



Research articles

Coping style of parents of pediatric cancer patients at a hospital a Lima

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ABSTRACT

The coping that parents present with their child with cancer, they tend to differentiate and adapt during the situations that their child presents during each stage of treatment. The objective is to determine the Coping Style of parents of pediatric cancer patients at a Hospital in Lima. In the results, 1.2% of the study participants (2/168) have a medium coping capacity, while the majority, equivalent to 98.8% (166/168), have a high capacity of coping. It is concluded that a comprehensive care program should be accessed where it allows to elevate the areas affected by the stressful situation during the disease and by the aspects involved in having a family member with cancer.

Keywords: Cancer, Coping, Family, Mental health.

Received - 29-07-2021, Reviewed - 06/10/2021, Revised/ Accepted- 21/11/2021

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INTRODUCTION

Worldwide, cancer is considered one of the incurable non-contagious diseases that must be faced from an interdisciplinary position, in which resistance must be maintained or improved and the facts against this disease acclimatized^[1].

In Latin America during the last decades, cancer has raised an alarming number of deaths, which represents an alarming figure for cancer patients^[2], so, many families must have the time necessary to face the processes of diagnosis, treatment, rehabilitation or loss of family member^[3].

In general, cancer is periodically perceived in a large number of advanced indicators of the disease, so life opportunities are not enough for people to feel comfortable; moving not only the individual diagnosed due to nosology^[4], but which manages to transform itself into consideration into torment towards fully consanguinity, producing an immense physical and humanitarian impression restricted by the appearance of different misgivings that request to be grateful and undertake as soon as possible^{[5],[6]}.

Cancer is one of the main causes of death among infants and young people worldwide, where childhood cancer cannot be detected and is degenerative^[7]. On the other hand, having to face a diagnosis of childhood cancer within the family context represents a big crisis, with a number of impact situations occurring both for the person diagnosed and family group, expressing various feelings, including guilt, sadness, frustration, among various emotional changes^{[8],[9]}.

Therefore, one of the most difficult and stressful stages for parents is when information about their children's diagnosis is transmitted, where they are not mentally prepared to face the event and make appropriate decisions according to the situation^[10].

In a study carried out in Argentina^[11], it was observed that in pediatric oncological patients, the stressors that were related to the hospital environment, at the social - school level and the family environment allowed the use of coping strategies focused on their emotions to be able to face their situation.

In a study carried out in China^[12], it was observed in parents of pediatric cancer patients that the coping strategies in the family in relation to their child with cancer were chosen by 4 factors, that increase the relationship and family strength, maintain positive and optimistic thoughts, seek external support and not reveal unfavorable information.

In a study carried out in Spain^[13], it was observed that in parents of pediatric cancer patients, during the treatment of their child they use an active coping, focused on the acceptance of the disease, also in the reflection of emotional expressions, values and personal growth helps for parents to show security where their child is being cared for.

Therefore, the objective of the research work is to determine the Coping Style of parents of pediatric cancer patients from a Hospital in Lima.

MATERIAL AND METHOD**Type of Research**

The research for its properties is quantitative, its methodology is descriptive, not experimental, cross-sectional^[14].

Population

The population is made up of 168 parents of pediatric cancer patients hospitalized in the Pediatric Oncohematology area.

Inclusion criteria

- Parents of pediatric cancer patients hospitalized in the Pediatric Oncohematology area at the Edgardo Rebagliati Martins Hospital.
- Parents who sign the informed consent accepting their participation in the research work.

Technique and Instrument

The technique carried out throughout the data collection was the survey, therefore, a fundamental amount of perfect and efficient figure research was achieved.

The data collection instrument for measuring the fundamental variable coping styles of parents of pediatric cancer patients at the Edgardo Rebagliati Martins Hospital, was the Coping and Adaptation Process Scale measurement (CAPS) from Callista Roy.

This instrument will give results of degrees of coping capacity, categorized as low, medium, high and very high capacity. The scores go into 1 = never, 2 = rarely, 3 = sometimes, and 4 = always. It consists of 47 items as they will be classified in 5 dimensions. Dimension 1: recursive and centered (14 items): Represents the psychological aspects. Dimension 2: physical and focused reactions (5 items): highlights physical well-being. Dimension 3: alert process (11 items): Represents effective communication. Dimension 4: systematic processing (9 items): determines the behaviors of the self-personal. Dimension 5: understand and refer (8 items), specifies the skills that the person handles towards requesting themselves and others. The way of scoring the Roy scale expresses that the absolute rating of the coping style is adapted by the addition of the ratings achieved in each of the items. To acquire the absolute qualifications of the succession, the absolute scores achieved in each dimension are totaled, the qualification hierarchy in the 47 items that ranges from 47 - 188^{[15][16]}.

Instrument location and application

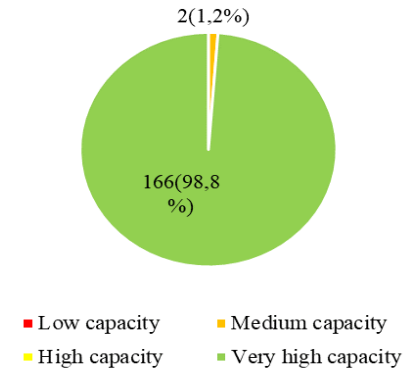
The data collection was carried out in April 2020, this activity was carried out in 20 business days. All parents were informed of the objectives of the study and were invited to participate, as well as consent for their due participation. The completion of the parent survey took an average of 15 to 25 minutes on average. At the end of the field work, we proceeded to verify each one of the files, where the quality of the filling and the respective coding are assessed.

The letter of presentation was requested from the

Universidad María Auxiliadora, in order to obtain authorization to enter the head of the service Dr. Iván Maza of the pediatric Oncohematology service of the Edgardo Rebagliati Martins Hospital, in order to be able to manage the parents of the service.

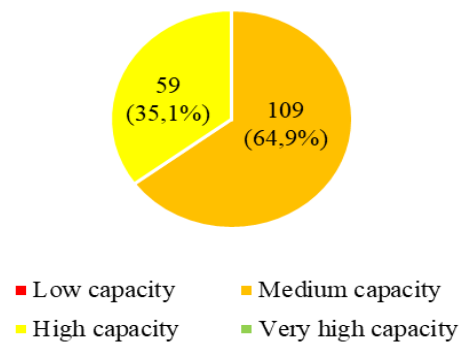
RESULT AND DISCUSSION

Figure 1. Results of the variable Coping Styles of Parents of Pediatric Cancer Patients at the Edgardo Rebagliati Martins Hospital



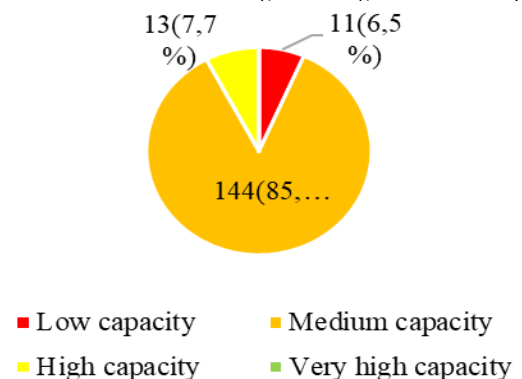
In figure 1, it was determined that 1.2% of the study participants (2/168) have a medium coping capacity, while the majority, equivalent to 98.8% (166/168), have a high coping ability.

Figure 2. Results of the Biological Aspects dimension, of Parents of Pediatric Cancer Patients at the Edgardo Rebagliati Martins Hospital



In figure 2, in the Biological Aspects dimension, it was determined that 64.9% of the study participants (109/168) have a medium coping capacity, while 35.1% (59/168), has a high coping capacity.

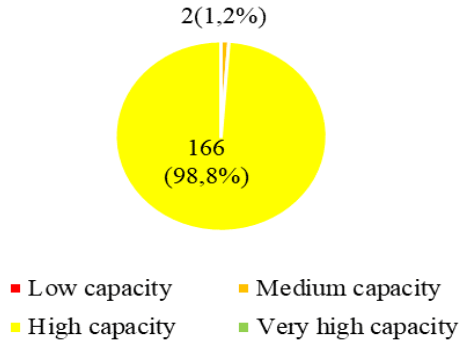
Figure 3. Results of the Physical Well-being dimension, of Parents of Pediatric Cancer Patients at the Edgardo Rebagliati Martins Hospital



In figure 3, in the Physical well-being dimension, it was determined that 6.5% of the study participants (11/168) have a low

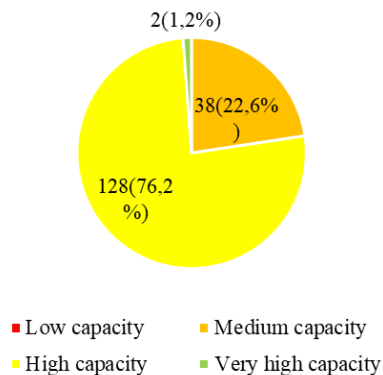
coping capacity, 85.7% (144/168) have a medium coping capacity, while 7.7% (13/168) had a high coping capacity.

Figure 4. Results of the Pshycal Well-being dimension, of Parents of Pediatric Cancer Patients at the Edgardo Rebagliati Martins Hospital



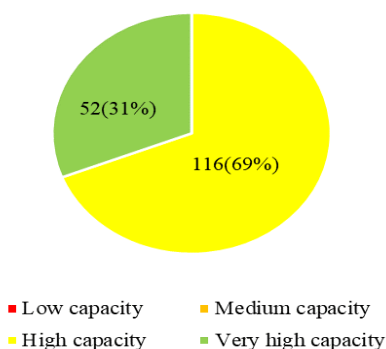
In figure 4, in the Effective communication dimension, it was determined that 1.2% (2/168) have a medium coping capacity, while 98.8% (166/168) have a high coping capacity.

Figure 5. Results of the Behavior of the personal self-dimension, of Parents of Pediatric Cancer Patients at the Edgardo Rebagliati Martins Hospital



In figure 5, in the Personal Self Behavior dimension, it was determined that 22.6% of the study participants (38/168) have a medium coping capacity, 76.2% (128/168) have with a high coping capacity, while 1.2% (2/168) have a very high coping capacity.

Figure 6. Results of the dimension Strategies to use oneself and others, of Parents of Pediatric Cancer Patients at the Edgardo Rebagliati Martins Hospital



In figure 6, in the dimension Strategies to use oneself and others, it was determined that 69% of the study participants (116/168) have a high coping capacity, while 31% (52/168), has a very high coping capacity.

The research work focuses on the mental health and family health of the parents of pediatric cancer patients, emphasizing the ability they present to develop strategies that allow facing the situation in a comforting way without altering the other relatives.

In the results of the coping styles of the parents, they presented a high capacity, this is because the main caregiver like the mother sometimes looks for solutions in which she can improve the situation of her child in the intervention and treatment, where she is exposed in an unknown space, without family or friends and this generates a circumstantial process for the mother where she compromises her physical and mental health, giving rise to social support so that she can cope with this situation for both the child and her parents. The authors interpret that, caregivers look for a way to cope with this situation of their child, where they go to places where they can see if the interventions and treatments are better for their child and thus can improve more quickly^[11].

In its dimensions, we can see that parents have a medium and high coping capacity, this we can say that parents can face this situation because they look for support strategies in which they can cope with this situation that their child is going through, where the feeling of family, friends and between spouses is very important, since it is very important to maintain emotional balance during this stage in which its child is going through physical and psychological changes that they cause. The authors mention that, during this stage, changes are generated both in the parents and family, and because of this, the family during this stressful situation resort to psychological resources that allow them to improve their emotional state, seeking social and spiritual support, where these two aspects are the ones that families need the most when they mention their child's diagnosis^[13]. Other authors mention that, the family during the stage of the diagnosis of the child with cancer, manifest what their child suffers through sadness; although, other parents tend to make immediate decisions for their treatment, although it leads to parents being mentally affected, with pictures of stress, depression, anxiety and hopelessness, because, during their child's treatment, they wait for what is going to happen. what will happen if the child recovers or not and how they can cope with these situations^[12]

CONCLUSION

It is concluded that a comprehensive care program should be accessed where it allows to elevate the areas affected by the stressful situation during the illness and by the aspects involved in having a family member with cancer.

It is concluded that strategies should be sought to maintain the mental health of the parents during the treatment of their child with cancer, since it will allow them to face the situation in an

adequate way and be able to keep their child calm.

It is concluded that the psychosocial care of the families of the child with cancer should be increased, since it is an important factor during the process that the child undergoes during his or her hospitalization.

REFERENCE

1. Campiño S, Duque P, 2016. Afrontamiento y adaptación de cuidadores de niños y niñas con cáncer. *Rev Univ y Salud*, 18:302–11.
2. Stritter W, Rutert B, Eidenschink C, 2021. Perception of integrative care in paediatric oncology—perspectives of parents and patients, *Complement Ther Med*, 56:102624.
3. Yetwin A, Mahrer N, John C, Gold J, 2018. Does Pain Intensity Matter, The Relation between Coping and Quality of Life in Pediatric Patients with Chronic Pain, *J Pediatr Nurs*, 40:7–13.
4. Van Schoors M, De Mol J, Verhofstadt L, Goubert L, Van Parys H, 2020. The family practice of support-giving after a pediatric cancer diagnosis, A multi-family member interview analysis. *Eur J Oncol Nurs*, 44:101712.
5. Choo C, Chew P, Tan P, 2019. Health-related quality of life in pediatric patients with leukemia in singapore, A cross-sectional pilot study, *Int J Environ Res Public Health*, 16:1–9.
6. Schaefer M, Wagoner S, Young M, Madan A, Barnett M, Gray W, 2020. Healing the Hearts of Bereaved Parents, Impact of Legacy Artwork on Grief in Pediatric Oncology, *J Pain Symptom Manage*, 60:790–800.
7. Ay Kaatsız M, Öz F, 2020. I'm Here, Too, Being an Adolescent Sibling of a Pediatric Cancer Patient in Turkey, *J Pediatr Nurs*, 51:77–84.
8. Ay M, Akyar I, 2020. Psychosocial Status of Turkish Families of Pediatric Cancer Patients, *J Transcult Nurs*, 31:227–41.
9. Holt D, Hiniker S, Kalapurakal J, 2021. Improving the Pediatric Patient Experience During Radiation Therapy-A Children's Oncology Group Study, *Int J Radiat Oncol Biol Phys*, 109:505–14.
10. Dionne J, Currie E, Johnston E, Rosenberg A, 2019. Supporting Family Caregivers of Adult and Pediatric Persons with Leukemia, *Semin Oncol Nurs* 35:150954.
11. Gutierrez M, Lemos V, 2016. Estudio Preliminar Sobre Estrategias De Afrontamiento Ante Situaciones Estresantes En Niños Argentinos Con Diagnóstico De Cáncer, *Anu Investig*, 23:331–8.
12. Lyu Q, Zhang M, Bu X, Zhou X, Zhao X, 2019. A Qualitative Study Exploring Coping Strategies in Chinese Families During Children's Hospitalization for Cancer Treatment, *J Pediatr Nurs*, 48:27–34.
13. Velasco C, Bengoechea C, López B, 2019. Parental coping and psychological well-being in pediatric oncology patients while on treatment. *Psicooncología*, 16:227–49.
14. Fernández C, Baptista P. *Metodología de La Investigación*. 6ta Ed. México: Mc Graw-Hill/Interamericana, 2015.
15. Alkrisat M, Dee V, 2014. The validation of the coping and adaptation processing scale based on the roy adaptation model, *J Nurs Meas*, 22:368–80.
16. Prieto P, 2011. Comités de ética en investigación con seres humanos, relevancia actual en Colombia Experiencia de la Fundación Santa Fe de Bogotá, *Acta Med Colomb*, 36:98–104.

How to cite this article

Rosa Perez-Siguas, Hernan Matta-Solis, Eduardo Matta-Solis, 2021. Research Directorate, Universidad María Auxiliadora, Lima, Perú. *Jour. of Med. P'ceutical & Allied. Sci.* V 10 - I 6, 1585, P- 3777 - 3780. doi: 10.22270/jmpas.V10I6.1585