



ISSN: 2230-9926

Available online at <http://www.journalijdr.com>

IJDR

International Journal of Development Research

Vol. 11, Issue, 10, pp. 51318-51322, October, 2021

<https://doi.org/10.37118/ijdr.23053.10.2021>



RESEARCHARTICLE

OPENACCESS

EACH CHILD IS A CHILD: NURSING CARE FROM THE PERSPECTIVE OF LIVING/DYING IN AN ONCOLOGICAL SURGICAL CENTER

Simone Souza de Freitas*¹, Nara Gabriel Nigro Rocha², Sinairana Silva Santana Lins de Araújo³, Jany Kelly Cardoso Silva⁴, Patricia Cavalcante Castro do Nascimento⁵, Kadja de Fatima Pinheiro Freitas da Silva⁶, Aridan Maria Pereira de Holanda⁷, Tatiane Muniz da Silva⁸, Joyce Kelly Tomaz da Fonseca⁹, Ana Paula Henrique de Arruda e Silva¹⁰, Katharine Bezerra Dantas¹¹, Ana Cláudia Pantoja Brito Nunes¹², Amanda Maria da Cunha Calado¹³, Vanessa Luiza Oliveira da Silva¹⁴, Camila Ramos Ferreira Silva¹⁵, Danilo Lopes Oliveira da Silva¹⁶, Claudia Roberta Vasconcelos de Lima¹⁷, Igna Judicarlene Veloso Lima¹⁸, José Eduardo Avelino¹⁹, Jackeline Alcoforado Vieira²⁰, Fernanda Marcela Gomes da Silva²¹, Caline Sousa Braga Ferraz²² and Cinthia Regina Albuquerque de Souza²³

¹Specialist Nurse in Public Health (FUTURA,²Graduated in Nursing (UPE), ³Specialist in Quality and Safety in Patient Care (Sírío-Libanês), ⁴Graduated in Nursing (FASI), ⁵Master's Student in Public Health (UFPE), ⁶Professional Master's Degree in Public Health (IAM-FIOCRUZ), ⁷Master in Collective Health (FICS), ⁸ Specialist in Intensive Care Unit (FACESF), ⁹Master in Intensive Care Unit (SOBRATI), ¹⁰Graduated in Nursing (UNINASSAU), ¹¹ Specialist in Family Health and Community (School of Public Health of Ceará), ¹² Specialist in Family Health (UPE), ¹³ Master in Family Health (UFPB), ¹⁴Preceptorship in Primary Health Care (FPS), ¹⁵Graduated in Nursing (FACIP), ¹⁶Specialist in Health Management (FIOCRUZ), ¹⁷Nursing in Surgical Center and Material Center (UNYLEYA), ¹⁸Animal Science and Degree in Agricultural Sciences (UFRPE), ¹⁹Nursing Technician (Victoria de Santo Antônio Professional Training Center), ²⁰Graduated in Nursing (FUNESO), ²¹Technical Qualification in Nursing (Vocational Nursing Model School), ²²Nursing residency in child health (IMIP), ²³Specialist in Family Health in Primary Care (IBPEX).

ARTICLEINFO

Article History:

Received 17th August, 2021
Received in revised form
22nd September, 2021
Accepted 04th October, 2021
Published online 30th October, 2021

Key Words:

Nursing care, Nursing,
Children, Pediatrics; Oncology, Cancer.

*Corresponding author:

Simone Souza de Freitas

ABSTRACT

Child-juvenile cancer corresponds to a group of several diseases that have in common the uncontrolled proliferation of abnormal cells and that can occur anywhere in the body. According to the National Cancer Institute (INCA), in most cases, the symptoms are related to the common disease in childhood, thus representing the first cause of death with 8% of the total among children and adolescents from 1 to 19 years old., present in all Brazilian regions. It is an integrative review, which allows the elaboration of a synthesis of the knowledge already reported in the literature on a given topic and promotes a comprehensive analysis of the data found. In this study, the following guiding question was formulated: Which nursing care from the perspective of living/dying in an oncology surgical center? In order to answer this question, data collection took place from May to July 2021 by two independent judges, in the following libraries/databases: BVS and MEDLINE/Pubmed. In this review, it was possible to see that in the global context, the incidence of cancer among children corresponds to about 1% to 3% of all malignant tumors in the general population. Regarding the possibilities of curing childhood cancer, it is emphasized that 80% of diagnosed children have the possibility of a cure as long as the diagnosis is made as early as possible and they are referred and treated in specialized centers. This study discussed and analyzed the scientific literature on the science of childhood cancer, specifically on nursing care in an oncology surgical center for children/adolescents with childhood cancer. It was identified that surgeries can be a stressful situation in the life of any human being, and in children the situation becomes even more delicate due to the hostile environment, as well as for family members and caregivers, but also for nursing in their day-to-day professional practice.

Copyright © 2021, Simone Souza de Freitas et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Simone Souza de Freitas, Nara Gabriel Nigro Rocha, Sinairana Silva Santana Lins de Araújo, Jany Kelly Cardoso Silva et al. "Each child is a child: nursing care from the perspective of living/dying in an oncological surgical center", *International Journal of Development Research*, 11, (10), 51318-51322.

INTRODUCTION

Child-juvenile cancer corresponds to a group of several diseases that have in common the uncontrolled proliferation of abnormal cells and that can occur anywhere in the body. (ANDRADE, 2001). Childhood cancer is characterized as a rare disease, as it accounts for between 1 to 3% of all malignant tumors in the majority of the Brazilian population, but commonly affects blood system cells and supporting tissues (ALMEIDA, 2020). According to the National Cancer Institute (INCA), in most cases, the symptoms are related to the common disease in childhood, thus representing the first cause of death with 8% of the total among children and adolescents from 1 to 19 years old., present in all Brazilian regions (BARROS, 2021). Therefore, aspects related to prevention are still a challenge for the future, so early diagnosis and quality therapeutic guidance are essential (BRAZIL, 2017). The child with cancer experiences a situation of continuous coping with death, especially during hospitalization, as the treatment is prolonged and marked by many invasive and painful procedures (BRAZIL, 2021). Surgical procedures performed in children/adolescents with childhood cancer are numerous and of different categories, so it has been a challenge for nurses to perform procedures in a way that is minimally invasive⁶. When hospitalization and surgery are required, they constitute a critical event in the life of the child, the adolescent and their family, which heightens emotions such as anxiety, fear and anguish, where these conceptions are understood that surgical processes involve responsibilities of the multidisciplinary team (RODRIGUES, 2020). It is essential to properly prepare the patient to achieve positive postoperative results, whether in elective or emergency surgery, as any surgery is a complex procedure (NATIONAL CANCER INSTITUTE (INCA) 2018).

For a better quality of care in the operating room, it is up to the nurses of the Surgical Center, as educators and facilitators, to establish healthy relationships with the child, appropriate to the child's affective, physical, social and intellectual conditions, which will alleviate the suffering, mainly because to be considered a different environment from other hospital sectors, where it has many particularities, especially when referring to children (OLIVEIRA, 2021). Currently, with the improvement of surgical techniques and the development of anesthesia, it is possible to intervene in initial tumors and without metastasis (OLIVEIRA, 2016). Today, around 80% of children and adolescents affected by the disease can be cured if diagnosed early and treated in specialized centers¹¹. Despite technological progress and increased rates of cure and survival in this population, in some cases, the child may experience relapses during treatment, which can lead to uncontrolled disease, with no more curative therapeutic possibilities (SILVA, 2021). However, when curative treatment options ranging from surgery, radiotherapy, chemotherapy and transplantation are exhausted, the treatment proposal becomes palliative care (ANDRADE, 2021; BARROS, 2021). In this sense, palliative care emerges as an approach that aims to improve the quality of life of patients and their families who face problems associated with life-threatening diseases^{8,9}. Given the complexity of care in pediatric oncology, the importance of nursing is highlighted, where they are present in the different stages of care, from prevention, diagnosis, long-term treatments, to palliative care (WHITAKER, 2010; SILVA, 2021). The nurse becomes a reference for supporting children and adolescents, as well as their families to face the terminal phase and, consequently, death (BRAZIL, 2008; NATIONAL CANCER INSTITUTE (INCA), 2018). Nursing care focused on the hospitalized child has been changing over the past few years, changing from a more traditional approach, in which care is based on the excellence of functioning from an organizational perspective, to care centered on the child's needs (ALMEIDA, 2020; BRAZIL, 2001). Nursing is a profession that has made an essential contribution to the care of patients with cancer and their families^{1,2}. From this perspective, this study aims to analyze the production of public health knowledge on the subject "each child is a child: nursing care from the perspective of living/dying in an oncology surgical center".

It is intended, from this analysis, to problematize the most recurrent ideas in the considerations about the specificities of childhood and youth cancer.nursing care in an oncology surgical center in the health-disease process.

MAND ALL

It is an integrative review, which allows the elaboration of a synthesis of the knowledge already reported in the literature on a given topic and promotes a comprehensive analysis of the data found. To ensure rigor in conducting the study, the following steps were taken: Identification of the theme and research problem; Definition of inclusion and exclusion criteria; Identification of selected studies; Categorization of selected studies; Analysis and interpretation of results and synthesis of knowledge evidenced in the articles analyzed or presentation of the review. In this study, the following guiding question was formulated: Which nursing care from the perspective of living/dying in an oncology surgical center? In order to answer this question, data collection took place from May to July 2021 by two independent judges, in the following libraries/databases: BVS and MEDLINE/Pubmed. To search for articles, the Health Sciences Descriptors-DeCS/MeSH and their respective translations were used: Nursing care/nursing, children/pediatrics; oncology/cancer/children. Double and triple crosses were performed and combined with the Boolean AND operator. As inclusion criteria, original articles were defined, published in Portuguese, English and Spanish, covering nursing care in the operating room for children and adolescents with cancer and answering the guiding question of the review. The established exclusion criteria were: theses, dissertations, editorials, book chapters, letter to the reader, literature reviews, commentary, free communication, duplicate articles, perspective studies, guidelines, experience reports and goal avoidance. The level of evidence was assessed according to Stleter CB, et al. (1998), with the following categorization: level I – Meta-analysis studies of multiple controlled and randomized studies; level II – Individual studies with experimental design; level III – Quasi-experimental studies, time series or case-control; level IV – Descriptive studies (non-experimental or qualitative approach); Level V – Case or experience reports; Level VI – Opinions of expert committees, including interpretations of information not based on research, regulatory or legal opinions. All selected articles were categorized with level of evidence IV. From the search for studies through double and triple crossings, we found 1983 articles in the databases used. Following the development stages of this review, 1785 articles were excluded according to the reading of the titles and 126 articles excluded after reading the abstracts for not being in line with the theme or for not answering the guiding question. Of the 72 remaining articles, we proceeded with the reading of the studies in full, thus remaining, 06 articles that demonstrated affinity with the theme proposed in this study (Figure 1).

RESULTS AND DISCUSSION

Of the 06 studies retrieved, all presented evidence level IV, denoting quantitative and qualitative descriptive studies. All studies were developed in 2020 and 2021 and were presented in Portuguese, English and Spanish. Regarding the study site, two were carried out in Brazil, two in the United States of America, two in Mexico (Table 1). Based on these data, it was seen that there is a considerable number of studies on the subject, implying that much has been studied and its investigation expands knowledge and brings benefits to society as a whole. Of the 06 publications, only one highlighted the importance of the role of nursing to pediatric cancer patients within the operating room. Another 05 addressed the issue of nursing performance more specifically with the main strategies of these professionals and their importance in childhood cancer, focusing on the main strategies in the management of relationships with the family of pediatric cancer patients who are very affected by their children's pathologies, however plays an important role in the treatment of children.

Table 1. Summary table of the most relevant works for the construction of this study

Author	Theme	Kind of study	Year	Goals	Results
Sources, SAC; Alvim, TAN	Human nursing care for cancer patients	Descriptive Qualitative Research	2020	Understand the importance of nursing care for children with cancer and their families.	Its main results revealed that the foundations of the dialogue are based on the principles of human relationships, such as friendship, affection, attention, respect, patience and solidarity.
Gomes, IP	From diagnosis to survival of childhood cancer: children's perspective	Exploratory study with qualitative analysis	2020	Understand the process from diagnosis to cancer survival from the child's perspective.	It was identified that the caregiver has limitations to face stressful situations such as the death of a child and they need emotional support to experience this grief and accept the incompatibility of this topic with childhood.
Cabral, IE and Silva, LF	The repercussions of cancer on children's play: implications for nursing care	Qualitative research	2021	Identify the repercussions of cancer on children's play in cancer treatment	Nursing is building knowledge specific about the needs Individuals, cultural and collective of the children with cancer, for an assistance of nursing that consider the care according to the uniqueness of each case.
Silva. A.D; Meirelles.N,F	Humapiization of the assistance to the child in the surgical center oncology	Qualitative research	2021	Describe the actions taken by nurses in the Surgical Center aimed at the pediatric client and address the importance of the playful space as a setting for the humanization process.	Innovations in the nurses' work process brought significant responses with greater understanding, participation and interaction between the child and his family, affecting the mental, emotional and social well-being of the assisted child.
Candido.K,J; Lopes.A; Davatz. C,G.	Oncological surgical center: action of the nursing team and asper cts causing occupational stress	Descriptive Qualitative Research	2021	To introduce the role of the Nursing team in Oncology Surgical Center and define the reasons for the development of occupational stress	Nursing care requires the professional to have a comprehensive and humanized look in order to assist the person in their entirety, respecting them in biopsychosocial and spiritual aspects, not valuing only the execution of specific techniques and practices and starting to use several means of communication, which can be verbal and non-verbal, so that the particularities of each one are perceived and understood.
Carmo; olive tree, 2015.	Child with Cancer in the Process of Dying and his Family: Coping with the Nursing Team.	Descriptive Qualitative Research	2021	Identify and describe the view of nursing students about palliative care in pediatric oncology during graduation.	To take care of children with cancer and their families, the nursing team must understand death and dying and identify the stages of the dying process, as care is very different and difficult, considering the operational and relational aspects.

Source: Own authorship

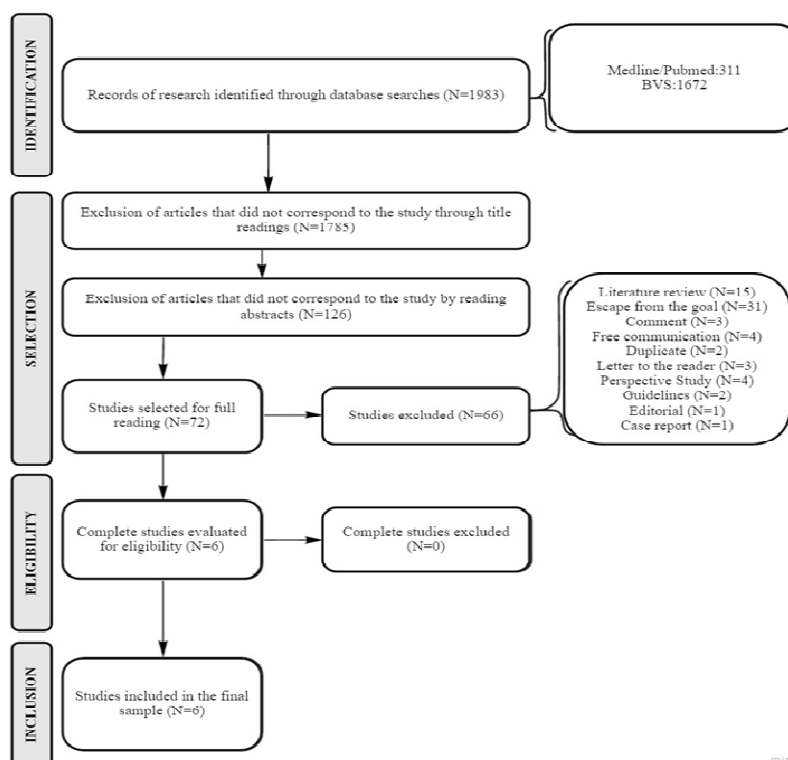


Figure 1. Prism flowchart and descriptions of database searches

The articles chosen to compose this study, in general, in this review, it was possible to see that in the global context, the incidence of cancer among children corresponds to about 1% to 3% of all malignant tumors in the general population. Regarding the possibilities of curing childhood cancer, it is emphasized that 80% of diagnosed children have the possibility of a cure as long as the diagnosis is made as early as possible and they are referred and treated in specialized centers. It was seen in the studies that make up the sample that the family member's participation in the nursing team's care planning, with space for attention and information before, during and after the child's anesthetic-surgical procedure, while in the Surgical Center, reduced the caregiver's anxiety, providing a wait with less uncertainties. Surgical center nurses use strategies to achieve a more humanized nursing care, with the mitigation of traumas, better acceptance of anesthetic-surgical procedures, among the strategies the family member stay with the child inside the surgical center and the use of toys as therapy for children to express their feelings by playing and establish a bond and trust in professionals. The nurse has specific roles in the effectiveness of treatment for children, being responsible for observing and meeting the needs of each individual in surgery, since it is a being in development and that presents peculiar characteristics of communication".

Thus, the humanization of the care provided to the child is essential, in order to transmit security and emotional integrity to them, at such a critical time in the child's treatment. THE Surgery represents one of the most unpleasant or painful experiences that the child is subject to face when assisted in a health service. And it should probably be associated with frightening images, often conveyed by the media, with sharp objects, blood, people with masks, traumatic procedures and death." Thus, in the search for improvements, over time, for better nursing care the first steps were taken at the initiative of some nursing professionals work with the playful, which sought to contribute to a closer relationship between the Nursing team and the child and their families in the period prior to the surgical procedure and during the transoperative period. The playful transforms the hospital environment and fills a gap between the child, his family and the health team, relieving stress and anxiety, helping the child to go through painful feelings. With this, they enabled greater expressions, clarifications and emotional balance, making nursing care in the Surgical Center more significant. For Rodrigues et al (2020), from the perspective of health professionals, the nursing team should work with the playful as an ally in their daily work, understanding that such a tool presents itself as a relevant resource in the development of quality nursing care with the child/adolescent. In this way, it is essential to offer new public policies and permanent health education, in addition to providing care with trained professionals, comprehensive care, in order to minimize the delay in the diagnosis of childhood cancer and, consequently, increase the probability of cure. Although, there are some institutional initiatives to carry out training and updates, they are not carried out in an integrated manner with nurses who deal with the care of children/adolescents with cancer. It is from there that one of the main social roles of nursing emerges: knowing and through humanized care, reestablishing a situation of harmony, trust for each child/adolescent in an individualized way in the care within the operating room for these people who need so much attention .

FINAL CONSIDERATIONS

This study discussed and analyzed the scientific literature on childhood cancer, specifically on nursing care in an oncology surgical center. It was identified that surgeries can be a stressful situation in the life of any human being, and in children/adolescents the situation becomes even more delicate due to the hostile environment, as well as for family members and caregivers, but also for nursing in the your day-to-day professional practice. Thus, observing the ludic as a strategy based and built by the nurses of the oncology surgical center as welcoming and humanized strategies aimed at improving the quality of life and well-being, which integrate and consolidate a more

humane and ethically committed care. The concept of humanization has been important for all these members who make up care, as they go beyond the meanings of the hospital environment. It was possible to observe that there are few publications on this subject and one way to boost nursing care in the oncology surgical ward is to invest in studies on this theme, in order to enhance the care of nursing professionals, so that they can promote health while minimizing the suffering caused by the disease and provide more qualified and humane assistance to this public. In addition to caring for the child/adolescent, it is also necessary to include the family in this treatment, as it plays a very important role in this assistance. It is understood that the improvement of nursing care in the operating room is necessary due to the increased incidence of children with cancer who usually evolve and need to undergo procedures in the operating room, and it is in this sense that the construction of a theoretical contribution can contribute to improving nursing care and improving the quality of life of children/adolescents with cancer. Therefore, it is expected that with this study we can contribute to the quality and improvement of nursing care in the operating room, providing scientific support for the practice of care for children and adolescents affected by cancer, achieving quality and safety in the care process. .

REFERENCES

- ANDRADE, GB et al. 2021. Palliative Care and the Importance of Communication between Nurse and Patient, Family and Caregiver. *Rev. Research. Care Found.* (Online); 11(3): 713-717. Accessed on September 1.
- ALMEIDA, PF Barbosa, MGA, Santos, SM, Silva, EI & Lins, SRO (2020). The relationship between the nurse and the patient in palliative cancer care. *Brazilian Journal of Health Review.* 3(2),1465-1483. <https://doi.org/10.34119/bjhrv3n2-011>
- BARROS, Malena de Lima; REIS, Juliana Goncalves; RODRIGUEZ, Martius Vicente Rodriguez y. Integrative review of bibliometric studies in pediatric surgery. *Electronic Journal of Communication, Information and Innovation in Health*, v. 9, n. 3, 2015. Available at: <https://brapci.inf.br/index.php/res/v/130880>. Accessed on September 1, 2021.
- BRAZIL. Ministry of Health. Early diagnosis protocol for pediatric oncology: Department of Health Care. Department of Specialized and Thematic Care. Brasília: Inca, 2017.
- BRAZIL. Ministry of Health. Child and adolescent cancer in Brazil: data from population-based and mortality registries. Rio de Janeiro: José Alencar Gomes da Silva National Cancer Institute, 2008. Available: http://bvsm.sau.gov.br/bvs/publicacoes/cancer_crianca_adolescente_brasil.pdf. Accessed on September 1, 2021.
- COSTA, Danieli Teles Liviéri et al. Playing in child nursing care. *Rev. Soc. Bras. Nurse Ped*, [s.l], v.16, n.1, p. 36-43, Jun. 2016. Available at: https://journal.sobep.org.br/wp-content/uploads/articles_xml/2238-202Xsobep-16-01-0036/2238-202X-sobep-16-01-0036.x49543.pdf. Accessed on September 1, 2021.
- RODRIGUES, DA et al; Educational practices in health: the playful teaching health for life; *Rev. Ciênc. Saúde Nova Esperança. Paraíba.* v. 13, n.1, p. 84-89, Jun. 2020. Available at <http://www.facene.com.br/wp-content/uploads/2010/11/Pr--ticas-educativas-em-sa--dePRONTO.pdf> Accessed on 01 of Sep 2021.
- NATIONAL CANCER INSTITUTE (INCA). 2018 estimates: incidence of cancer in Brazil. Rio de Janeiro: INCA; 2017.130p. Available in <https://www.inca.gov.br/onde-tratar-pelo-sus>
- OLIVEIRA, Ana Helisia Santos de et al. Implementation of the Safe Surgery Checklist. *Single Academic Notebooks*, [s.l], v. 3, n.1, p. 1-11, Available at: <http://co.unicaen.com.br:89/periodicos/index.php/UNICA/article/view/164>. Accessed on Sep 1, 2021.
- OLIVEIRA RA, Araujo JS, Conceição VM, Zago MM. Cancer survival: unraveling this reality. *Health Care Science.* 2016; 14 (4): 1602. <https://doi.org/10.4025/ciencuidsaude.v14i4.27445> »<https://doi.org/10.4025/ciencuidsaude.v14i4.27445>

WHITAKER, MCO. Life after childhood cancer treatment: survivors' experiences. 2010. 146 f. Thesis (Doctorate) - Public Health Nursing Course, University of São Paulo, Ribeirão Preto, 2010. Available. Accessed on September 1, 2021.

SILVA,GF, Assis, MTB & Pinto, NBF (2021). Palliative Care in Children with Cancer: the role of nurses in care assistance. *Brazilian Journal of Development*. 7(5), 53524-53540. <https://doi.org/10.34117/bjdv7n5-655>.
