



Nurses' motivations for becoming specialists in oncology: a qualitative approach

Motivações do enfermeiro e enfermeira para se tornar especialista em oncologia: abordagem qualitativa

Motivaciones de los enfermeros para convertirse en especialistas en oncología: un enfoque cualitativo

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ABSTRACT

Objective: to understand nurses' motivational aspects to become specialists in oncology nursing. **Method:** a qualitative study based on the Two-Factor Theory. Eighteen nurses took part, 14 of whom were oncology specialists and four oncology residency program specialization students, both from a hospital specialized in oncology, Rio de Janeiro, Brazil. Data was collected through semi-structured interviews between May 2022 and February 2023. Thematic content analysis was applied and ethical aspects were respected. **Results:** the four categories address two main sets of factors: motivational and hygienic. The first involves the impact and meaning of work, such as a sense of professional fulfillment, opportunities for development and professional recognition. The second refers to hygiene factors of remuneration, benefits and working conditions as well as academic preparation in the undergraduate nursing course. **Final considerations e implications to practice:** nurses' motivations specializing in oncology are attributed to individual values, characterized by intrinsic and extrinsic aspects that infer the satisfaction of professional desire and the projection for a good life in the future. Knowing these factors allows us to expand the possibilities for educational institutions and services to take on their multidimensional competencies that lead to positive results in the processes of operationalizing care for patients with cancer.

Keywords: Employment; Motivation; Oncology Nursing; Qualitative Research; Specialization.

RESUMO

Objetivo: compreender os aspectos motivacionais do enfermeiro e da enfermeira para se tornar especialista em enfermagem em oncologia. **Método:** estudo qualitativo, fundamentado na Teoria dos Dois Fatores. Participaram 18 enfermeiros e enfermeiras, sendo 14 especialistas em oncologia e quatro estudantes de especialização do programa de residência em oncologia, ambos de um hospital especializado em oncologia, Rio de Janeiro, Brasil. Aplicaram-se entrevista semiestruturada, entre maio de 2022 e fevereiro de 2023, e análise de conteúdo temática. Os aspectos éticos foram respeitados. **Resultados:** as quatro categorias abordaram dois conjuntos de fatores: motivacionais e higiênicos. O primeiro envolve impacto e significado do trabalho, como sentido de realização profissional, oportunidades de desenvolvimento e reconhecimento profissional. O segundo refere-se a fatores higiênicos de remuneração, benefícios e condições de trabalho, bem como ao preparo acadêmico no curso de graduação em enfermagem. **Considerações finais e implicações para a prática:** as motivações dos enfermeiros e enfermeiras especialistas em oncologia são atribuídas a valores individuais, caracterizados por aspectos intrínsecos e extrínsecos que inferem na satisfação do desejo profissional e na projeção para uma boa vida. Conhecer esses fatores permite ampliar as possibilidades para instituições de ensino e serviços assumirem suas competências multidimensionais que levam a resultados positivos na operacionalização da assistência ao paciente com câncer.

Palavras-chave: Enfermagem Oncológica; Especialização; Motivação; Pesquisa Qualitativa; Reconhecimento Profissional.

RESUMEN

Objetivo: conocer los aspectos motivacionales de los enfermeros para convertirse en especialistas en enfermería oncológica. **Método:** estudio cualitativo basado en la teoría de los dos factores. Participaron 18 enfermeros, 14 de ellos especialistas en oncología y cuatro estudiantes de especialización del programa de residencia en oncología, ambos de un hospital especializado en oncología, Río de Janeiro, Brasil. Se aplicó entrevistas semiestructuradas entre mayo de 2022 y febrero de 2023, y análisis de contenido temático. Se respetaron los aspectos éticos. **Resultados:** Las cuatro categorías abordaron dos conjuntos de factores: motivacionales e higiénicos. El primero tiene que ver con el impacto y el significado del trabajo, como un sentido de realización profesional, oportunidades de desarrollo y reconocimiento profesional. El segundo se refiere a factores higiénicos de remuneración, beneficios y condiciones de trabajo, así como a la preparación académica en la carrera de graduación en enfermería. **Consideraciones finales e implicaciones para la práctica:** las motivaciones se atribuyen a valores individuales, por aspectos intrínsecos y extrínsecos que inferen la satisfacción profesional y la proyección de una buena vida. Conocer estos factores amplia las posibilidades de que las instituciones y servicios educativos asuman sus competencias que conduzcan a resultados positivos en la operacionalización de los cuidados a los pacientes con cáncer.

Palabras clave: Empleo; Enfermería Oncológica; Especialización; Investigación Cualitativa; Motivación.

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INTRODUCTION

The increasing incidence, distress and mortality due to cancer can impact nurses' willingness and availability to become specialists in oncology nursing.^{1,2} In addition to the technical and scientific training of these specialists, they must be educated to deal with the demands of coping with the emotional overload commonly present in oncology, in order to prevent, for instance, absences due to burnout. These absences cause harm to nurses' lives and negatively affect service dynamics and healthcare quality and safety.^{3,4}

In addition to frequent exposure to psychological distress resulting from the emotional impact of cancer on society, other factors influence nurses' motivation and job satisfaction in the oncology specialty, and may be related to external conditions at work and the content of the work itself.^{5,6} In this regard, feelings of vulnerability, sadness, disillusionment, ethical conflicts related to conditions generated by cancer and its various repercussions can compromise nurses' satisfaction, quality of life and motivation, in addition to harming their performance in their work activities.^{3,5}

Given these multiple influences, the Two-Factor Theory, proposed by Frederick Herzberg,⁷ is extremely relevant in the context of oncology, and can contribute to strategies that address gaps in nursing workforce in the face of the alarming epidemiology of cancer in the world.

The theory presents hygiene factors related to external work conditions, such as wage, institutional policy, physical and environmental working conditions, and interpersonal relationships.⁷ In oncology, especially in specialized hospitals, these factors may include better structural conditions and work processes, as well as greater incentives for research, when compared with other general hospitals, especially in the public health system.

In addition to hygiene factors, the theory addresses motivational factors as being intrinsic to the person, and involving recognition, responsibilities, career progression and personal fulfillment.⁷ The reality of psycho-emotional problems experienced in oncology can boost satisfaction, when nurses personally contribute to the scientific development of the area, in alignment with best practices in oncology, in addition to gratification of helping patients and family members in such vulnerable moments, having their potential recognized among peers and in society.

These are examples that favor the search for a specialty in oncology nursing. However, as important as understanding the factors that lead to satisfaction is understanding those that lead to dissatisfaction, which is vital to mitigating the shortage of nurses in this area. Recognizing that, when choosing the specialty of oncology, nurses will face unique challenges of a serious and stigmatized disease helps to promote the factors that lead to satisfaction, improved well-being and the quality of care provided.

Although specialized education in oncology does not guarantee the absence of impasses and conflicts that have repercussions on nursing care, such as the procedural development of social skills, intrinsic motivation is especially important in this area, because it can justify the work's emotional impact, since personal

fulfillment can be a powerful motivator for the feeling of belonging and perseverance.⁶

Combined with intrinsic motivation, investment in education and policy in defense of the specialty reflects in nurses' and specialist nurses' greater capacity to develop skills and individualized care plans that contribute to assertiveness in nursing care, which, in oncology, is related to better prognosis and positive response of patients to therapies.⁶

The word motivation comes from the Latin *motivu*, which means "that which moves or causes to move", referring to the construction of factors that act among themselves and determine individuals' conduct.⁸ Nurses' motivation can be understood as an intrinsic need based on the belief that there are internal factors that act among themselves and determine the search for a factor of satisfaction or motivational objective to outline their professional trajectory.⁷

Therefore, the approach to this phenomenon includes the importance of knowing the elements that drive nurses to perform their activities in the specialty of oncology and their repercussions, since they interfere with the health system's response to the epidemiological problem in question.

Thus, we aimed to understand nurses' hygienic and motivational factors to become specialists in oncology nursing.

METHOD

This is a qualitative study, based on the Two-Factor Theory, proposed in the 1960s by Frederick Herzberg,⁷ which establishes the concept of human motivation and states that there are two groups of motivational factors: intrinsic and extrinsic. Hence, intrinsic characteristics are manifested by the exercise of activities that contain significant aspects for the person performing them, directly linked to the position and controlled by individuals. Extrinsic characteristics are proportional to factors in the work context, such as the environment general conditions in which work is performed, extrinsic to the position.⁷

The setting was a hospital institution located in the city of Rio de Janeiro, Brazil, a reference in research, teaching and specialized care for patients with cancer. The following sectors were selected: clinical and surgical wards in the specialties of head and neck, onco-hematology, neurology and thorax, abdomen, urology, and plastic surgery.

Two groups of nurses were included: those registered with the Regional Nursing Council, Rio de Janeiro section, already specialists in oncology nursing, and those enrolled in the second year of a *lato sensu* postgraduate course in oncology in the form of a multidisciplinary residency.

Oncology nursing is one of the specialties registered by the Federal Nursing Council, which recognizes nurses as specialists after completing graduate courses, meeting institutionally recognized criteria and according to the number of hours studied, in the following formats: *stricto sensu* professionalizing; *lato sensu* in the residency modality; and by title granted by societies, associations or colleges of specialists.⁹

In addition to these means of recognizing the specialty, a participant was included who obtained the title of specialist through the Oncology Care Expansion Project (In Portuguese, *Projeto de Expansão da Assistência Oncológica* - EXPANDE), coordinated by the Brazilian National Cancer Institute (In Portuguese, *Instituto Nacional de Câncer* - INCA), together with the Ministry of Health, in 2000, in the historical-political context, establishing the need to strengthen the model of comprehensive care for patients with cancer, the creation of High Complexity Oncology Centers and the expansion of services in the different modalities of care for patients with cancer.¹⁰ No exclusion criteria were applied. Twenty-one nurses were approached, but three of them refused to participate for personal reasons, totaling 18 participants.

We applied semi-structured interviews at scheduled times, according to participants' choice, between May 2022 and February 2023. The generating question was: what were your motivations for specializing and working in oncology? Circular questions were asked to better understand the phenomenon, including requests for examples or greater detail of the situations experienced. The sociodemographic and professional profile data analyzed were sex, age, time since graduation in nursing, highest academic qualification, and method of obtaining the title of specialist in oncology nursing when applicable.

Nurses who agreed to participate in the study were contacted by email and received a link via an electronic form on Google Forms® with the Informed Consent Form (ICF). The emails were obtained from the heads of the services. The ICF was digitally signed by participants, via an electronic form, who demonstrated their informed consent, confirming their agreement prior to the interview.

The interviews lasted an average of 15 minutes, totaling three hours. The interviews were conducted by two researchers, one a PhD student in nursing with experience in collecting qualitative data and one a nursing undergraduate research student who was trained to apply the technique. Both were members of the same research group, which values the exchange of knowledge and practices between undergraduate and graduate programs. The PhD student had recently completed her residency at the institution and had a relationship with participants before the study began.

The interviews were conducted individually online, via video call, in real time, on Google Meet®, on a computer or via WhatsApp®, using a smartphone. The interviews were interrupted using the criterion of reaching the degree of theoretical saturation, through discussion and consensus among the researchers, also supported by the records of their notes to understand the phenomenon.¹¹

It is worth mentioning that none of the researchers involved in data collection had any conflicts of interest in relation to participants or the health institution itself.

The audio of interviews was obtained using a voice recorder specifically designed for smartphones. The interviews were transcribed in full using Microsoft Word® by the researchers who collected the data, and were later saved in a Google Drive® folder in the personal archive of the first author. Participants had access to transcripts for comments and/or corrections, and all transcripts were approved without changes.

We chose to process the data manually, given the need for a complete understanding of the context, especially for the activity of aggregated research education, when we understand that automated analysis can interfere with interested parties' sensitivity, with manual analysis being favorable to flexibility, discovery of new insights and assessment of data quality.

We applied content analysis in the thematic modality due to the need to understand the meanings and relationships established based on assumptions, in which it was possible to make inferences in light of scientific literature and interpretative dimension regarding the motivational factors for working in oncology.^{7,12} We followed the following stages for analysis: pre-analysis; material analysis; treatment of results, inference and interpretation.¹²

The project followed the determinations of Resolution 466, of December 12, 2012 of the Brazilian National Health Council, and was registered on the Brazil Platform, being approved by the Research Ethics Committee in February 2021, under Certificate of Presentation for Ethical Consideration 42094621.3.0000.5238 and Opinion 4.522.756.

No participant withdrew their consent. Participant anonymity was guaranteed, and to preserve their confidentiality, they were designated alphanumerically with the letter I, for interviewee, sequenced by the interview number in the order in which they were conducted.

RESULTS

Eighteen male and female nurses participated, of whom 14 were oncology specialists and four were in the second year of the *lato sensu* graduate course in oncology in the form of a multidisciplinary residency. Furthermore, 15 professionals were female. The mean age was 39 years, ranging from 24 to 64 years, and the time since graduation in higher education nursing ranged from 1 to 34 years. Eight had completed *stricto sensu* graduate courses, seven of which were master's degrees and one PhD degree. Six participants had completed *lato sensu* graduate courses.

Concerning the method of obtaining the title of specialist in oncology nursing, 11 were through residency, two were through a title test by the Brazilian Society of Oncology Nursing, and one was through the EXPANDE project. Of these 14, three had been working in the specialty for three years, eight between ten and 17 years, and three for more than 20 years. Ten performed care activities, and four, teaching, research and management activities of oncology services.

The four thematic categories were defined *a posteriori*, derived from data analysis.

Category 1 – Motivational factors related to the impact and meaning of work as a sense of professional fulfillment

In this category, we presented reports on nurses' motivations in light of their internal desire to work in the oncology specialty,

related to individuals' uniqueness in relation to their vocation and purpose in life, to contribute to patients' quality of life.

First, I chose oncology, and then I chose nursing. I visited GRAACC, a support group for children and adolescents with cancer in São Paulo, which is the pediatric oncology hospital at UNIFESP. That awakened a calling, a vocation in me. I was already involved with all the oncology leagues at the university and already knew what I wanted. (I4)

It is related to a life purpose that makes me feel useful within a specialty, and oncology was the one that awakened this usefulness in me the most, let's say, which is also related to the fact that I chose nursing. (I16)

Cancer represents a calling, due to its impact on people's lives and the health system, which mobilizes personal and professional responsibility to respond to demands and give meaning to professional fulfillment.

I volunteered for five years at the Ronald McDonald House, a home that still exists today in Tijuca (a neighborhood in Rio de Janeiro), where children with cancer who are being treated at INCA (Brazilian National Cancer Institute) and who are from outside Rio de Janeiro are cared for. There were even people from outside the country. I always wanted to do my residency at INCA. And I wrote my final project on the needs of mothers of children there, and that was it [...]. It was working as a volunteer at this home that motivated me to do my residency in oncology. (I2)

Mainly due to family influences [...]. Throughout college, my grandmother was diagnosed with cervical cancer, my aunt with breast cancer [...]. All of this, throughout college, forced me to interact, to want to know more. What could I do with my aunt with a breast tumor? And also, at the end of college, I also met my husband. He told me his story in the 1990s with leukemia. So, all of this motivated me a lot. From that moment on, I knew that oncology was what I wanted for my life. (I6)

We identified that the complexity of caring for patients with cancer and the challenges in care practice intensify the importance of the meaning of work and how the search for scientific knowledge promotes professional autonomy and responsibility.

So, what motivated my interest in oncology was precisely the complexity of the disease. The way cancer develops, the different mechanisms and the issue of the complexity of oncology patients as well. I had no doubts, I was lucky to find my specialty early, because I know that sometimes it is difficult for undergraduate students; there are so many options. (I9)

Category 2 – Motivational factors related to development opportunities and professional recognition

To illustrate this category, we selected statements that express the views of some interviewees regarding specialization in oncology nursing, represented as an opportunity based on knowledge to enter the job market in an improved way. Thus, some interviewees demonstrated the opportunity of this specialization in the context of the recent graduate and the need for work.

I had no desire to specialize in oncology. I had always been interested in intensive care. In 2004, a selection process for INCA was opened; the requirement was experience in intensive care, but practical experience in oncology was not. I passed the selection process, got in, and ended up working in the abdomen (sector). I found myself forced to work in a context that combined both the need for the job and the desire to continue working in intensive care, and so I continued working with oncology patients, somewhat unintentionally, and I became involved with the reality, the different dynamics, and the specific nature of work. In 2009, I completed the institute's own specialization. (I1)

Since I had nothing, no job, and had just graduated, the specialization course came as an opportunity because, in fact, I wanted to take the course at INCA, which was not related to oncology; it was to specialize in reading slides. When I found out, after paying the registration fee, that I couldn't take it because I already had a degree, I was devastated. The secretary told me about the oncology residency test. I said I didn't want to work in that field, I never wanted to, but I ended up signing up. I passed the test and thought, "This is where I'm going to stay, right?! Patience!", and I started and I fell in love with everything. I started to really like studying oncology and I started to adapt to the work, to my role as a nurse and a nurse in oncology. (I7)

Other interviewees mentioned that they sought specialization in oncology due to a need for improvement.

First, what really sparked my interest was when I was treating a patient there who was going to have a bone marrow transplant. She was a girl who was about my age at the time, I was in my early 20s, and she was in reverse isolation. I was a night nurse and had never dealt with that situation, so I was very insecure. It was all very new [...]. Then, I went to talk to this friend, who was doing her residency in oncology, and she told me some really good things, and that motivated me to do the residency too. (I8)

So, in some situations, the motivation came from the influence of people who were already working in the area.

When I was doing my undergraduate studies, I met a colleague who worked at INCA. He was a nursing assistant and studied with me. At the time, he had told me that a nursing residency program was opening at INCA and invited me to visit the institute to find out more. I ended up getting interested and said I was going to try the residency program, so I took the test and passed. So, it was because I talked to him about the information he gave me about the INCA exam. (I3)

Category 3 – Hygiene factors related to remuneration, benefits and working conditions

We observed that some interviewees anchor the factors in working conditions and reflections on remuneration and benefits in oncology.

The oncology market is also a possibility. The oncology job market is an area that is expanding significantly. Nurses specializing in oncology are well respected in the job market. We have several opportunities within oncology. (I9)

Oncology nurses and nurses have a different wage than other categories, so I thought, "I'll go for the wage too", because the profession isn't just about love. So, I thought, "I'll go into oncology because I believe it will also be a different wage and I'll get a good return". (I13)

The physical environment and resources available in the oncology field also reflect on the choice of specialty.

In a conversation with a colleague, he said, "Have you ever thought about doing a residency?". I had never thought about it. He said, "Man, I'm doing my residency at INCA, it's a really top institution". So, I went to visit it, to go to an oncology event. When I saw that institution, I was enchanted. I said, "This is where I want to work for the rest of my life; this is where I want to learn". So, in my studies, I only focused on the residency, I only wanted to study oncology. (I10)

Category 4 – Hygiene factors related to academic preparation in the undergraduate nursing course

Another relevant issue highlighted by nurses in the field of previous experiences was the influence of the curriculum in undergraduate nursing courses regarding investment and encouragement for specialization in oncology nursing.

In my undergraduate studies, I don't remember any contact with them. We didn't have any classes on oncology. I don't know what the curriculum is like today, my undergraduate studies at the time. I'm from the old curriculum, so our workload was quite intense, but I don't remember studying oncology. Except for that part on secondary prevention,

right? Pap smears and that's it, but studying oncological diseases, treatments, none of that in my undergraduate studies [...]. I don't know what it's like today, but it seems to me that oncology appears on the curriculum as an elective, like palliative care, for example, and is not part of the mandatory curriculum. (I7)

However, it was evident that the opportunity to participate in projects with actions relevant to the theme encouraged research in the area and, consequently, academic preparation for an informed choice in oncology.

So, my first contact with oncology was in college. Until then, we hadn't had any classes, but I got to know oncology through scientific initiation, which sparked a lot of interest and curiosity in me. From then on, I started looking for opportunities to work with oncology patients within my training. (I9)

We also highlighted the importance of students being co-responsible during their professional training, beyond what is proposed in the curriculum.

I had the opportunity to experience this mandatory internship within the university hospital in the field of chemotherapy, and then, when I was in my last period, in the course where we do management, I sought out the chemotherapy manager to talk to her and see if she could open the field for me to do my management internship there. She agreed, so it was an active search to work with this oncology patient within the university hospital once again. And one thing I point out to those who are in undergraduate studies is that they also need to be proactive in seeking opportunities. We are also responsible for our education. (I9)

Thus, the search for the title of specialist may be motivated by the need for in-depth knowledge, best practices and specific skills to meet the demands of patients with cancer. Nurses' motivations are strongly attributed to individual values, which combine intrinsic and extrinsic factors for the satisfaction of personal and professional desires, and for a projection for a good life in the future, attributed to financial and social recognition.

DISCUSSION

The results of this research demonstrated that the factors that guide behavior and contribute to the motivation for choosing oncology nursing depend on each person and their experiences, recognized as formative and transformative potential for practice, together with what is learned in institutionalized training.

Motivation can be determined by the level of intensity (a lot or a little) or by orientation (intrinsic or extrinsic), based on the principle that human beings attribute their own values to the

characteristics that determine their behaviors.⁷ In parallel with the profile of participants, both the time spent working in the area and the context of cancer policies at the time of training influenced the verbalization of these motivations.

In line with the theoretical framework, multiple motivational factors were cited by nurses, involving personal perspectives, previous experiences, notions of oncology, interpersonal relationships, the approach to the subject during undergraduate studies, as well as notions about the demands related to the job market. They are, therefore, stable factors that arise from human needs as motivating forces and communicate with the innermost being of each individual.^{7,13}

For nurses with many years of experience, statements brought together aspects related to empathy and resilience to remain in this area. The experiences of caring for patients with cancer awaken a sense of purpose and motivation for the search for personal improvement and the desire to offer continuous support to patients. On the other hand, the political context at the time of participants' training varied in oncology, and the specialty certainly gained prominence through initiatives such as the institution in 2013 of the Brazilian National Policy for Cancer Prevention and Control, which contributed to the advancement of training and continuing education, expanding opportunities for specialization in oncology.

The meanings of each motivation can meet personal internal needs, but they can also be considered intrinsic to the work and the general context, since they include, in addition to personal achievements, the use of skills specific to the position. Such meanings can remain alive even in the face of daily adversities, which include, among other aspects, the complexity of the clinical demands of these patients. The ability to adapt in the face of adversities certifies oncology nurses as those who can fluidly connect knowledge and experience to changing practical and political contexts.¹⁴

Furthermore, intrinsic characteristics such as lack of emotional preparation and inability to face the challenges of clinical practice contribute to professional overload, negatively impacting work and causing distress. However, awareness of their existence, as evidenced in this research, allows us to guide the development of new skills by confronting motivational factors with the reality of care demand and vulnerability to emotional exhaustion.¹⁵

In relation to extrinsic characteristics, aspects that lead to specialty, social status in the oncology job market, professional appreciation, remuneration and contact with the subject during the undergraduate nursing course were listed. Based on these aspects, acting as a specialist can generate a positive impact for nurses and for healthcare services.

In this context, the motivation to obtain the title of specialist may be related to the desire to achieve social recognition and a differentiated position in the job market, which is related to professional autonomy and fair wage, highlighted as important components for professional satisfaction.^{7,16} Despite the strong influence of intrinsic motivational factors, the relationship between these and aspects of the work environment is undeniable,

highlighting the importance of extrinsic factors that also lead to motivation.⁷

In this case, for instance, a study carried out in Chile showed that the wage of a specialist professional can be seen as unsatisfactory when it is related to the lack of recognition of their effort, vulnerability of their rights, lack of satisfaction with hierarchical relationships and decision-making.¹⁷ Institutions that are exclusively focused on caring for patients with cancer can better value specialists, and in many cases, academic qualifications are a prerogative for hiring. In this case, hospitals and oncology clinics realize that nurses who specialize in oncology improve quality of care, which results in job opportunities and recognition for those with qualification.

Although fair pay has emerged as one of the motivational aspects for nurses to invest in obtaining the title of specialist in oncology, this reality can be confronted by adversities in the job market, including the devaluation of specialized human resources, translated into low pay, or even shortage of professionals, which causes workers to be overloaded. However, it is important to highlight that this reality diverges from the global recommendations for improving the quality of healthcare and valuing nursing, supported, for instance, by advanced practices that require nurses, among other aspects, to have specialist skills for more assertive decision-making in patient care.¹⁸

In line with global indicators for the valorization of nursing, through better working conditions, autonomy and fair wages, Brazilian nursing has mobilized efforts over the last decades to guarantee a national minimum wage,¹⁹ the impacts of which also relate to what our study points out when it signals nurses' movement in search of specialization, motivated by better wages, when compared with positions in the market that are sufficient for generalist training.

Therefore, specialization in oncology is a form of improvement that promotes the exchange of knowledge for care. When dealing with constantly changing situations, nurses must be able to diagnose and solve needs/problems in a timely manner, in addition to various social and humanistic skills, acting in a manner based on evidence-based practice.²

However, in line with such evidence, we emphasized that specific training in oncology does not guarantee the absence of impasses and conflicts that impact work, which requires constant improvement throughout professional practice. Continuing education is a powerful tool for promoting better professional performance and, thus, reducing barriers to access to oncology care, enabling effective communication, continuity and longitudinality of care.²⁰

However, in addition to focusing on continuing education, it is necessary to pay attention to the paradigm that guides these educational activities, with the biomedical paradigm being the most prevalent, which directs educational methods towards models centered on curative therapy, which do not correspond to all the demands for comprehensive care for patients with cancer, being a challenge to a qualified approach across the entire line of care, especially for palliative care.²¹

Thus, one of the challenges in training professionals who work in oncology care is the precision of the complexity of qualifications and skills, which can be addressed from the undergraduate course onwards. Nurses specializing in oncology are trained to form part of the professional care network in a comprehensive manner, providing assistance to patients and their families, ensuring comfort in all aspects, whether physical, psychological, social or spiritual.²

Technical and emotional preparation stands out, in addition to the clinical-care scope, also generating space for reflection and preparing professionals for the development of effective actions to deal with the demands of coping with emotional overload in all fields that affect and are affected by manifestation of cancer.²²

In hospital healthcare services, intrinsic motivation predominates over extrinsic motivation, as it is the motivation that is entirely linked to the performance of the activities carried out, to the satisfaction and sense of achievement of these activities.⁷ However, extrinsic motivation can be generated through a work environment with positive practices that support measures to attract, retain and motivate nurses with the potential to improve quality of care and reduce absenteeism and turnover.²³

Furthermore, the policy of recognizing work with rewards stands out, which, even without a direct connection to the nature of the work itself, play a role in providing satisfaction. In other words, an institution that provides better remuneration to nurses and specialist nurses can influence the motivation to work and, in a balanced manner with workers' intrinsic needs, promote professional satisfaction.²³

Professional excellence strengthened by the collective construction of knowledge, with technological advances based on evidence, favors the improvement of strategies to combat cancer. The number of professionals in oncology care plays a central role in health planning to address the global challenge of the disease, due to its epidemiological, social and economic importance, and the modification of practices over the years as a health problem of great magnitude. Therefore, care requires specialized nursing teams to care for and organize their work processes according to fundamental conditions and resources.²⁴

Motivation is absolutely necessary for nurses' work activities, and makes them feel more willing to work in their environment. In general, in oncology, as our data show, the importance of having qualified professionals who are motivated by their choice and satisfied is evident to ensure good individual care and, consequently, the safety of the community.²⁵ It is undeniable to think about the need for specialized care for patients with cancer, given the chronicity of the disease, increasingly complex health needs and the growing number of cancer survivors.

However, due to the importance of teaching oncology in undergraduate courses to encourage motivation, significant investment is still needed. A study that analyzed the curricula of undergraduate nursing courses in Brazil to identify the presence of disciplines related to oncology found that, of the 143 courses analyzed, only seven (5.3%) had a mandatory oncology discipline and only 35 (26.5%) of courses offered an optional discipline.

This proportion is very low, indicating that oncology teaching in nursing is still limited.²⁶

FINAL CONSIDERATIONS AND IMPLICATIONS FOR PRACTICE

Oncology nurses' motivational aspects are distinct and full of elements attributed to individual values, considering that motivation is constructed by variable factors within the same population group. From the perspective of the theoretical framework on which this study was based, we found that the specialization of oncology nurses, when motivated by intrinsic characteristics, infers the satisfaction of the professional desire that was preliminarily expressed as a mechanism to achieve other objectives and favor this satisfaction.

Contrary to the aspects of the theory, although intrinsic motivations are directed towards professional achievement, this does not mean that extrinsic motivations are not important, since nursing has historically faced challenges amid difficulty in occupying prominent positions and social devaluation in the effective influence for fair wage adjustment. Thus, extrinsic motivations, which have external regulation with instrumental value, are also considered. This aspect is closely linked to the projection for a quality life in the future.

Identifying motivational aspects can help develop institutional policies and public policies that focus on human needs and the population's demands. Understanding nurses' motivational profile to work in an exclusive oncology setting can help gather information needed to identify gaps, care actions for professionals, opportunities and improvements that can strengthen and give visibility, including in the political arena, to issues that impact professional training, investment and working conditions.

To help motivate people, it is first necessary to understand their needs. In the training context of oncology nurses, knowing the factors that lead to this specialty allows for the expansion of possibilities for educational institutions and training centers, when assuming organizational roles and their multidimensional skills that lead to positive results in the operationalization processes of care for patients with cancer, with learning and guidance measures. In addition to this, it contributes to the reflection of other nurses or undergraduates about their own motivations for working in the oncology care network.

Among the limitations of this study is the fact that it was conducted only with nurses specialized in oncology who remained active in this area, as they may have awakened more positive factors, as well as the fact that they were captured in only one scenario and, above all, specialized in oncology. We understand the need to approach this object of study with non-specialist nurses, who are still in training or seeking the specialty, who work in general hospitals and those who have given up on the area.

Furthermore, the choice of a qualitative approach, despite allowing us to reach the subjectivity that influences the field of motivations, may limit the potential for generalization, since scales on motivation can be applied with more representative

samples in quantitative studies. However, we defend the complementarity of these approaches and the need for new studies, in order to guide public and institutional policies, mainly to maintain the level of expertise of these nurses and retain them in their practice contexts, since turnover increases costs and impairs quality of care.

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DATA AVAILABILITY RESEARCH

The contents underlying the research text are included in the article.

CONFLICT OF INTEREST

None.

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