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Research Article

Experiences of Residents during their Time in the Pediatric Hematology and Oncology Department

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Abstract

Child cancer is a very violent disease. It represents an aggressive reality for the child himself and those who surround him, essentially the medical team. Our work aims to describe the influence of the passage in pediatric hematology-on on the professional and essentially emotional side of pediatric residents. In our survey 68.18% of the respondents were female, in 45.45% of the cases there were only two doctors in the department, the workload was described as enormous by the pediatricians in 77.27%. The emotional burden that predominated at the beginning of their stay in the department was feelings of suffering in 48.72%, fear in 10.26%, and despacologyir in 20.51% upon hearing the word cancer, and found it difficult to announce or attend the announcement.

The patient-caregiver relationship was professional and social at the same time in 64.52%, the pediatricians most often tried to get the patients out of the prevailing cancer climate by organizing several activities, at the same time it creates an environment full of positive vibes that help the doctors to convince the professional burnout.

One hundred percent of residents mentioned that the stay was formative. At the end of their residency, 36.36% of the pediatricians were encouraged to pursue pediatric hematology-oncology as a subspecialty.

Physicians who care for children with cancer experience and live together very strong emotions that mark them forever. None of them can escape an intimate reflection that leads to a profound change in their vision of the world.

Keywords: *Resident; Paediatric Oncology; Attractions; Difficulties; Burnout; Supportive Care*

Introduction

Cancer is one of the main causes of death in children and adolescents, it is estimated that each year cancer is diagnosed in 400,000 children and adolescents aged 0 to 19 years. Childhood cancer is generally neither preventable nor detectable, its occurrence in a child, bringing hope for his parents but also for a whole society, constitutes an absurd event, of exceptional moral violence, unspeakable cruelty. Sick children, their loved ones and the caregivers who take care of them experience and live together very strong emotions that mark them forever. For caregivers who dedicate their professional life to these children, this journey, which can be described as ethical, is nourished daily by their experiences, their experiences, their encounters [1].

Work in oncology proves to be difficult on an emotional level for caregivers who are constantly led to maintain a paradox in the interaction with the patient: to establish a close relationship with him without getting too involved personally, and in at the same time maintain a necessary distance [2].

Objective of the Study

The objective of our study is to describe the influence of the transition to pediatric hematology and oncology on pediatric resident physicians on the professional and essentially emotional side.

Materials and Methods

The analysis was carried out in the Pediatric Hematology and Oncology Department (SHOPM) at the Mohammed VI University Hospital in Marrakech, a questionnaire was completed by 22 residents or pediatricians who had passed through the department.

The questionnaire analyzed the set of difficulties encountered during the care of patients, described the caregiver-patient relationship and all the factors that influence it, thus specifying the different mechanisms for combating professional burnout.

Results

In our survey 15 (68.18%) respondents were female and 7 (31.82%) male, 10 (45.45%) residents stated that there were only two doctors in the service, the workload was described as enormous by 17 (77.27%) pediatricians.

The emotional charge that predominated at the beginning of their time in service was feelings of suffering in 48.72%, fear in 10.26% and despair in 20.51% on hearing the word cancer, and found it difficult to announce or attend the announcement (Table 1).

Option	Number	Percentage
Fear	4	10.26%
Suffering	19	48.72%
Despair	8	20.51%
Death	8	20.51%

Table 1: *The emotional load that predominated at the beginning of the transition of doctors to the SHOP.*

In our study 7 (31.82%) doctors had suffered a burnout, overcome by the support and support of teachers, their liver, the practice of sport and family support.

The factors responsible for the burnout were: the announcement of the death of a child to the family and the relapse of the cancer in 18.18%, the difficulty of the transition to palliative treatment as a response in 15.45% and seeing the suffering of the children in 17.27% (Table 2).

Option	Number	Percentage
Announcement of death	9	18.18%
Relapse of cancer	20	18.18%
Transition to palliative treatment	17	15.45%
Seeing the suffering of children	19	17.27%

Table 2: *Risk factors for professional burnout.*

The patient-caregiver relationship was professional and social at the same time in 64.52%, pediatricians most often tried to get patients out of the prevailing climate of cancer by organizing small parties (23.91%), offering sweets in consultation (32.61%), telling anecdotes (23.91%), and supporting parents financially in 19.57% (Table 3); at the same time it created an environment full of positive waves that help doctors to convince burnout. At the end of their passage 54.55% of pediatricians had changed their ideas about cancer.

Options	Number	Percentage (%)
Organize small parties	11	23.91%
Offer candy	15	32.61%
Tell stories	11	23.91%
Financial support for parents	9	15.57%

Table 3: *Methods chosen by physicians to remove children from the predominant cancer environment.*

One hundred percent of residents had mentioned that the passage was formative: 22 residents (24.72%) had mastered procedures such as osteomedullary biopsy, myelogram, lumbar puncture (LP), 17 (19.10%) had mastered transfusion and pediatric oncology emergencies and just 16 (17.98%) had mastered the diagnosis of cancer given its particularity and difficulty of diagnosis in children. And consequently 36.36% of doctors felt that the duration of the passage was not sufficient to control the pathology of pediatric onco-hematology (Table 4).

Option	Number	Percentage
Transfusion	17	19.10%
Bone marrow biopsy/Myelogram/PL	22	24.72%
Oncology emergencies	17	19.10%
Cancer diagnosis	16	17.98%

Table 4: *Gestures and knowledge acquired during the passage in SHOP.*

At the end of their visit, 36.36% of pediatricians were encouraged to do pediatric oncology hematology as a subspecialty.

Discussion

Pediatric hematology and oncology (HOP) is a specialty with strong emotional potential, it is an attractive discipline thanks to the significant clinical variety of pathologies encountered, the multidisciplinary care and the innovative therapies used. Painful or pleasant emotions are at the heart of the daily life of pediatric residents who engage in such a service. The care relationship and the resulting empathy create a special bond between the caregiver and the child surrounded by his family [3].

In our survey, the predominant emotional charge among pediatric residents at the start of the shift to the service was feelings of pain, fear and despair when hearing the word cancer, and found it difficult to announce or attend the announcement, and some of them (7 residents) had presented episodes of depression due to occupational burnout.

Clinical practice in (HOP) leads to accompanying the sick child in this existential ordeal which involves the physical, psychological, social and spiritual dimensions. The many studies on the interactions of these essential dimensions, at different times of care, highlight four determining aspects in this type of situation: the assessment of pain and the management of symptoms, the therapeutic possibilities, the decision-making (and in particular in the cessation of active treatments) as well as the relational modes formed over the course of the support [4]. As we have seen in our study, the patient-caregiver relationship was professional and social at the same time. At the time, pediatricians most often tried to get patients out of the climate of cancer that prevailed by organizing small parties, offering sweets in consultation, telling anecdotes, and supporting parents financially, to create an environment full of positive vibes that help caregivers to convince stress.

Regarding the workload, the tasks to be performed are present at every turn, this is very largely explained by the position of pediatricians on the front line facing the daily life of a medical service. Specifically in oncology, patients are exposed to many drugs, therefore to many side effects, severe sepsis, metabolic disorders, organ failures [5].

For a resident arriving at the SHOP, it is a question of discovering a very particular and very specific discipline. How is it possible to adapt to this new work environment, to new heavy, serious pathologies and to become autonomous in such an overspecialized field? This is partly possible thanks to the framework imposed by the treatment protocols (and research), which allow each child to be treated in a standardized way and which leaves little room for creativity. These protocols also make it possible to adapt to the illness and medical situation of each child, particularly in the face of complications that may arise during treatment. Each decision according to this or that protocol is taken collectively, within a multidisciplinary consultation meeting. "Following the treatment protocol" therefore allows us to follow a care plan, a treatment framework that quickly allows us to devote our quest for autonomy to the daily care of the child in the service. We perceive a heavy burden of responsibility even if we are always closely or remotely supervised by senior doctors, we must be autonomous and organized for everything that a pediatric service requires (multi-daily visits, medical prescriptions, discharge documents patients and hospitalization letters, consultation and day hospital) You have to quickly become efficient for therapeutic gestures, the resident doctors had mentioned in the questionnaire that they found it difficult to manage the heavy pathology of oncology, but thanks to the framing of the lords they manage to overcome this difficulty [5].

S. Delroisse in his study of nursing staff in an oncology department specified that professionals are at risk of burnout [6-8], due in particular to the confrontation with the traumas encountered by patients and physical and psychoaffective isolation of the caregiver. Factors specific to the field of oncology create stress among caregivers [9]. These include high morbidity and mortality, stressful treatment decisions, managing patient reactions, and outdoor isolation. The heavy workload is coupled with a heavy emotional burden related to difficulties in interacting with patients, identifying with some of them and facing death [10-12]. What our study joins the workload encountered remains among the risk factors for burnout.

Finally, doing PHO means being able to make quick decisions in moments of vital emergencies, at the end of their time in the service 36.36% of pediatric residents thought of doing pediatric oncology as a specialty [5].

Each of us, at the end of this semester, has kept his initial wish for training in HOP. These three months have allowed us to evolve both personally and professionally; we come out of it stronger and a little more equipped to face the suffering of others inherent in the exercise of our profession.

Conclusion

The craze for Pediatric Hematology Oncology (HOP) is increasingly felt for multiple reasons, but performing a PHO passage is probably very formative for future pediatricians.

The positive and negative emotional experience of physicians during the caregiver-patient interaction is intense and varied. The essential place of psycho-oncologist partners in the organization of the care and follow-up pathway must take advantage of the mobilization of the various actors in cancer, starting with the caregivers themselves, to protect them against professional "burnout".

Bibliography

1. Jean-Louis Bernard. "Pediatric oncology, a field of humanity". *Mediterranean Ethics Forum* 10 (2005).
2. Anne Reymond. "Beyond appearances, the emotional experience of nurses in palliative care units". *Fall* (2003).
3. Penelope Cassuto and Samuel Abbou. "Being a pediatric intern in oncology and hematology: attractions and difficulties". *Cancer Bulletin* (2011).
4. B Maillard., *et al*. "Supportive care in pediatrics: the challenges of uncertainty in the care pathway and family support". *Ethics and Health* 13 (2016): 99-105.
5. A Calabrese. "Intern in pediatric hematology-oncology! It must be hard, right?" *Journal of Pediatric Hematology Oncology* 5.3-4 (2017): 143-146.

6. Delbrouck M. "Caregiver burnout: burnout syndrome". De Boeck (2nd edition), Brussels (2008).

7. Peters S and Mesters P. "Burnout: Understanding and Overcoming Burnout". Marabout, Paris (2008).

8. Canouï P and Mauranges A. "Burn-out in hospitals: burnout syndrome". Masson, Issy-les-Moulineaux (2008).

9. Kash K and Breitbart W. "The stress of caring for the cancer patient". In: Breitbart W, Holland J (editions) Psychiatric Aspects of Symptom Management in Cancer Patients. American Psychiatric Press, Inc. Washington, DC (1993): 243-260.

10. Le Blanc P., *et al*. "Emotional job demands and burnout among oncology care providers". *Anxiety, Stress and Coping* 14 (2001): 243-263.

11. Blanc P., *et al*. "Take care! The evaluation of a team-based burnout intervention program for oncology care providers". *Journal of Applied Psychology* 92 (2007): 213-227.

12. A Calabrese., *et al*. "Intern in pediatric hematological oncology! It must be hard, right?" *Journal of Pediatric Hematology Oncology* (2017).

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