

The role of the nurse in caring for the child with cancer: integration review

Abstract

Objective: To know the role of nurses in the care of children with cancer.

Method: This is an integrative review, with a survey of articles in the LILACS, SCIELO, BDNF and PubMed databases, published between 2005 and 2015, with 26 articles being selected for analysis and discussion.

Analysis and discussion: As for the year of publication, it was verified that the years with the most publications on the subject were - 2008, 2010, 2012 to 2015, concentrating 24(91.97%) publications. The nursing team should monitor the evolution of the disease by supporting the child and their families, thus facilitating the development of the treatment, thus easing the stress of the child and family.

Final considerations: It is up to the professional nurse to develop a relationship of trust with the child with cancer and its relatives, in order to facilitate care and treatment.

Keywords: pediatrics, pediatric nursing, childhood cancer, family, recreational, therapeutic

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Introduction

Despite the advances of science, childhood cancer and its confrontation still constitutes a great challenge for the whole society. Although considered rare in Brazil, pediatric malignancies in children and adolescents from 0 to 19 years of age were the second cause of death in 2014, representing 7% of the deaths, being surpassed only by deaths due to external causes. In this age group cancer is the pathology that kills the most. In 2014, the median percentage of neoplasias was 2% in the infant population (0 to 14 years old), with a higher frequency of leukemias (33.2%), followed by central nervous system tumors (16.0%) and of lymphomas (13.7%).¹ Currently, childhood cancers, that is, cancers occurring before 15 years of age, represent between 0.5% and 4.6% of the total number of cancer cases in a population, with a global incidence rate ranging from 50 to 200 per million children per year,² so it is necessary to seek improvements in the services provided to treat them properly.³ This is a disease that affects not only the child, but the entire family, since it is the family that is primarily responsible for the care of the child.⁴

In this context, the pediatric oncology professional must go beyond the application of technical and scientific knowledge, offering the child and his family a humanized care⁵⁻⁸ aiming at the promotion of health, quality of life, comfort and well-being of them.^{7,8} It is necessary that all those involved in care are more sensitive and responsible, open to forming partnerships with families and mobilizing possible social support networks, in order to create links.³ Among the professionals who deal with the oncological child, the Nurses stand out, once they assume a position of support, dealing daily and directly with the child. It has an important role in guiding the patient and his family in the experience of the disease process, treatment and rehabilitation, definitively affecting future quality of life. It acts to alleviate the suffering caused by hospitalization, through the humanization of the care and development of the ludic.^{8,9} The nurse has an indispensable role in the care of the oncological child, and must act consciously, reflexively and critically in the care of the child and the family

that is under his care,⁸ carefully considering the particularities and singularities of each,^{5,8} they are sensitized by the whole situation that cancer imposes. It is necessary that the nurse professional understands the pain of the other, in order to relieve it, seeking recovery and a good standard of quality of life of the pediatric patient.¹⁰ Therefore, the present study aims to know the role of nurses in the care of children with cancer.

Methods

The present research is an integrative review of the literature, being a research method that allows the search, critical evaluation and synthesis of the available evidence of the investigated subject, its final product being the current state of knowledge of the subject investigated, the implementation of effective interventions in health care and the identification of gaps that lead to the development of future research.¹¹ This research method provides health professionals with knowledge about a particular theme at different times and places, keeping them up to date and facilitating evidence-based practice based on scientific reasoning, making it an important tool.^{11,12} To carry out the study, the following problem was considered as a guiding question: "What is the role of the nurse in the care of the child with cancer?". In order to carry out the study, the scientific literature was searched through databases: Scientific Electronic Library Online (SCIELO), US National Library of Medicine, National Institutes of Health (PubMed), Latin American and Caribbean Literature in Sciences and Health (LILACS) and Nursing Database (BDNF), referring to the last five years.

For the data collection, controlled descriptors were used to meet the research objectives. Considering the descriptors in Sciences and Health (Decs): "pediatrics", "pediatric nursing", "childhood cancer", "family", "playful" and "therapeutic". The descriptors were combined with the Boolean connective "AND". Remaining in the following order: "pediatrics and pediatric nursing", "childhood cancer and nursing", "childhood cancer and family" and "childhood and playful

cancer". In addition, materials available from the Ministry of Health (MS) and the World Health Organization (WHO) were used for nursing actions in relation to the pediatric cancer patient.

After the combination of the descriptors, the data sources were submitted to inclusion criteria, being: year of publication from 2005 to 2016, studies in Portuguese and English, whose theme met the research objectives and full text available in indexed databases. Regarding the exclusion criteria, the articles were repeated in a database, which did not meet the objectives of the study, articles available only in summary, and those published without scientific evidence such as editorial, letter to reader, opinion article. The descriptors "pediatrics and pediatric nursing" found 189 articles in the LILACS database, 38 articles in the SciELO database, 7 articles in the PubMed database and 98 articles in the BDENF database. The descriptors "childhood cancer and nursing" found 83 articles in the LILACS database, 15 articles in the SciELO database 8 articles in the PubMed database and 45 articles in the BDENF database. The descriptors "childhood cancer and family" found 109 articles in the LILACS database, 24 articles in the SciELO database, 48 articles in the PubMed database and 30 articles in the BDENF database. The descriptors "childhood and playful cancer" found 2 articles in the LILACS database and 2

Table 1 List of articles in the title of the article, database, language, type of study and year

articles in the BDENF database.

Result and discussion

We selected 63 articles for discussion, but only 26 of these articles met the inclusion criteria of the present study. As for the year of publication, it was verified that there were eight (30.7%) publications of articles between the years 2005 to 2010 and between the years 2011 to 2016 there were 18(69.3%) publications (Table 1). Childhood cancer has a high incidence of cure, but it is still a difficult diagnosis and has an intense repercussion on the life of the child and his family.^{13,14} This pathology imposes great limitations, interrupts daily activities¹⁰ and requires several moments of hospitalization.⁷ In this context, the presence of the mother and/or family member during the treatment becomes indispensable.¹⁵ Pediatric neoplasia generates feelings of insecurity in the family, doubts about the diagnosis, uncertainties about the future of the child,^{3,16} fear of losing your loved one, causing a lot of pain and mental suffering.^{3,14} These families often suffer from a stress generated by hospitalization and distancing from the family routine, increasing the sense of impotence in the development of health care,^{3,13} loneliness, neglect, leaving them vulnerable.

Production title	Data base	Language	Kind of study	Year
Incidence, mortality and hospital morbidity due to cancer in children, adolescents and young adults in Brazil ¹	PubMed	Portuguese	Cohort study	2016
World cancer report 2014 ²	PubMed	English	Cohort study	2014
Daily life of the family in facing the chronic condition in childhood ³	SciELO	Portuguese	Qualitative study	2010
Care-Related Stress:The Impact of Childhood Cancer on Parents' Lives ⁴	SciELO	Portuguese	Exploratory study	2013
From the diagnosis to the survival of childhood cancer: perspective of children ⁵	SciELO	Portuguese	Exploratory study	2013
Palliative care in pediatric oncology: perceptions, knowledge and practices of perspectives in the multiprofessional team ⁶	BDENF	Portuguese	Qualitative study	2015
The ludic as a strategy in the care of children with cancer ⁷	LILACS	Portuguese	Exploratory study	2015
Nursing care for children with cancer: an integrative review of the literature ⁸	BDENF	Portuguese	Review study	2013
The daily lives of parents of children with cancer and hospitalized ⁹	SciELO	Portuguese	Qualitative study	2012
Nurses' performance in the care of children with cancer: a literature review ¹⁰	LILACS	Portuguese	Review study	2014
Children with cancer and their families ¹³	SciELO	Portuguese	Review study	2005
Caring in nursing: family and child with cancer pain ¹⁴	LILACS	Portuguese	Exploratory study	2012
Health care of children with cancer in Brazilian scientific production ¹⁵	BDENF	Portuguese	Review study	2010
The perception of family caregivers about chemotherapeutic treatment in children and adolescents ¹⁶	LILACS	Portuguese	Qualitative study	2014
Chronic disease in childhood: experience of the family in the hospitalization of the child ¹⁷	BDENF	Portuguese	Exploratory study	2006
Nursing actions for cancer control: a proposal of teaching-service integration ¹⁸	LILACS	Portuguese	Quantitative study	2008
(Con) family experience of schoolchild in control of oncological disease: prospects for pediatric nursing ¹⁹	LILACS	Portuguese	Qualitative study	2012
Family life in the face of childhood cancer ²⁰	LILACS	Portuguese	Qualitative study	2011

Table continued...

Production title	Data base	Language	Kind of study	Year
The family of the oncological child in palliative care: the look of the nursing team ²¹	BDEF	Portuguese	Qualitative study	2011
Unveiling humanized care: perceptions of nurses in pediatric oncology ²²	SciELO	Portuguese	Exploratory study	2013
Evaluation of the psychic suffering of the accompanying mother in pediatric joint housing ²³	SciELO	Portuguese	Qualitative study	2009
Non-pharmacological methods for the control of pediatric oncological pain: a nursing team's view ²⁴	SciELO	Portuguese	Exploratory study	2015
The role of the nurse in the child with cancer: palliative care ²⁵	LILACS	Portuguese	Qualitative study	2014
Strategies for Coping with Parents of Children in Cancer Treatment ²⁶	SciELO	Portuguese	Review study	2008
Humanization in pediatrics: the toy with nursing assistance in hospitalized children ²⁷	LILACS	Portuguese	Review study	2010
Childhood cancer: feelings manifested by children in chemotherapy during therapeutic toy sessions ²⁸	LILACS	Portuguese	Qualitative study	2012

Faced with this reality, it is necessary for the health team to identify these demands and to include the family in the perspective of care,³ being the nurse responsible for facilitating the greater awareness of the companion, thus promoting the strengthening of the family-child bond.⁷ It should be noted that the multiprofessional team must attend the child and his family in an integral and humanized way,¹⁵ promoting measures that favor their well being and reduce discomforts arising from hospitalization, alleviating physical and emotional symptoms, among others.^{7,15} The support should come from the entire multidisciplinary hospital team, however, what ends up happening is that the nurses end up creating a bigger bond with the patients and their relatives, for spending more time together.^{9,18-20} Making nursing essential in the care of children with cancer, it sets up a complex action that involves the dialogical relationship life and death, order and disorder⁸. Allowing the professional to understand the need for a humanized and qualified practice in the care of the child and his family.^{8,21}

The professional nurse is the first contact of the family in the universe so feared and unknown that is the hospital environment,¹⁴ therefore, the importance of the relationship between patient, nursing team and family, in the caring process,⁹ includes to know the family structure, its dynamics and existing and established interactions in the contexts in which it transits, to meet its real needs, seeking to create, strengthen and maintain supporting links to reduce the stress load of the primary caregiver of children with cancer.⁵ Caring is intrinsically related to understanding the situation by putting yourself in the other's place¹⁴, evidencing the need of a management of the dynamic care to the child with cancer and that the same is carried out according to the situations experienced.⁸ The nurse needs to know how to choose the right time and this requires some sensitivity to identify when a moment is not suitable for performing a particular procedure, especially since it is a child. At the same time, he realizes the need to impose limits on the child, with a certain tolerance, so as not to harm his health during treatment.²² Some studies affirm that the nurse must know the routine of the child and his/her relatives, in order to establish a bond with them.^{3,19-23}

When hospitalized, the child suffers a rupture of his daily life, where the moment of lack of presence occurs, and it is where the nurse plays an important role, where he offers support and special

attention to the child.¹⁴ To the nursing it fits, as it has the capacity to evaluate the pain, to minimize the pain sensation,^{8,14,24} and to share experiences with the child and the family, which should be considered as the first care provider nucleus, in order to meet the needs of the child with cancer pain.¹⁴ The relationship of trust/empathy between the nurse practitioner, the child and the family goes through the whole process of diagnosis, treatment and control, with periods of greater and lesser approximation.^{4,5,7,19,23} Throughout the treatment process the interaction with the family is fundamental, enabling the exchange of information and knowledge¹⁹ through sensitive listening, with the queries being solicited,^{4,25} involving the relative in the health care of the pediatric patient.^{6,26} The relationship of trust, respect and support between health professionals and the family allows the necessary conditions for the child and the family to support the feelings experienced in facing the pathology.^{4,8,9,23}

Another attribution of the nurse is to provide quality of life to the child, for that, play should be valued in their caregiving,²⁵ because play is a valuable resource for children to express their feelings and facilitate communication, conquering cooperation for the necessary procedures.²⁷ Some studies have cited playful activities as development to improve anxiety, allow the child to open up and reveal what he thinks about what is happening.¹⁰ When playing and interacting with the child, the nurse practitioner establishes an affectionate relationship and then becomes the person to whom the child seeks to play again, or when he feels threatened by the innumerable procedures to which he is subjected.²² It should be noted that the nurse is responsible for managing the care provided by her nursing team, having the role of planning, organizing, supervising and implementing nursing care. As a leader, the nurse must manage the team and motivate them to competently and effectively perform their duties. Considering that, although nurses are a vital professional in pediatric oncology, their performance should be developed in conjunction with the work of other health professionals.⁸

Care with the oncological child is a challenge for nurses and their staff, as they are faced with situations of extreme suffering of the child and his family, which often generate emotional and physical exhaustion in the health professional. This professional often feels sad and distressed with the situations experienced, also needing psychological support and training to perform in the area of

pediatric oncology.⁸ Emphasis is given to the need for institutions to provide professionals with adequate training, development of skills and competencies to work in the field of cancer.^{8,9} It is extremely important that nurses and their team know about cancer, the feelings expressed by the children in treatment and their families, in order to guide the conduct of care that meets the biological and psychological needs of this child.²⁸

Final considerations

Because of the above facts, it can be noted that childhood cancer affects a large part of the child population, this is a disease that affects not only the child, but the whole family, as the family is the main responsible for the care of the child. Regarding the role of nurses in the care of children with cancer, it is up to this professional to meet the needs of the child, family members, caregivers and also assume the managerial role of his team in order to meet the needs of both parties, creating a link between the nursing team, the child and their families, through the humanization of the care and development of playfulness, aiming ease the suffering caused by hospitalization. The team should build the child's trust so that they have the place to support them, follow the evolution of the disease by providing care, such as dressings, administering medications, giving words of support to the patient and family members. It is worth noting that it is not only a personal responsibility of the nurse to develop skills to care for children with cancer, but it is also an institutional and educational responsibility to promote it. The review of the presented literature allowed to visualize a wide theoretical and instrumental scenario that surrounds the studied subject. It is noted that despite the extraordinary advances in medicine currently achieved in relation to childhood cancer, there are still many obstacles to be overcome so that the treatment process does not represent a source of stress and high stress for the child and the family.

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Conflict of interest

The author declares no conflict of interest.

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