TPM Vol. 32, No. 3, 2025
ISSN: 1972-6325
https://www.tpmap.org/

A DOUBLE-EDGED SWORD: EMOTIONAL CHALLENGES AND REWARDS OF PEDIATRIC ONCOLOGY NURSING

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Abstract: Pediatric oncology nursing represents a highly specialized healthcare domain that requires nurses to provide comprehensive care to children with cancer while simultaneously managing profound emotional demands. Nurses working in pediatric oncology units face distinctive emotional challenges alongside meaningful rewards, experiences that significantly impact both their professional development and personal well-being. This study sought to examine the emotional challenges and rewards experienced by pediatric oncology nurses and to characterize these experiences within the framework of pediatric oncology care delivery. Semi-structured interviews were conducted with 12 nurses employed at Hiwa Hospital, Nanakaly Hospital, and the Oncology Department of Rizgary Teaching Hospital in the Kurdistan region of Iraq. Participants were selected through purposive sampling, and data underwent analysis using conventional content analysis methodology. Data analysis yielded the overarching theme of "A Double-Edged Sword: Emotional Challenges and Rewards of Pediatric Oncology Nursing," which encompassed two primary categories: rewards of oncology nursing and challenges of oncology nursing. Subcategories illuminated nurses' experiences including children's resilience and trust, personal growth, finding meaning in incremental victories, the emotional burden of patient loss, balancing emotional and professional responsibilities, family and ethical challenges, and the complex emotional landscape of pediatric oncology. Pediatric oncology nursing encompasses both significant emotional burdens and profoundly meaningful experiences. Understanding and addressing these challenges can enhance nurses' well-being, improve the quality of patient care, and inform the development of targeted support and training programs for oncology nursing professionals.

Keywords: Pediatric oncology nursing, Emotional challenges, Emotional rewards, Double-edged sword

INTRODUCTION

Oncology nursing constitutes a specialized and essential field within healthcare, dedicated to caring for cancer patients throughout all stages of their illness journey. This discipline encompasses an extensive range of clinical responsibilities, including chemotherapy administration, monitoring for adverse reactions, symptom management, and maintaining rigorous infection control protocols. Beyond these technical responsibilities, oncology nurses provide crucial psychosocial support to patients and their families, offering comfort and reassurance during challenging times (Boyle & Bush, 2018). Given the complexity inherent in cancer care, nurses must maintain both clinical expertise and emotional resilience while navigating ethically challenging situations, communicating sensitive information, and managing their own emotional responses (Boyle & Bush, 2018). The subspecialty of pediatric oncology presents unique challenges that distinguish

it from adult oncology practice. As primary caregivers for young patients, nurses collaborate with multidisciplinary teams to address both clinical and psychosocial needs, communicate in developmentally appropriate ways, and provide individualized emotional support. Pediatric oncology nurses frequently assume multiple roles as educators, advocates, and emotional support systems for children and their families, developing lasting relationships that profoundly influence their professional experience (Dix et al., 2012).

Childhood cancer remains a significant global public health concern. International statistics indicate hundreds of thousands of new diagnoses annually, with survival rates varying dramatically based on socioeconomic and geographic factors. For common pediatric malignancies, survival rates exceed 80% in high-income countries but often remain below 30% in low- and middle-income countries. These disparities result from delayed diagnoses, limited access to specialized treatments, and inadequately resourced healthcare systems (Abdulkareem et al., 2019; Al-Asadi & Ibrahim, 2018).

In Iraq, pediatric oncology services face substantial challenges. Care delivery is concentrated within a limited number of hospitals (including Hiwa Hospital, Nanakaly Hospital, and pediatric oncology units in teaching hospitals), resulting in high patient volumes and resource constraints. Studies document increased workloads, stress levels, and emotional burdens among Iraqi pediatric oncology nurses due to these systemic limitations (Abbas & AL-Doori; Hassan & Neema, 2019). Despite these pressures, nurses demonstrate remarkable resilience and dedication, continuing to provide comprehensive care under difficult circumstances. These conditions highlight the unique nature of pediatric oncology care and emphasize the need for strategies to support nurses' well-being while improving patient outcomes.

The lived experience of pediatric oncology nurses integrates technical competencies with relational care delivery. Clinically, nurses administer chemotherapy, manage central venous access devices, monitor for infections, and treat symptoms. Relationally, they provide emotional support, facilitate communication between families and medical teams, and advocate for patients' rights and needs (Bally et al., 2014; Dix et al., 2012). These relationships contribute significantly to nurses' sense of purpose and professional satisfaction. Parents often perceive nurses as central to the care process, while children depend on them for comfort, confidence, and stability (Bally et al., 2014).

However, the emotional depth of these relationships can generate significant strain, including sadness and distress in response to poor outcomes or patient deaths (Adwan, 2014; Kline & Thom, 2011). Maintaining appropriate professional boundaries while providing empathetic care represents a critical skill, and successful navigation of this balance correlates with greater job satisfaction and resilience (Zander et al., 2010).

Pediatric oncology nursing is characterized by unique emotional challenges, including repeated exposure to suffering, death, and grief (Yu et al., 2016), as well as moral distress related to autonomy in care decisions or ethical conflicts between medical directives and what may be best for the child (Shahmohammadi et al., 2024; Warnock et al., 2010). Work-related stress often extends into personal life, affecting relationships and overall well-being. This underscores the importance of effective coping strategies such as peer support, debriefing sessions, resilience training, and mindfulness practices (Gürcan et al., 2025; Houck, 2014; El-Fatah et al., 2025; Zander et al., 2010). Many nurses also discover meaning in small victories, family support, and end-of-life care provision (Bally et al., 2014; Dix et al., 2012).

In Iraq, limited resources, high patient volumes, systemic constraints, understaffing, and gaps in professional development contribute to elevated stress and fatigue levels among pediatric oncology nurses (Hassan & Neema, 2019). The experiences of Iraqi pediatric oncology nurses reflect a complex interplay of recurrent grief, burnout, and ethical dilemmas alongside opportunities for professional growth, resilience development, and meaningful practice (Judith Roach et al., 2023).

Overall, Pediatric oncology nursing involves balancing significant challenges—such as repeated grief, emotional exhaustion, and ethical dilemmas—with meaningful rewards, including professional fulfillment and supporting resilience in patients and families. In Iraq, nurses face additional difficulties due to limited resources, high patient loads, and cultural expectations surrounding childhood illness. These factors, along with individual nurse characteristics and values, shape their experiences. Despite their crucial role, little is known about the perspectives of pediatric oncology nurses in this setting. This study therefore explored their lived experiences to provide insights that may inform nursing practice, healthcare policy, and future research. This study aims to explore the experiences of oncology nurses in caring for children with cancer in the Kurdistan region of Iraq.

METHODS

Design

Content analysis was conducted using a conventional content analysis approach. To facilitate data organization and analysis, researchers utilized MAXQDA V 18.0 (VERBI Company; Berlin, Germany).

Setting

This study was conducted at three major oncology hospitals in the Kurdistan region of Iraq: Hiwa Hospital (220 total beds with approximately 1,600-2,000 new oncology cases annually), Nanakaly Hospital for Hematology & Oncology (98 beds, serving over 2,100 patients monthly with more than 1,800 new cases), and the Rizgary Teaching Hospital oncology department (part of a 500-512 bed multi-specialty teaching hospi-

tal). These institutions serve as the primary referral centers for cancer care in the region, providing comprehensive diagnostic and therapeutic services to adult and pediatric cancer patients. Collectively, they serve a large and diverse population drawn from throughout the Kurdistan Region and surrounding governorates, establishing them as focal points for specialized cancer care.

Sample

The study included 12 pediatric oncology nurses employed in hospital settings at the time of data collection. Participants were selected using purposive sampling to ensure variation across age, gender, marital status, years of experience, educational level, and professional roles. This maximum variation sampling strategy facilitated the inclusion of diverse perspectives and experiences in pediatric cancer care. Inclusion criteria required participants to have at least one year of nursing experience in pediatric oncology or related clinical fields and to be willing and able to share their personal and professional experiences in cancer patient care. The study objectives were clearly explained to each participant, and informed consent was obtained prior to conducting interviews. All participants received assurance of confidentiality, voluntary participation, and their right to withdraw from the study at any time.

Data Collection

Researchers initially contacted each eligible participant to determine optimal interview timing and location. Semi-structured, in-depth, face-to-face interviews were conducted for data collection. A guide of questions was developed based on the research purpose, with additional questions added based on data gathered during successive interviews. Primary questions focused on nursing challenges during care provision for children with cancer (Table 1).

Additionally, exploratory questions such as "What do you mean?" or "Could you please elaborate?" were employed to elicit additional information. Interviews were conducted in quiet environments within hospital departments or at alternative locations chosen by participants to ensure comfort and confidentiality. With participants' consent, all interviews were audio-recorded using digital voice recorders and subsequently transcribed verbatim into Microsoft Word files. Each interview lasted between 30-60 minutes, depending on participant availability and willingness to share experiences. Field notes were also maintained to capture non-verbal cues and contextual observations, enriching the data analysis process.

TABLE 1 Interview Guide Questions

List of the guide questions.
Can you describe your experience of working with children who have cancer?
What are some of the most challenging moments you've encountered while caring for children with cancer?
How do you manage your emotions when faced with the suffering or loss of a child with cancer?
Can you describe the nature of your relationship with the children you care for and their families?
How do you balance emotional involvement with maintaining professional boundaries?
What strategies or practices help you cope with the emotional and psychological demands of your work?
What, if anything, do you find most meaningful or rewarding about your work with children who have cancer?

Ethical Considerations

To ensure adherence to ethical standards, the study received approval from the Ethics Committee of Kerman University of Medical Sciences (IR.KMU.REC.1403.439). Prior to interviews, participants were informed about the research objectives and participated voluntarily. Permission for audio recording was obtained from each participant. Participants received assurance that data would be used solely for research purposes and would remain confidential. Emphasis was placed on participants' right to withdraw from the study at any stage without consequence, and that personal information would remain confidential during and after the research.

Data Analysis

This study employed conventional content analysis using the Lundman and Graneheim approach (Graneheim & Lundman, 2004). Initially, interviews were transcribed verbatim and read repeatedly to understand participants' experiences. Meaningful units related to emotional challenges and rewards were identified and coded. Open coding was applied without predetermined assumptions, and similar codes were grouped into categories. Two main categories emerged: "Rewards of Being an Oncology Nurse" and "Challenges of Being an Oncology Nurse," which were further subdivided into subcategories.

MAXQDA 18 was used to organize codes and categories. All researchers reviewed and discussed codes to ensure credibility and trustworthiness (Elo et al., 2014; Graneheim & Lundman, 2004). This process enabled identification of the main theme: "A Double-Edged Sword: Emotional Challenges and Rewards of Pediatric Oncology Nursing" (Table 3).

Trustworthiness

Four criteria were employed to ensure rigor: credibility, confirmability, dependability, and transferability (Lincoln & Guba, 1982; Polit & Beck, 2008). To enhance credibility, close relationships were established with participants, who were encouraged to share their experiences extensively. Peer reviews and expert consultations were used to compare and validate findings. Dependability was ensured through external reviews, peer checks, and observations. To promote confirmability, researchers made every effort to avoid personal biases and judgments, presenting data as objectively as possible. Transferability was addressed by providing detailed descriptions to allow readers to assess the applicability of findings in other contexts.

Research Limitations

Nurses participating in the study may have been concerned that sharing certain experiences or opinions could influence others' perceptions of them, potentially leading them to withhold some thoughts and experiences. Nurses' busy schedules and the emotional demands of their work limited the time they could devote to interviews or surveys, which may impact the generalizability of findings. The limited number of studies on pediatric oncology nursing in Kurdistan/Iraq could restrict the availability of background and comparative studies for this region. Given that interviews were conducted in Kurdish, Arabic, or other local languages, translation processes may have introduced subtle biases or misinterpretations of meaning.

RESULTS

The study included 12 pediatric oncology nurses, comprising 7 males (58%) and 5 females (42%). Participants' ages ranged from 28 to 43 years, with a mean age of approximately 34.5 years, indicating that most participants were in early to mid-career stages (Table 2).

Table 2 Socio demographic characteristics of participants at baseline.

Participant	Gender	Age	Marital Status	Years of experience	Position	Level of education
1	Male	35	Married	10	Nurse	Diploma
2	Female	32	Married	12	Nurse	Bachelor’s
3	Male	32	Married	12	Nurse	Bachelor’s
4	Male	28	Single	6	Nurse	Diploma
5	Female	40	Married	15	Nurse	Diploma
6	Female	33	Married	7	Nurse	Diploma
7	Male	35	Married	9	Nurse	Diploma
8	Male	39	Married	11	Head of Nurse	Bachelor’s
9	Male	31	Single	8	Nurse	Diploma
10	Female	43	Married	15	Nurse	Diploma
11	Male	28	Single	6	Nurse	Diploma
12	Male	37	Married	9	Nurse	Diploma

Table 3 presents the major theme of pediatric oncology nurses' experiences as a double-edged sword, with two main categories: "Rewards of Being an Oncology Nurse" (five subcategories: Children's Trust and Resilience, Hope and Happiness Amid Pain, Impactful Bonds with Children and Families, Personal Growth and Perspective, and Finding Meaning in Small Victories) and "Challenges of Being an Oncology Nurse" (six subcategories: Navigating the Pain of Loss, Balancing Emotional and Professional Roles, Complexities of Family and Ethics in Care, Lasting Emotional Impact, Consequences of Unsuccessful Treatment, and Emotional Complexity of Pediatric Oncology

The study revealed "A Double-Edged Sword" as the primary theme, encompassing two categories: "Rewards of Being an Oncology Nurse" and "Challenges of Being an Oncology Nurse." The rewards category consists of five subcategories: Children's Trust and Resilience, Hope and Happiness Amid Pain, Impactful Bonds with Children and Families, Personal Growth and Perspective, and Finding Meaning in Small Victories. The challenges category comprises six subcategories: Navigating the Pain of Loss, Balancing Emotional and Professional Roles, Complexities of Family and Ethics in Care, Lasting Emotional Impact, Consequences of Unsuccessful Treatment, and Emotional Complexity of Pediatric Oncology.

Category 1: Rewards of Being an Oncology Nurse

Children's Trust and Resilience

Nurses emphasized that children's courage, grace, and trust in the face of illness were profoundly inspiring. They highlighted that children's resilience and openness created meaningful interactions that strengthened their commitment to care provision. One participant shared, "Children face every challenge with courage and still find joy in the smallest things" (Participant 9). Another noted, "Even after long, painful procedures, a child's smile or a simple 'thank you' can uplift my entire day" (Participant 2). A third explained, "Children trust you completely, allowing you into their world during their most vulnerable moments, which is both humbling and inspiring" (Participant 10). Nurses described these experiences as emotionally affirming, reinforcing the profound human connection central to their professional role.

Hope and Happiness Amid Pain

Despite the emotional intensity of their work, nurses consistently identified moments of happiness or laughter as sources of emotional sustenance. "Even after painful treatments, hearing a child laugh feels like a gift. That laughter stays with you" (Participant 2). Another participant shared, "Seeing a child manage to joke or play despite being unwell demonstrates the resilience of the human spirit" (Participant 11). Additionally, "Celebrating a child's ability to eat after days of nausea or watching them draw after chemotherapy feels like a triumph" (Participant 10). These small but significant moments helped nurses maintain hope, focus on positive aspects, and experience a sense of accomplishment in their work.

Impactful Bonds with Children and Families

Nurses emphasized that the relationships they developed with children and families were emotionally enriching and transformative. "Families allow you into their lives during the most vulnerable times. That bond is sacred" (Participant 10). Another participant remarked, "Some families still send me holiday cards years later. Those connections don't disappear after treatment ends" (Participant 12). A third reflected, "When parents call or update you years later, it reminds me that the support I provided mattered beyond the hospital walls" (Participant 7). These bonds fostered emotional intimacy, enriched the professional experience, and often provided nurses with enduring personal meaning.

Table 3 Theme, categories and subcategories extracted from the data

Theme	Category	Subcategories	Sample Quotations
A Double-Edged Sword	Rewards of Being as Oncology Nurse	Children's Trust and Resilience	"Children face every challenge with courage and still find joy in the smallest things." (Participant 9)
		Hope and Happiness Amid Pain	"Even after painful treatments, hearing a child laugh feels like a gift. That laughter stays with you." (Participant 2
		Impactful Bonds with Children and Families	"Families let you into their lives during the most vulnerable times. That bond is sacred." (Participant 10)
		Personal Growth and Perspective	"Working with these children taught me never to take little things for granted. I appreciate life more." (Participant 12)
		Finding Meaning in Small Victories	"Celebrating a child's ability to eat after days of nausea feels like a huge success." (Participant 10)
	Challenges of Being as Oncology Nurse	Navigating the Pain of Loss	"The hardest part is losing a patient. You carry that pain—it never truly leaves you." (Participant 11)
		Being difficult to balancing Emotional and Professional Roles	"Balancing my emotions is the hardest part. You want to cry with them but also need to be strong." (Participant 3)
		Complexities of Family and Ethics in Care	Supporting a child while parents disagreed about care was incredibly difficult. You feel caught in between." (Participant 8)
		Lasting Emotional Impact	"Some days feel heavy with uncertainty and sorrow, and that ache stays for a long time." (Participant 7)
		Consequences of Unsuccessful treatment	"When a child's condition suddenly worsens after seeming stable, it shakes you to your core." (Participant 12)
		Emotional Complexity of Pediatric Oncology	"Working with children who have cancer is emotionally intense, challenging, yet deeply rewarding." (Participant 10)

Personal Growth and Perspective

Participants consistently described how working with pediatric oncology patients transformed their personal and professional perspectives. "Working with these children taught me never to take little things for granted. I appreciate life more" (Participant 12). Another explained, "Witnessing the bravery and resilience of children

and families has made me more empathetic, patient, and aware of what truly matters" (Participant 9). One participant highlighted, "This work has changed how I approach challenges outside the hospital—teaching me patience, resilience, and gratitude" (Participant 10). These experiences contributed to emotional growth, professional maturity, and a renewed sense of purpose.

Finding Meaning in Small Victories

Nurses identified small victories as particularly meaningful, reinforcing their sense of purpose and professional efficacy. One participant stated, "Celebrating a child's ability to eat after days of nausea feels like a huge success" (Participant 10). Another shared, "Completing a blood test or helping a child sit up after several days feels like a real accomplishment, even if it seems small to others" (Participant 12). A third described, "Witnessing children reach milestones—no matter how minor—reminds me that my care truly matters and gives me the strength to continue" (Participant 8). These small successes helped nurses maintain motivation, build emotional resilience, and experience professional fulfillment despite the challenges of pediatric oncology.

Category 2: Challenges of Being an Oncology Nurse

Navigating the Pain of Loss

Patient loss was repeatedly identified as the most emotionally taxing aspect of pediatric oncology nursing. One participant stated, "The hardest part is losing a patient. You carry that pain—it never truly leaves you" (Participant 11). Another reflected, "Even months later, I think about the children I lost and the families I supported. The grief lingers, and that's normal in this work" (Participant 7). A third participant noted, "Each loss leaves an ache. Sometimes I relive the moments, like holding a child's hand as they pass. It's heavy, but it also reminds me of the trust families placed in me" (Participant 10). These experiences required nurses to develop coping strategies, including peer support, personal rituals, and reflection, to manage long-term emotional impact.

Balancing Emotional and Professional Roles

Maintaining professional boundaries while offering genuine emotional care emerged as an ongoing challenge. One participant explained, "Balancing my emotions is the hardest part. You want to cry with them but also need to be strong" (Participant 3). Another emphasized, "I've learned that being present doesn't mean absorbing all the pain. I have to know when to step back without becoming distant" (Participant 10). A third noted, "Checking in with myself before and after shifts helps me remain supportive without experiencing burnout" (Participant 12). This ongoing balancing act highlighted the need for self-awareness, reflection, and structured self-care in pediatric oncology practice.

Complexities of Family and Ethics in Care

Nurses frequently navigated complex family dynamics and ethical dilemmas. "Supporting a child while parents disagreed about care was incredibly difficult. You feel caught in between" (Participant 8). Another shared, "When families are devastated or uncertain about decisions, you have to be empathetic while staying professional. That's emotionally draining" (Participant 11). A third participant reflected, "Some decisions require me to manage my own emotional response while guiding families through choices that may be heartbreaking" (Participant 7). These situations demanded advanced communication skills, ethical reasoning, and emotional resilience.

Lasting Emotional Impact

Prolonged exposure to suffering and uncertainty produced lasting emotional fatigue. One nurse remarked, "Some days feel heavy with uncertainty and sorrow, and that ache persists for a long time" (Participant 7). Another shared, "Even on days off, memories of certain patients and families return. The emotional weight is constant" (Participant 12). A third added, "The ache of loss and witnessing repeated setbacks is part of the job. You have to find ways to process it to remain effective" (Participant 10). Nurses emphasized the importance of reflective practice, peer support, and personal coping rituals to sustain emotional well-being.

Consequences of Unsuccessful Treatment

Unexpected complications or deterioration in a child's condition was particularly challenging. "When a child's condition suddenly worsens after seeming stable, it shakes you to your core" (Participant 12). Another stated, "It's heartbreaking when a patient relapses after showing improvement. You question whether you could have done more" (Participant 10). Yet another described, "Witnessing treatment failures repeatedly reminds me how fragile life is, and it tests my emotional resilience daily" (Participant 9). These experiences highlighted the uncertainty inherent in pediatric oncology and the emotional strength required of nurses.

Emotional Complexity of Pediatric Oncology

Nurses described the overall emotional complexity of their work as simultaneously demanding and rewarding. "Working with children who have cancer is emotionally intense, challenging, yet deeply rewarding" (Participant 10). Another participant reflected, "You experience heartbreak and hope in the same shift. That duality defines the work" (Participant 11). A third noted, "Every day presents a mixture of joy, grief, hope, and exhaustion. Learning to navigate this complexity is what shapes us as professionals" (Participant 7). Nurses emphasized that embracing both the challenges and rewards was essential for sustaining compassion, presence, and professional identity over time.

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DISCUSSION

The central theme identified in this study, "A Double-Edged Sword," captures the paradoxical nature of pediatric oncology nursing, where moments of profound meaning and personal growth coexist with significant emotional challenges. Nurses highlighted how their role is simultaneously rewarding and demanding, with their experiences shaped by children's courage, the bonds formed with families, and the enduring grief of loss. This duality has been noted in previous research, where oncology nursing is described as emotionally intense yet profoundly meaningful (Moghadam et al., 2022; Raingruber, 2015).

Pediatric oncology nurses often perceive children's resilience as a vital source of strength. Even when facing painful treatments and extended hospitalizations, children demonstrate courage and hope, which helps sustain nurses' motivation. This aligns with studies emphasizing that witnessing resilience fosters nurses' sense of meaning in care delivery and strengthens their commitment to their professional role (Aghaei et al., 2023; Mazhari & Khoshnood, 2021). Such experiences also encourage psycho-emotional recovery among nurses, as they draw inspiration from children's ability to endure suffering with optimism.

Children's capacity to maintain hope despite illness also provides a counterbalance to the distress nurses may experience in oncology settings. Previous research demonstrates that children's positive outlook serves as a buffer against compassion fatigue, reinforcing the sense that nurses' work makes a meaningful difference (Babaei et al., 2022). In this way, children's resilience not only supports their own healing but also enhances nurses' professional satisfaction and emotional well-being (Malenfant et al., 2022).

Another key finding was that nurses experienced moments of joy and relief when children expressed happiness despite pain. This reflects the concept that even brief expressions of laughter or gratitude from patients can mitigate the intensity of emotional labor in oncology care (Bolton, 2001). Research shows that these positive interactions foster compassionate connections, which in turn help sustain nurses' emotional resilience (Babaei et al., 2022).

These moments of hope serve as protective factors against burnout, enabling nurses to reframe distressing situations into opportunities for shared meaning (Sarıbudak & Üstün, 2024). They also demonstrate how emotional recovery can emerge through human connection, a process reinforced by institutional support systems and reflective practices (Han et al., 2023; Penque, 2019). Thus, hope within suffering represents not only a reward of oncology nursing but also a critical resource for sustaining compassion.

Developing close relationships with families was described as a central source of professional fulfillment. Nurses are invited into families' lives during profoundly vulnerable times, fostering trust that extends beyond clinical care. This resonates with research showing that empathetic communication is a cornerstone of compassionate nursing practice, enhancing both care quality and patient satisfaction (Babaii et al., 2021; Banerjee et al., 2016).

Such relational bonds also offer mutual support, as families provide feedback and emotional affirmation to nurses. Evidence suggests that these connections reinforce nurses' professional identity and contribute to a more holistic model of care (Soheili et al., 2021). Simultaneously, these deep bonds amplify the emotional stakes, as nurses often experience grief alongside the families they support (Umubyeyi et al., 2024).

Oncology nurses often describe their work as transformative, granting them new perspectives on life and reinforcing the importance of appreciating small moments. This corresponds with the concept of meaning-making, where nurses construct deeper understanding of life through their professional challenges (Aghaei et al., 2023).

Research in Iranian oncology contexts has shown that providing care to children with cancer often results in personal growth, increased resilience, and heightened spiritual awareness (Mazhari & Khoshnood, 2021). These outcomes are consistent with international studies emphasizing that oncology nurses often experience post-traumatic growth, learning to value life more deeply despite frequent encounters with suffering (Han et al., 2023).

Nurses often described celebrating incremental improvements, such as a child regaining appetite, as significant achievements. These "small victories" provide a sense of accomplishment and reinforce nurses' roles in alleviating suffering. Prior studies highlight that focusing on small improvements fosters a sustainable sense of purpose in palliative and oncology care (Aghaei et al., 2023; Malenfant et al., 2022).

Moreover, acknowledging minor successes has been shown to reduce stress and prevent compassion fatigue, as it allows nurses to anchor meaning in tangible progress (Kinman & Leggetter, 2016). By valuing such milestones, oncology nurses transform uncertainty into hope, enabling them to persevere in emotionally taxing environments.

The death of a child was identified as one of the most profound challenges in oncology nursing. Nurses described carrying grief long after a patient's passing, an experience that resonates with findings on the enduring emotional toll of pediatric oncology care (Moghadam et al., 2022; Umubyeyi et al., 2024). This grief, when unaddressed, may accumulate and contribute to long-term distress.

Evidence shows that repeated exposure to loss increases vulnerability to burnout and compassion fatigue (Cañadas-De la Fuente et al., 2018; Rezaei et al., 2018). Therefore, organizational strategies such as structured debriefings, peer support, and grief counseling are essential to help nurses process bereavement (Sarıbudak & Üstün, 2024).

Nurses reported difficulty in balancing their emotions with professional expectations. They often needed to maintain composure despite their own distress, a hallmark of emotional labor in healthcare (Bolton, 2001). This balancing act is especially complex in oncology, where compassion and professionalism must coexist (Banerjee et al., 2016).

Research highlights that while emotional regulation protects patients, it can compromise nurses' well-being if not supported (Chen et al., 2022). Strategies such as mindfulness and resilience training have been shown to mitigate the negative impact of emotional labor, supporting nurses in sustaining compassionate care without sacrificing their own health (Lee & Cha, 2023; Penque, 2019).

Nurses often faced ethical dilemmas when families disagreed on treatment decisions, creating emotional and professional strain. This aligns with studies noting that oncology nurses frequently navigate conflicts between respecting family autonomy and advocating for children's best interests (Mazhari & Khoshnood, 2021).

These ethical complexities highlight the importance of ethical training and supportive teamwork, allowing nurses to share responsibility in decision-making processes (Soheili et al., 2021). When institutions provide clear ethical frameworks and communication guidelines, nurses feel less isolated and more empowered in navigating family conflicts (Banerjee et al., 2016).

The emotional burden of pediatric oncology care often extended beyond the workplace, leaving nurses with lingering sorrow and uncertainty. Studies confirm that oncology nurses experience prolonged emotional effects that can disrupt their well-being if left unaddressed (Moghadam et al., 2022; Umubyeyi et al., 2024). Without adequate support, these cumulative effects may escalate into burnout and reduce care quality (Batanda, 2024; Rezaei et al., 2018). Preventive interventions such as peer mentoring, organizational recognition, and structured psychosocial support are therefore essential to alleviate the long-term impact of oncology work (Kinman & Leggetter, 2016).

Nurses described the sudden worsening of a child's condition after apparent stability as profoundly destabilizing. This unpredictability undermines professional confidence and reinforces the fragile nature of hope in oncology (Farhood et al., 2018; Roshandel et al., 2021).

Research suggests that preparing nurses for the uncertain trajectory of cancer care through training and reflective practice can reduce shock and help them adapt more effectively (Shahmohammadi et al., 2024). By fostering resilience, healthcare systems can mitigate the impact of sudden clinical deterioration on nurses' psychological well-being (Han et al., 2023).

Overall, pediatric oncology was described as emotionally intense yet profoundly meaningful. This paradox encapsulates the essence of the "double-edged sword," where fulfillment and grief coexist (Raingruber, 2015). Nurses' ability to find meaning despite emotional hardship reflects both personal resilience and the relational depth of their work.

Simultaneously, sustaining this balance requires institutional commitment to healthy work environments, resilience programs, and training in compassionate care (Sarıbudak & Üstün, 2024; Soheili et al., 2021). By supporting both the emotional and professional needs of oncology nurses, healthcare systems can transform the paradox of oncology nursing into a sustainable model of compassionate, high-quality care.

CONCLUSION

This study demonstrates that pediatric oncology nurses encounter a complex duality of substantial emotional challenges and deeply meaningful rewards in their clinical practice, experiences that significantly influence their psychological well-being, professional growth, and care delivery quality. Recognition of these challenges—including bereavement following patient loss, complex ethical decision-making situations, and the demands of emotional labor—as well as the fulfilling aspects of observing children's resilience, moments of joy, and expressions of gratitude, can guide the development of targeted support strategies for nursing professionals in this specialty. Through the establishment of comprehensive support frameworks, encouragement of reflective practice methodologies, and prioritization of self-care initiatives and peer support networks, healthcare institutions can better equip nurses to navigate the emotional complexities inherent in pediatric oncology care. Such interventions have the potential to strengthen nurses' psychological resilience, promote the delivery of compassionate patient care, and support sustained career engagement in this emotionally demanding yet deeply meaningful healthcare specialty.

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