volver, ser impelido, retroceder, encogerse, romper. Se trata de una revisión sistemática sin meta análisis realizada en las bases de datos Public Medical (PubMed), Literatura Internacional en Ciencias de la Salud (Medline), Literatura Latino-Americana y del Caribe en Ciencias de la Salud (LILACS) y Base de Datos de Enfermería (BDENF) y en los sites de la Oncology Nursing Society y de la International Society of Nurses in Cancer Care. Los descriptores fueron: resilience y nursing; resilience, cancer e oncology; resilience, nursing, cancer e oncology; resiliencia y enfermería; resiliencia, cáncer y oncología; resiliencia, enfermería, cáncer y oncología. Fueron encontrados 116 artículos y seleccionados cinco artículos que abordaban la resiliencia vinculada a la Enfermería en Oncología. Se verifica una laguna en la utilización del concepto en la enfermería en oncología en América Latina, e incipiencia en las producciones internacionales. Hay necesidad de incremento del abordaje de la resiliencia en esa área así como la ampliación de la discusión en la temática.

Descriptores: Enfermería oncológica; Resiliencia; Literatura de revisión

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INTRODUCTION

The term resilience comes from Latin *resiliens* and it means to jump backwards, to go back, to be driven, recoil, shrink, and break. In English, resilient suggests the idea of elasticity and the ability to recover quickly, as well as the ability to go back one's usual health state or mood after facing illnesses or setbacks. It can also be understood as the ability of a substance to return to its original shape after pressure is removed, thus indicating flexibility⁽¹⁾.

In Physics, resilience is the property with which energy stored in a body is returned when the tension that caused the elastic deformation is no longer applied. In the figurative sense, the same dictionary mentions the term as "resistance to shock"⁽²⁾.

Considering the psychosocial perspective, resilience is defined as the ability to respond in a more consistent way to the challenges and difficulties, to react with flexibility and ability to recover from unfavorable circumstances and challenges, taking up an optimistic, positive, and persevering attitude, and keeping a dynamic balance during and after personality shocks. When resilience is active and developed, individuals can overcome the pressures of the world, developing a realistic self-concept, self confidence, and a sense of self-protection which considers opening up to what is new, to changes, to the other and to the underlying reality. It should not be only an attribute of individuals, but rather, it can be present in institutions and organizations leading to a more resilient society⁽³⁾.

On the view of Psychology and Sociology, it is also seen as a quality and skill of people to resist, individually or as a group to adverse situations without losing the initial balance; that is; the ability to constantly accommodate and rebalance⁽³⁾. It is related with all sorts of negative life events that increase the likelihood of individuals to present physical, social, or emotional problems⁽⁴⁾.

Another focus on the studies carried out around self-esteem and self concept highlights that to develop resilience capacity in individuals it is necessary to mobilize and activate their abilities of being, having, being able to and wanting, that is, it has to do with their self-regulation ability and with their self-esteem. Helping people to find out their abilities, accept them and confirm them in a positive and unconditional way is a way to make them more confident and resilient to face life every day regardless of how adverse or tough it is⁽³⁾.

As for scientific research, the first studies on risk were carried out by Epidemiology and Medicine and the focus was to study "disease standards determined in populations and factors influencing these standards"⁽⁵⁾.

New methodological considerations on the concept of resilience reinforce the need to make a distinction between risk indicators and risk mechanism. The

important thing to understand resilience is to try to know how protective characteristics can develop and how they changed the personal path of individuals. Therefore, it is clear that it is important to study the set of process resulting from this variable that connects and mediates risk conditions with the negative or psychopathologic manifestations⁽⁶⁾.

Risk factors must be thought as processes rather than variables; they should be related to all sorts of negative events in life which increase the likelihood of presenting physical, social, or emotional problems⁽⁷⁾.

This limited conception is not enough to interpret the aspects of human development since the risk is also originated in the social context and, fortunately, the adversity is not always translated into mortality.

Two or more stressors together can decrease the possibility of positive consequences in the development and additional stressors increase the impact of present stressors⁽⁷⁾.

Resilience is frequently referred by processes that explain how individuals, groups, and organizations overcome crisis and adversities. Resilience as a concept has been widely discussed under a theoretical and methodological point of view with a wide scope and applicability in several areas of interest in the scientific community, representing a new space of investigation⁽⁴⁾.

Thus, in Oncology Nursing, the application of the concept of resilience creates the possibility of reflection, and increases the way care and management are carried out in nursing.

Resilience has been approached by Nursing and by other knowledge areas. The focus has been to understand the establishment of the relationship between risk factors/vulnerability and protective factors that are intrinsic to individuals and to the environment when facing everyday situations⁽⁸⁾.

Although there are not enough studies on this issue in Nursing, the content of scientific production on resilience can still be characterized as scarce.

In the area of Oncology, resilience is a relevant theme because cancer, whatever its etiology, is acknowledged as a chronic degenerative disease that affects millions of people worldwide, regardless of social class. Although therapy developments enabled a better survival rate and quality of life, there is still the stigma of being a painful, disabling, mutilating and mortal disease. Thus, despite the recent developments in the diagnoses and treatment of the disease that ensure remission and a possible cure, cancer is still a disease connected with despair, pain, fear and death⁽⁹⁾.

Cancer diagnoses and its treatment usually leads to psychological disorders resulting from the symptoms of the disease and as well as from the perceptions patients and their families have about the disease and its stigma.

Patients have the following apprehensions in common: death; depending on the partner, on the family and on the physician; change in body image with disfiguration, leading sometimes to the loss or change in sexual function; incapacities that interfere in the performance of work and leisure; break in the interpersonal relationship, or pain in later stages⁽¹⁰⁾.

Considering the singularities of people, the forms of reacting to cancer diagnoses and the resources available for treatment, some characteristics can be perceived. An initial stage of disbelief, denial or despair is common, lasting from two to five days. The second stage is where dysphoria occurs lasting from one to two weeks, and it is characterized by depression, anorexia, insomnia and annoyance. At this stage, the ability to concentrate and perform activities of daily living is hindered. Adjustment usually occurs several weeks afterwards, when patients start to get integrated with the new information, face reality, find reasons to be optimistic and resume their activities⁽¹¹⁾.

From these considerations, to put resilience into perspective as a concept that can be applied to understand the process of getting ill and recovering after cancer diagnoses is a challenge. The issue is not approached enough and it can be a source of subsidies for investigation in health and Nursing Oncology.

Therefore, the purpose of the present study was to map the national and international scientific production on resilience in Nursing Oncology and discuss its applicability in care.

METHODS

From the objective proposed, we have chosen a systematic review without meta-analysis. We have carried out a search on databases Pub Med, Medline, Latin American and Caribbean Health Science Literature Database (LILACS) and the Nursing Data Base (BDENF). We have also used the websites from the Oncology Nursing Society and International Society of Nurses in Cancer Care because they are the main international societies in Oncology Nursing.

The time period adopted corresponded to the years of 1966 to 2008, which corresponded to the time margin available in the databases consulted. Descriptors used were: resilience and nursing; resilience, cancer and oncology; resilience, nursing, cancer and oncology both in English and Portuguese. Of 116 articles found, five were selected to make part of the study sample, they were articles written by nurses and and/or published in nursing journals. Articles found twice were quantified only once. Analysis of the articles was performed based on their online availability.

Next, articles were categorized in an analytical

framework with: databases, descriptor, year, source, title, type of study, idea of resilience and Oncology area focused.

After the picture was built, results were discussed focusing on the applicability of the nursing concept, and the elaboration of the final considerations.

RESULTS

One hundred and sixteen articles were found on the data base surveyed with the association of descriptors used. On PubMed database, 111 international articles were found and 5 articles were found at LILACS, the Latin American production.

With the descriptors resilience and nursing we found 111 articles; with descriptors resilience and nursing, five articles were found. The nine articles found with descriptors resilience, cancer and oncology, and the four articles with resilience, nursing, cancer and oncology were included in the articles at Medline and PubMed. Thus, a total of 116 articles were found, due to duplicated references on the referred databases. We have not found articles with descriptors resilience, nursing, cancer and oncology on databases LILACS and BDENF.

We have selected five articles approaching resilience connected with Nursing Oncology, representing 4.3% of this total.

It is worth to highlight that one article was not available online and we could not carry out the analysis, the article was just accounted for.

The study result showed that the approach of resilience in Oncology Nursing starts in 1998, with greater focus on American and European Journals approaching the issue in Pediatric Oncology.

We have seen that publications from Brazilian Nursing focus on BDENF database; there is no approach in Oncology resilience. Of the five studies assessed, four used the qualitative approach to get close to the concept. Although one article was not available online, its title related to Nursing in Palliative Care, connecting it to resilience. We have found only one study with a quantitative approach, using resilience as an indicator correlated with Hope Hearth Index that understood resilience as self-esteem, self-confidence and self-transcendence.

As of 2005 there was a mild increase in the theme of Nursing Oncology, through the publication of two articles and two international books. The main focuses associated with resilience were the emotional and physical resistance, facing and protection regarding the situation of becoming ill with cancer.

We have also identified that resilience is included in the research agenda of the Oncology Nursing Society (ONS) and it is inserted in psychosocial, behavioral and

communication studies, and those approaching the family of cancer patients. Recently, ONS has published an article approaching the risk of fatigue among Oncology nurses, mentioning resilience as a protection factor⁽¹²⁾. We also highlight the inclusion of resilience in the official journal from ONS, which has a thematic issue with articles related with survival of children with cancer⁽¹⁵⁾.

We have found two books, one approaching palliative care - Resilience in Palliative Care- Achievement in adversity, written by Barbara Monroe and David Oliviere (2007) and another on Breast Cancer – Breast Cancer: Daughters Tell Their Stories, written by Julianne S Oktay (2005), which include an approach to resilience.

We have identified in Oncology Nursing articles that resilience can be promoted by resolving interventions with impact in patients' quality of life. Next, we present the consolidation of articles found on the databases.

The pictures below represent the results obtained in each data base.

FINAL CONSIDERATIONS

There is a gap regarding the use of the concept of resilience in Oncology Nursing in Latin America, and international productions are insignificant and this adds value to its approach in the present study.

We believe that because of its potential, resilience is a concept that can be significant to resize research in Nursing Oncology contributing to reflections in care, management, teaching and research.

Data found suggest the need to get nurses familiar with the importance of resilience to face getting ill with cancer, favoring patients' adherence to therapeutics and to the plan of nursing care.

Another applicability of the Oncology Nursing Concept refers to the importance of building resilience in professionals working in the field, so that they can overcome being exposed to risk factors, characterized by close contact with terminality, finitude, pain and lack

Picture 2 – Articles on Resilience in Oncology Nursing - 1966 – 2008

| Database | Descriptor | Year | Source | Title | Type of study | Concept of resilience | Area |
|----------|---|------|---------------------------|---|--------------------------------------|--|-----------------|
| PubMED | Resilience Nursing Cancer Oncology | 1998 | J Adv Nurs | The hidden experience of radiotherapy to the head and neck: a qualitative after completion of treatment | Qualitative research | Inner strength of patients undergoing radiotherapy, which is not seen despite the needs coming from treatment. | Head and Neck |
| MEDLINE | Resilience Cancer Oncology | 1999 | J Pediat Oncol Nurs | Conceptual understanding of resilience in the adolescents with cancer: Part I | Descriptive conceptual study | Device to cope with the situation of getting ill with cancer in adolescence | Pediatrics |
| MEDLINE | Resilience Cancer Oncology | 2003 | Eur J Oncol Nurs | Advanced prostate cancer patient relationships with the spouses following hormonal therapy | Qualitative | Factor to sustain marital relations after hormone therapy after prostatectomy. | Urology |
| PubMED | Resilience Nursing | 2005 | Int J Palliat Nurs | Palliative care nursing in New Zealand, 10 years on: diversity, complexity and resilience. | Experience report | Abstract unavailable | Palliative Care |
| PubMED | Resilience Nursing | 2007 | J Nurs Meas | Psychometric properties of the Heart Hope Index in adolescents and cancer | Quantitative study to assess a scale | Correlation between Hope Hearth Index and understood as self-esteem, self-confidence, and self-transcendence. | Pediatrics |

of hope which are present in the routine of care of cancer patients.

The focus of resilience can be a source of inspiration and can guide our care and actions. However, it is up to us to define what we want and what we can do with this instrument of work.

The challenge resilience imposes to Oncology is to expand the use of the concept, aiming at fostering well being and quality of life of patients and professionals.

Oncology with its intrinsic specificities which present high organizational, care and management complexity gives to the concept of resilience a theoretical and practical applicability which can contribute to a new view of health care in this specific area.

According to the findings from this review, the

importance and the need to improve scientific production on resilience in Oncology Nursing, which is still classified as scarce, is clear.

We emphasize that resilience integrates the research found at Oncology Nursing Society, it is present in the approach of the issues related to survival of children with cancer, in the relationship of families facing the problem of getting ill and the start of anticancer therapy.

Data collected therefore suggests that resilience in the scientific production of Nursing Oncology is closely related with the process of getting ill and the situations resulting from this.

This is a preliminary study, and further studies should be carried out to expand the discussion on resilience in Oncology Nursing.

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