Assessment of Parent and Children Satisfaction about Primary Nurses Assessment in Children's Cancer Hospital (57357)

Thesis

Submitted for Partial Fulfillment for Requirements of
Master Degree in Pediatric Nursing

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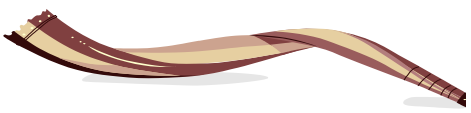
Nermeen Kamil Ibrahim



ABSTRACT

The current study **aimed** to assess satisfaction of children and their accompanying parent with the primary nurse assessment in the children's cancer hospital (57357). A descriptive design was utilized for this study. **Setting:** The study was conducted at the outpatient clinic affiliated to children's cancer hospital (57357). **Subjects:** The study sample involved a purposive sample of (100) children with confirmed diagnosis of cancer, aged from 8 to 18 years from both genders with their parents. **Tools** of data collection involved a pre-designed questionnaire format to assess the satisfaction of parents and their children suffering from cancer about primary nurse assessment in children's cancer hospital (57357). **The results** of study showed that the mean age of the studied children was 12.7±3, more than one quarter of them were in the age group between 14<15 years old. More than one-third (40.0%) of them were in primary education and living with both parents, there was a statistically significant difference in the relation between children and parent's satisfaction with primary nurse's assessment in children's cancer hospital (57357). namely, reception of parents. **Conclusion:** the majority of the studied children were satisfied with the primary nurse's assessment in terms of reception of children, communication and psychological status of children and their parents. **Recommendations:** This study recommended that regular assessment of parental satisfaction with primary nurse assessment and provide relevant programs to develop skills of primary nurse in assessment of children with cancer.

Keywords: Primary nurse's assessment (PNA), children satisfaction, childhood cancer, communication.

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List of Abbreviations

Abb.	Full term
AAP	American Academy of Pediatrics
ACS	American Cancer Society
ALL	Acute Lymphocytic Leukemia
ALLO	Allogeneic
AML	Acute Myeloid Leukemia
ANC	Absolute Neutrophil Count
ASCO	American Society of Clinical Oncology
AUTO	Autologous
BMA	Bone Marrow Aspiration
CBC	Complete Blood Count
CCH	Children Cancer Hospital
CNS	Central Nervous System
CSF	Cerebrospinal Fluid
CT	Computed Tomography
DNA	Deoxyribonucleic acid
GIT	Gastro Intestinal Tract
GUS	Genitourinary System
HIV	Human Immunodeficiency Virus
HSR	Hypersensitivity Reactions
LP	Lumbar Puncture
MRI	Magnetic Resonance Imaging
NCI	National Cancer Institute
NHL	Non-Hodgkin's Lymphoma
HL	Hodgkin's Lymphoma
NIH	National Institutes of Health
NMRI	Nuclear Magnetic Resonance Imaging

List of Abbreviations *(Cont...)*

Abb.	Full term
PETS	Positron Emission Tomography Scan
PHC	Primary Health Care
PNA	Primary Nurse Assessment
Rb	Retinoblastoma
RBCs	Red Blood Cells
TENS	Transcutaneous Electrical Nerve Stimulation
US	United States
WHO	World Health Organization
WBCs	White Blood Cells

Introduction

The diagnosis of cancer in children and adolescents is a life-altering event for them and their families. Although advances in treatment have increased the overall 5-year survival rate for childhood cancers to approximately 80%, cancer is still the second leading cause of death (following accidents) in children aged from 8-18 years old. The types of cancers that develop in children and adolescents differ from those developed in adults **(Murphy, 2013).**

Worldwide, it is estimated that childhood cancer has an incidence of more than 175,000 per year, and a mortality rate of approximately 96,000 per year. More than 16 out of every 100,000 children and teens in the United States (U.S.) were diagnosed with cancer, and nearly 3 of every 100,000 died from the disease in 2014. In the United States in 2012, it was estimated that there was an incidence of 12,000 new cases and 1,300 deaths from cancer among children from 1 to 14 years of age. In developed countries, childhood cancer has a mortality of approximately 20% of cases. Furthermore, in low resource settings, mortality is approximately 80% or even 90% in

the world's poorest countries **(National Cancer Institute [NCI], 2013).**

About one in 300 boys and one in 333 girls will develop cancer before the age of 18 years. At the same time, there is a lot of research going on to discover new treatments for childhood cancer. This ongoing research has greatly improved the overall survival rate for children with cancer, which is now more than 80% **(Editorial Board, 2012).**

The reasons for differences in incidence rates of childhood cancers by race and ethnicity in the U.S. are not well understood. Unlike many adult cancers, incidence is not consistently higher among population with lower socioeconomic status **(Pan, *et al.*, 2010).** In general, the incidence of pediatric cancer is higher in industrialized countries than in developing countries, but patterns differ by cancer type **(Bunin, 2014).** Racial and ethnic disparities in survival for childhood and adolescent cancers have been noted previously **(Bhatia *et al.*, 2011).**

According to the research department at children's cancer hospital 57357 in Egypt a total of 7215 (4187 males) and (3028 females) children with cancer were