Literature review

Communication of hospitalized pediatric oncology patients with the nursing team: an integrative literature review

Comunicação de pacientes pediátricos oncológicos hospitalizados com a equipe de enfermagem: revisão integrativa da literatura

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ABSTRACT | OBJECTIVES: (1) To synthesize evidence about the communication of hospitalized pediatric oncology patients with the nursing team; (2) to identify facilitators and barriers affecting this communication. **METHOD:** This is an Integrative Literature Review developed in six stages, conducted according to the PICo search strategy and based on the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA-ScR). The Rayyan application was used as an automation and filtering tool for the studies. Searches were conducted in the LILACS, CINAHL, Scopus, Web of Science, and PUBMED databases, with a time frame from 2016 to 2024. **RESULTS:** A total of 20 articles with an evidence level of VI were identified. It was demonstrated that empathetic communication is interpreted by pediatric patients as valuing their individuality, privacy, and autonomy. Communication barriers are evidenced by ambiguous information and authoritarian behaviors, while facilitators include open, educational, and horizontal communication. **FINAL CONSIDERATIONS:** Pediatric patients perceive empathetic communication with the nursing team; however, they notice an overload of demands on these professionals, hindering dialogue. Promoting the active participation of these patients is crucial for establishing an effective therapeutic plan.

KEYWORDS: Nursing. Communication. Hospitalization. Pediatric Patients. Oncology Patients.

RESUMO | OBJETIVO: (1) Sintetizar evidências acerca da comunicação de pacientes pediátricos oncológicos hospitalizados com a equipe de enfermagem; (2) identificar facilitadores e barreiras que afetam esta comunicação. **MÉTODO:** Trata-se de Revisão Integrativa da Literatura desenvolvida em seis etapas, conduzida segundo à estratégia de pesquisa PICo e baseada nas recomendações do *Preferred Reporting Items for Systematic Reviews and Meta-Analyses* (PRISMA-ScR). O aplicativo *Rayyan* foi utilizado como ferramenta de automação e filtragem dos estudos. As buscas foram realizadas nas bases de dados *LILACS, CINAHL, Scopus, Web of Science* e *PUBMED*, com um recorte temporal de 2016 a 2024. **RESULTADOS:** Identificou-se 20 artigos com nível de evidência (VI) em sua totalidade. Demonstrou-se que a comunicação empática é interpretada pelos pacientes pediátricos como uma valorização de sua individualidade, privacidade e autonomia. As barreiras comunicacionais são evidenciadas pela ambiguidade de informações e comportamentos autoritários, por outro lado os facilitadores incluem a comunicação aberta, didática e horizontal. **CONSIDERAÇÕES FINAIS:** Os pacientes pediátricos percebem uma comunicação empática com a equipe de enfermagem, contudo notam uma sobrecarga de demandas nesses profissionais, dificultando o diálogo. Fomentar a participação ativa desses pacientes é crucial para estabelecer um plano terapêutico eficaz.

PALAVRAS-CHAVE: Enfermagem. Comunicação. Hospitalização. Pacientes Pediátricos. Pacientes Oncológicos.

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1. Introduction

According to the guidelines of the Brazilian Society of Pediatric Oncology (SOBOPE - Sociedade Brasileira de Oncologia Pediátrica), neoplasms in children and adolescents represent a multifaceted group of malignant pediatric tumors with some well-established and clearly defined particularities. In this regard, it is worth noting that the characterization of this type of cancer is related to its incidence, prevalence, recurrence, etiology, survival rate, treatment, and risk of both acute and long-term toxic effects related to procedures and subsequent rehabilitation.[1,2]

In this context, it is noted that malignant pediatric neoplasms are similar in terms of the disordered proliferation of abnormal cells, which can occur in any part of the human body.[2] Although it is considered a rare disease, childhood and adolescent cancer represents the second leading cause of death among children and adolescents aged 5 to 14 years worldwide.[3] In Brazil, the burden of morbidity and mortality from childhood and adolescent cancer represents the leading cause of death (8% of the total) from disease among children and adolescents aged 1 to 19 years.[3,4]

Nevertheless, information on childhood and adolescent cancers is often disregarded due to the low prevalence compared to other tumor types in the population over 20 years of age[5,6], since the 1970s there has been a gradual improvement in the overall survival curve for pediatric cancer, with a survival expectation of around 80%.[1] In Brazil, the National Cancer Institute (INCA - Instituto Nacional do Câncer) estimates that, between 2023 and 2025, approximately 7,930 new cases of childhood and adolescent cancer will occur, representing an estimated risk for this population of 134.81 per million children and adolescents.[1]

Between January 2008 and December 2016, significant patterns were observed in hospitalizations due to neoplasms (tumors) across different age groups. In the age group under 1 year, 22,286 hospitalizations were recorded, while in the 1 to 4-year age group, this number significantly increased to 114,168 hospitalizations. For the 5 to 9-year age group, the total was 111,205 hospitalizations, showing a slight decrease compared to the previous group. During the same period, the number of deaths related to neoplasms was 1,087 among those under 1 year old, 2,491 in children aged 1 to 4 years, and 2,646 in the 5 to 9-year age group.[6]

In this context, it is recognized that the occurrence of hospitalizations and pediatric readmissions in the setting of childhood and adolescent cancer has a direct impact on the treatment and diagnostic process. This is due to the close association between these hospitalizations and therapeutic demands, both at the beginning and during the maintenance of treatment, as well as the clinical changes that may arise during the process, such as potential opportunistic infections.[7] These hospitalizations are characterized by prolonged periods, painful and invasive procedures, and result in the deprivation of daily activities for both the child and the caregiver-family member.[8]

The diagnosis of cancer and the subsequent hospitalization represent a phase of significant changes for children and adolescents, who find themselves limited in their usual daily activities, such as playing, eating, attending school, and interacting with friends and family. Moreover, it is important to note that dealing with a disease like cancer involves various adjustments in the lives of the patient and their family.[9,10] Hospitalization is an unpleasant and stressful experience, leading children and adolescents to experience feelings of distress, fear, and anxiety. These emotional manifestations are attributed to various factors, such as the sudden separation from their familiar and social environment, changes in routine, and the loss of control over their lives.[7,8] In light of this, communication is recognized as an essential tool for the continuity of care in providing direct assistance to this population.

Thus, it is noted that communication is defined as the exchange of information, encompassing both verbal and non-verbal dimensions, which include elements such as speech, body posture, and tone of voice.[11] In nursing, communication plays a fundamental role in establishing an emotional bond with the patient and facilitating mutual understanding, trust, and collaboration between the healthcare team and the patient.[11,12] Furthermore, the quality of communication has a direct impact on the adolescent's perception of the care received, positively influencing their satisfaction and contributing to a greater sense of dignity. These aspects are crucial for improving the adolescent's adherence to treatment.[13,14]

Additionally, it is noted that during hospitalization, children and adolescents express a preference for communicating with the nursing staff due to the closer and more frequent contact with them throughout their stay.[13,14] However, nursing professionals themselves recognize gaps in their theoretical and practical training when it comes to communicating with this specific population, requiring greater tolerance and flexibility.[14]

Thus, there is still a persistence and continuation of communication gaps, which should be effective and horizontal between the multidisciplinary team and the hospitalized child or adolescent. This is associated with the perception of various difficulties in serving this population, including obstacles in organizing access to diagnostic tests and treatments, lack of integration between the various care and research groups, as well as challenges related to the availability of data and the evaluation of outcomes. Therefore, care provided in a pediatric oncology unit requires a specific approach from the healthcare team, which must listen to, understand, welcome, respect the patients, and communicate effectively.[15,16]

In light of the above, the present study aimed to (1) synthesize evidence regarding the communication between hospitalized pediatric oncology patients and the nursing staff; and (2) identify facilitators and barriers that affect this communication.

2. Methodology

An Integrative Literature Review (ILR) was conducted, based on Evidence-Based Practice (EBP), which enables a critical synthesis of the knowledge produced on a specific topic.[17] It is noted that the protocol for this Integrative Literature Review (ILR) is registered in the scientific repository Figshare.[18]

The study was developed in six stages: (1) identification of the theme and selection of the hypothesis or research question; (2) establishment of criteria for the inclusion and exclusion of studies and search for studies in databases; (3) definition of the information to be extracted from the selected studies and categorization; (4) evaluation of the studies included in the integrative review; (5) analysis and interpretation of the results; (6) presentation of the knowledge synthesis.[17]

The review question was formulated using the PICo strategy[17], thus, (P) Patient – "pediatric oncology patients/children and adolescents with cancer", (I) Interest – "pediatric oncology patients' perception of their communication with the nursing staff", and (Co) Context – "hospital unit/hospitalization" were defined. This resulted in the following research question: "What scientific evidence is available regarding the perceptions of hospitalized pediatric oncology patients about their communication with the nursing staff during hospitalization, as well as what evidence explains the facilitating factors and barriers that affect this interaction between the patients and the nursing team?".

For the search, screening, and selection of the sample, the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) were followed, and the Rayyan application was used for the selection of studies[19,20], which focuses on automating the filtering of the sample.

The sample for the ILR included primary studies and expert consensus on the topic, covering the period from 2016 to 2024, and indexed in the following databases: National Library of Medicine National Institutes of Health (PUBMED), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Latin American and Caribbean Health Sciences Literature (LILACS), SciVerse Scopus, and Web of Science (WOS). The searches were conducted using controlled terms and, exceptionally, some keywords recommended by the databases. These terms were connected using the Boolean operators AND and OR. Thus, the search strategy involved combining Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH), as shown in Table 1. For the development of the search strategy, the assistance of an experienced librarian from the University of São Paulo (USP – Universidade de São Paulo) was sought.

Table 1. Search strategy according to the database consulted. Ribeirão Preto, São Paulo, Brazil, 2024

Database	Search strategy in the databases
PUBMED *(n=223)*	*(Perception* OR "Social Perception" OR "Attitude of Health Personnel" OR "Personal Satisfaction" OR "Patient Satisfaction" OR "Professional–patient Relationship") AND ("Communication Barriers" OR "Communication Facilitators") AND ("Childhood Cancer Survivors" OR "Children Cancer Survivors" OR "Pediatric Patient" OR Child OR Children OR Childhood OR adolescent* OR teen*) AND ("Hospitalized Child" OR Oncology OR Hospital OR "Child Health Services") AND ("Health Communication" OR "Communication" OR Conversation) AND ("Hospital Nursing" OR "Nursing Team" OR "Nursing Staff" OR "Nursing Assistants") AND (Hospitalization* OR "Hospital Unit" OR "Hospital Oncology Service")*
CINAHL *(n=70)*	*(Perception* OR "Social Perception" OR "Attitude of Health Personnel" OR "Personal Satisfaction" OR "Patient Satisfaction" OR "Professional–patient Relationship") AND ("Communication Barriers" OR "Communication Facilitators") AND ("Childhood Cancer Survivors" OR "Children Cancer Survivors" OR "Pediatric Patient" OR Child OR Children OR Childhood OR adolescent* OR teen*) AND ("Hospitalized Child" OR Oncology OR Hospital OR "Child Health Services") AND ("Health Communication" OR "Communication" OR Conversation) AND ("Hospital Nursing" OR "Nursing Team" OR "Nursing Staff" OR "Nursing Assistants") AND (Hospitalization* OR "Hospital Unit" OR "Hospital Oncology Service")*
Web of Science *(n=214)*	*(Perception* OR "Social Perception" OR "Attitude of Health Personnel" OR "Personal Satisfaction" OR "Patient Satisfaction" OR "Professional–patient Relationship") AND ("Communication Barriers" OR "Communication Facilitators") AND ("Childhood Cancer Survivors" OR "Children Cancer Survivors" OR "Pediatric Patient" OR Child OR Children OR Childhood OR adolescent* OR teen*) AND ("Hospitalized Child" OR Oncology OR Hospital OR "Child Health Services") AND ("Health Communication" OR "Communication" OR Conversation) AND ("Hospital Nursing" OR "Nursing Team" OR "Nursing Staff" OR "Nursing Assistants") AND (Hospitalization* OR "Hospital Unit" OR "Hospital Oncology Service")*
LILACS *(n=25)*	(Percepção* OR "Percepção Social" OR "Atitude do Pessoal de Saúde" OR "Satisfação Pessoal" OR "Satisfação do Paciente") AND ("Sobreviventes de Câncer Infantil" OR "Sobreviventes de Câncer Infantil" OR "Paciente Pediátrico" OR Criança OR Crianças OR Infância OR adolescente* OR adolescente*) AND ("Criança Hospitalizada" OR Oncologia OR Hospital OR "Serviços de Saúde Infantil") AND ("Comunicação em Saúde" OR "Comunicação" OR Conversa*) AND ("Enfermagem Hospitalar" OR "Equipe de Enfermagem") AND (Internação* OR "Unidade Hospitalar" OR "Serviço Hospitalar de Oncologia")
SCOPUS *(n=38)*	*(Perception* OR "Social Perception" OR "Attitude of Health Personnel" OR "Personal Satisfaction" OR "Patient Satisfaction" OR "Professional–patient Relationship") AND ("Communication Barriers" OR "Communication Facilitators") AND ("Childhood Cancer Survivors" OR "Children Cancer Survivors" OR "Pediatric Patient" OR Child OR Children OR Childhood OR adolescent* OR teen*) AND ("Hospitalized Child" OR Oncology OR Hospital OR "Child Health Services") AND ("Health Communication" OR "Communication" OR Conversation) AND ("Hospital Nursing" OR "Nursing Team" OR "Nursing Staff" OR "Nursing Assistants") AND (Hospitalization* OR "Hospital Unit" OR "Hospital Oncology Service")*

Source: the authors (2024).

The sample was defined after reading the abstracts, according to the inclusion criteria: complete studies addressing the communication between hospitalized pediatric oncology patients and the nursing staff, available in Portuguese, English, or Spanish. Secondary studies (such as integrative or systematic reviews), gray literature (letters, editorials, books, conference abstracts, theses, and dissertations), and other productions that did not meet the established criteria were excluded. The instrument used for data collection was the Mixed Methods Data Extraction Form, following a Convergent Integrated Approach, developed by the Joanna Briggs Institute.[21] The data were compiled into a summary table, and each article was identified with a 'P' (Publication) code assigned randomly.

For the analysis of the evidence, instruments were used to extract the following data: authors' last names, year, journal, country, study setting, article language, objectives, protocol, main results/outcomes, and research conclusions. The articles that met the inclusion criteria were translated and independently evaluated by two members of the research team, followed by consensus on inclusion, translation, and extracted data. Discrepancies were reviewed by a third researcher.

It is worth noting that during the analysis, the articles were classified according to the levels of evidence proposed by Melnyk and Fineout-Overholt[22], the quality was assessed using the tools provided by the EQUATOR Network.[23] The seven levels[17] are: level I: evidence from a systematic review or meta-analysis of all relevant randomized controlled trials (RCTs) or evidence-based clinical guidelines based on systematic reviews of RCTs; level II: evidence derived from well-designed randomized controlled trials; level III: evidence obtained from well-designed controlled trials without randomization; level IV: evidence from well-designed cohort and case-control studies; level V: evidence from systematic reviews of qualitative and descriptive studies; level VI: evidence derived from a single descriptive or qualitative study; level VII: evidence from the opinion of authorities and/or expert committee reports.

In addition, the Evaluation Scale for Articles with Heterogeneous Methodologies for Integrative Reviews (Escala de Evaluación de Artículos con Metodologías Heterogéneas para Revisiones Integrativas - EEAMHRI)[24] was used. The scale provides the following scores: (0/3 points) exclude the article from the analysis; (4/5 points) article suitable for analysis; (6 points) ideal article. In the interpretation and synthesis phase, the Convergent Integrated analysis method was used, where quantitative data were converted into “qualified data,” involving their transformation into textual descriptions or narrative interpretation of the quantitative results.[25]

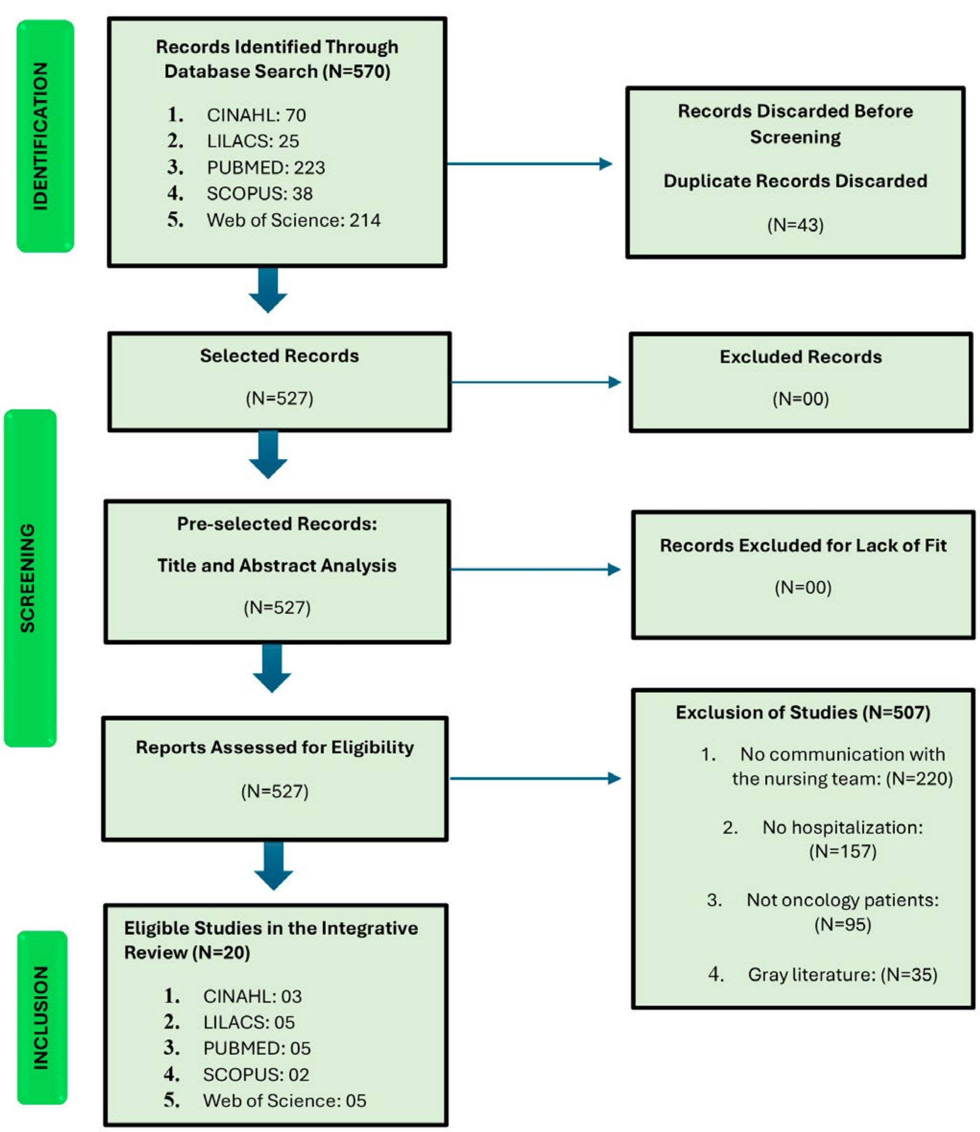
Since this is a review study conducted exclusively with scientific articles that adhere to national and international ethical principles, this study was exempt from the need for approval by the CEP/CONEP system.

3. Results

3.1 Identification and characterization of the sample

The identification of studies (Figure 1) through databases and records resulted in 570 works, of which 20 primary studies were selected for the final sample.

Figure 1. PRISMA flowchart adapted for the search19, Ribeirão Preto, São Paulo, Brazil, 2024



Source: the authors (2024).

The synthesis of the selected studies is presented in Table 2. It is noteworthy that, regarding the methodological design, most of the studies were qualitative research (n=20/100%), with a descriptive and exploratory approach (n=18/90%). On the other hand, in terms of the level of evidence, all the studies were classified as level (VI) (n=20/100%). Among the 20 eligible studies, the largest number of works were published by researchers born in Brazil (n=4/20%) and the United States. Additionally, researchers from Turkey and Iran published equally (n=2/10%). Furthermore, researchers from Switzerland, Finland, Australia, Taiwan, Malaysia, Canada, the United Kingdom, Spain, and Japan each published only one (5%) study per nationality.

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Table 2. Synthesis of the characteristics identified and extracted from the articles, Ribeirão Preto, São Paulo, Brazil, 2024 (to be continued)

Code / Authors / Year of Publication / Title / Journal / Country	Methodological Design / Sample Size	Study Synthesis	Level of Evidence
P(1)[26]/ Santos et al./ (2016)/ "Nursing care through the perception of hospitalized children" / Revista Brasileira de Enfermagem / Brazil	Qualitative, descriptive, exploratory research with semi-structured interviews / N=10 school-aged patients	The nursing professionals need to consider how children prefer to receive care, ensuring that their individuality is respected, and shaping nursing actions from a holistic human perspective.	(VI)
P(2)[14]**/** Essig et al./ (2016)/ "Improving Communication in Adolescent Cancer Care: A Multiperspective Study" / Pediatric Blood Cancer / Switzerland	Qualitative, descriptive, exploratory research with semi-structured interviews / N=16 adolescent cancer survivors, N=8 parents, N=12 pediatric oncologists, N=18 nurses	Key themes were identified in the following sections: (1) the structure in which professionals communicate with adolescents with cancer, (2) adolescents' perception and knowledge of the disease, (3) communication challenges between professionals, patients, and parents, and (4) communication discrepancies in the information provided to patients by both the nursing and medical teams.	(VI)
P(3)[27]/ Suhonen et al./ (2016)/ "Hospitalised cancer patients' perceptions of individualised nursing care in four European countries" / European Journal of Cancer Care / Finland	Cross-sectional and cross-cultural study with multivariate analysis models / N=599 school-aged patients	This study revealed several differences in the way nursing professionals communicate with hospitalized children and adolescents. These differences were observed at the conceptual and educational levels, as well as in the organization of the healthcare process and communicational authoritarianism.	(VI)
P(4)[28]/ Tobiano et al./ (2016)/ "Patients' perceptions of participation in nursing care on medical wards" / Scandinavian Journal of Caring Sciences / Australia	Ethnographic study through interviews and interpretative analysis / N=20 school-aged patients	The involvement of nurse-patient relationships, including knowledge sharing, was crucial for effective communication. Educating patients about the consequences of not communicating with the nursing team was a predominant factor.	(VI)
P(5)[29]/ Wang et al./ (2016)/ "The emergency patient's participation in medical decision-making" / Journal of Clinical Nursing / Taiwan	Qualitative, descriptive, exploratory research with semi-structured interviews / N=30 school-aged patients	The study identified three stages in patient decision-making with the healthcare team: (1) pre-decision (disease interpretation), (2) decision (direct communication with the healthcare team), and (3) post-decision (communication about the treatment approach). The effectiveness of communication revealed the main concerns of the patients.	(VI)
P(6)[30]/ Brand et al./ (2017)/ "Communication Preferences of Pediatric Cancer Patients: Talking about Prognosis and Their Future Life" / Support Care Cancer / United States	Multicenter study with a qualitative, descriptive, exploratory approach, through semi-structured interviews / N=16 school-aged patients	Although most pediatric cancer patients want to be involved in direct conversations about their clinical condition, the study highlighted that many of these children do not fully understand the information provided, emphasizing the importance of involving parents and guardians. The study underscores the importance of understanding developmental factors that make pediatric patients unique, particularly regarding their communication patterns.	(VI)
P(7)[15]/ Emidio et al./ (2018)/ "The viewpoint of hospitalized children with regards to oncological treatment" / Revista Online de Pesquisa Cuidado é Fundamental / Brazil	Qualitative, descriptive research with semi-structured interviews / N=5 school-aged patients	Strategies should be prioritized to establish communication with both the child and the family, addressing aspects such as the therapeutic protocol, unit routine, invasive procedures, aesthetic changes, and others. It is important to organize the unit by considering the routine of the child and their accompanying family member, and to encourage them to overcome challenges and adhere to treatment.	(VI)

Table 2. Synthesis of the characteristics identified and extracted from the articles, Ribeirão Preto, São Paulo, Brazil, 2024 (continuation)

Code / Authors / Year of Publication / Title / Journal / Country	Methodological Design / Sample Size	Study Synthesis	Level of Evidence
P(8)[31]/ Çalbayram et al./ (2018)/ "Investigating Children's Perception of Nurses Through Their Drawings" / Clinical Nursing Research / Turkey	Qualitative, descriptive research through drawings / N=22 patients up to 6 years old	The study demonstrated the effectiveness of children's communication through drawings. The instruction for the children to "draw a nurse" highlighted the efficacy of non-verbal communication. The children were able to express their wishes, desires, doubts, and complaints regarding their clinical condition, actively participating in the healthcare process.	(VI)
P(9)[32]/ Noghabi et al./ (2018)/ "Exploring children's dignity: A qualitative approach" / Electronic Journal of General Medicine / Iran	Qualitative, descriptive research through interviews / N=12 school-aged patients	The study identified three key themes: (1) respect for the child, (2) protection of personal privacy, and (3) family-centered communication. Hospitalized children expressed that healthcare services should respect and protect their personal privacy and directly inform them about their clinical condition.	(VI)
P(10)[33]/ Antolick et al./ (2019)/ "Identifying and Communicating Postdischarge Goals for Hospitalized Children with Medical Complexity: A Process Improvement Pilot in a Specialty Pediatric Setting" / Journal of Pediatric Health Care / United States	Pilot study, quasi-experimental, non-randomized, with a single group / N=2,200 school-aged patients	The study demonstrated that the implementation of a standardized pilot program, called the "Post-Hospitalization Action Grid (PHAG)," which was patient-centered, effectively consolidated communication between the healthcare team and pediatric oncology patients from the time of admission to post-discharge. The study highlighted the children's perceptions regarding the comprehensive care provided by the healthcare team and the importance of sharing information surrounding their clinical condition.	(VI)
P(11)[13]/ Jamalimoghadam et al./ (2019)/ "Hospitalized adolescents' perception of dignity: A qualitative study" / Nursing Ethics / Iran	Qualitative, descriptive, exploratory research with unstructured interviews / N=13 school-aged patients	The study identified four key themes: (1) protection of children's personal privacy, (2) protection of autonomy, (3) respect for identity, and (4) intimate communication about their health condition. Hospitalized adolescents stated that healthcare services should protect their privacy and personal autonomy, and that the nursing team should provide direct and educational information about their clinical status.	(VI)
P(12)[34]/ Lee et al./ (2019)/ "Participation in communication and decisions with regards to nursing care: The role of children" / Enfermería Clínica / Malaysia	Qualitative, descriptive, exploratory research with semi-structured interviews / N=21 school-aged patients and N=19 nurses	This study highlighted that hospitalized children can take on either active or passive roles in their communication with the nursing team. Additionally, this communication may fluctuate throughout the process. A child's role in communication largely depends on their preferences: how and when they wish to be included in the communication and decision-making process. These fluctuations are influenced by particular contexts.	(VI)
P(13)[35]/ Çamur; Karabudak/ (2020)/ "The effect of parental participation in the care of hospitalized children on parent satisfaction and parent and child anxiety: Randomized controlled trial" / International Journal of Nursing Practice / Turkey	Prospective, parallel, randomized, controlled clinical trial / N=20 school-aged patients	The study noted that hospitalized children feel more secure when the healthcare team establishes direct and effective communication with them, informing them about specific topics such as invasive interventions, surgery, death, and pain. Additionally, the study highlighted that in some cases, the presence of parents may hinder communication between the healthcare team and the child.	(VI)
P(14)[36]/ Carvalho et al./ (2020)/ "Playing during the period of hospitalization for treatment of pediatric cancer" / Revista do Programa de Pós-graduação Interdisciplinar em Estudos do Lazer / Brazil	Qualitative, descriptive, exploratory research / N=14 school-aged patients	The study highlighted that the nursing team's perception of communication with hospitalized children is directly influenced by play activities. The games and activities developed by the nursing team became crucial elements for establishing effective communication with this target group.	(VI)

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Table 2. Synthesis of the characteristics identified and extracted from the articles, Ribeirão Preto, São Paulo, Brazil, 2024 (conclusion)

Code / Authors / Year of Publication / Title / Journal / Country	Methodological Design / Sample Size	Study Synthesis	Level of Evidence
P(15)[37]/ Petronio-Coia; Schwartz-Barcott/ (2020)/ "A description of approachable nurses: An exploratory study, the voice of the hospitalized child" / Journal of Pediatric Nursing / United States	Qualitative, descriptive, exploratory research with semi-structured interviews / N=7 school-aged patients	The children experienced care from multiple nurses and described these professionals as smiling, happy, playful, creative, competent, and willing to talk and listen to them. Additionally, the children were able to accurately describe their perceptions of these professionals. The communication of these children was crucial for establishing the therapeutic plan.	(VI)
P(16)[38]/ Sawyer et al./ (2021)/ "Bridging the Gap: Exploring the Impact of Hospital Isolation on Peer Relationships Among Children and Adolescents with a Malignant Brain Tumor" / Child and Adolescent Social Work Journal / Canada	Qualitative, descriptive research with interpretative phenomenological analysis through semi-structured interviews / N=8 school-aged patients	The data analysis generated three main themes: (1) transforming children and relationships, (2) hospitalization in a digital world, and (3) communication with the nursing team through information and communication technologies (ICT). The study's results provide insights into the experience of hospital isolation for children and adolescents, while also highlighting the positive social aspects and academic outcomes from frequent and open use of ICT as a means of effective communication.	(VI)
P(17)[39]/ Clarke et al./ (2021)/ "An Exploration of the Child's Experience of Staying in Hospital from the Perspectives of Children and Children's Nurses using Child-Centered Methodology" / Comprehensive Child and Adolescent Nursing / United Kingdom	Qualitative, descriptive, exploratory research / N=18 school-aged patients and N=8 nurses	The study presented the following themes: (1) children's perceptions regarding personal needs, relationships, fears, and concerns, and (2) children's perceptions of the nursing team, particularly concerning clinical care. The study contributed to the development of a generalized knowledge base for policy, nursing education, and clinical practice, clarifying how the complex hospital environment can be challenging for children, directly affecting their communication with the nursing team.	(VI)
P(18)[16]/ Souza et al./ (2021)/ "Hospitalization perceived by children and adolescents undergoing cancer treatment" / Revista Gaúcha de Enfermagem / Brazil	Qualitative, descriptive, exploratory research with semi-structured interviews / N=13 school-aged patients	The study identified communication barriers between professionals and hospitalized children and adolescents; participants felt socially isolated and emphasized the importance of recreational activities during hospitalization. Pediatric cancer is complex and requires a multidisciplinary approach to treatment, enabling the creation of healthy and welcoming environments to promote the humanization of care.	(VI)
P(19)[40]/ Gómez-Gamboa et al./ (2022)/ "The Perceptions of Children and Adolescents with Cancer Regarding Nurses' Communication Behaviors during Needle Procedures" / International Journal of Environmental Research and Pub1ic Health / Spain	Qualitative, descriptive research with interpretative phenomenological analysis through semi-structured interviews / N=7 school-aged patients	The analysis revealed three key themes: (1) nurses need to clearly explain what they are going to do while allowing children to express their emotions without feeling coerced, and (2) nurses must be honest and approachable, treating children as active participants in the treatment process.	(VI)
P(20)[41]/ Yamaji et al./ (2022)/ "Information needs of children with leukemia and their parents' perspectives of their information needs: a qualitative study" / BMC Pediatrics / Japan	Qualitative, descriptive, exploratory research with semi-structured interviews / N=7 school-aged patients and N=9 parents	The study identified three main themes: (1) communication about the child's health condition, (2) protection of the child's well-being, and (3) informational support from the healthcare team. Children and parents expressed different opinions regarding their information needs about the disease. Children needed clear information about the disease, treatment, hospitalization, and the benefits of hospitalization from the moment of diagnosis.	(VI)

Source: the authors (2024).

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Additionally, it is noteworthy that the studies were categorized according to the barriers and facilitators that influence the communication between pediatric oncology patients and the nursing staff in the context of hospitalization. Regarding the methodological evaluation, it was found that all 20 eligible articles scored a rigor score of 6 (excellence) on the EEAMHRI. Thus, the information highlighting the barriers (Figure 2) and communication facilitators (Figure 3) was compiled.

3.2 General barriers to communication between patients and nursing professionals

Studies P1, P2, P3, P7, P8, P11, P12, P13, P14, P15, P16, P17, P18, P19, and P20 described barriers associated with general communication problems between hospitalized children and adolescents and healthcare professionals. The general themes include lack of knowledge, restriction of information, disciplinarian characteristics regarding the nursing professionals' approach, as well as negative and authoritarian behaviors perceived by the hospitalized child and adolescent from the nursing staff.[26,14,27,15,31,13,34-39,16,40,41]

Studies P4 and P5 highlighted the lack of knowledge among children and adolescents regarding their understanding of medical concepts or terminologies (jargon) related to their clinical condition. They reported difficulties in understanding the explanations of procedures provided by the nursing team, which reduced their willingness to communicate with the healthcare providers. The lack of experience with the hospital environment hindered the desire of children and adolescents to communicate. Adolescents felt less comfortable and more restricted in speaking when there was no pre-established relationship with the provider.[28,29]

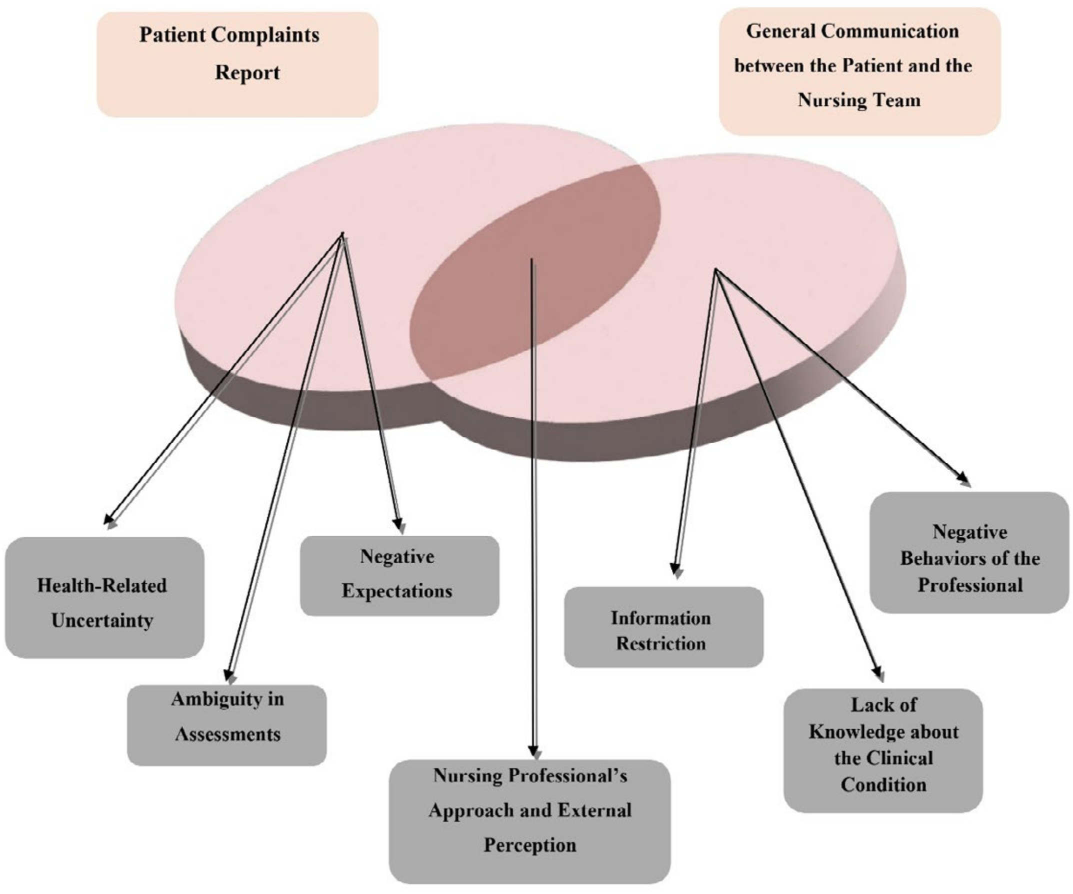
Study P6 addressed the assumptions that directly interfere with the restrictions on information provided by the healthcare team to hospitalized pediatric oncology patients. Additionally, this study compiled evidence regarding the confidentiality and/or withholding of information by the professional from the caregivers. In other words, when these legal guardians did not relay the information to their children, it led to reluctance from the patient to continue with the pre-established treatment. Furthermore, communication was inhibited when children and adolescents received little or limited information.[30]

Studies P1, P2, P3, P7, P8, P11, P12, P13, P14, P15, P16, P17, P18, P19, and P20 highlighted the possible negative characteristics and behaviors perceived by pediatric patients. Adolescents reported communication difficulties due to well-established age-related factors. Thus, generational conflicts were noted, as the older the healthcare professional, the more challenging the communication, due to structural issues in information transmission. Additionally, these studies pointed out several explanations for the communication impasses between professionals and patients, such as the continuous use of medical jargon, providing limited or no information, giving lengthy explanations about procedures, lack of time to clarify the patients' potential questions, being in a hurry or unwilling to do more than the minimum, and displaying insensitive behaviors, such as disrespectful or authoritarian remarks. Moreover, communication was reduced when children and adolescents did not have a trustworthy person to whom they could ask questions and address their concerns.[26,14,27,15,31,13,34-39,16,40,41]

Studies P12 and P20 highlighted the factor referred to as "Circumstance of the Child and Adolescent" in the act of communicating with the nursing staff.[34,41] It was shown that shyness or hesitation in communicating clearly with professionals hindered these patients' ability to develop a more personal relationship with the professionals. Additionally, study P14 highlighted that feelings of despair or loneliness at the time of diagnosis, along with the sense of being overwhelmed by medical information, are communication barriers.[36]

Study P17 also corroborated information related to the concerns of hospitalized pediatric patients about the perception and judgment of others regarding their clinical diagnosis. It was shown that patients in a hospitalized state feel intimidated and refrain from expressing their feelings and desires due to the fear of being judged.[39]

Figure 2. General communication barriers between patients and nursing professionals. Ribeirão Preto, (SP), Brazil, 2024



Source: the authors (2024).

3.3 General facilitators of communication between patients and nursing professionals

Studies P1, P2, P3, P4, P7, P8, P9, P10, P11, P12, P13, P14, P15, P16, P18, P19, and P20 described the facilitating elements directly related to essential communication mechanisms. The topics of interest included open, didactic, horizontal, and non-violent communication, as well as favorable characteristics and behaviors perceived by hospitalized children and adolescents.[26,14,27,28,15,31,32,33,13,34-38,16,40,41]

Studies P1, P2, P3, P4, and P7 focused their evidence on open, didactic, horizontal, and non-aggressive communication. Pediatric patients preferred to speak directly with the nursing professional in charge of their care, as these professionals were able to develop a closer relationship with the patients over time, facilitating the exchange of information about their clinical condition. However, patients reported that with each staff rotation due to shift schedules, the previously established communication elements were lost.[26,14,27,28,15]

Additionally, studies P9, P10, P11, P14, and P16 showed that information was better understood by the patients when nurses were able to establish a more specific, clear, and objective conversation about the patient's prognosis and treatment, using playful resources, imagery, and information and communication technologies (ICT).[32,33,13,36,38]

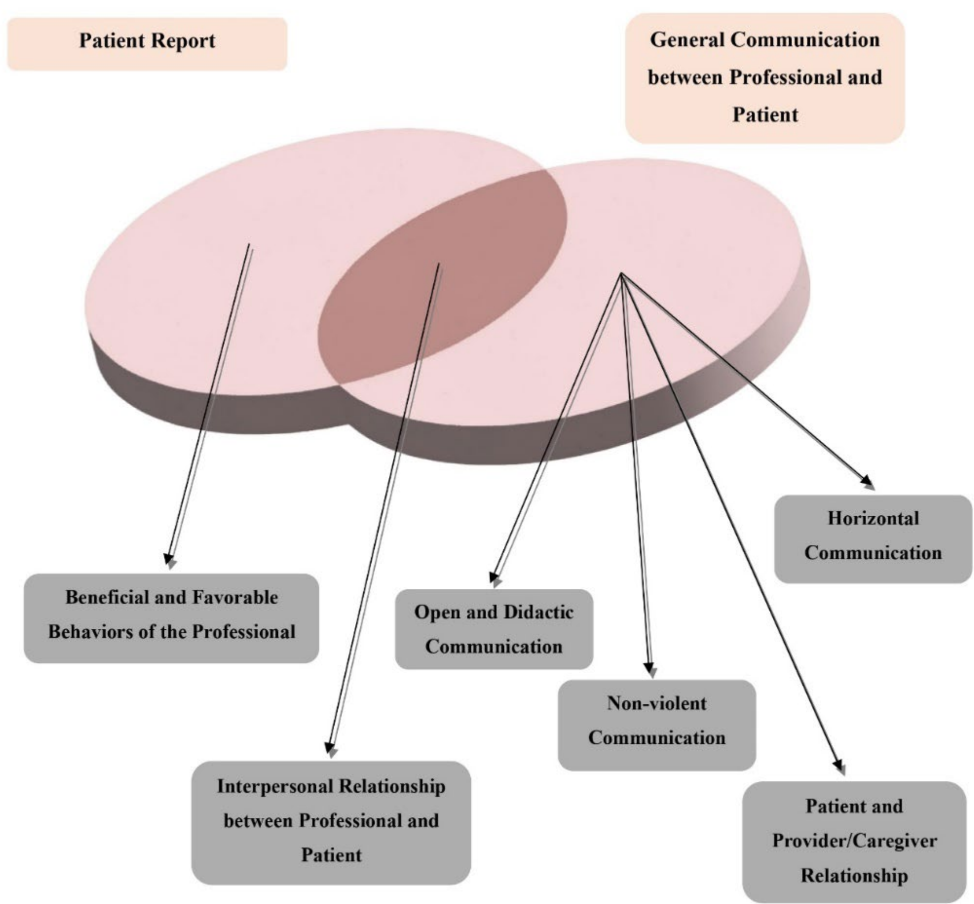
Studies P9, P11, P12, P13, P18, and P20 compiled important evidence regarding the favorable characteristics and behaviors perceived in healthcare professionals. Children and adolescents valued honest communication, which was essential for establishing trust. Furthermore, characteristics such as humor, confidence, support, and empathy were perceived by the patients as essential elements in communication.[32,13,34,35,16,41]

Studies P7, P15, and P19 highlighted the perceptions of hospitalized pediatric patients and their experiences with the nursing staff in everyday situations. Patients who were well-acquainted with the hospital environment and treatment routine were more willing to communicate and cooperate. It was also confirmed that having the same healthcare professional in repeated consultations was favorable, further strengthening the principles of Patient Navigation in nursing.[15,37,40]

Thus, it is explained that Patient Navigation in Nursing is a care model aimed at reducing barriers to treatment access, especially in vulnerable populations such as pediatric oncology patients. This concept is based on the idea that a professional, the "navigator", closely follows the patient throughout their treatment, facilitating access to healthcare services, promoting continuity of care, and providing emotional support. The repetition of the same professional in consultations strengthens the therapeutic bond, increases the patient's and their family's trust in the nursing team, and facilitates more effective communication. This is particularly important in hospital settings, where the constant presence of the same professional fosters familiarity and patient cooperation, which are essential aspects for treatment adherence and the success of therapeutic interventions. Therefore, Patient Navigation stands out as an essential practice to improve communication and promote patient-centered care.[18,41]

The evidence in studies P2, P6, P13, and P20 highlighted the importance of the patient-provider relationship for the continuity of care. Establishing a partnership or bond with the provider was perceived as essential for reporting symptoms and sharing general information about their clinical health status. Trust was identified as a fundamental principle in developing this partnership.[14,30,35,41]

Figure 3. General Facilitators of Communication Between Patients and Nursing Professionals. Ribeirão Preto, (SP), Brazil, 2024



Source: the authors (2024).

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4. Discussion

The analysis of the evidence highlights a predominance of studies conducted in pediatric and general inpatient units.[12,42] However, despite the eligibility of four studies published by Brazilian researchers[26,43,16,36] on the topic, there is a clear gap when considering the scarcity of specific research on communication with children and adolescents in specialized oncology settings in Brazil. This shortage of studies in Brazil can be attributed to several structural and contextual factors. Firstly, there is a limited allocation of resources for research on communication specifically for pediatric oncology populations, which partly reflects regional inequalities in access to specialized healthcare services in the country.[44,45] Moreover, communication in healthcare, especially with children and adolescents, requires sensitive approaches and specialized training, areas that are still not widely prioritized in nursing education curricula. The lack of specific public policies for the development of communication skills in these contexts also contributes to the lack of investment in studies of this nature.[26]

Thus, it is understood that geographic limitations in Brazil may interfere with the creation of a standardized communication model. This highlights the need to promote more comprehensive research within the country but also emphasizes the importance of considering specific cultural and social factors that influence effective communication with adolescents in healthcare settings. Furthermore, the development of institutional and national manuals and protocols that take into account these regional and sociocultural variations is essential to standardize and guide communication practices between the nursing staff and pediatric oncology patients.[46]

Moreover, it is noted that this deficit not only underscores the urgent need for further investigations in this critical area, but also highlights the importance of adapting communication strategies to specific healthcare contexts, where professional-patient dynamics are distinct and challenging, as this communication is directly influenced by the preferences of pediatric patients.[34] Regarding the level of evidence, the finding that 100% of the reviewed articles were classified as level (VI) is not surprising, as this level is characteristic of qualitative studies, aligning with the methodological approach established in the review question of this article. However, it is imperative to acknowledge the inherent limitations of this predominance of qualitative studies while simultaneously encouraging future research that incorporates mixed methods, allowing for a more holistic and robust understanding.

The analyzed studies encompassed both verbal and non-verbal communication elements through playful and imagery-based activities.[36,42] In the context of hospitalized pediatric oncology patients, it was observed that adolescents recognize and value both forms of communication when interacting with nursing professionals. Patients' perceptions revealed that effective communication with these professionals plays a significant role in treatment outcomes, such as reducing social isolation and suffering during the hospitalization period.[38] Furthermore, it was highlighted that the quality of communication emerges as a decisive factor for overall satisfaction with healthcare services, positively influencing aspects such as adherence to and continuity of treatment among adolescents.[43]

Children and adolescents recognize the constant and vital presence of the nursing staff in their daily hospital life, highlighting them as the most prominent figures during the hospitalization period.[35,37,40-42] Interestingly, these young patients show a clear preference for communication with nursing professionals compared to other interactions, including those with their own parents.[31,32] In situations where parents are temporarily absent during hospitalization, adolescents perceive that the presence of a nursing professional demonstrating care and genuine interest plays a fundamental role in reducing the insecurity associated with parental absence.[13,32,41] This established relationship contributes to creating a welcoming and comforting environment, promoting a more positive experience.

It is reaffirmed that pediatric patients prefer to be treated informally by the nursing staff, including the use of their first names and/or nicknames.[13,32,41] This preference reveals significant characteristics of the age group, indicating that the mere act of professionals addressing patients by their first names is perceived as a gesture of respect and appreciation.[13,30,32] This inclination reflects the young patients' desire to be regarded not merely as patients but as unique and authentic individuals.[13,26] The finding aligns with studies addressing different age groups, as they express a preference for less formal

communication, foregoing the use of conventional honorifics. The consistency of this preference across ages highlights the importance of a personalized approach in communication, adapting to the individual preferences of patients.[47]

The mentioned particularities are associated with the very conductive process of each patient's clinical condition, as it is marked by an active pursuit of identity construction and the appreciation of autonomy.[13,29,30] In the study published by Çalbayram et al.[31], nurses recognize the importance of respecting the wishes of adolescents, including inquiring about their preferences in care and the therapeutic plan.[31] The recognition of these patients as active individuals in their treatment, rather than merely passive recipients.[31,34,40]

Unpleasant communication with the nursing staff was observed when professionals adopted disciplinarian approaches, resulting in a lack of appreciation for these patients' autonomy. They feel uncomfortable in the face of a mechanical interaction focused solely on technical procedures, ignoring their wishes and individual needs.[14,16,48] Pediatric patients highlighted moments when the team, due to high professional demands, seemed to lack time for adequate care, performing procedures quickly and impersonally.[14,16,48] This behavior, identified internationally, is associated with the common overload in nursing work in Brazil, impacting the quality of communication and care provided to hospitalized adolescents.[49]

However, it is important to emphasize that the workload is not an obstacle to effective communication between the nursing team and adolescent patients.[13] The pediatric audience recognizes the various demands faced by nursing professionals, highlighting the remarkable effort of some to dedicate time to playful activities with the patients.[36] This attitude emphasizes the importance of strategies that promote positive communication in the hospital environment, supported by educational elements through playful activities with educational content regarding the health-illness process in the professional-patient interaction.[28]

The reviewed studies reveal various barriers that affect communication between hospitalized pediatric patients and nursing professionals. The lack of understanding of medical concepts, especially jargon, emerges as a significant challenge.[29,30] Inexperience in the healthcare environment has proven to be a detrimental factor to adolescents' willingness to communicate. The restriction of information, including the deliberate exclusion of data provided by professionals to caregivers, has shown to be a hindering element in the communication process[31], as the lack of transparency directly impacts the continuity of treatment and the patient's willingness to communicate.

Other evidence highlighted the facilitating mechanisms that promote effective communication between hospitalized pediatric patients and nursing professionals. Open, didactic, horizontal, and non-aggressive communication plays a crucial role.[14,26,43,27,28] Patients' preference to communicate directly with the responsible professional demonstrates the importance of building closer relationships over time. However, the loss of these communication elements due to frequent team changes highlights the need for continuous approaches.[43] Thus, it is reaffirmed that establishing a closer partnership or bond between the professional and the patient is perceived as essential for reporting symptoms and sharing information about the clinical health status, highlighting the need for a continuous patient-provider relationship. [14,35,41,50]

As limitations presented in this study, the established inclusion and exclusion criteria set by the researchers are highlighted, as well as the time frame, the number of databases, and the fact that most of the studies are descriptive-qualitative, imposing an intrinsic limitation on obtaining more comprehensive insights into the topic. Additionally, it is noted that this Integrative Literature Review (ILR) synthesizes evidence from both foreign countries and Brazil, where, in the Brazilian context, the nursing team also consists of nursing technicians and assistants, differing from other countries.

Significant contributions to the field of pediatric nursing were revealed by demonstrating that hospitalized children play distinct roles, alternating between active and passive agents in the communication process with the nursing team. Furthermore, the complexity of these communicative dynamics is emphasized, showing fluctuations over time. Understanding these fluctuations in children's roles is crucial, as it is intrinsically linked to the individual preferences of children regarding their participation in communicative interactions and decision-making. This ILR, therefore, sheds light on crucial nuances of this process, highlighting that the observed fluctuations are strongly influenced by specific contexts.

5. Final considerations

Communication between hospitalized pediatric oncology patients and the nursing staff presents significant complexities. The findings show that children alternate between active and passive roles in communication, highlighting the importance of understanding their individual preferences in interactions and decision-making.

Empathetic communication is valued by patients, recognizing their individuality, privacy, and autonomy. Barriers include ambiguous information and authoritarian behaviors, while facilitators include open, didactic, and horizontal communication.

Adapting nursing approaches to the individual needs and preferences of children fosters more effective communication and patient-centered care relationships. Despite the importance of empathetic communication, children perceive the overload of demands on professionals, hindering interaction. Promoting the active participation of patients is crucial for an effective therapeutic plan. Continuing to invest in research and practices that promote effective, patient-centered communication is essential in the hospital environment.

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Author contributions

The authors declare that they have made substantial contributions to the work in terms of the conception or design of the research; the acquisition, analysis, or interpretation of data for the work; and the drafting or critical revision of relevant intellectual content. All authors approved the final version to be published and agreed to take public responsibility for all aspects of the study.

Conflicts of interest

No financial, legal, or political conflicts involving third parties (government, companies, private foundations, etc.) have been declared for any aspect of the submitted work (including, but not limited to, grants and funding, participation in advisory boards, study design, manuscript preparation, statistical analysis, etc.).

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References

1. Instituto Nacional de Câncer (INCA). Estimativa 2023: incidência de câncer no Brasil [Internet]. Rio de Janeiro: INCA; 2022. Available from: https://www.inca.gov.br/publicacoes/livros/estimativa-2023-incidencia-de-cancer-no-brasil

2. Erdmann F, Frederiksen L, Bonaventure A, Mader L, Hasle H, Robison L et al. Childhood cancer: survival, treatment modalities, late effects, and improvements over time. Cancer Epidemiol. 2021;71(Part B). https://doi.org/10.1016/j.canep.2020.101733

3. Miller K, Fidler-Benaoudia M, Keegan T, Hipp H, Jemal A, Siegel R. Cancer statistics for adolescents and young adults, 2020. CA Cancer J Clin. 2020;70(6). https://doi.org/10.3322/caac.21637

4. Steliarova-Foucher E, Colombet M, Ries L, Moreno F, Dolya A, Bray F et al. International incidence of childhood cancer, 2001-10: a population-based registry study. Lancet Oncol. 2017;18(6). https://doi.org/10.1016/S1470-2045(17)30186-9

5. Lam C, Howard S, Bouffet E, Pritchard-Jones K. Science and health for all children with cancer. Science. 2019;363(6432):1182-1186. https://doi.org/10.1126/science.aaw4892

6. Algayer L, Febras L, Scheid B, Signori J, Jantsch L. Temporal Trend of Hospitalizations for Cancer Diagnosis in Children and Adolescents. RBC 2020;66(4). https://doi.org/10.32635/2176-9745.RBC.2020v66n4.1010

7. Borghi C, Szylit R, Ichikawa C, Baliza M, Camara U, Frizzo H. Use of social networking websites as a care instrument for hospitalized adolescents. Esc. Anna Nery. 2018;22(1). https://doi.org/10.1590/2177-9465-EAN-2017-0159

8. McLaughlin C, Gordon K, Hoag J, Ranney L, Terwilliger N, Ureda T, et al. Factors Affecting Adolescents' Willingness to Communicate Symptoms During Cancer Treatment: A Systematic Review from the Children's Oncology Group. J Adolesc Young Adult Oncol 2019;8(2):105-113. https://doi.org/10.1089/jayao.2018.0111

9. Sossela C, Sager F. Child and toy in hospital context [Internet]. Rev. SBPH 2017;20(1). Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1516-08582017000100003

10. Marques E, Garcia T, Anders J, Luz J, Rocha P, Souza S. Playful activities in health care for children and adolescents with cancer: the perspectives of the nursing staff. Esc. Anna Nery 2016;20(3). https://doi.org/10.5935/1414-8145.20160073

11. Sibiya M. Effective Communication in Nursing. Nursing. 2018. https://dx.doi.org/10.5772/intechopen.74995

12. Kourkouta L, Papathanasiou I. Communication in Nursing Practice. Mat Socio. 2014;26(1):65. https://doi.org/10.5455%2Fmsm.2014.26.65-67

13. Jamalimoghadam N, Yektatalab S, Momennasab M, Ebadi A, Zare N. How Do Hospitalized Adolescents Feel Safe? A Qualitative Study [Internet]. J Nurs Res. 2019;27(2). Available from: https://journals.lww.com/jnr-twna/fulltext/2019/04000/how_do_hospitalized_adolescents_feel_safe__a.6.aspx

14. Essig S, Steiner C, Kuehni C, Weber H, Kiss A. Improving Communication in Adolescent Cancer Care: A Multiperspective Study. Pediatric Blood Cancer. 2016;63(8):1423-1430. https://doi.org/10.1002/pbc.26012

15. Emídio S, Morais R, Oliveira P, Bezerra R. The viewpoint of hospitalized children with regards to oncological treatment. Rev. Pesqui [Internet]. 2018;10(4):1141-1149. Available from: https://pesquisa.bvsalud.org/portal/resource/pt/biblio-915693

16. Souza R, Mutti C, Santos R, Oliveira D, Okido A, Jantsch L, et al. Hospitalization perceived by children and adolescents undergoing cancer treatment. Rev. Gaúcha Enferm. 2021;42. https://doi.org/10.1590/1983-1447.2021.20200122

17. Mendes K, Silveira R, Galvão C. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. Texto Contexto Enferm 2008;17(4). https://doi.org/10.1590/S0104-07072008000400018

18. Prates P, Júnior A, Russo T, Paraizo-Horvath C, Teles A, Sonobe H. Communication of Hospitalized Pediatric Oncology Patients with the Nursing Team: Integrative Review Protocol. https://doi.org/10.6084/m9.figshare.25049792

19. Page M, McKenzie J, Bossuyt P, Boutron I, Hoffmann T, Mulrow C et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. Res Methods Amp Report. 202;372(71). https://doi.org/10.1136/bmj.n71

20. Ouzzani M, Hammady H, Fedorowicz Z, Elmagarmid A. Rayyan - a web and mobile app for systematic reviews. Syst Rev. 2016;5:210. https://doi.org/10.1186/s13643-016-0384-4

21. Aromataris E, Munn Z (Editors). JBI Manual for Evidence Synthesis. JBI. 2021. https://doi.org/10.46658/JBIMES-20-01

22. Melnyk BM, Fineout-Overholt E. Evidence-based practice in nursing & healthcare. 4th ed. Philadelphia: Wolters Kluwer Health; 2019.

23. University of Oxford. Equator Network. Enhancing the Quality and Transparency Of health Research. Search for reporting guidelines [Internet]. 2021. Available from: https://www.equator-network.org/?post_type=eq_guidelines&eq_guidelines_study_design=study-protocols&eq_guidelines_clinical_specialty=0&eq_guidelines_report_section=0&s=

24. Valencia-Contrera M. Escala de evaluación de artículos con metodologías heterogéneas para revisiones integrativas. Rev Cuid. 2022;13(2). https://doi.org/10.15649/cuidarte.2744

25. Creswell JW, Plano Clark VL. Pesquisa de métodos mistos. 2ª ed. Porto Alegre (RS): Penso; 2013

26. Santos P, Silva L, Depianti J, Cursino E, Ribeiro C. Nursing care through the perception of hospitalized children. Rev. Bras. Enferm. 2016;69(4). https://doi.org/10.1590/0034-7167.2016690405i

27. Suhonen R, Charalambous A, Berg A, Katajisto J, Lemonidou C, Patiraki E et al. Hospitalised cancer patients' perceptions of individualised nursing care in four European countries. Eur J Cancer Care (Engl). 2018;27(1). https://doi.org/10.1111/ecc.12525

28. Tobiano G, Bucknall T, Marshall A, Guinane J, Chaboyer W. Patients' perceptions of participation in nursing care on medical wards. Scand J Caring Sci. 2016;30(2):260-270. https://doi.org/10.1111/scs.12237

29. Wang L, Goopy S, Lin C, Barnard A, Han C, Liu H. The emergency patient's participation in medical decision-making. J Clin Nurs. 2016;25(17). https://doi.org/10.1111/jocn.13296

30. Brand S, Fasciano K, Mack J. Communication Preferences of Pediatric Cancer Patients: Talking about Prognosis and Their Future Life. Support Care Cancer;25. https://doi.org/10.1007/s00520-016-3458-x

31. Çalbayram N, Altundağ S, Aydin B. Investigating Children's Perception of Nurses Through Their Drawings. Clin Nurs Research. 2017;27(8):984-1001. https://doi.org/10.1177/1054773817731704

32. Noghabi F, Yektatalab S, Momennasab M, Ebadi A, Zare N. Exploring children's dignity: A qualitative approach. Electron J Gen Med. 2019;16(2). https://doi.org/10.29333/ejgm/94093

33. Antolick M, Looman W, Cady R, Kubiatowicz K. Identifying and Communicating Postdischarge Goals for Hospitalized Children with Medical Complexity: A Process Improvement Pilot in a Specialty Pediatric Setting. J Pediatr Health Care. 2020;34(2):90-98. https://doi.org/10.1016/j.pedhc.2019.07.006

34. Lee S, Haycock-Stuart E, Tisdall K. Participation in communication and decisions with regards to nursing care: The role of children. Enferm Clínica. 2019;29(2):715-719. https://doi.org/10.1016/j.enfcli.2019.04.109

35. Çamur Z, Karabudak S. The effect of parental participation in the care of hospitalized children on parent satisfaction and parent and child anxiety: Randomized controlled trial. Int J Nurs Pract. 2021;27(5). https://doi.org/10.1111/ijn.12910

36. Carvalho T, Reubens-Leonidio A, Silva P, Freitas C, Silva P, Santos A. Playing during the period of hospitalization for treatment of pediatric cancer. LICERE. 2020;23(4). https://doi.org/10.35699/2447-6218.2020.26698

37. Petrônio-Coia B, Schwartz-Barcott D. A description of approachable nurses: An exploratory study, the voice of the hospitalized child. J Pediatr Nurs. 2020;54:18-23. https://doi.org/10.1016/j.pedn.2020.05.011

38. Sawyer J, Mishna F, Bouffet E, Saini M, Zlotnik-Shaul R. Bridging the Gap: Exploring the Impact of Hospital Isolation on Peer Relationships Among Children and Adolescents with a Malignant Brain Tumor. Child Adolesc Social Work J. 2023;40(1):91-105. https://doi.org/10.1007%2Fs10560-021-00764-x

39. Clarke S. An Exploration of the Child's Experience of Staying in Hospital from the Perspectives of Children and Children's Nurses using Child-Centered Methodology. Compr Child Adolesc Nurs. 2021;45(1):105-118. https://doi.org/10.1080/24694193.2021.1876786

40. Gómez-Gamboa E, Rodrigo-Pedrosa O, San-Millán M, Saz-Roy M, Negre-Loscertales A, Puig-Llobet M. The Perceptions of Children and Adolescents with Cancer Regarding Nurses' Communication Behaviors during Needle Procedures. Int J Environ Res Public Health. 2022;19(15). https://doi.org/10.3390/ijerph19159372

41. Yamaji N, Nagamatsu Y, Kobayashi K, Hasegawa D, Yusa Y, Ota E. Information needs of children with leukemia and their parents' perspectives of their information needs: a qualitative study. BMC Pediatr. 2022;22(1). https://doi.org/10.1186/s12887-022-03478-w

42. Olsen I, Jensen S, Larsen L, Sorensen E. Adolescents' Lived Experiences While Hospitalized After Surgery for Ulcerative Colitis. Gastroenterol Nurs. 2016;39(4):287-296. https://doi.org/10.1097%2FSGA.0000000000000154

43. Reis N, Santos M, Almeida I, Gomes H, Leite D, Peres E. The Adolescent's Hospitalization in the Optics of Nursing Professionals. Enferm Foco. 2018;9(2). https://doi.org/10.21675/2357-707X.2018.v9.n2.1057

44. Massuda A, Dall'Abba R, Chioro A, Temporão J, Castro M. After a far-right government: challenges for Brazil's Unified Health System. Lancet. 2023;401(10380):886-888. https://doi.org/10.1016/S0140-6736(23)00352-5

45. Ortega F, Pele A. Brazil's unified health system: 35 years and future challenges. Lancet Reg Health Am. 2023;28. https://doi.org/10.1016%2Fj.lana.2023.100631

46. Martinez E, Tocantis F, Souza S. As especificidades da comunicação na assistência de enfermagem à criança. Rev. Gaúcha Enferm;34(1). https://doi.org/10.1590/S1983-14472013000100005

47. Parsons S, Hughes A, Friedman D. Please don't call me Mister': patient preferences of how they are addressed and their knowledge of their treating medical team in an Australian hospital. BMJ Open. 2016;6. https://doi.org/10.1136/bmjopen-2015-008473

48. Weston F, Pedroso M, Santos D, Dias AC. Communication between hospitalized adolescents and the nursing team: integrative review. Rev enferm UERJ. 2023;31(1). http://dx.doi.org/10.12957/reuerj.2023.68547

49. Novaretti M, Santos E, Quitério L, Daud-Gallotti R. Nursing workload and occurrence of incidents and adverse events in ICU patients. Rev Bras Enferm. 2014;67(5). https://doi.org/10.1590/0034-7167.2014670504

50. Salamone-Violi G, Chur-Hansen A, Winefield H. 'I don't want to be here, but I feel safe': Referral and admission to a child and adolescent psychiatric inpatient unit: The young person's perspective. J Psychiatric Nurs. 2015;24(6):569-576. https://doi.org/10.1111/inm.12163