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Easing the Emotional Burden of Families When a Child Has Cancer: The Application of Evidence to Nursing Practice

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Abstract

The nurse's role in caring for a child with cancer has its challenges, but when done correctly can positively affect the well-being of a patient and their family. Both the patient and family go through major psychosocial shifts from the time that the child receives the diagnosis of cancer. This time of considerable transition can leave families feeling lost during an already uncertain period. Keeping patients and family members involved throughout the course of treatment is essential for the success of effective care. The database CINAHL Plus was used to do a systematic review of the literature to identify common issues in pediatric oncology nursing practice and the toll that this can take on patients and their family's mental well-being. Common themes identified in the literature are family members are in different developmental stages and each requires a unique approach; caregiver knowledge or lack thereof is a major factor in family well-being; and a child's ability to communicate and be heard impacts how the need for care is perceived and provided. This is an important topic because nurses must consider the psychosocial needs of the family unit as well the physical needs when it comes to providing optimal care. Dealing with a diagnosis as harmful as cancer is a considerable amount of stress to be put on a young child and the family. Knowledge of what is currently known will lead to more effective communication with patients and family members, resulting in greater health outcomes.

Background

- The Incidence of pediatric cancer is rising
- Globally, there are 400,000 new cases of pediatric cancer diagnosed each year
- In the United States, cancer is the largest cause of death by disease in children between the ages 1-14
- About 1 out of 285 children will be diagnosed with cancer in the United States each year
- 1 out of 8 children who are diagnosed with cancer will not survive. 60% of those children who do survive will suffer long term side effects.
- Children who have cancer along with their families have psychosocial needs that require support from nursing staff and medical teams.
- The psychological toll that treatments can take on a pediatric cancer patient can often lead to Post Traumatic Stress Disorder in children and their families.

Methods

Keywords: "pediatric oncology and psychosocial", "pediatric oncology and parents", "childhood cancer and family", "pediatric oncology and nursing care", "pediatric oncology and education"

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679 articles identified using CINAHL Plus from 2010-2020

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25 abstracts read to narrow the search for relevant articles

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19 articles provided relevant data about familial burdens in the incidence of pediatric cancer

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15 articles were peer reviewed and written by medical professionals

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9 articles were omitted due to lack of tables and graphics to support the data.

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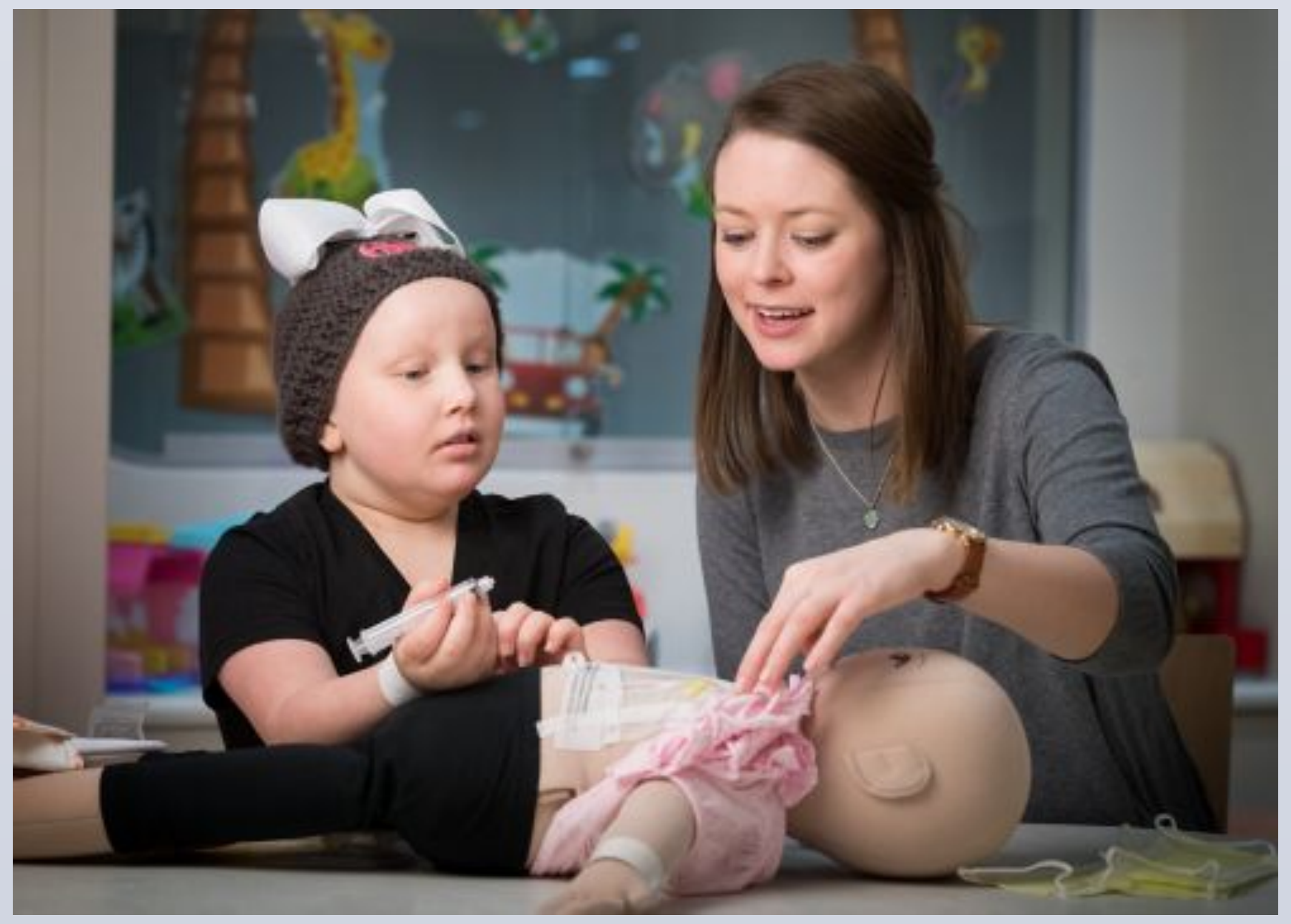
6 articles met all criteria and are used in this review



Results

- Caregiver knowledge or lack thereof is a major factor in family and child well-being.
  - A cancer diagnosis can often leave parents feeling immense fear
  - Parents feel lost in how to properly care for their child who has received this diagnosis
  - A lack of formal training for medical professionals in how to psychosocially care for pediatric oncology patients, can lead to greater family distress due to caregiver knowledge deficits
- Family members come from different stages of growth and development and require unique approaches.
  - Emotional impact on families is devastating but felt differently dependent upon role (sibling, parent, grandparent, etc.)
  - Siblings (children) reported more destruction in family function than parents. They do not want to take attention away from their sick sibling but often struggle themselves.
  - Parents experience role confusion when trying to balance their own emotions with trying to help their child through their treatments.
- A child's ability to communicate impacts how the need for care is perceived and how it is given
  - The impact of the diagnosis will depend on the intellectual ability and developmental stage of the child
  - Children 0-3 are unable to understand that they have cancer, whereas 3-5 year old children can understand that they are sick and want to be involved in their treatment via playing with supplies. School aged children understand that the treatment that they are receiving Is being done to make them feel better. Teenagers have fear about how cancer is changing their life and can also fear death.

Discussion

- Health and functioning of a family unit is put under immense stress when there is a child with pediatric cancer. There is a need for healthcare to support this.
- The way that pediatric cancer patients are able to understand and endure their diagnosis depends largely on their age and developmental stage.
- Siblings of different age groups handle this diagnosis and treatment in different ways. Pediatric cancer patients can feel a major disconnect from their siblings and peers due to the isolation they feel throughout their treatment journey.
- Activity challenges come with the loss in physical ability which is ultimately affecting their overall psychosocial well being.
- Parents will often cope in contrasting ways which can heighten the burden.

Conclusions

- Understanding the impact that a cancer diagnosis has on the family and the role that the family can play in helping the child adapt to treatments requires interactive interventions from the child's medical care team. With this, they can feel well informed resulting in more effective evidenced based family care.
- Nurses are in the position to help children of all ages adapt to the changes that they are experiencing through their treatment journey. Acknowledging the need for these interventions can help family units work through this trauma earlier on
- There is a need for more formal training in the medical field on psychosocial issues in pediatric oncology. Formal psychosocial interventions are beneficial to medical staff, patients and family members.
- I developed the table below to illustrate effective caregiver interventions based on developmental age. This can aid in easing familial burden when a child is diagnosed with pediatric cancer

Age	Caregiver Interventions
<1 year old	• Bring familiar items from home (blankets and toys) to make child feel more secure in the hospital • Talk or sing to the child to soothe them • Maintain normal bedtime routine
1-3 years old	• Prepare child ahead of time if something will be uncomfortable/ will hurt • Let child make choices such as medicine flavor and band aid color
3-5 years old	• Ask medical team if child can touch machines and supplies (bandages, tubes, etc.) to help the child understand their treatment better • Read stories or play with stuffed animals during treatment as a method of distraction
6-12 years old	• School aged children can understand that the medicine they are receiving is helping them get better • Be ready to answer questions or redirect questions to medical team • Help child stay in touch with friends and family because relationships are of high importance to them
12-18 years old	• Help teens stay connected to peers through texting, pictures, online activities and visits • Give teen space and freedom and encourage independence • Take time to observe and listen to the teen because they may be trying to protect others by masking their own psychosocial health

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