



FAMILY MEMBER CAREGIVER OF CHILDREN WITH CANCER IN INTENSIVE CARE UNIT: NURSING CARE IMPLICATIONS FROM INTERACTIONS

FAMILIAR ACOMPANHANTE DA CRIANÇA COM CÂNCER EM UNIDADE DE TERAPIA INTENSIVA: IMPLICAÇÕES PARA O CUIDADO DA ENFERMAGEM A PARTIR DAS INTERAÇÕES
 FAMILIAR ACOMPAÑANTE DEL NIÑO COM CANCER EN UNIDAD DE TERAPIA INTENSIVA: IMPLICACIONES PARA EL CUIDADO DE ENFERMERÍA A PARTIR DE LAS INTERACCIONES

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ABSTRACT

Objective: to analyze the implications with the presence of a family member carer of children with cancer in an intensive care unit for nursing care, to describe the interactions of the nursing team with the family member carer of the child with cancer in an intensive care unit and to identify possible factors interfering in the interactions of the nursing team with the family member carer of children with cancer in an intensive care unit. **Method:** it is a field qualitative research with members of the nursing team and family members carers of children with cancer hospitalized in the intensive care unit of a specialized hospital. Data will be collected observing directly and by semi-structure interview and submitted to thematic content analysis. **Expected results:** To elaborate support strategies for the family of the child with cancer and to subsidize the elaboration of a guiding program to the carer family member. **Descriptors:** Family; Child; Cancer; Oncology Nursing; Intensive Care Unit.

RESUMO

Objetivos: analisar as implicações da presença do familiar acompanhante de crianças com câncer em um centro de terapia intensiva para o cuidado de enfermagem; descrever as interações da equipe de enfermagem com o familiar acompanhante da criança com câncer em um centro de terapia intensiva e identificar possíveis fatores que interferem nas interações da equipe de enfermagem com o familiar acompanhante de crianças com câncer em um centro de terapia intensiva. **Método:** pesquisa qualitativa de campo com membros da equipe de enfermagem e familiares acompanhantes de crianças com câncer internadas no centro de terapia intensiva de um hospital especializado. Os dados serão coletados pela observação direta e entrevista semiestruturada e submetidos à análise temática de conteúdo. **Resultados esperados:** elaborar estratégias de suporte à família da criança com câncer e subsidiar a elaboração de um programa de orientação ao familiar acompanhante. **Descritores:** Família; Criança; Câncer; Enfermagem Oncológica; Unidade de Terapia Intensiva.

RESUMEN

Objetivos: analizar las implicaciones del niño de la presencia del familiar acompañante de niños con cancer en un centro de terapia intensiva para el cuidado de enfermería; describir las interacciones del equipo de enfermería con el familiar acompañante del niño con cáncer en un centro de terapia intensiva e identificar posibles factores que interfieren en las interacciones del equipo de enfermería con el familiar acompañante de niños con cáncer en un centro de terapia intensiva. **Método:** investigación cualitativa de campo con miembros del equipo de enfermería y familiares acompañantes de niños con cáncer internadas en el centro de terapia intensiva de un hospital especializado. Los datos serán recolegidos por la observación directa y entrevista semi-estructurada y sometidos a análisis temático de contenido. **Resultados esperados:** elaborar estrategias de soporte a la familia del niño con cáncer y subsidiar la elaboración de un programa de orientación al familiar acompañante. **Descritores:** Familia; Niño; Cáncer; Enfermería Oncológica; Unidad de Terapia Intensiva.

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INTRODUCTION

Currently cancer is one of the main public health problems in Brazil. It is defined as a set of more than 100 types of diseases occurring by the disorderly growth of malign cells invading and spreading through blood, organs and tissues.

Cancer is a chronic-degenerative disease affecting big quantity of individuals in the whole world. The number of new cases is increasing in the last few years and due to this situation, it is considered a public health problem.¹ In pediatric patients, cancer is considered all malign neoplasia affecting individuals younger than 19 years old.

In children and youth people cancer (below 19 years old) it is rare when compared with adult cancer, corresponding between 2% and 3% of all malign tumors. However, it represents the second cause of death between children and adolescents, calculating that in 2014 were about 11,840 new cases of cancer in these individuals.²⁻³

Child diseases in family area generate many expectations about the diagnosis and treatment, since cancer is an old disease with a dark and not clear prognosis. It is not known if the treatment will have the expected result because the way the malign cells act are unknown yet. With this, the family prepares to adapt to changes caused by the disease and the hospitalization of the child, linking family bonds to seek support and strenght to deal with the daily routine changes caused by the disease.

The child disease and his hospitalization, besides changing his routine, it interferes in the whole family dynamic, since the child disease experience cause pain and suffering, both for the unaware disease as for many changes the family have to do to adapt this new situation.

It is noteworthy that with the creation of the child and adolescent statute, the children

and adolescent right having a carer during their hospitalization was implemented. From this, with the constant presence of the family member carer in the hospital, there was a necessity by nursing to motivate the family to participate in the child care during hospitalization. Thinking about all this, the term centered in patient and his family was emerged. In this way, care centered in family values child care as well as his family, promoting a planning to focus the family as a unit where all members involved in child care are valued as individuals, also needing to be care and and not only the child.

With this labor experience, it is noticed the suffering of the family of the child with cancer caused since the discover of the disease and beginning of the oncology treatment to the moment the child needs care in the Intensive Care Unit. When in the Pediatric Intensive Care Unit (PICU), the child goes through several medical and nursing procedures causing stress in the child and his family member carer. In this context, this carer starts wondering and many times, interfering in activities developed by the nursing team in the Pediatric Intensive Care Unit (PICU). This type of behavior occurs because some nursing professionals do not talk with the child carer about the procedures that are being or will be performed, directly interfering in child care during hospitalization in PICU. Thus, the guiding questions of this study are:

- How are the nursing team interactions with the family member carer of the child with cancer in the intensive care unit?
- Which are the implications with the presence of the family member for the nursing care to the child with cancer in PICU?

OBJETIVES

- To analyze the implications with the presence of the family member carer of children with cancer in the intensive care unit for nursing care.
- To describe the interactions of the nursing team with the family member carer of the child with cancer in an intensive care unit.
- To identify possible factors that interfere in interactions of the nursing team with the family member carer of the child with cancer in an intensive care unit.

METHOD

It is a quantitative study, study case type, having as essential characteristics “particularity, description, heuristic and induction”, focused a situation, a particular phenomenon, making an adequate study to investigate practice problems, with complete and literal detail of the situation investigated, involving careful planning of the technique use of data collection and analysis of them.⁴

The research scenario will be the Pediatric Intensive Care Unit of a specialized institution, reference in oncology located in the state of Rio de Janeiro/RJ. The participants will be the members of a nursing team and family members carer of hospitalized children with cancer.

For data production, the direct observation technique will be used, with records in diary fields and observation script and semi-structured interviews, using as a script instrument, being recorded in MP4 digital device. Thus, the interview is to deepen aspects of observation collecting the research participant's perspective about their interactions in the care context to child with cancer in the pediatric intensive care unit.

All participants will be informed about the topic, study objective and their rights before accepting to participate in the research and

guided to sign the Informed Consent Term. The project was found in Brazil Platform waiting for the approval for its development.

After finishing data production, the interviews will be transcribed in full by the researcher and identified by a fantasy name to preserve participants' anonymity. Then, data will be submitted to the Content Thematic Analysis preventing next steps: pre-analysis, exploration of the material and result's treatment, inference and interpretation.⁵ Finally, the results will be discussed based on theoretical and methodological reference.

EXPECTED RESULTS

To elaborate support strategies to the family of the child with cancer in the intensive care unit and to subsidize the elaboration of a guiding program for the family member carer.

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