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COPING STRATEGIES USED BY CHILDREN WITH CANCER IN CHEMOTHERAPY TREATMENT¹

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ABSTRACT

Objective: to identify coping strategies used by children with cancer in the face of a difficult situation before and after intervention with a board game. **Method:** this is an intervention study, conducted in the outpatient chemotherapy of a treatment center specialized in pediatric oncology in Mato Grosso do Sul. The sample consisted of 10 children aged 7 to 12 years undergoing chemotherapy. For data collection was applied the Kidcope scale – Brazilian children's version, before and after the intervention with the board game "Skuba! An adventure on the seabed". For data analysis, descriptive and inferential statistics were used. **Results:** the difficult situations reported by the children were of a personal nature and involved invasive procedures during treatment. The use of avoidance coping strategies, such as distraction and magical thinking, was evidenced. The children revealed, regarding the use of strategies that they tried to forget the difficult situation, through distraction activities, such as watching television or playing a game, and not being alone, thus avoiding social isolation. **Conclusion:** the coping strategies used by children with cancer, mediated by the intervention with the board game, were avoidance, with the predominance of distraction.

Keywords: Pediatric Nursing. Neoplasms. Play and Playthings. Child.

INTRODUCTION

The therapeutic itinerary traveled by children and adolescents diagnosed with cancer goes through psychosocial and sociobehavioral challenges, arising from the disease or treatment. Physical problems can occur, for example, often with functional disability, body and aesthetic changes, as well as changes in the structure and functionality of the family, as well as in daily life and daily habits, even those related to the educational process. Such events trigger changes that affect the child's quality of life, coping and resilience⁽¹⁾.

In addition, from the first signs and symptoms of child-adolescent cancer, children are immersed in a

different environment than usual and are exposed to situations that trigger stressful events, with direct implications for their state and clinical treatment⁽²⁾.

It is recommended in the literature to analyze how children perceive and identify stressors, and to point out what resources and effective strategies have been used by them to deal with these stressors. In addition, there is an increase in the number of research and evidence related to the effectiveness of psychosocial interventions that use technologies to reduce negative feelings, such as anger, anxiety and depression, increase in resilience and quality of life of children and adolescents⁽³⁾.

Thus, when it comes to the study of coping with stressful situations in childhood, it is considered that

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²Extracted from the Masters Dissertation "Estratégia de enfrentamento do câncer por crianças com uso do jogo de tabuleiro", presented to Federal University of Mato Grosso do Sul. Campo Grande, Mato Grosso do Sul, Brazil.

this period becomes even more relevant, since, throughout this stage of development, the child learns the basic modalities of human existence, in personally and culturally significant patterns that influence the way it relates to the world⁽⁴⁾.

During professional practice, it is observed that coping strategies used by children diagnosed with cancer influence the course of the disease and the way they experience treatment. Thus, the literature also identifies some of these resources, such as information, the use of recreation and communication⁽⁵⁾.

Playful resources – in addition to promoting the feeling of pleasure, entertainment and the opportunity to express thoughts and feelings – have been shown to be a tool that facilitates communication with the child/ adolescent, is an essential instrument to promote interaction between the patient and the professional⁽⁵⁾.

Several board games, computer and cards have been developed with educational proposals that promote the interaction between the child and the health team, in addition to providing the sharing of information and as effective coping strategies⁽⁶⁾.

Considering the need to deepen the potential of child coping measures based on self-report, this study aimed to identify coping strategies used by children with cancer in the face of a difficult situation, before and after intervention with a board game.

METHOD

This is an intervention study, conducted with a group in which a board game was applied in two moments. The study occurred in the chemotherapy outpatient clinic of a specialized pediatric oncology treatment center, located in Mato Grosso do Sul, Brazil⁽⁷⁾.

The outpatient clinic is a reference in the state for pediatric cancer treatment, has five armchairs and three beds for care. Patients undergo consultations and/or receive drug therapy and then return to their place of origin (city or support home). When long-term intravenous therapy, health problems, complications or surgical procedures are required, the child is admitted to a specific ward.

The sample was selected for convenience, and children who met the following inclusion criteria participated: to be diagnosed with cancer; to be aged between 7 and 12 years old; and to be in

chemotherapy for at least 1 month, the diagnosis phase and the beginning of treatment can be considered by children as difficult moments that they will have to face. The study did not include children in the final phase of life, in respect of the moment they were experiencing.

Data collection was performed at the chemotherapy outpatient clinic. The children eligible for the study were identified and interviewed by the researcher at the hospital, through active search, and the survey took place from April to September 2019. At first, the researcher informed the child about the research and requested the consent of the person in charge and the consent of the child, by completing and signing the Informed Consent Form (ICF) by parents or legal guardians, and the Term of Assent, by the child. After the consent of the participants, a sociodemographic questionnaire and the instrument Kidcope – Brazilian child version were applied.

The intervention consisted of the board game “Skuba! An adventure on the seabed”, developed and validated⁽⁶⁾ to help children, more specifically those aged 8 to 12 years, to face the diagnosis and treatment of cancer. The game makes an analogy to the child’s experience with cancer, being divided into four phases, which represent pre-diagnosis, diagnosis, treatment and post-treatment. When taken to the seabed, the navigator is faced with the unknown and frightening dark, which refers to the diagnosis of cancer.

The cards of luck, setback, information and negotiation are being opened as you walk on the board and represent the difficulties and facilities that the child experiences during treatment, according to the phases. The ultimate adventure is to reach the surface. The game consists of a board, a dice, a guide to application, a rules manual and 114 cards (48 lucky, 48 setbacks, 12 info, and 6 trading); can participate up to 4 players, who take on pins of different colors. The game has the potential to contribute to the child’s positive coping experience⁽⁶⁾.

Coping was measured using the Kidcope scale – Brazilian child version⁽⁴⁾, a useful instrument to track the cognitive and behavioral coping of the child, in order to identify the strategies used by him in a stress situation. The evaluation begins with the request for the child to describe a difficult situation that he has experienced; then, the level of Distress - that is, adaptation or behavioral disorder and

suffering –, through three questions: anxiety (“Did this situation make you nervous?”), sad (“Did this situation make you sad?”) and angry (“Did this situation make you angry?”). The answers obtained are distributed in a Likert scale, ranging from 1 (“not at all”) to 5 (“very much”), with a total score between 3 and 15 points.

In addition, the Kidcope scale – Brazilian children’s version⁽⁴⁾ contains 15 items, related to 10 coping strategies, subdivided into 3 types: avoidance (distraction, social isolation, magical thinking and resignation), negative confrontation (self-criticism, blaming others) and active coping (cognitive restructuring, problem solving, emotional regulation and social support).

As for the scores, it is possible to obtain data through: a) frequency of a type of coping strategy, from the question “did you do it?” with the answer “yes” (1) or “no” (0), ranging from 0 to 10 strategies; and b) self-assessed effectiveness, from the question “did it help you?” with answers “not at all” (0), “a little” (1) and “a lot” (2), obtaining a variation of score from 0 to 20. For strategies related to more than one item, if the child marks “yes” on two items, he receives the score “1”, and records the score of the highest effectiveness selected by the child⁽⁴⁾.

For data collection and production, the researcher approached the child and invited her to participate in an interview to respond to the items of the Kidcope scale⁽⁴⁾. With the child’s acceptance, permission was requested for the recording of the meeting and the application of the scale was initiated, with each child individually. At the end of this stage, the child was introduced to the board game “Skuba! An adventure on the seabed”⁽⁶⁾ (with the exposition of rules, purpose and dynamics of the activity) and received the invitation to play a game with the researcher.

Two meetings were held with each child, with an average interval of 50 days; the time was defined according to the return of the child to the service for treatment or consultation. The duration of each meeting was 40 to 90 minutes. The place for the application of the game was negotiated with the child, being able to be in the toy library, during the administration of chemotherapy, in bed day and/ or in the living spaces of the institution, always seeking to safeguard the privacy of the child. Parents may or may not witness interactions, depending on their interest. The sessions were recorded in digital audio,

and the observations of the child’s behavior were recorded in a field diary, as observation notes. The speeches are identified with the letter “E”, followed by a number, a point and another number that indicates the time of collection (being “1” for before or “2” for after the intervention) and finally the age of the child, for example E1.1. 4y.

On the return of the child to the service, a new game of the game was held, and then the child validated whether the situation reported as difficult remained the same, or if she had experienced another. Then, the interview was performed using the Kidcope scale⁽⁴⁾, in order to investigate and clarify more deeply the reports or expressions presented by the children.

The analysis of the data referring to the narrated difficult situations began with the categorization, according to the Codification of Children’s problems model, which allows classifying the reported problem according to its nature, that is, identifying who has the problem and its content. Thus the problems were classified as: a) personal (referring to something that happened directly with the child; b) interpersonal (relating to the child’s interaction with the other); and c) related to others (problem that happened with another person, but that may be related to the child)⁽⁸⁾.

Quantitative data were analyzed using simple and absolute frequency, mean, median and nonparametric Mann-Whitney test, Wilcoxon test and Spearman linear correlation test. Statistical analysis was performed using the SigmaPlot statistical program, version 12.5, considering a significance level of 5%.

The research was approved by the Research Ethics Committee of a Higher Education Institute under Opinion of n. 3,178,093 and registration in CAEE 03854818.7.0000.0021.

RESULTS

The participants were 10 children, 5 female and 5 male; 7 from the capital and 3 from the interior of the state. The age varied between 7 and 12 years, and the level of schooling covered the third to seventh year of elementary school. All participants were accompanied by their mothers in both meetings. The most prevalent diagnoses were acute lymphoid leukemia, Hodgkin’s lymphoma and osteosarcoma. As for the time of treatment, there was variation from 3 to 24 months, being 5 children

with less than 12 months, and the others between 12 and 24 months.

Regarding the difficult situation reported by the ten children in the two meetings, most of the answers revealed that it was a difficult situation of a personal nature, eight of them related to invasive procedures, such as venous puncture for peripheral access and collection of tests during treatment (which cause pain and suffering when the child is submitted to multiple punctures followed) impairment of the venous network and need for insertion of a central catheter of short or long stay. Other situations listed were related to discomfort caused by adverse treatment reactions, such as hair loss, lesions in the oral mucosa and hospitalization itself. One child reported a stressful situation before the diagnosis of childhood cancer, such as the occurrence of fracture in one limb.

When I was hospitalized. They removed, you know, the central access, it kept piercing my arms, then the vein wouldn't work, so they punctured it. This was very difficult, I spent many days hospitalized there in isolation. (E8.2-7y)

When my hair first started falling out. Mom, remember how torture it was when my hair fell out for the first time? I was very sad. (E2.1-9y)

The first time I went bald. I cried a little, but then I laughed. (E2.2-9y)

When I broke my arm. I was playing soccer. It was when I was living in Palmas, they pushed me and I fell. (E5.1-11y)

I had a sore in my mouth, after two days there was a sore on my tongue and cheek... I couldn't even eat properly, then my immunity dropped and I had to stay here for a long time. (E3.1-8y)

The difficult situation categorized as interpersonal by two children was the way they discovered cancer, revealing their sadness with the news.

When I discovered cancer. It was a difficult situation. (E1.2-10y)

It's just that, like, my mother said that I had nothing, then she went to tell a woman who came to my house that I had cancer, and I listened and it was very sad. (E3.1-8y)

Only one situation was classified as another, in which the child described the death of a pet as the

most difficult event ever experienced, revealing how much he suffered.

When my cat died in my arms, that was a long time ago (patient cried), they threw poison at him. I suffered a lot. It was Juju. (E6.1-10y)

During the application of the Kidcope scale – Brazilian children's version, the pre-adolescents presented reflective behaviors and were slow to respond, compared to participants from other age groups. Some preferred not to talk about the situation but to respond in writing.

Look, man, I don't know. None. (E10.1-12y)

No. I've never gone through anything in my life. (E6.1-10y)

Regarding the level of distress, it was observed that in the first meeting the score was 7 points (4 to 12 points), and in the second of 7.5 points (4 to 15 points). Among the feelings, anxiety was shown to have higher scores, in both moments of data collection, with the manifestation of nervousness during intravenous therapy.

I was very nervous when they were putting the catheter in the vein and taking the serum. (E9.1-9y)

I was more or less nervous. I screamed, I cried, I didn't want it to pierce. My mother held me, otherwise I wouldn't let her. Then I did the same as aunt X (psychologist) taught me, take a deep breath and blow out the candle. (E9.2-9y)

Concerning the frequency of the use of coping strategies, in the pre-intervention, nine children reported the use of avoidance coping, nine using distraction and eight magical thinking. Regarding active coping, seven used cognitive restructuring, six used problem solving, nine used emotional regulation and eight used social support. Regarding negative coping strategies, only three used self-criticism.

In the post-intervention, the ten children reported the use of avoidance coping, and seven referred to distraction, ten to magical thinking, five to social isolation and one to resignation. Regarding active coping, eight used cognitive restructuring, seven used problem solving, eight used emotional regulation and nine used social support. Regarding negative coping strategies, four used self-criticism (Table 1).

Table 1. Results referring to the responses of the children evaluated in this study according to the use of strategies for coping with difficult situations and self-rated efficacy, both before and after the board game. Campo Grande/MS, 2023.

Type of coping/Moment	Coping strategies	Use of the coping strategy		Self-rated effectiveness of the strategy		
		Yes	No	Not at all	A little	Very much
BEFORE						
Avoidance coping strategies	Distraction	90 (9)	10 (1)	20 (2)	30 (3)	50 (5)
	Social isolation	60 (6)	40(4)	30 (3)	30 (3)	40 (4)
	Magical thinking	20 (2)	80(8)	10 (1)	50 (5)	40 (4)
	Resignation	0,0(0)	100 (10)	30 (3)	20 (2)	50 (5)
Negative coping strategies	Self-blame	70 (7)	30 (3)	10 (1)	60 (6)	30 (3)
	Blaming others	-	100 (10)	10 (1)	60 (6)	30 (3)
Active coping strategies	Cognitive restructuring	30 (3)	70 (7)	20 (2)	50 (5)	30 (3)
	Problem solving	40 (4)	60 (6)	20 (2)	30 (3)	50 (5)
	Emotional regulation	10 (1)	90(9)	0,0 (0)	30 (3)	70 (7)
	Social support	20 (2)	80 (8)	10 (1)	30 (3)	60 (6)
AFTER						
Avoidance coping strategies	Distraction	30 (3)	70 (7)	10 (1)	30 (3)	60 (6)
	Social isolation	50 (5)	50 (5)	10 (10)	40 (4)	50 (5)
	Magical thinking	0,0 (0)	100 (10)	10 (10)	40 (4)	50 (5)
	Resignation	90 (9)	10 (1)	40 (4)	30 (3)	30 (3)
Negative coping strategies	Self-blame	60 (6)	40 (4)	30 (3)	60 (6)	10 (1)
	Blaming others	0,0 (0)	100 (10)	20 (2)	60 (6)	20 (2)
Active coping strategies	Cognitive restructuring	20 (2)	80 (8)	20 (2)	10 (1)	70 (7)
	Problem solving	30 (3)	70 (7)	10 (1)	30 (3)	60 (6)
	Distraction	20 (2)	80 (8)	0,0 (0)	40 (4)	60 (6)
	Social isolation	10 (1)	90 (9)	10 (1)	0,0 (0)	90 (9)

There was a moderately significant negative linear correlation between the children's age and the self-assessed efficacy score of active and avoidance strategies at both times when the game was applied

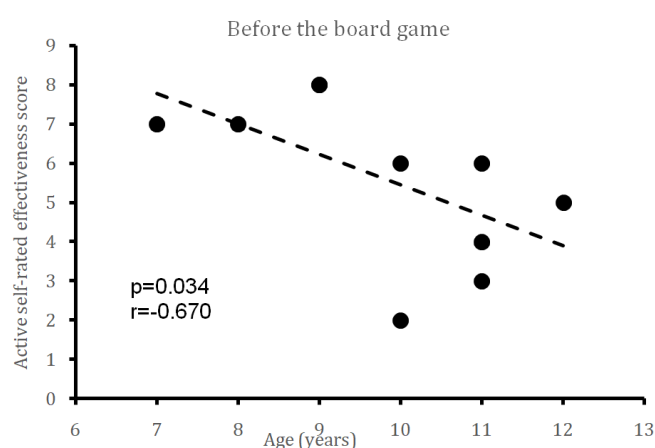


Figure 1. Scatter plot illustrating the significant moderate negative linear correlation between children's age and active self-assessed efficacy score before the board game. Each symbol represents the age and score of a single child. P-value in Spearman's linear correlation test. r = linear correlation coefficient.

It was also possible to identify that, during the application of the scale and the game, the younger children expressed themselves more clearly and

objectively and became more involved with the dynamics.

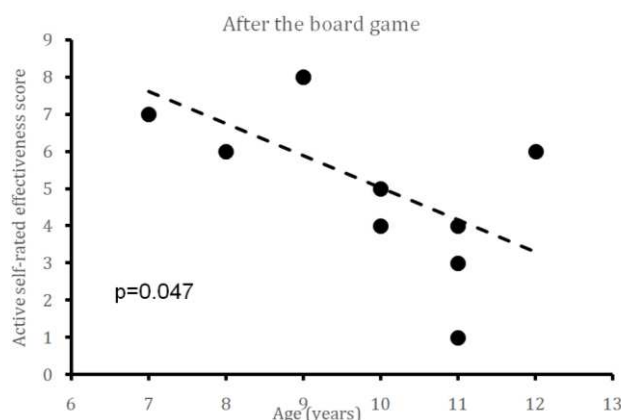


Figure 2. Scatter plot illustrating the significant moderate negative linear correlation between the children's age and the self-assessed avoidance efficacy score after the board game. Each symbol represents the age and score of a single child. P-value in Spearman's linear correlation test. r = linear correlation coefficient.

In the pre-intervention, the self-assessment effectiveness score of coping strategies was 13.5 points (6 to 20 points); in the second moment, it was 14 points (4 to 19 points). Regarding the self-

assessment effectiveness score, there was no statistical difference between the two moments of the coping strategies used.

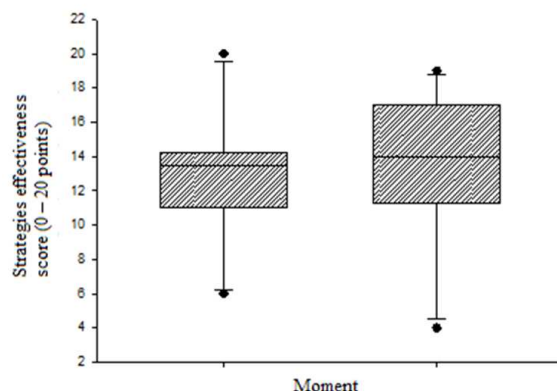


Figure 3. Box plot graph showing the results of the efficacy score of the coping strategies used by the children, in the moments before and after the board game.

DISCUSSION

This study sought to identify the coping strategies of children with cancer in chemotherapy treatment from the diagnosis. When giving voice to the child to reveal the difficult situations they face in this context, it was observed that most of them referred to those of a personal nature, especially those focused on issues involving the disease and the hospital environment, effects, which triggered feelings of nervousness, anger and sadness.

However, for some children, the diagnosis of cancer was not considered a difficult situation,

since they referred to personal experiences lived previously, such as a fracture, which caused a lot of pain and was striking for her, or even the loss of a pet. It can be inferred that the child is at the beginning of treatment and has not experienced anything more difficult than the previous events, hence the attribution of the meaning of difficult situation experienced. It is important to emphasize that, in the post-intervention, with the child having already experienced other situations, there was no more reference to those initial experiences⁽⁹⁻¹⁰⁾.

Hospitalization often brings with it a load of intense feeling of loneliness and loss from a normal

childhood. In addition, by staying for long periods in the hospital, the child may feel bored and idle, which directly affects their living with the family and generates uncertainties regarding the diagnosis and the aspects that permeate it⁽⁹⁻¹⁰⁾.

Playful activities such as board games, cards, multimedia and dolls can be used as a coping strategy. The performance of these activities promotes the distraction of the child during hospitalization, blurring the theme “disease” and providing a reunion with the reality prior to hospitalization. In addition, these activities are strong allies of the team for responsive communication with the child and the family, which helps in the process of reception⁽⁹⁻¹¹⁾.

The playful resource makes possible the establishment of a therapeutic dialogue based on the need to reflect on the feelings expressed, not to minimize or exaggerate these feelings. This prevents meanings from being added or the intention from being understood⁽¹²⁾.

Regarding the coping strategies analyzed, most of the children interviewed in the study reported the use of avoidance coping strategies, such as distraction and magical thinking. A similar situation was observed in a study conducted with 19 children undergoing cancer treatment, in order to compare two methodologies for assessing coping in the context of pediatric hospitalization, where participants presented a diversity of coping strategies, as well as a predominance of coping strategies for avoidance, such as social support and distraction⁽¹³⁾.

The choice and use of coping strategies are different according to age group, because the characteristics of the individual change according to age, influencing the way the child or adolescent experience stress and the choice of resources to use⁽¹³⁾. This difference was evidenced in this study, in which children under 10 years old were more participatory. Thus, it is believed that the game can be more suitable to be applied in children in the school age group, since they had a greater involvement with the dynamics.

In the scope of assistance, this research enables the awareness of nursing professionals to the importance of play, the rescue of being a child and hearing the child's voice as a coping strategy, as well as for the relevance of using resources that provide relief from pain and discomfort arising from treatment and the performance of actions that

favor the approach of the family and/ or significant people.

In the area of pediatric oncology, the implementation of the board game “Skuba! An adventure on the seabed” in the services can contribute to improve communication and interaction with the child, as well as favor information. Such actions imply better care for the child and his family and allow the realization of an evidence-based practice⁽⁶⁾.

Regarding the limitations of the study, it was found that the reduced sample made the statistical analysis difficult. This was due to the fact that the scale was applicable to a specific age group, which, along with the time allocated for collection, made it difficult to include new participants. In addition, participants' absences and mismatches also constitute a factor that contributed to the small number of the sample. Studies are recommended to investigate other variables that the game may influence, thus making its use a practice with greater evidence.

CONCLUSION

In this study, we sought to identify coping strategies, faced with a difficult situation, used by children with cancer during chemotherapy, pre and post-intervention with a board game. Among the difficult situations reported by the children, those of a personal nature, related to invasive procedures, with a predominance of intravenous therapy, stood out. In addition, it was found that children used active coping strategies: cognitive restructuring, problem solving, emotional regulation and social support. The board game “Skuba! An adventure on the seabed, “used in this study as an intervention, enabled communication with the child, thus allowing the sharing of information that can help in coping with the disease.

However, future research should be proposed to investigate other variables that the game may influence, thus making its use a practice with greater evidence. It is also relevant to investigate the application of the game in other environments, such as nursing homes, households, waiting rooms for consultations and tests, emergency care units, semi and intensive care and radiotherapy, among others. It is therefore important that educational and health institutions encourage professionals and researchers to develop technical materials such as

board games or games, and to carry out studies in subject.
order to expand and strengthen knowledge on the

ESTRATÉGIAS DE ENFRENTAMENTO UTILIZADAS POR CRIANÇAS COM CÂNCER EM TRATAMENTO QUIMIOTERÁPICO

RESUMO

Objetivo: identificar as estratégias de enfrentamento utilizadas por crianças com câncer diante de uma situação difícil antes e após intervenção com jogo de tabuleiro. **Método:** Trata-se de um estudo de intervenção, realizado no ambulatório de quimioterapia de um centro de tratamento especializado em oncologia pediátrica de Mato Grosso do Sul. A amostra foi composta por 10 crianças de 7 a 12 anos em tratamento quimioterápico. Para a coleta de dados foi aplicada a escala Kidcope – versão infantil brasileira, antes e após a intervenção com o jogo de tabuleiro “Skuba! Uma aventura no fundo do mar”. Para a análise dos dados, utilizou-se estatística descritiva e inferencial. **Resultados:** as situações difíceis referidas pelas crianças foram de natureza pessoal e envolviam procedimentos invasivos durante o tratamento. Evidenciou-se o uso de estratégias de enfrentamento de evitação, como distração e pensamento mágico. As crianças revelaram, quanto ao uso das estratégias, que tentavam esquecer a situação difícil, através de atividades de distração, como assistir à televisão ou jogar um jogo, e não ficar sozinhas, evitando assim o isolamento social. **Conclusão:** as estratégias de enfrentamento utilizadas pelas crianças com câncer, mediadas pela intervenção com o jogo de tabuleiro, foram de evitação, com o predomínio da distração.

Palavras-chave: Enfermagem pediátrica. Neoplasias. Jogos e brinquedos. Criança.

ESTRATEGIAS DE ENFRENTAMIENTO UTILIZADAS POR NIÑOS CON CÁNCER EN TRATAMIENTO QUIMIOTERÁPICO

RESUMEN

Objetivo: identificar las estrategias de enfrentamiento utilizadas por niños con cáncer ante una situación difícil antes y después de la intervención con juego de mesa. **Método:** se trata de un estudio de intervención, realizado en el ambulatorio de quimioterapia de un centro de tratamiento especializado en oncología pediátrica de Mato Grosso do Sul-Brasil. La muestra fue compuesta por 10 niños de 7 a 12 años en tratamiento quimioterápico. Para la recolección de datos se aplicó la escala Kidcope - versión infantil brasileña, antes y después de la intervención con el juego de mesa “¡Skuba! Una aventura en el fondo del mar”. Para el análisis de los datos, se utilizó estadística descriptiva e inferencial. **Resultados:** las situaciones difíciles relatadas por los niños fueron de naturaleza personal e involucraban procedimientos invasivos durante el tratamiento. Se evidenció el uso de estrategias de enfrentamiento de evitación, como distracción y pensamiento mágico. Los niños revelaron, en cuanto al uso de las estrategias, que intentaban olvidar la situación difícil, a través de actividades de distracción, como ver la televisión o jugar un juego, y no quedarse solos, evitando así el aislamiento social. **Conclusión:** las estrategias de enfrentamiento utilizadas por los niños con cáncer, mediadas por la intervención con el juego de mesa, fueron de evitación, con el predominio de la distracción.

Palabras clave Enfermería pediátrica. Neoplasias. Juegos y juguetes. Niño.

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