

# NURSING CARE TO HOSPITALIZED CHILDREN WITH CHRONIC CANCER PAIN: HEALTH PROFESSIONAL PERCEPTION

## CUIDADOS DE ENFERMAGEM PRESTADOS À CRIANÇA HOSPITALIZADA COM DOR ONCOLÓGICA CRÔNICA: PERCEPÇÕES DOS PROFISSIONAIS DE SAÚDE

## CUIDADOS DE ENFERMERIA OFRECIDOS A LOS NIÑOS HOSPITALIZADOS CON DOLOR ONCOLÓGICO CRÓNICO: LA PERCEPCIÓN DE PROFESIONALES DE SALUD

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**How to cite this article:** Silva TP, Silva LJ, Silva IR, Cardoso JM, Leite JL. Nursing care to hospitalized children with chronic cancer pain: health professional perception. Rev. baiana enferm. 2019;33:e29690.

**Objective:** understanding the perception of health professionals with regards to the nursing care offered to children hospitalized with chronic cancer pain. **Method:** qualitative approach, anchored in theoretical and methodological frameworks from, respectively, the Theory of Complexity and Grounded Theory. Data were collected through a semi-structured interview with non-participant observation. A total of 21 health professionals participated in the research. **Results:** the health professionals evaluated the nursing assistance offered to children with chronic cancer pain as good. However, the need for some improvements was found regarding the structural and organizational aspects of the unit, in the approach to the relatives of the child, in the approach to the child who require contact precautions, and valuing of the professionals. **Conclusion:** the nursing care offered to the child with chronic cancer pain was challenging, be it due to the improvement needs, be it due to managerial and leadership issues.

**Descriptor:** Pediatric Nursing. Nursing Care. Cancer Pain. Hospitals. Health Personnel. Child.

*Objetivo: compreender a percepção dos profissionais de saúde sobre os cuidados de enfermagem prestados à criança hospitalizada com dor oncológica crônica. Método: abordagem qualitativa, ancorada nos referenciais teórico e metodológico, respectivamente, da Teoria da Complexidade e da Teoria Fundamentada em Dados. Os dados foram coletados por meio de entrevista semiestruturada e observação não participante. Participaram da pesquisa 21 profissionais de saúde. Resultados: os profissionais de saúde qualificaram como boa a assistência de enfermagem*

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*oferecida à criança com dor oncológica crônica. No entanto, foi revelada a necessidade de avanços: nos aspectos estruturais da unidade e organizacionais do cuidado, na abordagem ao familiar da criança, na abordagem à criança em precaução de contato e valorização profissional. Conclusão: o cuidado de enfermagem prestado à criança com dor oncológica crônica apresentava-se como um desafio, seja pelas necessidades de melhorias apontadas, seja por questões gerenciais e de liderança.*

*Descritores: Enfermagem Pediátrica. Cuidados de Enfermagem. Dor do Câncer. Hospitais. Pessoal de Saúde. Criança.*

*Objetivo: comprender la percepción de profesionales de salud sobre los cuidados de enfermería ofrecidos a niños hospitalizados con dolor oncológico crónico. Método: abordaje cualitativo, basado em el referencial teórico de la Teoría de la Complejidad y en el referencial metodológico del Muestreo Teórico. Se colectó a los datos por medio de entrevista semiestructurada y observación no-participante. Los participantes fueran 21 profesionales de salud. Resultados: los profesionales de salud cualificaron la asistencia de enfermería ofrecida a los niños en dolor oncológico crónico como buena. Sin embargo, se reveló la necesidad de mejoras: en los aspectos estructurales de la unidad y en los organizacionales de la atención, en el abordaje a los familiares del niño, en el abordaje a los niños bajo precauciones de contacto, y con respecto a la valoración de los profesionales. Conclusión: la atención en enfermería ofrecida a los niños con dolor oncológico crónico es un desafío, sea por las necesidades de mejoras indicadas o por los problemas administrativos y de liderazgo.*

*Descritores: Enfermería Pediátrica. Atención de Enfermería. Dolor en Câncer. Hospitales. Personal de Salud. Niño.*

## Introduction

Cancer in children and adolescent from 0 to 19 years old is a rare occurrence when compared to cancer in adults<sup>(1)</sup>. In Brazil, an estimated number of 12.600 new cases of cancer in children and adolescents in the age group above took place in 2016. Considering these cases, Southeast and Northeast presented the highest numbers of new ones, with, respectively, 6,050 and 2,750, followed by the regions south, with 1,320, Midwest, with 1,270, and North, with 1,210<sup>(2)</sup>.

The magnitude of this reality means that cancer is an important public health problem, be it during childhood or during adult life. In the cases of children, the focus of this study, the cancer requires, from those willing to fight it, financial and intellectual investments in the elaboration of projects, programs, and social and health public policies, in addition to professional qualification, to the strengthening of a specialized network of care, prevention initiatives and early diagnoses, not to mention healthcare strategies that make it possible to promote a good quality of life to these children. In this context, pain is one of the most common symptoms. It is a cause for suffering in children and their families,

and imposes conditions to quality of life, hospitalization, and anti-neoplastic treatment<sup>(3-4)</sup>.

The information above is reiterated by the results of an international research<sup>(3)</sup> according to which 52% of children with leukemia undergoing cancer treatments presented chronic pain throughout their treatment. The most common places for such pain were: back, legs, and stomach (8.0% each), chest (6.0%), arms and head (4.0% each)<sup>(3)</sup>. In accordance with this result, another research<sup>(4)</sup>, carried out in hospitals at Nigeria, found that pain was one of the main symptoms experienced by the child being treated for cancer.

Cancer pain may manifest as acute or chronic. An acute pain is the result of tissue lesions and tends to disappear when the wound heals. On the other hand, chronic pain is continuous (persistent) or recurring (episodic) and persists longer than the period it is normally expected to<sup>(5)</sup>. While acute pain is generally self-limited, in some patients the pain persists longer than the expected healing time (defined > 3-6 months) and evolves to a chronic state<sup>(6)</sup>.

Regarding the presence of chronic pain in children with chronic diseases such as cancer, it

should be highlighted that it can negatively affect the many dimensions of being a child, including growth and development, physical activity practice, school frequency, sleep patterns, family interaction, social relations, mood, and others<sup>(5)</sup>.

Therefore, the care to hospitalized children with chronic cancer pain is complex, since it asks the professional to look at it in a way that transcends the physical aspects of pain, considering its multidimensional character and its effects in family dynamics, which are also influenced by this condition. The professional care offered to this child by the nursing staff is extremely importance and is primarily directed to actions to promote comfort and quality of life, aspects that are essential in the treatment of the child.

In this situation, the impact of nursing care developed to attend to the needs of the child and/or relative are seen by all those involved in relations of care. Therefore, understanding the perception of professionals concerning the nursing care being offered to children hospitalized with chronic cancer pain is an important possibility to improve the quality of nursing assistance, enabling the recognition of potentials, advances, weaknesses and limitations.

Knowledge based on professional perception can help the team to design strategies that can keep quality assistance, in addition to dealing with the signs of the complexities involved in planning<sup>(7)</sup> the actions that permeate relations of care, which are: uncertainties, unpredictable results, and multi-dimensional conditions of chronic cancer pain. Therefore, this is a possible way to advance the studies on the field, which have been focused on the evaluation and management of cancer pain<sup>(8-11)</sup>.

Therefore, a question is raised: What is the perception of health professionals with regards to the nursing care offered to children hospitalized with chronic cancer pain? The objective of this research is understanding the perception of health professionals with regards to the nursing care offered to children hospitalized with chronic cancer pain.

## Method

Qualitative research, carried out based on the methodological framework of Grounded Theory (GT), and on the theoretical framework of Edgar Morin's Complexity Theory. The Grounded Theory aimed to understand the phenomenon under analysis, based on the elaboration of theoretical concepts rooted on social relations of research participants. To this end, the Complexity Theory was thought appropriate to analyze and discuss the qualitative data, since it enabled the research to value the complexity of pain, as well as the interactions, the order and the disorder that permeate nursing healthcare practices.

Data was collected from August 2014 to June 2015, through semi-structured interviews and non-participant observation, both of which were conducted with health professionals in the Pediatric Hospitalization Unit (UIP) of a public hospital in Rio de Janeiro, Brazil, which is a reference in the treatment of blood diseases. The Pediatric Hospitalization Unit had 13 beds, one of which were destined to children under contact precautions. In this context, the main diagnoses of hospitalized children were: leukemia, lymphoma, and sickle cell disease.

The interviews were recorded in audio and lasted for a mean of 45 minutes. They were carried out in the UIP facilities. The non-participant observation was carried out in five occasions during the day, after the discourses of the interviewees were analyzed. They added up to 54 hours. The content was recorded in observation notes, and related to attitudes, actions, and interaction strategies for teamwork and healthcare for the hospitalized child with chronic cancer pain, leading to a greater theoretical profundity of the categories and sub-categories created here.

Initially, seven nurses made up the first sample group and participated in the research. The analysis of the interviews carried out with these professionals showed that the nurses' working process during healthcare to the child hospitalized with chronic cancer pain

is conditioned by the actions of the multi-professional team. It also revealed that teamwork is an essential strategy for the quality of nursing care. That is why, the GT theoretical sampling resource was considered<sup>(12)</sup>, and interviews were developed with other health professionals, in order to better understand the phenomenon being discussed. Seven nursing technicians participated in the second sample group. The third and last sample group was made up of seven other health professionals, which were: two physicians, two physical therapists, one social worker, one psychologist, and one pharmacist. This was only possible because, in this method, data is collected and analyzed simultaneously.

All participants fit in the inclusion criteria: having at least one-year experience caring for children with cancer, and at least the same length of time working in the institution. Three professionals, who were on leave or vacation, were excluded. Regarding the composition of the nursing team, 22 are nursing technicians, 1 is a nursing auxiliary, and 7 are nurses. During each duty the multiprofessional team is made up of 2 to 3 physicians, 1 physical therapist, 1 social worker, 1 psychologist, and 1 pharmacist.

A comparative analysis applied to the first sample group culminated in codes that showed the web of interactions between nurses, nursing technicians, and other health professionals, guiding data collection for the other sample groups. The question that guided the interviews with the health professionals was: Tell me how you perceive the nursing healthcare offered to the hospitalized child with chronic cancer pain.

Data collection finished when theoretical saturation was reached<sup>(12)</sup>, that is, when new data collected was no longer adding consistency or theoretical density to the concepts established. The comparative analysis of data took place after the stages: open coding, axial coding, and selective coding<sup>(12)</sup>. In the open coding stage, data were coded line by line, generating preliminary codes that, after being grouped according to similarities in meaning, gave origin to conceptual codes. These were compared with one another

and organized according to similarity, generating the categories and sub-categories.

During axial coding, categories were related to one another and to their subcategories, as to determine their properties and dimensions. At this point of the analysis, an analytical technique named Paradigm was used, making it possible to gather/ordain/integrate the categories already elaborated, enabling the main phenomenon of the study to emerge, which took place in the selective coding stage. During the application of the Paradigm, the categories are related to the central phenomenon, according to the following elements: causal conditions, context conditions, intervening conditions, and action/interaction strategies and their consequences.

During selective coding, results were also validated<sup>(12)</sup>. This process took place from September to October 2016 and counted on the participation of five examiners: three Nursing researchers, with expertise in Grounded Theory and/or researches in the field of Nursing Administration, and two nurses from the first sample group of this research. It should be noted that examiners were chosen by convenience. Records and diagrams to aid in the theoretical analysis of data were carried out during the coding process<sup>(12)</sup>.

In this article, the consequences of the central phenomenon - Management of the nursing healthcare offered to the child hospitalized with chronic cancer pain: an experience with multiple inter-actions, which represent a conceptual category of the coding paradigm, were addressed, since they reveal the perception of health professionals with regards to the nursing care received by hospitalized children with chronic cancer pain, including fragilities and potential.

Data collection only started after the study received approval from the Research Ethics Committee of the institution in which the study was carried out, which took place in 9/2/2014, under Protocol n. 355/14, and from the Research Ethics Committee of the institution who proposed the study, which took place in 10/3/2014, under Protocol 816.736 and CAAE

32795514.8.0000.5238. All participants signed the Free and Informed Consent Form (FICF).

Considering the recommendations of Resolution 466/2012 from the National Council of Health from the Ministry of Health to identify the statements, nurses are identified by the letter E; nursing technicians by the letter T; physicians by the letter M; pharmacist by the letters FC; psychologist by the letter P; physical therapist by the letters FS; and social worker by the letters AS. All letters accompany a number indicating the order of the interviews within each sample group (E1, T1, M1...).

## Results

From the 21 participants of the research, only one was male. He was in the first sample group. The length of time working in pediatrics varied from 1 to 16 years of age, while the experience working in healthcare for children with cancer varied from 1 to 13 years of age.

This article found one category: "Considerations on the practice of nursing healthcare offered to hospitalized children with chronic cancer pain." It is made up of two sub-categories, which are: Reflecting on the healthcare offered to the child hospitalized with chronic cancer pain and to their relatives; and Presenting administrative and healthcare-related possibilities to care for the child hospitalized with chronic cancer pain.

### *Reflecting on the healthcare offered to the child hospitalized with chronic cancer pain and to their relatives*

In this sub-category, nursing professionals recognized that the assistance offered to the hospitalized child with chronic cancer pain needed advances with regards to the management of medication, material resources, and human resources. The statements below exemplify this:

*The lack of medication, materials, and personnel. It needs to get better. (E6).*

*I think the lack of personnel could be addressed, since we get overloaded. To deal with children, you need to have good professionals, and a good number of them. (T5).*

*I think the brands of some materials which are bad should be changed. It's difficult to find an access in children with blood diseases, and when you manage to find it, you lose it fast, because the jelco is of low quality. (T6).*

The need for improvements in the nursing records and in the healthcare offered to children under contact precaution were also pointed out by the participants. In addition, participants recognized the need to offer more attention to the relative of the hospitalized children.

*I think that the nursing records and the contact precaution can get better. It's something I see the team sort of shrug off. For instance, a new serum is going to be installed in a child with contact precautions, and they go in with no glove, no coat, no IPE [individual protection equipment]. (E5).*

*I do think some things need to get better. In my shift, I think we could give more attention to the parents, listen to parents, but there are three technicians to deal with a lot of children so it's very difficult. (T1).*

Participants also suggested that new pediatric and institutional facilities needed to be set up. The lack of a Pediatric Intensive Care Unit (PICU) is deservedly highlighted, due to the severity of the case of children received in this institution. Additionally, children in contact precaution are completely restricted to their beds and cannot interact with their peers. Some statements that represent this situation are shown below:

*We don't have a pediatric ICU and we transfer children for another hospital when their situation deteriorate. (E1).*

*I think that, since it's a child, who needs a social life, they spend a lot of time hospitalized here, and I think the environment should be more adequate to the child, because those who are in contact precaution can't leave their beds not even to go to the bathroom. Sometimes they only leave to take a bath in the morning, for the whole day. They can't walk around, and they complain a lot about that. (T4).*

*The physical structure of the unit needs to improve. I think the beds are very close to each other and there's not much privacy. (E6).*

*Here in the ward, one bed is besides the other, and when I talk to one mother, another one frequently is already responding. You start talking to a child, and another is already playing with them. (P6).*

The subcategory also showed that, even though they are experiencing these disorders, the nursing professionals qualify the assistance as good and adequate.

*It is adequate, but we need to improve many things. But the basics are adequate. (E2).*

*I think the healthcare is adequate. Our shortcomings are minor and specific. There's no fixed cause, it's one thing or another. Sometimes it's a small detail that we miss. But in general, I think the assistance is good. (E5).*

*I think the assistance my team offers is good. (T1).*

Considering the other parts of the team, different health professionals reiterated that the nursing assistance offered to the hospitalized child with chronic cancer pain is good, despite the many challenges to be overcome.

*Here in pediatrics, the nursing team is great. They know when a child is in pain and need more medication. They re-evaluate the pain, apply the entire pain analogical scale to all children who are hospitalized. The team is great! (M1).*

*I think the healthcare has been good. The nursing team is really thoughtful of the children. (FS4).*

*The nursing professionals are the ones who interact the most with the child, those who touch them the most. So they are very important. As I see it the team does everything they can. Most of them is thoughtful. They try to interact with the child, to minimize everything they [the children] are going through due to the disease. (AS7).*

*I think the assistance has been good [...], all professionals work really integrated into the multiprofessional health team. (P6).*

### *Presenting administrative and healthcare-related possibilities to care for the child hospitalized with chronic cancer pain*

In this sub-category, the nursing professionals indicated that it would be possible to improve professional training with regards to providing analgesic treatments that are not pharmacological, in order to attenuate child and family suffering.

*The nurse needs more autonomy to develop non-pharmacological treatment. But this demands training. We are too focused on pain evaluation and on the administration of medication. (E7).*

*I think there could be other options in addition to the medication, that could help the children, because we use too much medication. (T7).*

The use of non-pharmacological analgesic methods requires scientific knowledge and professional training in all fields and periods of work. This condition may be the starting point for the management of many disorders found, since the professionals who instrumentalize knowledge are capable of raising questions about

their reality and elaborate creative strategies to deal with the many disorders they experience in their work process.

*I think that it would be very good to offer a more adequate training to those who are starting in the institution. (E2).*

The training of nursing professionals who work in the night shift was brought forth as a challenge for the continued education service of the institution, due to the needs the professionals indicate below:

*Most workers who work at night also work during the day, and it isn't always possible to have a day off to come to the institution during the day and participate in these courses. (T3).*

*I think that a specialized team could come to give lectures, at night, within the sector itself, so we don't have to leave or posts and leave it with little staff. I think that would make our learning process easier. (T5).*

Valuing the professionals was seen as a strategy to face absenteeism, as well as a condition to maintain the quality of assistance. It is necessary to think of strategies that motivate the health professionals and keep them satisfied while developing their work, despite the suffering found in the pediatric cancer settings.

*Valuing professionals is an issue that stands out, as it helps avoiding or diminishing absenteeism, motivates, and favors makes it more likely that the professional will stay in their current work setting. I think they should be thoughtful of the workers in situations of stress [...] I feel really sad. (E2).*

*I think the institution needs to value its workers more. (T3).*

Some health professionals suggested that the physical structure of Pediatric Hospitalization Unit could have a more playful and interactive presentation, to improve the embracement of hospitalized children.

*I think the environment of the child in contact precaution needs to improve, like in the aquário carioca [the fishbowl in Rio]. They revamped the aquário carioca and now it's beautiful and the children love it. I think that here in pediatrics there should be something to call the attention of the child. (T4).*

*I feel the need of a space for the child who's hospitalized, because we have a relatively small room for them to interact. The children who are external, who just come here for chemotherapy, have the aquário carioca. But children who are hospitalized don't have a space like that. The child spends too long tied to the bed. (FS5).*

Considering the statements above, this category presented many challenges to be overcome as well as administrative and health-care related possibilities to offer, for the hospitalized child with chronic cancer pain, a more embracing, humanized, and better-quality healthcare.

## Discussion

The category “Considerations on the practice of nursing healthcare offered to hospitalized children with chronic cancer pain”, presented in this work, made it possible to understand that, for the nursing team to offer care to the hospitalized child with chronic cancer pain, they have to deal with situations of order and disorder, meaning they need advances in both qualitative and quantitative fields, since there are administrative and assistance shortcomings that can influence this development. From the point of view of complexity, both order and disorder are dynamic, complementary and dialogic. One does not exclude or oppose the other<sup>(7)</sup>.

The idea of order includes the regularities, stabilities, constancies, repetitions, invariances, and determinations. On the other hand, disorder also involves agitation, dispersion, turbulences, irregularities, instabilities, accidents, chance, noises, and mistakes in different contexts of human society<sup>(7)</sup>. Order and disorder, through the dialogic relation in which they are involved, are present and necessary in the context of nursing care, since they make advances and innovation possible through relational and organization (re) arrangements, offering flexibility and dynamism to the working process of nursing professionals.

The results point to the need of advances in the managing of medication, materials, and human resources. Regarding the deficit of medications, it is important to highlight that it can lead to delays in their administration, in their substitution by others with lower potential to offer relief, interpersonal conflict between the professional and the family and increase the suffering of the child. Literature<sup>(13)</sup> reiterates that the deficit of material resources in the hospital

can be a factor that limits the practice of managing the nursing healthcare offered to children who are hospitalized with chronic conditions.

Therefore, it stands out that the performance of the actions of the nursing team, in the different contexts, is directly influenced by the amount of human resources available<sup>(14)</sup>. An integrative review<sup>(15)</sup> qualified nursing personnel sizing as an important support tool for nurses to offer quality workers in an adequate number in their work setting. Therefore, it is an important strategy to minimize risks and consequences of nursing absenteeism.

In addition, the need for improvements in nursing records was also pointed out. A research<sup>(16)</sup> found that, frequently, nursing records lacked information with regards of cancer pain management, raising doubts about whether it was implemented, and about the medication used and its efficacy. Internationally, pain records are also lacking, which can be hazardous to the safety of the patient<sup>(17-18)</sup>.

The nursing records require looking from the perspective of professional ethics, since Resolution n. 564/2017<sup>(19)</sup>, from the National Council of Nursing (COFEN), art. 36, prescribes that the nursing professional must record, in the medical records and other documents, all information inherent and indispensable to the process of care, in a clear, objective, chronological, legible, complete, and erasure-free fashion. Article 86 prohibits the record of incomplete and imprecise information about the nursing care offered. In addition to these norms, in the practice of care, administrative relations, human resources and training are seen as important, since these conditions can also influence the practice of professional records.

The nursing safety offered to hospitalized children with chronic cancer pain must consider the demands of the parents, since they are also affected by the chronic condition of the child. In this setting, it stands out that the relation between health professional and family must be full of attention, empathy, and mutual respect. Therefore, strengthening this relation in the hospital context is desirable in the planning of

assistance. From this perspective, a study found that the nursing team recognized the need to invest in the relations with the relative of hospitalized children in chronic conditions, since their presence and participation in the treatment of the child is seen as important<sup>(20)</sup>.

The family develops an important role in children's growth and development, meaning they have an important influence in the behavior of the child. From the perspective of complexity<sup>(7)</sup>, a family can be both a safe space and a prison for a child. In the hospital context, the relative can be a facilitator of interpersonal relations between the health professional and the child. Therefore, they can help in the adherence of the child to the treatment, transforming the hospitalization experience in something less traumatic, helping the child to trust and rely on the professional on the moments of suffering, pain, and tension. Therefore, valuing the relatives in the hospital environment is a strategy necessary for nursing treatment to be continuous and have quality.

The actions of the professional with regards the family of the hospitalized children is a challenge in the relations of care. In this setting, literature reiterates what was stated above, as it shows that, despite the Statute of Children and Adolescents and the importance of Family-Focused Care in the pediatric context, the nurses do not seem to understand the importance of caring for the family, neither do they develop skills to reorganize their working process when confronted with the broadening of their units of care<sup>(21)</sup>. This imposes difficulties in healthcare relations established with the family of the hospitalized children.

The valuing of professionals was something mentioned as being important by the unit managers, since this factor conditions the meaning the worker attributes to their working process. From this meaning, it can be understood that this condition has a proportional relation with the feeling of professional satisfaction, productivity, and to the high quality of the services offered<sup>(13)</sup>.

Considering the complexity of social phenomena, the relation between the whole and its parts must be considered<sup>(7)</sup>. Health

professionals, as an autonomous unit, are part of a whole, which can be their team or the institution itself. This complex link between the whole and its parts deserves attention, since, from the point of view of complexity, the need for the institution to offer support to the professionals so they can count on their work activity. Therefore, there is a relation in which the unit mutually influences and is a part of the whole. Similarly, the whole influences and is made up of the units<sup>(7)</sup>.

In addition, the space destined to the child in contact precaution stands out, since these children are kept on their beds due to structural features of the unit. Regarding this circumstance, literature highlights that contact precaution with immunocompromised children, as is the case of children undergoing cancer treatment, is an important measure to prevent the transmission of cross-infections between them and with their relatives and companions<sup>(22)</sup>.

Although nursing professionals in this research recognized the need to improve the healthcare offered to hospitalized children with chronic cancer pain, they qualify their assistance as good and adequate. Similarly, results have shown that other health professionals also noticed how good the nursing assistance offered to the hospitalized children with chronic cancer pain was, especially with regards to the actions of the nursing professionals during pain assessment and management, as well as due to their thoughtfulness towards the children.

The need for increasing investment in professional training was also pointed out, especially for the development of non-pharmacological analgesic techniques, since medication is sometimes lacking in the institution. However, non-pharmacological analgesia should be employed as a complement to the pharmacological one, and not as a way to replace it due to the lack of medications. A greater investment in non-pharmacological analgesic methods may help diminishing the suffering of children and their families, also contributing to diminish the costs of treatment<sup>(5)</sup>.

Therefore, the training of nursing professionals to use non-pharmacological



techniques to manage chronic cancer pain may grant them more autonomy with regards to team work, making healthcare relations and decision making easier. However, it stands out, according to the complexity framework, that when this article mentions autonomy, it does not refer to absolute freedom, devoid of any dependence<sup>(7)</sup>, but of professional autonomy, which recognizes its dependence to contextual elements of multiprofessional health care.

In addition to managing chronic cancer pain, nursing professionals must be trained to act safely with regards to the specificities of the pediatric cancer context. Therefore, the nurse has an important role in enabling the work of the entire team in the cancer ward, in order to guarantee quality assistance that can be developed based on technical and scientific improvements, motivated and made possible by the nurses themselves or the institutions<sup>(23)</sup>.

One of the challenges found by this study was promoting the training of nursing professionals who work in the night shift. The courses the institution offers took place during the day, and in this period, many professionals who work in the night shift were working elsewhere, making it impossible for them to frequent the courses. The training of nursing professionals who work in the night shift is highly important, as shown by a research<sup>(24)</sup> that identified that the profile of patients in cancer palliative care was characterized as factor that increases the chances of complications during the night. In this setting, the nursing team, and especially the nurse, must know how to quickly intervene to manage the disorders that involve human beings and their finiteness.

The physical structure of the pediatric environment was also mentioned in the assessment of the participants of this study. It was seen as a space whose visual aspect needs to be softer and more pleasing to children with cancer, such as the “aquário carioca”, an area set to offer, to children from any stage in their development, fun activities for humanization, distraction, relaxation, and safety<sup>(25)</sup>.

Among the contributions of this study, the need to manage care stands out, also considering factors such as: the importance of continuous education in the support to the management of chronic cancer pain and the correct maintenance of records related to it; the need for relational skills to work with the family of hospitalized children and with the multiprofessional health team; effective institutional support, with adequate materials and human resources, in addition to strategies that value the professionals. The study also indicates the importance of an embracing hospital environment for children who are hospitalized.

This study has limitations regarding the criteria of theoretical generalization, since, *a priori*, the results cannot represent other realities, suggesting the need for other theoretical researches on the same research object.

## Conclusion

This investigation found that the nursing care offered to the child with chronic cancer pain was challenging, be it due to the improvement needs, be it due to managerial and leadership issues. The lack of medication, materials, and human resources are among the disorders mentioned.

The record of the actions carried out by the nursing professionals in the assessment and management of chronic cancer pain needed improvements, especially since it is an important ethical question. Similarly, the way the professionals approach the relatives and children in contact precaution needs to improve, as to offer a more humanized attention. That also helps highlighting the need for a more embracing environment for the child with cancer.

Investments in professional qualification, especially to develop evidence-based non-pharmacological analgesic techniques which improve professional safety and autonomy, were indicated by participants, especially by the nursing professionals, as a possibility to better deal with the disorders experienced. This activity can make it easier decision processes, aiding in the resolution of some difficulties manifested.

### Collaborations:

1 – conception, design, analysis and interpretation of data: Thiago Privado da Silva, Laura Johanson da Silva, Italo Rodolfo Silva and Joséte Luzia Leite;

2 – writing of the article and relevant critical review of the intellectual content: Thiago Privado da Silva, Laura Johanson da Silva, Italo Rodolfo Silva and Julia Maria Rego Maciel Cardoso;

3 – final approval of the version to be published: Thiago Privado da Silva, Laura Johanson da Silva, Italo Rodolfo Silva and Julia Maria Rego Maciel Cardoso.

### Funding:

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Received: February 25, 2019

Approved: September 9, 2019

Published: November 14, 2019



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