

PSYCHOSOCIAL CARE OF THE PEDIATRIC ONCOLOGY PATIENT UNDERGOING SURGICAL TREATMENT

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OBJECTIVE: *To review the psychosocial aspects experienced by children with cancer undergoing surgical and procedural treatments.*

DATA SOURCES: *CINAHL, PubMed, and PsycINFO resources.*

CONCLUSION: *The diagnosis of cancer is a threatening experience for the pediatric patient with cancer leading to anxiety and distress, which is elevated with a surgical or procedural approach to treatment. Assessing the child's developmental level and previous experiences are fundamental in identifying the appropriate interventions to reduce anxiety and distress to support effective coping.*

IMPLICATIONS FOR NURSING PRACTICE: *Nurses are instrumental in assessing the child's level of anxiety related to surgical procedures. Suggested evidence-based interventions for anxiety and distress include therapeutic play, structured educational preparation, and art-based programs (ie, Hope Bead program).*

KEY WORDS: *copied, anxiety, surgery, pediatric oncology, therapeutic play, educational preparation, art-based coping.*

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The experience of a child who is diagnosed with cancer is often a long process that requires the child to undergo many procedures and/or surgeries as a part of their treatment plan. During this time, children commonly experience feelings of anxiety resulting in distress and this distress relates to the treatment process rather than the cancer itself.¹⁻⁴ In addition, the urgent need to begin treatment may lead to additional distress.³ Children (<5 years old) are at an even greater disadvantage because they are vulnerable as a result of limited language abilities,

Therefore, they are not encouraged to participate in telling their subjective assessment regarding their health. This lack of encouragement in participation leads them to struggle with being both a child with cancer and a child with an increased potential for unmet needs for normal growth and development.¹ Furthermore, surgical procedures can lead to many negative responses by the child, with 50% to 65% of children developing perioperative anxiety.^{2,5-7} Untreated anxiety can lead to adverse health consequences including failing to cooperate with the interprofessional team and displaying negative behaviors (ie, acting out, screaming, demanding, and weeping inconsolably) that will inhibit postoperative recovery.² Distress is defined as a multifactorial, unpleasant experience with cognitive and emotional behaviors that may interfere with treatment of the cancer.⁸ Many studies use the term *distress* interchangeably with that of anxiety.¹⁻⁴ Anxiety is defined as an unpleasant emotion that arises when a child anticipates internal or external danger or consequence leading to a tense and apprehensive state and may arise from a lack of knowledge surrounding a procedure or the environment.^{2,6} Additionally, there are multiple descriptors of anxiety including fear, anger, sadness, nervousness, worry, and a sense of loss of control.^{5,6,9} There are numerous risk factors for intense anxiety unique to children, including developmental age, presence of parental anxiety, and previous medical experiences.^{5,6,9} Thus, there is a need for consistent, regular assessment by nurses throughout the perioperative phase of care to identify those children experiencing anxiety.^{5,6,8,10,11}

It is also imperative that nurses, as members of the interprofessional team, assist the child and family to develop or enhance existing coping strategies to reduce anxiety and distress and provide evidence-based interventions to lessen the psychosocial impact of cancer in this population.^{8,12} Pediatric nurses must use and adapt multiple strategies as the developmental age of the child and previous experiences with health care strongly influences how the child will cope with cancer treatment.^{4,13} Research provides information on the psychosocial impact to children undergoing elective surgeries and children's emotional responses to cancer treatment. This article reviews the psychosocial aspects, primarily anxiety, experienced by pediatric oncology patients from ages 1 through 15 years undergoing surgical or procedural treatment as part of their care plan. This review also identifies several evidence-based practice

interventions to assist in the psychosocial care of this population.

BACKGROUND

Because of the psychosocial and cognitive developmental requirements of children it is important for nurses to have specialized expertise in working with this group. Two key stages of development that require additional consideration are preoperative and concrete operational thought processes.¹³ Therefore, children in the preoperative stage (2 to 6 years of age) are at greatest risk for anxiety because of the inability to distinguish fantasy from reality.¹⁴ This may be further complicated when children are attempting to integrate past experience with their imagination, which may lead to misconceptions about surgical procedures. Once children transition into the concrete operational stage (7 to 11 years of age), they are able to think through procedures in a step-by-step process that may allow this group of children to begin to develop coping behaviors to deal with new situations and, therefore, reduce anxiety.^{7,14,15} However, children 7 to 11 years of age are literal in their interpretation (ie, saying a medication will burn, may cause the child to believe it will set them on fire), so attention to choice of words is important.⁵

One primary means of easing anxiety in children is through the use of coping strategies. In understanding the concept of coping, Lazarus and Folkman¹⁶ define coping as a process that involves both cognitive and behavioral attempts to meet and control the emotional demands of any given situation. This is done based on personal mastery that includes the primary appraisal of the threat of a stressful situation, followed by secondary appraisal where coping strategies are matched to the situation. They further identify eight strategies based on the breakdown into problem-focused and emotion-focused coping.¹⁶ Problem-focused coping is used to change the stressful situation and includes such strategies as seeking social support or using problem-solving skills. Likewise, emotion-focused coping is altering their perception associated with the situation and involves such strategies as self-control skills or positive reappraisal.¹⁶ In providing a culturally sensitive nursing approach, children from Western cultures tend to seek social support or other problem-focused skills, whereas children from Eastern cultures may focus on self-control or other emotion-focused tactics.⁴

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