

Experiences Of Nursing Professionals In The Care Of Pediatric Patients With Oncological Diseases.

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Abstract

Introduction. In the care of pediatric oncology patients, nurses face situations that impact their work and personal lives. Purpose. To know the experiences of nursing professionals in the care of pediatric patients with oncological diseases.

Methodology. A qualitative design was used, with a phenomenological approach, the study population was nurses, who were given an interview with questions focused on professional, emotional, spiritual and communication aspects, the information was analyzed in the Atlas Ti. Outcome. The information was analyzed through a categorization that allowed coding the results.

Conclusion. Professionally, nurses develop knowledge and skills through work experience,

Keywords: Emotional aspects, spiritual aspects, professional aspects, nursing, pediatric cancer patients.

INTRODUCTION

Cancer is called the set of diseases characterized by the uncontrolled growth of cells, which divide in a tissue or organ, but have the ability to spread throughout the body causing metastasis, according to the WHO cancer is the second leading cause of death worldwide where children between the ages of 0 to 5 years and adolescents between the ages of 15 to 19 years, show to be the most affected pediatric groups, therefore the nursing professional involved in the care of pediatric oncology patients is a point of interest support to cope with the disease.

Many of these professionals establish emotional ties with patients and their families, so these situations have an impact at work and personal level, where their emotions and feelings are involved. (Rosado & Varas, 2019; Olalla et al., 2020). Knowing the experiences of the nursing staff regarding the care of pediatric patients with oncological diseases is of great relevance in order to guarantee optimal care and a good interpersonal relationship with the patient and his family.

When a child or adolescent is detected with an oncological disease, it is a hard blow for both him and his family, where emotions are altered, there is fear, despair, denial and uncertainty of what will happen and what will come. But as time goes by, the patient and family members assimilate the disease and face it in a better way.

Being in a work environment of great care, nursing professionals require a high level of knowledge and skills that allow them to provide adequate care to pediatric oncology patients, so that in this way the needs of each one can be met depending on his chronic illness.

The role played by the nursing professional is important, since from the moment the pediatric patient is diagnosed with an oncological disease, the goal of the nurse will be to provide care that helps provide a better quality of life.

The nurse must attend to the patient from a holistic point of view (bio-psycho-social). For this, it is essential that there is a trusting nurse-patient-family relationship, beyond a merely therapeutic relationship, since knowing the degree of involvement is essential to establish an individualized care plan, (Sanchez, 2017).

Having good communication with the patient and with the family is essential, because in this way it will be possible to carry out a nursing care plan that will help to meet the patient's needs, to carry out the treatment correctly, the good control of symptoms that triggers the disease and for communication to be effective, the professional must transmit trust, must be sincere, empathic, kind and direct regarding the disease.

This study is part of an investigation on the experiences of nursing professionals in the care of pediatric patients with oncological diseases, this study in particular, the purpose was to know the experiences of nursing professionals in the care of pediatric patients with diseases oncology, through the use of a qualitative design, applying an in-depth interview based on questions focused on professional, emotional, spiritual and communication aspects between nurse-patient-family, understanding the experiences of the nursing staff in the care provided to this vulnerable group in a care unit in the city of Cuenca.

MATERIALS AND METHODS

For the elaboration of the case study, a qualitative research was carried out with a phenomenological approach design, which seeks to know the life experiences regarding an event from the subject's perspective.

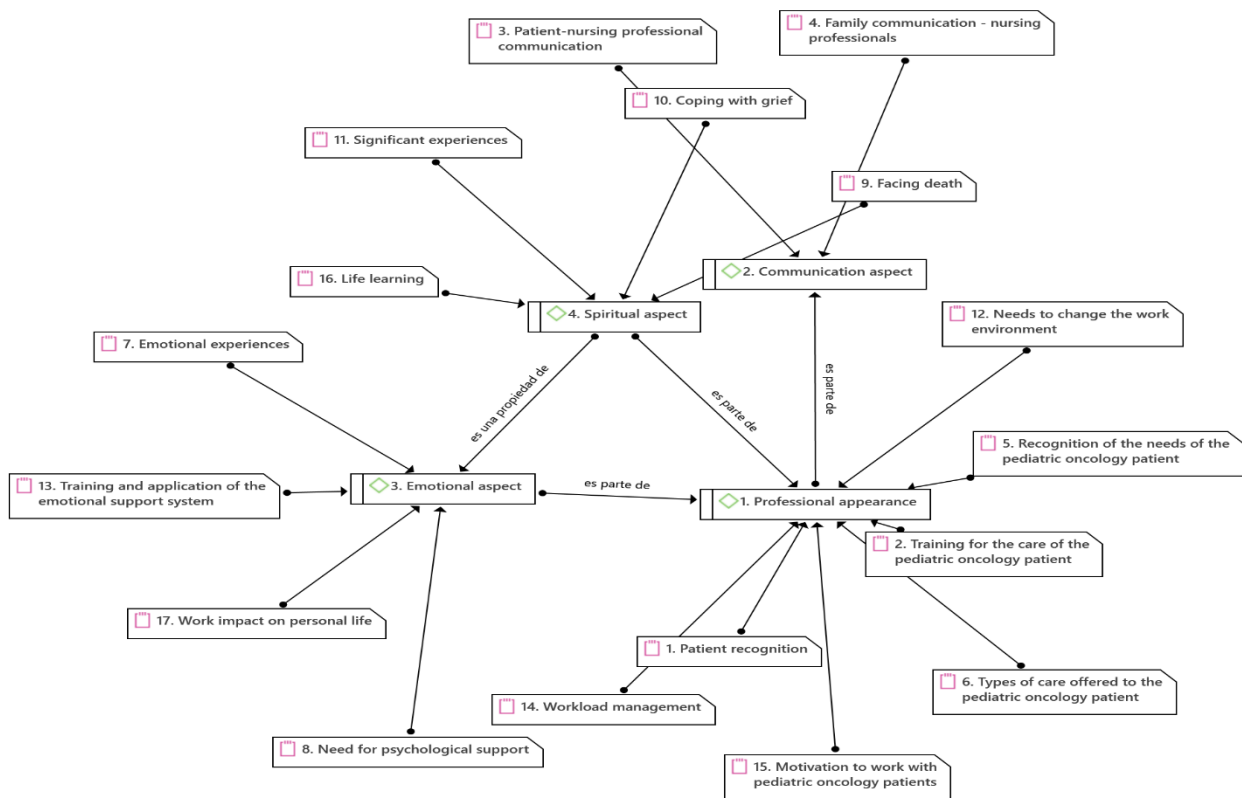
The study population for the research was the nursing staff that works in the care of pediatric oncology patients in a health home located in the city of Cuenca, which territorially belongs to the 01D01 district of Zone 6.

The interview was applied to 10 nurses, for which a questionnaire of opening, guiding and closing questions was prepared, which consisted of 17. In order to participate in the research, the staff had to meet the following inclusion criteria, such as; work in the pediatric oncology area, have more than one year of work experience in the area, have accepted and signed the informed consent.

After obtaining the experiences of the professionals, the information was analyzed using the technological use tool, created with the purpose of supporting the organization, analysis and interpretation of data in qualitative research, 4 categories of analysis and 17 subcategories were used that helped to information gathering, obtaining 170 citations. The core categories generated by the study are presented below.

Table 1. Hermeneutic unit

Category	Subcategory	Ask
professional look	Patient recognition	What is a pediatric cancer patient for you?
	Training for the care of pediatric oncology patients	What type of training or study do you have to work with pediatric oncology patients and how long have you worked in this service?
	Recognition of the needs of the pediatric oncology patient	How do you manage to identify the needs that must be met in pediatric oncology patients?
	Types of care offered to the pediatric cancer patient	What types of nursing care do you provide to pediatric oncology patients?
	Need to change work environment	Have you ever felt that you should stop working with pediatric cancer patients?
	Workload Management	What strategies do you use to manage your workload?
	Motivation to work with pediatric cancer patients	What motivated you to work with pediatric cancer patients?
communicational aspect	Patient-nursing professional communication	How do you establish communication with pediatric oncology patients?
	Family communication-nursing professionals	What is the communication like with the family of the pediatric oncology patient?
	emotional experiences	How do you feel emotionally when you are caring for a pediatric oncology patient?
emotional aspect	Need for psychological support	Have you ever required the psychological support of a professional in the area?
	Training and application of emotional support systems	Have you sought training in emotional support issues and then applied them to patients and their families?
	Work impact on personal life	Do you consider that your work has transcended your family life?
spiritual aspect	Grief coping	How have you faced the grieving process after the death of a pediatric oncology patient?
	Significant experiences	Do you remember any experience that has marked your life, both professionally and spiritually?
	life learning	What lessons have family members or pediatric patients with oncological diseases taught you?
	coping with death	How have you faced the death process of a pediatric oncology patient?



Source: Atlas ti v.9
Figure 1. Analysis network

RESULTS

Category 1. Professional appearance

This category is divided into 7 subcategories, after being analyzed 70 citations were obtained.

The experiences obtained tell us that “nurses recognize this group of patients as innocent children full of courage who fight every day to overcome their illness. They are vulnerable patients who require specialized care, in the investigation it was identified that some professionals had received constant training to provide quality care, others indicated that they had continued their studies with diplomas or specializations, however, the majority reported that the knowledge What has served the most for attention has been the experience lived throughout his professional life. The professionals report that they must work in the area where they are assigned, the motivation to work continuously with pediatric oncology patients varied from the nursing vocation to help others,

Category 2. Communication aspect

This category is divided into 2 subcategories, after being analyzed they obtained 18 citations.

The experiences obtained tell us that, "to establish the bond with the children, the process arises through empathy and closeness, which is generated with personalized care, being necessary to establish an affective bond that allows conversation and knowing the needs of care patient, especially with those patients who are in adolescence and isolate themselves. Communication with family members must be based on sincerity, using an appropriate language that they understand, without using medical terminology, and must also be direct to establish a bond of trust with the nursing staff-family.

Category 3. Emotional aspect

This category is divided into 4 subcategories, after being analyzed they obtained 40 citations.

The experiences obtained tell us that "professionals face experiences loaded with positive and negative emotions, the need for psychological support for nursing professionals is emphasized, which allows them to generate emotional management techniques, where the interventions of the professionals sometimes it leads to feelings of impotence and frustration when a medicine or treatment does not work or patients who reoffend, these are situations that have a psychological impact on the staff. In their personal lives, in many cases the impact has been positive, since it allows them to see reality from another perspective, developing greater sensitivity, revaluing small aspects of life.

Category 4. Spiritual aspect

This category is divided into 4 subcategories, after being analyzed they obtained 42 citations.

The experiences obtained tell us that “a series of experiences were identified that have been marked in their memory or situations where the patient, despite the attempts made to save them and at their young age, died, causing a great impact.

Most report that they have learned to be strong despite the situations that happen, and how God's refuge or his religion helps them overcome their children's illness. To deal with death and mourning, the professionals point out that in cases where the children are very sick due to their final-stage illness, death is a relief because they know that the child rests, and when this happens, the nursing professional supports the parents in the paperwork and processes to treat the child in a dignified way until the end.

DISCUSSION

Professional appearance.

Through the interviews, it was possible to identify that the nurses recognize this group of patients as innocent children full of courage who struggle every day to overcome the disease, as they are susceptible to suffering from interventions or pregnancy complications as a result of their illness. In the investigation of Rosado & Varas, (2019), it was determined that "Despite describing the disease as catastrophic and unfair, even more so when it occurs in pediatric patients, they were able to consider the disease as a learning experience and an opportunity for personal development" (p.8).

The training received by nursing professionals in order to provide care to pediatric oncology patients was inquired about, indicating that some had received constant training. Some indicated that they had continued their studies with diplomas or specializations in the area, however, the majority stated that the knowledge that has served the most in caring for this vulnerable population has been the experience lived over the years working and interacting with patients pediatric oncology. Similarly, they explain (Silva, Figueiredo, Mendoca & Cozer, 2020) Since the care of children and adolescents with cancer is an area that deals directly or indirectly with humans linked to life and death, the nursing team must have skills that go beyond the technical-scientific field.

Communicational aspect

It was identified that, in the case of children, the process of establishing a bond arises through empathy and closeness, which is generated with personalized care, making it necessary to establish an affective bond that allows conversation and knowing the needs of each of them, especially with those patients who are in adolescence and isolate themselves. In the investigation of Ferreras, (2017) the importance of the nursing role in the care of pediatric oncology patients is highlighted "when it comes to providing support to the families of children with a life-limiting disease through communication skills that nurses must have, such as active listening, being of great importance that nursing interventions are adapted to the age and level of development of the child" (p.10)

In communication with family members, they reported that communication should mainly be based on sincerity, using an appropriate language that they understand at all times, without using complicated medical terminology, it should be direct so that a bond of trust is established with the nursing staff -family. As explained Ludmila, (2018) "As nurses with experience in communication in palliative and end-of-life care, the most important barrier for them is controlling their own emotions when having to give bad news or when there are conspiracies of silence" (p.16)

Emotional aspect

The interview emphasizes the need for psychological support for nursing professionals, which allows them to generate emotional management techniques, where the interventions of the professionals reflected that job performance in the area in many cases leads them to experience a feeling of helplessness and frustration when a medication or treatment does not work or in the event of a recurrence. Similarly, they explain Dias Leticia, Francoso Flávia & Luiza Janaína, (2017) that when the professional faces the diagnosis of a child without a therapeutic perspective, he faces the paradox of the interruption of the natural line of life, thus, these professionals constantly face feelings of insecurity, sadness, impotence, frustration, pain, pity.

The impact that their work performance has had on personal life, identifying that in many cases the impact has been positive, since it has allowed them to see reality from another perspective, developing greater sensitivity, revaluing small aspects of life. In the study of Ferreras, (2017) it is explained that it is recommended that "nurses have sufficient and appropriate learning in order to be able to face their own anguish and act correctly in the face of personal questions that arise when dealing with this type of patient" (p.13)

Spiritual aspect

Several significant experiences were identified that have been marked in their memory, such as in the case of some children with special qualities, with whom they came to form emotional and affective ties during the care provided, and that due to the circumstances of their illness did not reach overcome his health condition, which caused a lot of sadness and impotence. Others highlighted as significant experiences, situations where the patient, despite the attempts made to save them and his young age, died, causing a great impact. About (Rosado & Varas, 2019) explain that there is an importance in the spiritual element during the care of pediatric oncology patients, which generates a dichotomy between bodily care and spiritual care, feeling more confident when offering physical care, and in some cases they prefer to establish a certain distance from others, in order not to establish an emotional bond with the patient as a defense mechanism against the possibility of the patient's death.

As for mourning, some nursing professionals explain that they go through it supporting the parents of the family. Helping them in the procedures and processes to treat the child in a dignified way until the end, denoting that the closure of the duel is carried out by helping those most affected. In a study carried out by Fernández, García, Lozano & Rubio, (2020) determine that the nursing professional has, within its functions, to help patients face this transition step from life to death, both of those who suffer from an illness and of the loved ones around them. Therefore, a warm, favorable and supportive attitude towards the patient and his family is expected, so the death process should be understood as a natural aspect of life.

CONCLUSION

From the professional aspect, it was identified that the interviewees worked in the area of caring for pediatric oncology patients by assignment, by labor market situation or by professional growth, evidencing in common the development of knowledge and skills through the work experience acquired in most of them have worked in this area for more than four to fifteen years and that has allowed them to experience job satisfaction and motivation, they also reported not feeling the need to change the area where they practice their profession.

Another valued aspect was communication, determining that from the perspective of nursing professionals, communication with patients should be based on trust, patience, empathy and kindness, while with family members it is necessary to express security, clarity, and always be direct based on mutual trust.

In the emotional aspect, it was possible to identify that in the area of care for pediatric oncology patients, different emotions are experienced, both positive and negative, which makes it necessary for nurses to develop sensitivity, strength and the ability to manage emotionally in the circumstances experienced daily.

In relation to the emotional support required by the nursing professionals and their ability to provide support to others, it was identified that it is necessary that, given the proximity to situations of high negative emotional charge, they receive support from professionals in the area of psychology who help them overcome near-death experiences and bereavement, to which they are continually exposed, separating work experiences from their family life.

Regarding the spiritual aspect, it was recognized that the professionals have experienced significant experiences, where they have developed emotional ties with children and after the loss of their battle against cancer, they still remember them constantly, having had a profound impact on their lives. These experiences have marked their spirit, making professionals recognize the value of their families and the vulnerability to which they are exposed, since cancer is a disease from which no one is exempt; bringing them closer to God or to the religion that each one professes.

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