

Challenges in the management of oncologic wounds: perspectives of nurses from a reference unit in Amazonas**

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ABSTRACT

Objective: To explore the experiences of nurses in the management of neoplastic wounds at a cancer referral unit in the state of Amazonas. **Method:** This was an observational, descriptive study with a qualitative approach. The sample was selected through convenience sampling. Data collection took place after the project was approved by the Research Ethics Committee of the Amazonas State Oncology Control Center Foundation (Fundação Centro de Controle de Oncologia do Estado do Amazonas). Bardin's Thematic Content Analysis was used to analyze the participants' statements, following the phases of pre-analysis, exploration of the material, categorization of statements, and treatment of results, inference, and interpretation. **Results:** A total of 25 oncology nurses were interviewed. After the interviews and synthesis of the statements, three main topics emerged: common characteristics of neoplastic lesions, the role of nursing in the management of these lesions, and psychosocial aspects affecting nurses working in oncology settings. **Conclusion:** Despite their preparation and training, the interviewees expressed feelings of helplessness in the face of the complexity of the lesions, as well as anguish, frustration, and negative emotions related to the low likelihood of healing. The main concerns regarding oncologic wounds were related to odor, bleeding, and the size of the lesion.

DESCRIPTORS: Medical oncology. Wounds and injuries. Oncology nursing. Enterostomal therapy.

Desafios para o manejo de feridas oncológicas: perspectivas dos enfermeiros de uma unidade no Amazonas**

RESUMO

Objetivo: Explorar as vivências dos enfermeiros no manejo de feridas neoplásicas em uma unidade de referência em oncologia localizada no estado do Amazonas. **Método:** Trata-se de estudo observacional, descritivo, com abordagem qualitativa. A amostra foi selecionada por meio de amostragem por conveniência. A coleta de dados ocorreu após a aprovação do projeto pelo Comitê de Ética em Pesquisa da Fundação Centro de Controle de Oncologia do Estado do Amazonas. Para análise das falas dos participantes, foi utilizado a Análise de Conteúdo Temática de Bardin, seguindo as fases de pré-análise, exploração do material, categorização das falas e tratamento dos resultados, inferência e interpretação. **Resultados:** Foram entrevistados 25 enfermeiros oncológicos. Após as entrevistas e síntese das falas, emergiram três tópicos principais relacionados a características comuns das lesões neoplásicas, à atuação da enfermagem no manejo dessas lesões e aos aspectos psicossociais dos enfermeiros que atuam no cenário oncológico.

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Conclusão: Apesar do preparo e da capacitação, os entrevistados demonstraram sentimentos de impotência diante da complexidade das lesões, angústia, frustração e sentimentos negativos relacionados à improbabilidade de cura. Os principais apontamentos referentes às lesões oncológicas foram relativos ao odor, ao sangramento e ao tamanho da lesão.

DESCRIPTORES: Oncologia. Ferimentos e lesões. Enfermagem oncológica. Estomaterapia.

Desafíos para el manejo de heridas oncológicas: perspectivas de los enfermeros de una unidad en el Amazonas

RESUMEN

Objetivo: Explorar las experiencias de enfermeros en el manejo de heridas neoplásicas en una unidad de referencia en oncología ubicada en el estado de Amazonas. **Método:** Estudio observacional, descriptivo y de abordaje cualitativo. La muestra fue seleccionada mediante muestreo por conveniencia. La recolección de datos se realizó tras la aprobación del proyecto por el Comité de Ética en Investigación de la Fundación Centro de Control Oncológico del Estado de Amazonas (*Fundação Centro de Controle de Oncologia do Estado do Amazonas*). Se utilizó el Análisis Temático de Contenido de Bardin para analizar las declaraciones de los participantes, siguiendo las etapas de preanálisis, exploración del material, categorización de las declaraciones y tratamiento de los resultados, inferencia e interpretación. **Resultados:** Se entrevistaron 25 enfermeros oncólogos. Tras las entrevistas y la síntesis de las declaraciones, surgieron tres temas principales, relacionados con las características comunes de las lesiones neoplásicas, el papel de la enfermería en el manejo de estas lesiones y los aspectos psicosociales de los enfermeros que trabajan en el ámbito oncológico. **Conclusión:** A pesar de su preparación y formación, los entrevistados manifestaron sentimientos de impotencia ante la complejidad de las lesiones, angustia, frustración y sentimientos negativos relacionados con la improbabilidad de curación. Los principales aspectos señalados en relación con las lesiones oncológicas fueron el olor, el sangrado y el tamaño de la lesión.

DESCRIPTORES: Oncología médica. Heridas y lesiones. Enfermería oncológica. Estomaterapia.

INTRODUCTION

Non-communicable chronic diseases (NCDs) are on the rise, with cancer standing out as one of the most prevalent. Incidence and mortality rates have had a significant impact, driven by population aging, demographic growth, socioeconomic factors, and unhealthy lifestyle habits¹.

Neoplastic wounds, also known as oncologic, tumoral, or fungating lesions—named for their mushroom-like appearance—occur when malignant tumor cells infiltrate the skin structures. This infiltration results in wound formation caused by the disordered proliferation associated with oncogenesis. These lesions are characterized by progressive growth and may lead to serious complications if not diagnosed and treated promptly².

Treating neoplastic wounds is a complex process that requires a detailed assessment of the clinical characteristics of the tumoral lesions. In addition, managing these wounds involves comprehensive attention to the patient's physical, emotional, and psychosocial needs throughout the course of treatment. Such a holistic evaluation is essential for the effective management of neoplastic wounds and aims to ensure higher-quality care³.

Nurses play a critical role in promoting relief, comfort, and patient self-acceptance, as well as in providing skin care. They are also responsible for preventing complications associated with oncologic wounds and for selecting the most appropriate dressings. During the assessment of these lesions, nurses must consider various aspects, such as size, depth, affected area, color, extent, odor, exudate, bleeding, pain, itching, desquamation, fistulas, abscesses, physical limitations, metastases, and the suitability of clothing and dressings for the patient⁴.

The relevance of this study lies in the need to understand nurses' experiences in managing neoplastic wounds, a field that still lacks thorough investigation. Exploring these experiences contributes to improving care practices and to the development of strategies that can support healthcare professionals in addressing the challenges involved in managing complex lesions.

Furthermore, studies that assess the level of knowledge among nursing professionals regarding cancer-related issues can directly impact patient care, reduce costs, and enhance institutional processes and protocols. Therefore, it is essential to analyze these experiences to understand how oncologic wound management is being conducted in oncology referral institutions.

OBJECTIVE

The objective of this study was to explore nurses' experiences in managing neoplastic wounds in a specialized oncology unit in the state of Amazonas.

METHODS

This was a qualitative, descriptive, and exploratory study conducted with oncology nurses from a reference oncology institution in the state of Amazonas. The institution is recognized for cancer treatment and control in the western Amazon region, offering various treatment modalities, including pain therapy, palliative care, preventive actions, and support for oncology education and research.

The sample was selected by convenience, considering the following inclusion criteria: nurses specialized in oncology, with more than two years of professional experience in the field and prior experience in caring for oncologic wounds. A total of 25 nurses were interviewed. The sample size was considered sufficient after a preliminary analysis indicated saturation in the responses obtained.

The interviews were conducted in February 2024 and were fully recorded using a mobile phone, in a private space within the participants' workplace to ensure their comfort and privacy. The Informed Consent Form was presented to and understood by the participants prior to data collection. The interviews were stored in secure files by the researchers and will be retained for five years.

The data collection instrument, developed by the lead researcher, included blocks of questions covering sociodemographic variables (age and sex) and professional characteristics (time since specialization, length of service at the institution, experience with neoplastic wounds, training received, preparedness for dealing with oncologic lesions, and experiences and feelings during wound care).

Data analysis followed the Thematic Content Analysis technique proposed by Bardin⁵, comprising the following steps: pre-analysis (initial reading of the material), exploration of the material (categorization of responses), and processing of the results (inference and interpretation). The responses were grouped into two blocks: Block 1 (Socioprofessional Data) and Block 2 (Feelings and Experiences with Wounds). The data were transcribed in Microsoft Word and organized in Microsoft Excel® spreadsheets for the construction of tables.

To ensure participant anonymity, identifiers from A1 to A25 were used.

Following the interviews and synthesis of the professionals' responses, three main topics emerged: commonly identified characteristics of neoplastic lesions, the role of nursing in managing neoplastic wounds, and the psychosocial aspects experienced by oncology nurses in caring for neoplastic wounds.

The names of the topics were directly related to the research theme to facilitate understanding of the presented categories; no automated tools were used for this purpose.

The study followed the ethical principles established by Resolution No. 466/2012 of the National Health Council. Approval was obtained from the Research Ethics Committee, as documented under ruling number 6.704.953 and CAAE

77056124.4.0000.0004. Informed consent was obtained prior to the interviews, ensuring participant confidentiality and anonymity throughout the research process.

To ensure the rigor of the study, the COREQ guideline (Consolidated Criteria for Reporting Qualitative Research) was followed, detailing each step of the data collection and analysis process, as well as the validation of thematic categories. The description of the coding process and the use of tools to support the analysis were also specified to enhance the transparency and reliability of the results.

RESULTS

A total of 25 oncology nursing professionals were interviewed, of whom 21 (84%) were female and 4 (16%) were male. The average age was 44.24 years (range: 30 to 55 years). The mean time since graduation in nursing was 13.76 years, while the average time working as an oncology specialist was approximately 8 years.

Regarding theoretical and practical exposure to the topic of neoplastic lesions, approximately 80% (19) of the professionals reported having encountered the subject during postgraduate education, primarily through theoretical classes. As for training or professional development on the topic in the workplace, only 8% (2) of the respondents reported receiving any form of training. When asked whether they felt prepared to care for patients with fungating lesions, 92% (23) responded affirmatively.

The responses were organized into three main topics: commonly identified characteristics of neoplastic lesions, the role of nursing in managing neoplastic wounds, and psychosocial aspects experienced by oncology nurses while caring for neoplastic wounds.

In gathering experiences related to the management of neoplastic wounds, several responses emphasized the lesion's site of insertion as a key aspect, as illustrated below:

A1: "In cases of breast neoplasia, cervical neoplasia, and colon neoplasia, among others."

A5: "I had experience with several types—perhaps more with breast wounds—but also with wounds on the lower limbs, neck, head, vagina, and anus."

A7: "The main ones were excessively bleeding fungating lesions in various sites: neck, cervix, and penis. Very difficult due to the bleeding."

A21: "Giant sarcomas, wounds in intimate areas, among others."

Aspects related to the characteristics of the lesions were also evident:

A2: "Neoplastic wounds can be complex to manage and uncomfortable for the patient, especially when they are purulent and/or have a strong odor."

A6: "I encountered and treated large wounds—extensive lesions that were extremely exudative and foul-smelling, and at times infested with myiasis."

A8: "I've seen large wounds with neoplastic features and intense bleeding."

A12: "It's a critical kind of care, because neoplastic wounds are complex. Since they are tumors, they tend to be quite painful, with a foul odor and bleeding."

A14: "I've treated large lesions with unusual characteristics and various odors—wounds I never imagined I would care for."

A17: "Bleeding wounds are the hardest to treat, because there's never just one source—it's very difficult to control."

A19: "Working in the emergency department, I've treated many neoplastic wounds, most of them large and bleeding."

When describing their feelings during the care of patients with neoplastic wounds, many participants expressed concerns primarily related to safety in handling the lesions and feelings of helplessness, among other aspects, as shown below:

A2: “At first, I felt very apprehensive, especially with bleeding wounds. Over time, as I gained a better understanding of wound physiology and the products I was using, it became easier.”

A7: “Professionally, I felt satisfied knowing I had provided adequate care. Personally, I often felt sad seeing patients in such advanced stages of the disease.”

A8: “It’s difficult because these wounds are not curative—the care is only for odor and bleeding control.”

A12: “At first, it was uncomfortable, because when there’s bleeding, the response must be quick, and you’re unsure of what to use.”

A13: “During care, emotions fluctuate. Depending on the type of lesion, we have to adapt to the tumor and the perspectives of the patient and their family, providing comfort, guidance, and—above all—support to help them through the journey.”

A17: “My greatest difficulty with neoplastic wounds is the odor—not for me, but for the patient, who isolates themselves and avoids coming in for dressing changes for several reasons.”

A25: “I felt sad because we didn’t always have the appropriate materials to use for dressings.”

The main feelings reported by oncology nurses when caring for patients with neoplastic wounds were sadness, helplessness, fear, satisfaction, anxiety, joy, distress, and insecurity.

DISCUSSION

Commonly identified characteristics of neoplastic wounds

In the professionals’ accounts regarding their experiences in caring for patients with neoplastic wounds, the most common anatomical sites were the breasts, neck, and intimate regions. These types of lesions were also reported in international studies conducted in Italy and Portugal. Additionally, cancers most frequently associated with cutaneous metastases were identified, including melanoma, renal, breast, ovarian, bladder, lung, colorectal, and prostate cancers⁶⁻⁷.

Neoplastic wounds may present characteristic signs and symptoms such as pain, exudate, bleeding, cavity formation, foul odor, erythema, and necrosis. The distinctive odor is most often directly related to the presence of necrotic tissue in the wound, which can have significant negative impacts on the physical, psychological, social, and spiritual dimensions of the patient⁷⁻⁹.

Nursing role in the management of neoplastic wounds

Regarding the role of oncology nurses, it was observed that the vast majority understand the complexity involved in managing oncologic wounds. Caring for skin lesions is a daily practice for nursing professionals, whether in primary care or hospital settings. Therefore, it is crucial that these professionals possess the knowledge and technical skills necessary to identify, assess, and properly treat oncologic wounds to ensure effective patient care^{10, 11}.

One factor that may influence the quality of nursing care is the nurse’s academic training. As reported by the participants, most acquired this training during postgraduate education. Despite the complexity of oncologic wounds, it is worth noting that the teaching of oncology in nursing curricula in Brazil has been insufficient—especially considering the high prevalence of cancer in the Brazilian population. This aligns with findings from the present study, in which 80% of professionals stated that they first gained theoretical and practical exposure to the topic of neoplastic wounds only during postgraduate studies^{5, 11, 12}.

The presence of neoplastic wounds can negatively impact a patient’s self-esteem, leading to social isolation and the development of negative emotions. This highlights the need to provide psychological and emotional support alongside activities that promote self-esteem. It is important that nurses develop care plans that address the needs of both patients and their families, which may include health education, active listening, and emotional support¹³.

Nurses play a fundamental role in caring for patients with advanced cancer and neoplastic wounds. Ongoing training is essential, as is addressing the patient's physical, psychological, social, spiritual, and family dimensions to improve their quality of life. Caring for these patients requires a holistic and empathetic approach from both the healthcare team and nurses¹⁴.

In addition to the main signs and symptoms associated with neoplastic wounds (odor, bleeding, infection, necrosis, exudate, and pain), these wounds are often characterized by their incurability, indicating disease progression with limited treatment options. This situation can generate distress for patients, their families, and healthcare professionals¹¹.

Regarding bleeding management, nurses reported implementing non-pharmacological strategies such as careful dressing removal, copious irrigation, the use of non-adherent dressings, local compression, and cryotherapy. Pharmacological measures included the application of silver nitrate, epinephrine, and aminocaproic acid directly to the wound bed¹⁵.

In managing wound odor, key nursing interventions included cleansing the lesion and selecting appropriate dressings. Several solutions can be used for cleaning, including saline, distilled water, and antiseptic solutions. Dressings play a vital role in treatment, with the most commonly used being metronidazole, hydrogel, silver sulfadiazine, neomycin, and activated charcoal¹³.

It is evident that patients with oncologic wounds require comprehensive and qualified care that addresses both physical and psychological aspects. Nurses play an essential role in providing psychological support, health education, and health promotion by encouraging self-care, establishing effective communication, and building trust and rapport between patients and the nursing team. This is crucial for delivering holistic, high-quality care¹⁶.

According to the participants' reports, the role of nurses in managing neoplastic wounds presents an ongoing challenge due to the nature of these lesions. Their statements emphasized the need for a comprehensive approach that addresses not only wound treatment but also the emotional and psychosocial support of patients.

Psychosocial Aspects of Oncology Nurses in the Care of Neoplastic Wounds

An analysis of the participants' narratives revealed a range of emotions that directly affect patient care, including sadness, helplessness, fear, satisfaction, anxiety, joy, distress, and insecurity. A review study conducted in Brazil indicates that stress, anxiety, distress, and helplessness are common among nursing professionals, particularly in palliative care. Therefore, nurses must be prepared to transform listening and communication into therapeutic actions for patients and their families¹⁷.

In the context of oncology care, managing emotions becomes especially challenging, as nurses often report feelings of anguish and sadness. However, when viewed from a different perspective, these professionals may also experience positive emotions such as gratitude, trust, and a sense of fulfillment¹⁸.

To ensure effective nursing care for patients with cancer, it is essential that nurses develop the ability to manage not only the emotions of their patients but also their own, especially in situations where there is no curative treatment available—such as in the case of non-healing neoplastic wounds¹⁸.

Studies indicate that healthcare teams caring for patients with neoplastic wounds frequently experience personal distress and sadness due to the suffering caused by the lesions. These professionals may also feel frustrated by their inability to provide adequate dressings or dedicate sufficient time to listen to their patients' needs, leading to emotions such as anger, hopelessness, frustration, inadequacy, sadness, and guilt¹⁷.

Caring for patients with neoplastic wounds can be a particularly challenging experience for nurses and the healthcare team, as these lesions often present a disfiguring, bleeding, exudative, and malodorous appearance. They typically do not heal and are associated with a palliative care context. In such circumstances, it is extremely important to consider the needs of the nurses caring for these patients¹⁹.

The study by Carmo et al.¹⁹ highlighted key competencies essential for oncology nurses, grouped under the domains of "knowing how to be, knowing how to live together, knowing how to act, and knowing how to coexist." These findings emphasize the importance of continuous learning and professional development to better cope with the challenges and difficulties involved in the care process.

The feelings of sadness, helplessness, anxiety, and insecurity reported by the nurses reflect the emotional impact of managing neoplastic wounds. This finding is consistent with studies showing that healthcare professionals caring for patients with serious conditions often face emotional stress¹⁷.

LIMITATIONS

A limitation of this study was the sample, as it was not possible to assess the expertise of other professionals within the institution due to time constraints during the research period.

RECOMMENDATIONS

Further studies are needed to explore this topic, with particular emphasis on the direct role of oncology nurses and wound, ostomy, and continence (WOC) nurses in the care of patients with oncologic wounds.

CONCLUSION

This study demonstrated that, despite the theoretical and practical training received during undergraduate and post-graduate oncology education and within the workplace, nurses continue to face challenges in managing oncologic wounds due to the clinical complexity and often incurable prognosis of these conditions.

Feelings of helplessness and frustration are common, underscoring the need to strengthen continuing education and provide emotional support for oncology nurses and WOC nurses working in oncology units.

The findings reinforce the importance of improving educational and support programs to enhance the quality of specialized care and to strengthen professional resilience in treating patients with oncologic wounds.

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REFERENCES

1. Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, Bray F. Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA Cancer J Clin.* 2021 May;71(3):209-49. <https://doi.org/10.3322/caac.21660>
2. Bernardino LL, Matsubara MGS. Construção de um instrumento para avaliação do conhecimento sobre ferida neoplásica maligna. *Rev Bras Cancerol.* 2022 Jan;68(1):e-061377. <https://doi.org/10.32635/2176-9745.RBC.2022v68n1.1377>
3. Rodrigues LF, Eloy AVA, Feitosa RP, Nepomuceno AMT, Carvalho AA, Silva MLS, Santos FJS, Jesus MR, Moura-Ferreira MC. Cuidados paliativos em feridas neoplásicas: como qualificar a assistência em saúde? *Revista Sustinere.* 2024;12:9-15. <https://doi.org/10.12957/sustinere.2024.80209>
4. Rodrigues CR, Silva EBG, Santos MS, Miguel JL, Almeida CG, Souza LA. Percepções e manejo do enfermeiro no cuidado ao paciente com ferida oncológica: revisão integrativa. *Rev Saúde Foco.* 2021;13:201-10.

5. Bardin L. *Análise de conteúdo*. São Paulo: Edições 70; 2016.
6. Queirós CS, Filipe PL, Soares de Almeida L. Cutaneous metastases from solid neoplasms in the 21st century: a retrospective study from a Portuguese tertiary care center. *J Eur Acad Dermatol Venereol*. 2020 Jun;34(6):1218-24. <https://doi.org/10.1111/jdv.16120>
7. Tsiachlakidou A, Govina O, Vasilopoulos G, Kavga A, Vastardi M, Kalemikerakis I. Intervention for symptom management in patients with malignant fungating wounds - a systematic review. *J BUON*. 2019 May-Jun;24(3):1301-8. PMID: 31424694.
8. Novais R, Kaizer UAO, Domingues EAR. Cuidados de enfermagem para pessoas com feridas neoplásicas malignas: revisão integrativa. *Rev Enferm Atual In Derme*. 2022 Jan;96(37):e-021190. <https://doi.org/10.31011/reaid-2022-v.96-n.37-art.1254>
9. Santos SBC, Parente KMT, Arcanjo FP, Almeida RP. Cuidados de enfermagem a pacientes com feridas oncológicas. *Peer Review*. 2023;5(3):320-33. <https://doi.org/10.53660/249.prw405d>
10. Farah NC, Paiva ACPC, Amorim TV, Fonseca ADG, Tavares ATDVB, Lima VF, Salimena AMO. Cuidados de enfermagem à pessoa em cuidados paliativos com ferida neoplásica: revisão integrativa. *Rev Enferm Atual In Derme*. 2021 Jul;95(35):e-021096. <https://doi.org/10.31011/reaid-2021-v.95-n.35-art.1058>
11. Faria RP, Fuly PSC. Construção e validação de um instrumento sobre manejo de ferida neoplásica para capacitação de enfermeiros. *Cogit Enferm*. 2023;28:e87628. <https://doi.org/10.1590/ce.v28i0.87628>
12. Silva CG, Viana DFA. Principais características das feridas oncológicas [Trabalho de Conclusão de Curso]. Brasília (DF): Centro Universitário do Planalto Central Aparecido dos Santos; 2020.
13. Silva EVS, Conceição HN. Cuidados paliativos de enfermagem a pacientes com feridas neoplásicas. *Rev Espaço para a Saúde*. 2020 Jul;21(1):82-94. <https://doi.org/10.22421/15177130-2020v21n1p82>
14. Fontes FLL, Oliveira AC. Competências do enfermeiro frente à avaliação e ao tratamento de feridas oncológicas. *Revista Uninga*. 2019;56(S2):71-9. <https://doi.org/10.46311/2318-0579.56.eUJ2158>
15. Soares RS, Cunha DAO, Fuly PSC. Cuidados de enfermagem com feridas neoplásicas. *Rev Enferm UFPE on line*. 2019 Jan;13(1):3456-63. <https://doi.org/10.5205/1981-8963-v01i01a236438p3456-3463-2019>
16. Felix HJP, Soares JO, Gomes ACP. Os cuidados da enfermagem em pacientes com feridas oncológicas sob cuidados paliativos. *Ciências da Saúde*. 2023 Maio;122. <https://doi.org/10.5281/zenodo.7937096>
17. Beretta LL, Santos MLSC, Santos WA, Fuly PSC, Berardinelli LMM. Resiliência no processo do cuidado aos pacientes com feridas tumorais malignas: revisão integrativa. *Res Soc Dev*. 2020;9(4):e117942922. <https://doi.org/10.33448/rsd-v9i4.2922>
18. Oliveira SX, Barreto MGR, Medeiros HRL, Alves ESRC. Enfrentamento emocional de enfermeiros cuidadores de pacientes oncológicos. *Rev Ciênc Méd Biol*. 2021;20(1):83-8. <https://doi.org/10.9771/cmbio.v20i1.37904>
19. Carmo RALO, Siman AG, Matos RA, Mendonça ET. Cuidar em oncologia: desafios e superações cotidianas vivenciados por enfermeiros. *Rev Bras Cancerol*. 2019 dez.;65(3):e-14818. <https://doi.org/10.32635/2176-9745.RBC.2019v65n3.818>