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## Original Article

# Caring in nursing: Investigating the meaning of caring from the perspective of Chinese children living with leukemia

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## ABSTRACT

**Background:** Effective communication between nurse and patient is paramount in establishing the relationship on which patient care is based and influences the quality of nursing care leading to improved health outcomes for patients. It is necessary for nurses to understand children's perspectives of nurse–patient communication in order to choose appropriate communication skills to promote effective communication and a sweet relationship.

**Purpose:** To explore the communication status of children who were in the early stages of living with leukemia and their perspectives of nurse–patient communication.

**Method:** In-depth interviews were conducted with Chinese children with leukemia using a descriptive qualitative research method, and the data were analyzed using Krippendorff's content analysis.

**Results:** Twenty-nine children with leukemia were interviewed. Three communication states were identified among children in the first three months of living with leukemia: totally unwilling to communicate, reduced communication with others and increased communication with parents. Nurse–patient communication for children with leukemia formed three themes: content, form and occasion of communication.

**Conclusions:** With a better understanding of children's communication status and their expectations of communication, nurses can promote effective nurse–patient communication strategies to meet children's psychological needs and build harmonious relationship.

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## 1. Introduction

Leukemia is the most common pediatric malignancy, with approximately 15,000 new cases in children under 15 years of age diagnosed annually in China [1], and treatment for childhood leukemias has advanced rapidly: for example, the long-term event-free survival of Acute Lymphatic Leukemia (ALL) has risen to 75%–80% [2,3]. More and more children are in remission, and therefore have needed to experience long-term hospitalization. Current treatment for standard and high-risk ALL consists of chemotherapy lasting about 30 months for girls and 36 months for boys [4], and treatment for Acute Myeloid Leukemia (AML) lasts about 18 months [5]. In China, the first hospitalization period for children with leukemia needs to be 2–3 months to achieve induced remission and for the first (and even second) course of treatment to be consolidated. During the remission stage, children need to be in hospital for about two weeks of every course according to their treatment schedule. During the first 3 months, children always showed negative emotions. [6]. It is helpful for nurses to understand the nature of children's communication to promote their adjustment. The length of time involved for the treatment enables the children to develop long term relationships with the nurses. To do this effectively the nurses need a good understanding of the children's perspectives of communication. The purpose of this study was to explore the communication status of children who were in the early stages of living with leukemia and their perspectives of nurse patient communication (Table 1).

## 2. Background

The importance of nurse–patient communication has been well documented and that relationship is an important part of daily nursing practice. [7,8] Effective communication between nurse and patient is paramount in establishing the relationship on which patient care is based and influences the quality of nursing care leading to improved health outcomes for patients [9,10]. In the nurse–patient relationship, communication involves more than the transmission of information; it also involves transmitting feelings, recognizing those feelings and letting the patient know that their feelings have been recognized [11]. Nurse–patient communication is an interaction defined by socially and culturally derived processes [12,13]. Because the interaction between a nurse and a patient is a shared process, both the patient and the nurse are involved in constructing, interpreting, and defining each other's actions. Several researchers have explored nurses' perspectives of communication [14–16], while other studies' have focused on the patients' viewpoint [10,17–20]. Many communication skills were explored and educed for nurses, especially patient-centred communication [17]. However, studies of patients almost all involved adults or elders, and few studies have focused on school-aged children living with leukemia. School-aged children have a high level of communication skills, and they can express themselves frankly [21]. It is necessary for nurses to understand children's perspectives of nurse–patient communication in order to choose

appropriate communication skills to promoting effective communication and a sweet relationship. This paper reports one part of a research project exploring the experiences of Chinese children living with leukemia and the nurse–patient communication needed during their hospitalization.

## 3. The study

### 3.1. Aim

The aim of this study was to explore the communication status of children who were in the early stages of living with leukemia and their perspectives of nurse patient communication.

### 3.2. Design

A descriptive qualitative study design was adopted, and face-to-face individual in-depth interviews with an interviewer schedule with outline questions were used to collect data.

### 3.3. Participants

Data collection was conducted in two of the largest general teaching hospitals in Beijing, China, between October 2008 and July 2009. The inclusion criteria were: (1) at least 3 months

**Table 1 – General information about the children living with leukemia (n = 29).**

Item	n	F (%)
<b>Sex</b>		
Male	16	55.2
Female	13	44.8
<b>Age (years)</b>		
7–8	7	24.1
9–12	15	51.8
13–14	7	24.1
<b>Education</b>		
Primary school grades 1 to 2	7	24.1
Primary school grades 3–6	11	37.9
Junior middle school	11	38.0
<b>Birthplace</b>		
Beijing	6	20.7
Other places	23	79.3
<b>Having siblings</b>		
Yes	7	24.1
No	22	75.9
<b>Status of study</b>		
Attending school	4	13.8
Absence from school	25	86.2
<b>Stage of disease</b>		
ALL remission	26	89.7
AML remission	3	10.3
<b>Course of disease (month)</b>		
4–12	15	51.7
13–24	9	31.0
24–30	5	17.3
<b>Living status in the treatment interval</b>		
Living in home, Beijing	6	20.7
Renting house in Beijing	14	48.3
Living in hometown	9	31.0

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