



Determination of the interventions of families intended for the symptoms of children with cancer

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KEYWORDS

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Abstract

Background: The presence and the severity of the symptoms that result from cancer and its treatment adversely affect the quality of life, mood, and daily activities of both the patient and the health care providers.

Objective: This study aims to determine the use of interventions by families intended for the relief of symptoms in children with cancer.

Methods: The Children and Parents Information Form and Form of Interventions used in the Symptom Management were used to collect the data. The data of the study were evaluated as percentages, means by using chi-square test. In all analyses, 5% significance level was used.

Results: Among the children, 49% were female and 50.8% were male. There was a statistically significant difference between the interventions of parents regarding the symptoms of children with cancer according to the stage of the disease ($p < .001$).

Conclusion: It is very important that health professionals prepare a training plan that evaluates the symptoms of a child with cancer with a holistic approach, and share this plan to parents.

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1. Introduction

Cancer is no longer assessed as a fatal disease; rather, it is regarded as a chronic disease depending on developments in medicine and treatment strategies (Vance & Eiser, 2002). There are various physical and psychosocial problems of a child with cancer that arise both from the disease and the

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type of the treatment. Cancer and cancer therapy create local and systemic effects on the that affect the quality of life for children with cancer resulting from the therapy, these children experience mostly pain, nausea/vomiting, mucositis, anorexia, neutropenia, fever, alopecia, constipation, diarrhea, fatigue, insomnia, and digestive problems (Hockenberry et al., 2010; Kestler & LoBiondo-Wood, 2012; Miller, Jacob, & Hockenberry, 2011; Pöder, Ljungman, & von Essen, 2010; Zhukovsky et al., 2015).

Family members are primarily responsible for the care of a child with cancer. Parents are both part of a family and also of a team that provides the health care for a sick. Children should also be considered to be part of with the primary health care team: they should be informed about the treatment plan, and there should be continuous consulting services provided. Although they participate in the child's health care, parents generally do not have sufficient information about the health status of their child. Furthermore, the child frequently encounters new requirements and needs the education and consulting more than ever (Peterson et al., 2014). Nurses should assist children to regain their health and also be aware of the interventions intended for health care. They should also primarily detect the needs of child, regulate the health care by including the child in the treatment process such that parents can cope with the disease and develop their child's current coping skills (Peterson et al., 2014). To do that, it is important that nurses determine both their and the health care providers' procedures intended to mitigate the child's symptoms. In this way, the nurses will help patients plan their personal care and treatments; they also contribute to the self-care and treatment compliance capacity of both patients and health care providers (Gage-Bouchard, Devine, & Heckler, 2013; Hintistan, Çilingir, Nural, & Gürsoy, 2012; Martin et al., 2012). In the literature, it has been stated that priority applications intended for the symptoms of patients (such as nausea and vomiting, alopecia, constipation) are: 'Take the time to relax during the day; gargle; use antiemetics; wear a scarf, beret or hat; eat three main meals and three snacks in a day; use analgesics; take a warm shower; and eat foods containing fiber.' (Gage-Bouchard et al., 2013; Hintistan et al., 2012; Martin et al., 2012).

The cancer patient's health care providers experience difficulties in symptom management and need support because of the continuous and severe symptoms resulting from ongoing and aggressive treatments. The presence and severity of the symptoms due both to the cancer and its treatment adversely affect the quality of life, mood, and daily activities of both the patient and the health care providers. Therefore, symptom management is very important both for the patient and family members. Inability to control symptoms can lead to feelings of powerlessness, hopelessness, loss of faith, the deterioration of the communication between the patient and the health care providers, and loss of confidence (Peek & Melnyk, 2010). Thus, health care providers should be well informed about the possible symptoms of their cancer patients (Hintistan et al., 2012; Long & Marsland, 2011; Niemelä, Hakko, & Räsänen, 2010).

Several studies have been done both in this country (Turkey) and world-wide regarding the interventions that help adult cancer patients to cope with the symptoms. However, there are no adequate studies to date on the

interventions for pediatric cancer patients and their families (Hintistan et al., 2012). Therefore, the aim of this study is to determine the optimal interventions for parents related to the symptoms their child experiences from cancer. Being aware of interventions of families intended for the symptoms of children is important for the useful training plan for the time after discharge from the hospital.

2. Materials and methods

2.1. Population and sample

To determine the sample size, the G*POWER 3.0 software package was used. Type I and Type II errors were evaluated on the basis of respective levels .05 and .20 (i.e., 80% confidence level). The sample size was determined to be 125 individuals using the average point scores in the Yılmaz, Muslu, Taş, Başbakkal, and Kantar (2009) study.

We contacted the parents of 130 children with cancer who had been admitted to the oncology clinic of the university hospital between February 15 and May 31, 2015 to clearly indicate the differences between the variables.

The inclusion criteria were: (1) parents who were primarily responsible for the health care of children between the ages of 0 and 18 and diagnosed with cancer; (2) parents who had the capacity to read and write the Turkish language; and (3) parents who volunteered to participate in the study.

2.2. Instruments

The Children and Parents Information Form and Form of Interventions used in the Symptom Management were used to collect the data for the study.

2.2.1. Children and Parents Information Form

The 'Children and Parents Information Form' consisted of 8 questions with respect to the socio-demographic characteristics of children, diagnosis, stage of disease, treatments, time for diagnosis, duration of treatments, and age and gender of the parents. This form was developed by the researcher after searching the literature to determine the effects of the symptom frequency in children with cancer on the quality of life of parents (Taş & Yılmaz, 2008; Woodgate & Degner, 2002; Woodgate, Degner, & Yanofsky, 2003).

2.2.2. Form of Interventions used in the Symptom Management

The 'Form of Interventions used in the Symptom Management' was developed using the literature to determine the interventions of parents coping with symptoms (Hintistan et al., 2012; Ünsar, Fındık, Kurt, & Özcan, 2007; Yılmaz, 2007). Seven specialists from Department of pediatric Nursing and 3 specialists from Department of Oncology Nursing, thus 10 specialists in all, expressed their views for the form. The form was provided to associates who were asked to assess the questions with scores of 1–4 (1: there must be various changes; 4: quite convenient). The scores of these 10 specialists were evaluated by the Kendall test, and the consistency between the scores was determined as .89. The scores of the specialists were internally consistent. The draft

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