

SIGNIFICADO DO CUIDAR E SEUS SENTIMENTOS PARA EQUIPE DE ENFERMAGEM DIANTE DA CRIANÇA EM TRATAMENTO ONCOLÓGICO

SIGNIFICANCE OF CARE FOR NURSING STAFF ON THE CHILD'S CANCER TREATMENT

IMPORTANCIA DE LA ATENCIÓN POR EL PERSONAL DE ENFERMERÍA EN EL TRATAMIENTO DEL CÁNCER DEL NIÑO

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ABSTRACT

Objective: this is a qualitative and descriptive study whose objective was to understand the meanings and feelings expressed by the nursing staff during the care in a pediatric oncology service. **Method:** participated in the study ten nurses who worked in this service. Data were collected through semi-structured interviews from December 2014 to January 2015. As interviews were recorded and transcribed and subjected to content analysis. **Results:** three categories were identified: the meaning of care, comfort and humanization, the inevitable involvement and seeking emotional balance. **Conclusion:** it was concluded that the feelings of empathy, compassion and dedication are involved during the daily work of the nursing staff, being precise psychological support to that to avoid the team's mental imbalance.

Descriptors: Oncology nursing. Child Care. Emotions.

RESUMO

Objetivo: trata-se de uma pesquisa qualitativa, descritiva, cujo objetivo do estudo foi compreender os significados e os sentimentos manifestados pela equipe de enfermagem durante o cuidar num serviço de oncologia pediátrica. **Método:** participaram do estudo dez profissionais de enfermagem que atuavam nesse serviço. Os dados foram coletados por meio de entrevista semiestruturada no período de dezembro de 2014 a janeiro de 2015. As entrevistas foram gravadas e transcritas na íntegra e submetidas à análise de conteúdo. **Resultados:** foram identificadas três categorias: o significado do cuidado; conforto e humanização; o envolvimento inevitável e a busca do equilíbrio emocional. **Conclusão:** concluiu-se que os sentimentos de empatia, compaixão e apego são envolvidos durante o trabalho cotidiano da equipe de enfermagem, sendo preciso apoio psicológico a essa para evitar o desequilíbrio mental da equipe.

Descritores: Enfermagem oncológica. Cuidado da Criança. Emoções.

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RESUMEN

Objetivo: Se trata de un estudio cualitativo y descriptivo que tuvo como objetivo comprender los significados y sentimientos expresados por el personal de enfermería durante la atención en un servicio de oncología pediátrica. **Método:** Participó en las enfermeras estudio diez que trabajaron en este servicio. Los datos fueron recolectados a través de entrevistas semi-estructuradas a partir de diciembre de 2014 hasta enero de entrevistas 2015. As fueron grabadas y transcritas y sometidas al análisis de contenido. **Resultado:** Se identificaron tres categorías: el significado de la atención, la comodidad y la humanización, la participación inevitable y buscando el equilibrio emocional. **Conclusión:** Se concluyó que los sentimientos de empatía, compasión y dedicación están involucrados en el trabajo diario del personal de enfermería, siendo preciso apoyo psicológico que para evitar el desequilibrio mental del equipo.

Descriptor: Enfermería Oncológica. Cuidado del niño. Emociones.

INTRODUCTION

The care in the field of pediatric oncology develops through preventive, curative and palliative care. Actions such as genetic counseling and guidance on healthy living habits are envisaged as preventive care. The curative care acts during the diagnosis, treatment and control, and the presence of a multidisciplinary team is important to better a assistance.^{1,2} As for palliative care, these are used to improve the quality of life of patients and their families facing problems associated with diseases without healing possibility.³

Children and adolescents with cancer are referred for treatment in advanced disease. Because of late diagnosis, parental misinformation, fear, difficult access to services and tracking technologies and also for unique characteristics of some types of tumors in this age group, which have a rapid growth and are more invasive. Thus, investments are very important for the development of

actions in the health care network to enable early diagnosis and proper treatment.^{4,5}

The oncology care requires the multidisciplinary health team a solving practice, whatever the disease situation experienced by the child and its consequences on the family dynamic. Nursing is an integral part of this team, composed of nursing technicians and nurses present in the care of these children and works actively during this treatment.³ In this context, it is important that the team is able to understand the feelings that arise when providing care of both the child and family, as well as the professional himself. In addition to having knowledge about the disease and which phase of the natural development this child is.^{2,6-9}

Dealing with the disease and forms of treatment, as well as other events correlated to body image, stress factors and family issues can lead the multidisciplinary team to suffering, anxiety, sadness, frustration, among other feelings,

especially the nursing team, due to their active care work.^{7,8,10,11}

The stressful situations of pediatric cancers are not linked only to the association of suffering, complications and death caused by cancer, but also with the realization that there is a mismatch of this issue with the childhood.¹⁰⁻¹³ Suffering also comes before the child's death, by an interruption of a life that was starting, depriving children of their childhood, the development of their life cycle, not having the opportunity to work, marry, have children, grow old with quality of life. In short, not be able to enjoy a life of promise and hope of their own personal healing.¹⁴

Some members of the nursing staff can healthily handle feelings and emotions that living and daily care sets, however, it is apparent that part of these professionals may have difficulty in handling such feelings and emotions.¹¹ Recognizing the feelings and ways of coping one seeks the emotional balance in order to avoid mental strain, assisting the child in a humanized way with quality of care without commitment to mental health of these professionals.

Caring for children with oncological diseases and dealing with death, be daily with the family, with their anguish and sufferings are situations faced by the nurse team.^{6-8,10} It is necessary to know the perceptions and feelings related

to care in pediatric oncology of the nursing staff. In this sense, some considerations are necessary in order to minimize the effects of cancer for the nursing staff concerning its professionalism, trying to understand the meaning of this relation of care and feeling, promoting a balanced interactional, expressive and quality service.^{6,7,11,13,14}

In view of this, the objective of this study was to understand the meanings and feelings expressed by the nursing staff during the care in a pediatric oncology service.

METHODOLOGY

It is a descriptive research with a qualitative approach, developed in the inpatient unit of Pediatrics, of a philanthropic Hospital, located in Uberaba-MG, which provides medical and hospital care in several areas and specialties, including pediatric oncology. The subjects were members of the nursing staff with more than one year of experience in this service, for the need of them having accumulated experience and be working at the time of collection. The subjects who were not working in the service researched or were not included in the professional categories selected were excluded. Data collection was carried out from December 2014 to January 2015.

The number of participants was defined by the data saturation criterion that enables more detailed analysis of the relations established in the research environment and understanding of meanings, symbolic and rating systems, codes, practices, values, attitudes, ideas and feelings.¹⁵

The production of empirical material occurred from December 2014 to January 2015. Data were collected through semi-structured interview. The first part of the interview was made up of the survey of the sociodemographic data: gender, age, training time, experience time, time of service in this institution, professional education, weekly working hours in this institution, working shift. In the second stage, a semi-structured interview was carried out, with the following questions: a) what is the meaning of care given to the nursing team working in pediatric oncology? b) What feelings experienced during the promotion of care to children and adolescents with cancer?

The interviews were scheduled in advance, according to availability of the participants. After signing the informed consent form (ICF), participants were interviewed individually and in a room previously reserved, with audio recording device. After that, the transcriptions were stored in an electronic database, aimed at analysis and interpretation. The interviews

were made available in digital files and lasted an average of 30 to 50 minutes.

Content analysis was used as the methodological framework, consisting of the steps: pre-analysis; exploration of material; and result processing, inference and interpretation. Data were encoded from the registration units.¹⁶

For categorization some codes were used, such as: "[...]" when a fragment of speech has been deleted; "..." to illustrate the breaks that occurred during the interview. To preserve the anonymity of the subjects they were identified by the letter E (interview), followed by a number representing the entry order in the study.

The project was approved by the Research Ethics Committee of the Federal University of Triângulo Mineiro by the Opinion n ° 2311/2012. The ethical principles for research involving human beings were respected, according to Resolution No. 196/96 of the National Health Council, Ministry of Health.

RESULTS AND DISCUSSION

Ten professionals were interviewed, aged 22-45 years, all female, three were specialized nurses and seven nursing technicians. In relation to professional practice time, the average was

three years of experience, with only one with six months practice.

The process of the interviews content analysis identified three categories: care, comfort and humanization; bond constitution and search of emotional balance.

Care, comfort and humanization

This category is related to the interaction of the nursing staff during their assistance to children in cancer treatment. Care promotion is part of everyday life of such professionals, being relevant the knowledge, understanding and perception of the actors providing care.

The analysis revealed that nursing professionals believe that care also involves psychosocial aspects, not only drug treatment:

It means a complete care because both drug and the affective treatment are necessary, such as to look, to hear, to listen, to touch, those I think are complements, which should not be missing (e1).

[...] when we make a medication we have to explain, we have to talk the way they understand (e8).

The research indicates that from the perspective of integrality, care in pediatric oncology requires material and therapeutic resources, making it a challenge for the health staff, demanding from such professional proper preparation and

sensitivity to take care of these children, entering this context psychological approach, in order to assist in coping with the situation.^{10,11,17}

In addition to the concern to provide a care not only just about the care and drug practice, prominence has been given to the concern for providing comfort to the patient and his family, as described below:

So it's a very delicate care because it is usually only palliative care, right. Then only you have to give comfort to them (e2).

Some listening, understanding, caring of mothers too, with the family (e4).

Offer support and comfort to the family and the child, then, it provides relief for both and helps care practice. It is important to note that care adds actions involving respect and knowledge of the values of those who receive care and seeks to systematically provide comfort through promotion actions to health.^{7,10,13,14,18} For the nursing staff humanization is idealized and essential, given that the care is being assisted in its fullness, then the involvement with the family and the child is necessary, in order to offer comfort and quality of care.

It is necessary that between professional nursing and child with cancer a trust is established, consisting of the bond among family members, in order to facilitate and improve the delivery of care,

this being an important tool for the rehabilitation of the patient, minimizing losses and hospitalization trauma. Thus, the humanized care tends to offer the child a warm environment to soften the factors that cause stress to the child and family.⁴

The analysis indicates that hospitalization, change the routine in the lives of these children, it is important that the nursing staff provide opening for dialogue, for the child's listening and host and subjects involved and implement strategies to promote the humanization of care.^{6,7,10,14,19} The optimal care, the perception of participants, must be humanized and cover the entire family of that child during their stay. The practice of hosting is essential for realization of this care, as it is possible to identify the following statements:

It is not unified, because taking care of a child, is not only the child, we take care of the child and family, and we have to take greater care, greater humanization (e3).

There's a whole [...] right context, is the mother, not the inner child alone, begins at the host, is very important, because they are all very concerned with what will happen will happen as to what is to come (e6).

It is understood that the humanization is a practice with the intention of making effective the biopsychosocial and spiritual care of the critical individual. It involves from the patient under care to those involved in the

health-disease. The activities of the nursing staff in health institutions should be directed to the reception and completeness of the patient in order to humanized assistance.²⁰ How was it possible to see in the statements such concern is evident, and the search for the humanization of care makes hospitalization of less traumatizing children and covers the comfort and care for all involved.

The constitution of bond

The analysis of this category allowed to infer that the nursing staff constantly dealing with fear, insecurity and suffering of children and their families, and try to work their internal troubles at that. One of the ways that these professionals turn to understand is helping and reflecting on the other, developing empathy and compassion for those involved in this painful process, as you can see in the following excerpts:

I think it's a sense of compassion, to put yourself in another's place, I know I think if it were me, if it was someone I know, or if it was my son [...] (e1).

[...] You put yourself in the mother's place, and you put yourself in the place and think it could be my son, could be my nephew, I think that the awakening is always linked to some family matter, being a child [...] (e3).

As a result of long child's permanence and constant contact and

closeness with the nursing staff, they feel the loss of the patient as if someone in your own family or someone they love much.¹⁵

In this scenario the constant proximity and the development of empathy bring with them, the affection and attachment by children. The search for comfort, trying to soften the treatment and approach the scenario of the children's hospital is also evident, according the testimony:

[...] For us [...] the only hard part is [...] that we cling to them, so I think it's the only thing different right. We learn because we play, can see that they are here at the nursing station, they play [...] (e8).

So just what we cling too them, because they are more here than at home [...] (e2).

In addition to the emotional involvement, empathy and attachment, caring for children in cancer treatment, mean that many professionals think about their lives in relation to finitude, this reflection was pointed out in the following statement:

[...] As a child, has not done anything yet in life, we pre-judge that has nothing to pay on the ground still [...] they have a lot still to live, grow have to study first, go through phases, and also the person not experienced anything else binds much to the value of life, the question that lived so little [...] so few moments to already be facing that problem, [...] sometimes the problem is greater than the child [...] (e3).

In concluding this category, it is observed that the nursing care goes beyond the development of procedures, this practice is best applied when the family is included in the treatment, making the more humane when it develops empathy for the situation, approaching the infant universe, trying to take the individual a comfort, but also to understand the child's reactions, their insecurities, limitations and life stages that can be interrupted.^{6,8,11,13,14,21}

Seeking emotional balance

Feelings are evident because of empathy and attachment, as the continuous interaction, the approach to the child and their families make the professional becomes susceptible to emotions.

However, situations of life and death are constant, which ultimately touch the nursing staff, making the awakening feelings that lead to seek balance and well-being.^{6,10} However the difficulties in handling the emotions towards children with oncological diseases it is a reality, since these professionals do not have support, guidance and support for this situation.¹¹ These events can result in emotional turmoil, leading to these professionals to the temporary removal of work environment.^{12,13,18,20}

The analysis points out the reflection on how to proceed in

maintaining the balance of emotions that arise as can be seen in the following statements:

Have to try to always treat the patient with sensitivity, but not much use emotion, use reason more for the patient does not feel [...] and have a little careful not to take the hospital from work to home, because if you start having emotional problems at home too (e7).

To take care of children with cancer have to have feeling in the heart, to be sensitive, more has to be rational, act with reason if not we can not take care of the child as it needs (e3)

The work in oncology may be related to terminal patients, which may influence a confrontation with his own finitude, its limitations generate a sense of powerlessness. As a result, it expresses the feeling of fear and depression, not knowing cope with the loss, and to identify with the patient.^{2,6,7,10,12,13}

In the following lines, impotence and fear of loss are feelings present in the nursing team:

Then there is the fear, we have difficulties [...] I have not got used to some loss, it is difficult for us to deal with this situation, because we do not have a specific care for us, and when it does have to learn in minute deal with the situation and learn to play forward (e4).

Because sometimes you fight for that child, and end up losing and you took the time [...] one powerless state (e8).

You can identify these lines, the fear of approach because of the lack of emotional preparation, moreover, fear of

child loss generates powerless state, unfinished work.

To meet the daily some of the professionals who provide care remain impartial, avoid involvement with the child and consequently suffering. In contrast other professionals seeking a closer relationship with their patients in order to understand the needs of the same for a qualified care, promoting comfort and professional achievement thus decreasing the level of stress.^{7,11,18} Thus this category is observed that the care is an action that involves a circular, dynamic process and gradual, that the conflict or doubt under the care exercised part of this process.¹⁸ So is the search for understanding and meeting the needs of the patient, this is the moment of interaction and affective bonding between the parties involved. The nursing team can use of this emphatic relation to help the assistance of the patient in his/her individuality; however, it can also cause psychosocial issues for these professionals.^{11,13,15,18,20}

Therefore, because of the occurrence of such problems it is necessary to propose strategies to suppress the lack of preparation and support of nurses experiencing assist the child with cancer.^{6,7}

FINAL CONSIDERATIONS

The study made it possible to show that during the daily work of the nursing staff, these are close to children undergoing cancer treatment and their families to establish link and providing care and comfort.

Faced with the question of the meaning of caring for children during cancer treatment, we identified that for the members of the nursing staff that care involves bonding, listening, not limited to drug treatment, which is important for the quality of care, humanization, not only the individual itself, but also encompassing his family.

Involvement is essential between the child and professionals, and to the suffering caused by the stressful situation of the child, it was possible to reflect and

understand being careful in its fullness, establishing empathy, developing compassion and attachment, in order to bring assistance child scenario, supporting and offering comfort.

The study enabled the reflection of the care needs facing this team; it is interesting providing spaces and psychological support, individually or in group, with the purpose of opening and revealing feelings that are hidden and lead them to mental distress. It is necessary that the health institutions recognize this situation, so that they can provide preparation of these professionals working in pediatric oncology, offering them training and appropriate psychological support.

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