



EMOTIONAL PERCEPTIONS AND REACTIONS OF NURSING PROFESSIONALS ASSISTING CHILDREN WITH CANCER

PERCEPÇÕES E REAÇÕES EMOCIONAIS DOS PROFISSIONAIS DA ENFERMAGEM QUE ASSISTEM CRIANÇAS COM CÂNCER

PERCEPCIONES Y REACCIONES EMOCIONALES DE LOS PROFESIONALES DE ENFERMERÍA QUE ATIENDEN A NIÑOS CON CÁNCER

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ABSTRACT

Objective: to analyze the perception and emotional reactions of Nursing professionals who assist children with cancer. **Method:** an exploratory, descriptive study with a qualitative approach. Data collection was performed with six nurses and four nursing technicians from the Oncology and Hematology Center, through a semi-structured interview. The data was analyzed by the technique of Content Analysis, in the Categorical Analysis modality. **Results:** from the analysis of the interviews, four categories emerged: "The fragility of the child and suffering before the disease"; << The influence of age on how to experience cancer >>; << The role of Nursing in the perception about the child with cancer >>; << Emotional reactions before nursing care of the child with cancer >>. **Conclusion:** Nursing care for the child with cancer triggers, several feelings in the Nursing, professionals, and these need emotional support. **Descriptors:** Nurse; Oncology Nursing; Hospitalized Child

RESUMO

Objetivo: analisar a percepção e as reações emocionais dos profissionais da Enfermagem que assistem as crianças com câncer. **Método:** estudo exploratório, descritivo, de abordagem qualitativa. A coleta de dados foi realizada com seis enfermeiros e quatro técnicos em enfermagem do Centro de Oncologia e Hematologia, por meio de entrevista semiestruturada. Os dados foram analisados pela técnica de Análise de Conteúdo, na modalidade Análise Categorical. **Resultados:** a partir da análise das entrevistas, emergiram quatro categorias: << A fragilidade da criança e o sofrimento diante da doença >>; << A influência da idade na forma de vivenciar o câncer>>; << O papel da Enfermagem diante da percepção sobre a criança com câncer >>; << Reações emocionais diante da assistência de Enfermagem à criança com câncer >>. **Conclusão:** a assistência de Enfermagem à criança com câncer desencadeia, nos profissionais da Enfermagem, diversos sentimentos e estes necessitam de apoio emocional. **Descritores:** Enfermagem; Enfermagem Oncológica; Criança Hospitalizada.

RESUMEN

Objetivo: analizar la percepción y las reacciones emocionales de los profesionales de Enfermería que asisten a los niños con cáncer. **Método:** estudio exploratorio, descriptivo, de enfoque cualitativo. La recolección de datos se llevó a cabo con seis enfermeros y cuatro técnicos de enfermería del Centro de Oncología y Hematología, a través de entrevista semiestructurada. Los datos fueron analizados a partir de la técnica de Análisis de Contenido, en la modalidad de Análisis Categórico. **Resultados:** A partir del análisis de las entrevistas, surgieron cuatro categorías: << La fragilidad del niño y el sufrimiento frente a la enfermedad >>; << La influencia de la edad en la forma de vivir el cáncer >>; << El papel de la enfermería delante la percepción del niño con cáncer >>; << Las reacciones emocionales en la atención de Enfermería de los niños con cáncer >>. **Conclusión:** la atención de Enfermería para niños con cáncer provoca en los profesionales de Enfermería, muchos sentimientos, y que necesitan apoyo emocional. **Descriptor:** Enfermería; Enfermería Oncológica; Niño Hospitalizado.

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INTRODUCTION

Cancer is the name given to a set of more than 100 different types of diseases that have in common the disordered growth of abnormal cells with invasive potential and formation of metastases. Its origin can occur due to multi-factorial conditions that increase the probability of malignant transformation in normal cells.¹ It is currently, a public health problem, with high incidence and mortality, whose control and prevention should be prioritized in all regions of the country, independently of their socioeconomic and cultural level.²

According to the National Cancer Institute, there were 14.1 million new cases of cancer, with a total of 8.2 million deaths worldwide in 2012. And by the year 2030, it is estimated that, throughout the world, the number of new cases of cancer will be 21.4 million and the number of deaths, around 13.2 million. In Brazil, the estimate for 2014, also predicted for 2015, points to the occurrence of approximately 576 thousand new cases of cancer.³

Among the types of cancer, those that affect children are considered rare when compared to tumors that affect adults, since approximately 1% to 3% of all malignant tumors in most populations occur in children and adolescents.² However, in Brazil, cases of the disease are already the leading cause of death among children and adolescents in the age group from one to 19 years, with the most frequent cancers being leukemia, tumors of the central nervous system and lymphomas.¹

In the treatment of childhood cancer, different moments are experienced by the child that interfere with their development and their family routine, such as hospitalization, for example, that constitutes an important step in the treatment of the disease. In this context, a study of hospitalized children showed that they experienced unpleasant situations, such as "being sick, away from home, exposed to painful procedures, feeling sad, suffering, nervous, craving, acting aggressively at times and lose freedom ".^{4: 4}

During hospitalization, the child with cancer must be accompanied by several professionals who make up a multidisciplinary team. Among these, we can mention the Nursing team that must develop not only care that involves the planning of interventions, the application of technical-scientific knowledge and acting together with the multidisciplinary team, but also care that involves the entire bio-psychosocial context of

the patient so as to perceive it as an integral being.

Often, the relationship with the child, in addition to all intellectual and muscular effort, also requires the Nursing professional to act according to his or her intuition. To do this, it is necessary that the Nursing team that assists the child with cancer develop an observation and a more accurate sensitivity, that allows to identify very subtle alterations like those that can appear in the body of the child; to identify if the cry is of pain, of hunger, of lack, among others. It is through the messages of the body that the act of caring for the child with cancer is established.⁶

In this perspective, caring for a child with cancer is a great challenge and a great anguish for health professionals, especially, when the child is terminally ill and unable to cure.⁷ This condition enables the Nursing professional to reflect on their practice and the care provided to the child with cancer, causing a feeling of impotence and defeat in some situations.⁸

Given this, it is known that Nursing is one of the health professions in which a great emotional exhaustion occurs due to the constant interaction with individuals in a situation of illness, most of the time accompanying the suffering, the pain and all the clinical picture related to the illness and the death of being cared for.⁹ The psychic attrition of these professionals is even greater when the work is developed with hospitalized children, especially, in oncology services, because cancer is a disease strongly associated with the idea of suffering, struggle and death.

In this perspective, the study sought to analyze the perception and emotional reactions of Nursing professionals who assist children with cancer.

METHOD

Manuscript elaborated from the monograph << **Emotional reactions of Nursing professionals caring for children with cancer** >>, presented to the New Hope School of Nursing of Mossoró (FACENE-RN), 2014.

This is an exploratory, descriptive and qualitative approach, carried out at the Center of Oncology and Hematology of Mossoró (COHM), which is a health center that serves adults and children and is qualified as UNACON (High Complexity Service In Oncology) that provides consultation, examination, diagnosis and treatment services such as surgery, radiotherapy, chemotherapy,

biopsy, among others. This research was linked to the Institutional Program of Scientific Initiation Grants (PIBIC) of COHM.

The research was carried out with nurses and Nursing technicians. The population consists of six nurses and 15 (fifteen) Nursing technicians who assist children with cancer, totaling 21 professionals. However, six technicians were excluded from the survey, since they had less than one year of service and five did not agree to participate in the study. Thus, the research sample consisted of ten professionals. All signed the Informed Consent Term (TCLE).

To collect data, a semi-structured interview, was used to obtain information about the perception of nurses and Nursing technicians about children with cancer and to reflect the emotional reactions experienced by these professionals in the care given to these children.

After data collection, the interviews were transcribed in full and the responses, analyzed through the content analysis method. The content analysis technique was composed of three steps: **the pre-analysis**, which is the organization phase where the floating data reading was performed; **the exploitation of the material**, where the data has been encoded from the recording units; and **the treatment of the results and interpretation**, that is the categorization, where the classification of the elements was made according to their similarities and by differentiation, with later regrouping, due to common characteristics.¹⁰

The research project was approved by the Ethics Committee of the North Riograndense Against Cancer League, obeying the Resolution of the National Health Council 466/2012 and Resolution 311/2007, according to the opinion of number: 791.594 and CAAE: 32583614.8.0000.5293..

RESULTS AND DISCUSSION

Six nurses and four Nursing technicians from COHM participated in the study, totaling ten professionals. To maintain professional privacy, the names have been replaced by the letter "E", followed by sequenced Arabic numerals. Being that, the nurses were identified from E1 to E6; And the Nursing technicians from E7 to E10.

The results and the discussion were structured from the following categories: nurses and Nursing technicians profile; the child's fragility and suffering in the face of illness; the influence of age on the way of experiencing cancer and the role of Nursing in

the perception about the child with cancer; emotional reactions to Nursing care for children with cancer. The data were presented through category and discussed, establishing the theoretical reference related to the research theme..

◆ Profile of nurses and nursing technicians

Regarding the profile of the interviewees, it was noticed that all the interviewees 100% (10/10) are female; 60% (6/10) present age range between 30 and 40 years; 60% (6/10) are nurses and 40% (4/10) are Nursing technicians; 60% (6/10) are single; and 90% (9/10) work with children with cancer between one and ten years.

According to the data above, there is a predominance of female nurses and technicians in female Nursing, common finding in several studies, portraying the feminization of the profession.¹¹

The data also show the work time of these professionals in the care of children with cancer, being an important information, since the Nursing work time is a relevant factor in the performance of the care practice related to the care of children with cancer and their relatives . It is known that, the professional experience acquired by the time of action in the health area influences the skills and abilities related to the assistance and humanization of health actions.

Faced with this, over time, bonds between the team and the family are being created, which is also important in the treatment, and can contribute to this care in the practice of care. Thus, when the family is well, the child is more likely to recover better or suffer less.¹²

◆ The fragility of the child and the suffering of the disease

The professionals were asked about the definition of the child with cancer and it is possible to realize that, for some, the child with cancer is a very small being to cope with the suffering that the disease brings with it. A very great battle that, is often, not won, as you can see in the lines below:

I see a small human being with very heavy load, a great suffering for her and her family [...] (E1)
[...] what I perceive is a child that we feel in our eyes that something is missing, missing that moment of going to school, that moment of playing with the classmates [...] (E2)
[...] I see a sad child [...] (E7)
I define with a sensitive child [...] who should have a special treatment because she

does not have the same mentality as an adult [...] (E8)

According to the results found, children are too small for an illness that carries a very large load. In this context, there is a greater suffering of the child in relation to the fear of what is happening to him, the pain of several types and dimensions, alterations of his self-image, the shame in relation to his physical appearance, as well as organic and psychosocial aspects, feelings of anger over lost friendships, denial of reality, and passive acceptance of the therapeutic modalities that apply to it.¹³

Thus, being distanced from their routine and being subjected to a hospitalization process, which includes painful and prolonged treatments, the child with cancer will present a wide variety of feelings.⁷ Given this, it is in the child where it is perceived that something is missing, because a turnaround occurs in his life, after the diagnosis of cancer. Before, it was all normal for her; now, it is not anymore. There is social isolation, a separation from family and friends. It's a new world for this child.

In addition, it is in the process of sickness and hospitalization that children have a tendency to develop depressive disorders, and in this context, a study of hospitalized children showed that 63% of them had some degree of depression. And more than 50% of these children suffered from chronic diseases, among them, cancer. Such pictures are potentiated with pain, disabilities, prolonged or repeated hospitalizations, and puberty.¹⁴

♦ The influence of age on the way of experiencing cancer

Still on the perception of the professionals with regard to the child with cancer, it was possible to observe divergent ideas from the one described in the previous category. Here, some reported to perceive the child with cancer and the way of experiencing the disease, varying according to the age, as it is possible to visualize in the following speeches ::

[[...] when the child is very young she does not know what is happening [...] (E3)

[...] small children, usually between one and six years old, are more active because they still do not understand the process [...] (E6)

According to these interviewees, the younger the child's age, the greater the innocence and, consequently, the lesser her understanding of what is happening. However, other interviewees stated that, with increasing age, the child experiences cancer in a different way, as can be seen below:

[...] when they are very young they go through all those processes that the adult also goes through, of the negation, of the revolt, and I think that, even more, it is stronger in the child and the adolescent is worse [...] (E3)

[...] the bigger ones are more rebellious, but then they change to get used to us [...] (E9)

[...] from six years to 12, they do not interact much with the team, it gets sadder, because they are beginning to understand what is happening, they are on chemotherapy when vanity begins, then the hair begins to fall, they are more apathetic [...] (E6)

[...] they adapt quickly to treatment, different from adults, so they begin to see the treatment in a very natural way, even for the sake of understanding [...] (E4)

It is noticed that the older children, have a greater understanding of what is happening, are more rebelious and go through the process of not accepting the disease. And also because it is at this time that the hormones are at full steam they become more aggressive. In addition, in adolescence, they begin to develop the vanity and, as a consequence of the treatments, the hair begins to fall. With that this teenager becomes even sadder, however, a study that portrays ideas contrary to the obtained results and affirms that, independently of the the child's age, she has a capacity for cognitive understanding of the reality that surrounds her, the child and, somehow realizes that something bad is about to happen.¹⁵

While other studies agree with the results of the research and state that older children and adolescents present more discomfort and suffering because they talk about what they live as a result of illness and treatment. Babies and younger children, since they do not express themselves verbally with the same clarity, are considered easier to care for, because they do not demand emotional effort at the same intensity as patients who express themselves through speech. Thus, verbal expression is taken as a reference, capable of affectively modulating established relationships and directing the nurses' performance.¹⁶

♦ The role of Nursing in the perception of the child with cancer

In defining the child with cancer, some interviewees mentioned the need to give them more attention and care in Nursing care, giving special attention to the emotional side, as can be seen in the following statements:

[...] you have to be very careful to deal with this child [...] (E8)

[...] it is a child who needs support from us adults, not only from the family, but, especially, from the nursing team [...] (E2)

[...] not only see the physical part, but also work the emotional part [...] explain the treatment, what it can cause [...] (E4)

As a result of this specialized care on the part of nursing, the interviewed ones portrayed that the children, when they obtain more detailed information on the disease and the treatment, begin to face the disease of more positive form, then:

[...] they begin to see the treatment in a very natural way, even for the sake of understanding [...] (E4)

[...] we talk, say everything she will go through, the instructions, the effects she will have due to chemo, each one reacts in a way, especially at the beginning, and, then, they develop the profile of more permanent, some accept treatment well, collaborate, and others do not [...] (E5)

[...] has a work of awareness with this child, so it is already much more active, participatory, better accepted [...] (E6)

Thus, it is important to implement an education program to guide and clarify the children and their families about the appearance of signs and symptoms related to the disease, as well as the main reactions expected from the treatment used. Thus, they will be more prepared and aware and will be able to face the whole process in a less stressful way.¹⁷

*Thus, the Nursing professional who assists the child with cancer should develop care that goes beyond practices, techniques, ie, involves an entire emotional context, involves an entire family, who suffers for their child who is experiencing this disease . Often these professionals have to provide psychological and human support to both these children, and their families, making them understand the whole process of the disease and the care they are given.*⁵

♦ Emotional reactions to Nursing care for children with cancer

Nursing professionals reported several emotional reactions from attending children with cancer. When questioned, all the interviewees cited the sadness (10/10), 80% (8/10) cited anxiety and distress, 60% (6/10) cited impotence, 50% (5/10) cited frustration, 40% (4/10) cited failure and 10% (1/10) cited anger or revolt.

It can be noticed, according to the emotional reactions mentioned, that most nurses and Nursing technicians feel sadness, anguish, anxiety, impotence and frustration, and that few have feelings of failure, pity,

anger or revolt. Given this, because it is a profession that involves a lot of emotion, and because it is professionals who assist children with cancer, it is noticed that there is a greater involvement of the professionals with these children, who are so needy and victorious.

In addition, nurses and Nursing technicians are very important professionals throughout the hospitalization and treatment process, because they are always close in difficult times, being the first to be sought by the patient and the family when they need clarification or even care. All this context causes these professionals to experience the suffering, feelings of anguish and fears that may arise in various situations that involve care in oncology. With this, often, they feel fragile and incapable before the children with cancer.⁷

Similar results were obtained in a survey conducted in Asia with nurses on experiences in pediatric oncology, which showed that long periods of hospitalization and recurrent chemotherapy sessions triggered an emotional relationship and formation of more affective bonds between patients and their families . Being that the younger the child is or the longer the hospitalization time, the stronger the bonds formed. And during care, most nurses portrayed feelings of helplessness, despair, and considered their efforts ineffective.¹⁸

These emotional reactions reported by Nursing professionals can be potentialized when the child is out of therapeutic possibility of cure. Thus, nurses who deal with the dying process of the child, who involve pain and suffering, develop feelings of sadness, insecurity and guilt, generating a personal conflict that interferes with the quality of care, since they have difficulty accepting the death of the child , Feeling unable to offer a worthy death.¹⁹

Faced with these emotional reactions, health professionals distance themselves from the relationship with the patient, as a way to protect oneself and avoid suffering. Thus, greater emphasis is placed on technical procedures that do not require affective involvement. And when the patient is a child, the distance is even greater, because the involvement with the child and his family is stronger, together with the fear that this bond can be interrupted by the death of the child. However, it is not sought to diminish the importance of technical procedures, but, rather to emphasize that these should be linked to emotional care, seeking physical and psycho-spiritual well-being.²⁰

Interviewees, when questioned about the emotional support provided by the institution in response to the emotional reactions presented during the care of children with cancer, stated that they received this support through psychologists, lectures and the work team itself. It is possible to notice in the following statements:

[...] I receive emotional support from the psychologist [...] (E7)

[...] every child that we end up losing [...] gives us a feeling of failure, impotence, finally, it is a mixture of feelings, and this many times when we end up feeling we receive the support of the psychologist [...] (E4)

[...] I get support through training and interaction with the team. (E6)

However, while some respondents stated that they received emotional support from the institution to provide continuity of care for children with cancer, most disagreed and said they did not receive such support, as it was noted with the following statements:

[...] the support we have is between ourselves on the team [...] (E1)

Unfortunately not. Often we talk to each other, among our colleagues, it is not enough to take all this burden home ... [E2]*No. Our support is to run to a place and cry [...]* (E3)

In light of these statements, it is possible to perceive the need for emotional support for these professionals. However, it is known that the lack of emotional support for health professionals, observed through the interviewees, is something common in health institutions, because, there are still limitations to face situations of stress in the quest for healing and in the dilemma of death that occur in everyday care. Thus, emotional support is essential. Nevertheless, it is still a gap in the organization of health services. It adds to the need for continuous preparation, both through educational measures and improvement of technical-theoretical knowledge, and attention to aspects of human relations.²¹

With this, the importance of emotional support for these professionals is perceived, where they deal directly with the struggle, the suffering and, often, with the death, being shocked by the pain of losing loved ones, because they are patients that have a long period of treatment and, with this, the professionals end up creating affective bonds with them, making them feel the loss as if it were someone in the family.

CONCLUSION

In the hospitalization of the child with cancer, there is an involvement of the Nursing professional with both the child, and their family. In this sense, the Nursing team has an important role, because, with their attitudes, differentiated and humanized care, there is greater possibility of mitigating the pain suffered by this family. Thus, it is important also the emotional support that these professionals give to this family from the beginning of the treatment.

Cancer, because it is a disease strongly linked to feelings of struggle, suffering and death, causes professionals to feel sad, anxious and impotent, especially, when these children are out of possibility or not responding to treatment.

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