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Caring for children undergoing radiotherapy treatment: Swedish radiotherapy nurses' perceptions



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A B S T R A C T

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Purpose: The aim was to explore radiotherapy nurses' perceptions of their experiences of caring for children undergoing radiotherapy treatment for cancer.

Method: Semi-structured interviews of 12 nurses were conducted. The interviews were analysed using a phenomenographical approach.

Results: All interviewees were women, and the group's mean age was 49 years. Caring for children during radiotherapy treatment was perceived as a complex task. Their perceptions included views on providing holistic care, creating a sense of security and being committed. Through holistic care the radiotherapy nurses took responsibility regarding care for the child and family, technical aspects of the radiotherapy procedure and the development of their profession. They tried to create a sense of security through individualized information and preparation, through teamwork with the child and family, and regarding anaesthetic personnel (if needed) while balancing the care they gave related to the child, to the family, to anaesthetic personnel, and to their own tasks. The radiotherapy nurses perceived themselves as committed in their care and reported being emotionally affected by sadness, but also joy.

Conclusions: By clarifying radiotherapy nurses' perceptions of caring for children guidelines can be developed to lessen anxiety and increase the sense of security amongst children undergoing radiotherapy treatment and their family members.

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Introduction

During the year 2011, approximately 400 children (0–19 years old) were diagnosed with cancer in Sweden (Socialstyrelsen, 2013). Of these, 17% underwent radiotherapy treatment (Radtox, 2014). Radiotherapy treatment puts high demands not only on the child and his or her family but also on healthcare personnel. Research has shown that nurses caring for children diagnosed with cancer are exposed to triggers for compassion fatigue, burnout and stress (Maytum et al., 2004; Zander et al., 2010; McCloskey and Taggart, 2010). During radiotherapy treatment, the radiotherapy nurse (RTN) is responsible for the care process. How healthcare personnel care for children and their families has an impact on the experience of the care. To our knowledge, no research has been published

concerning RTNs' perceptions of their experiences caring for children.

RTNs are known internationally also as radiation therapists, radiotherapy technologists, or therapy radiographers (Egestad, 2013). To work as an RTN in Sweden requires a nursing degree or a radiography degree and at least one year's work experience as a nurse or radiographer, as well as advanced courses in radiotherapy (SFS, 1993:100). Most RTNs are not specialized in paediatric nursing although they interact with children. RTNs working with adult patients (Bolderston et al., 2009) reported that their work entails balancing patient care and technical skills, fostering patient-focused relationships, being fully present, assuming the role of communicator, and being the patient's advocate. Other important features mentioned were verifying machine and patient's parameters. Developing relationships with patients and to know that they were helping those patients were noted as central in RTNs' care and gave them a sense of meaning in their work (Lawrence et al., 2011; Diggins and Chesson, 2014). However, Probst et al. (2012) found that a total of 38% of RTNs reported emotional exhaustion. Sehlen et al. (2009) listed the most stressful

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factors for RTNs as keeping the patients alive by any means, witnessing patients' disease progression, carrying a high physical workload, and seeing the patients suffer discomfort as a result of therapy. These factors were also confirmed in a study by Diggins and Chesson in 2012.

Since radiotherapy treatment implies radiation to a very specific area the children have to lie absolutely still in an unusual environment on their own, which can be hard for them, and therefore many receive deep sedation or anaesthesia (Seiler et al., 2001). Children's experience of radiotherapy treatment is an unexplored area, but when children are hospitalized it has been found that they need to experience a sense of security and participation, as well as to be cared for by competent nurses (Brady, 2009; Nilsson et al., 2010). Coyne and Kirwan (2012) found it important that healthcare personnel communicate with the children and include them in everyday decision making. If children are allowed to ask questions and give their opinions, this can make a difference in their well-being and psychological health. Children with cancer want to have their parents present during treatment, to play and feel joy, to be part of the care procedure, and to have good relationships with healthcare personnel (Björk et al., 2006).

Parents of children with cancer and their experience of radiotherapy treatment is also an unexplored area. In order to give children a sense of security, parents need to feel secure themselves, and to that end they need to understand the information they receive, communicate effectively with healthcare personnel, and remain physically close to their child (Runeson et al., 2002; Edwinston Månsson and Dykes, 2004). Allowing the child to participate in his or her own care and seeing that the nurse respects the child were also found to be important for parents of children diagnosed with cancer (Enskär and Von Essen, 2000).

It is a special challenge for the RTNs to alternate between adult and child patients, especially as the age of the children varies from newborn to teenagers and most of the RTNs are not specialized in paediatric nursing. The encounter is brief and they also have to combine nursing and high technical tasks which can be perceived as a difficulty (Andersson et al., 2008; Bolderston et al., 2009). Exploring RTNs' perceptions of the care they give during radiotherapy treatment is important in order to identify areas for interventions that can help develop care that best supports children and their family members and to support RTNs in their daily work. Therefore, the aim of this study was to explore RTNs' perceptions of the care they give to children undergoing radiotherapy treatment for cancer.

Method

The research method was qualitative and had an inductive approach. Phenomenographic methodology was chosen, which is a descriptive, empirical, and content-oriented approach used in human research. The aim of phenomenography is to describe and understand differences in the ways individuals perceive their world, also referred to as the second-order perspective (Marton, 1981; Dahlgren and Fallsberg, 1991). The central perceptions in phenomenography are what and how. The first-order perspective is to define what the participants talk about and aims to describe various aspects of the world. The second-order perspective presents how the participants talk about what, and it includes different perceptions that describe people's experiences of various aspect of the world (Marton, 1981).

The outcome of the analysis, called description categories, comprises clear ideas that are brought together to describe the perceived world of the RTNs (Marton and Booth, 1997). The sum of all description categories is referred as "outcome space" and it is a way of looking at collective human experiences of a phenomenon

holistically (Åkerlind, 2005). The description categories are logically related, often hierarchical (Marton and Booth, 1997).

Participants

Twelve RTNs from a university hospital in southern Sweden chose to take part in the study and were interviewed. This university hospital is one of six child-cancer centres in Sweden and cares for children from the neighbouring counties. In order to be included in the study and interviewed, the RTNs had to work in a radiotherapy department and have experience of caring for children undergoing radiotherapy.

Data collection

An invitation letter was sent to 60 RTNs working in the radiotherapy department. The first author (JG) informed the healthcare personnel about the study at a department meeting. Those who wished to participate were asked to send an e-mail with their contact information. They were then contacted by the first author and time and place for an interview were determined. Two reminders were sent out. The 12 RTNs who signed up to participate could decide where they wanted the interview to take place, and all chose to be interviewed in a room in another department in the hospital. The individual interviews were performed from January to May, 2013. All interviews started with a presentation of the aim of the study, and the participants had the opportunity to ask questions about the research.

Individual semi-structured interviews with open-ended questions were used (Dahlgren and Fallsberg, 1991); a topic guide ensured that all the topics were discussed. Each interview started with the question "Can you describe how you care for children during their radiotherapy treatment?" Other parts of the interviews addressed differences in caring for children, adults, and family members, as well as differences in caring for children who are awake and children who are under deep sedation or anaesthesia. Follow-up questions included "Can you explain more?" "Can you give an example?" and "Can you describe in what way?" A pilot interview was performed in order to evaluate the topic guide, which was found to work well; therefore, the pilot interview was included in the analysis. All interviews were recorded, and transcribed verbatim.

Analysis

The interviews were analysed according to the steps proposed by Dahlgren and Fallsberg (1991). Throughout the analysis there was a constant interplay between the various steps.

- Familiarisation: The transcripts were read through carefully several times.
- Condensation: The most significant statements in the text were selected to provide a short but representative version of the entire dialogue concerning RTNs' perceptions of caring for children. What the participants talked about and how these things were described were of interest.
- Comparison: The selected significant dialogues were then compared and discussed by the authors to find variation or agreement.
- Grouping: Those perceptions that were in accordance were put together into perceptions – for example, individualized information, individualized preparation, teamwork, and maintaining balance. Differences and similarities were compared and discussed, and preliminary description categories were formulated – for example, security.

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