

## REVIEW

## COMMUNICATION AND SOCIAL RELATIONS ESTABLISHED BETWEEN PARENTS WITH CANCER AND THEIR CHILDREN

Michele Eugênio da Silva Vigarinho<sup>1</sup>, Mariângela Abate de Lara Soares<sup>2</sup>, Estela Ferreira da Silva<sup>3</sup>, Edvane Birelo Lopes De Domenico<sup>4</sup>

### ABSTRACT

**Objectives:** To identify the intervening factors in interpersonal relations and in the process of communication between parents with cancer and their children, related to the disease process and describe the strategies that favor communication.

**Method:** Integrative review, with 25 articles selected between 2007 and 2017. The selection strategy: Patient, Intervention, Comparison and Outcomes was used to answer the guiding questions.

**Results:** The functionality of the family structure, as well as the attitudes taken during the disease process impact the communication of parents with cancer and their children. Health professionals claim they are not prepared to assist these families. When strategies are undertaken, the results generate positive impact.

**Conclusion:** The quality and effectiveness of communication and interpersonal relationships are achieved through effective and individualized communication, supported by a trained and well-coordinated multidisciplinary team that can assist both the parents and their children, in addition to face-to-face, individual and group strategies, as well as the use of educational materials.


**DESCRIPTORS:** Neoplasias; Family; Child; Family relationships; Health Communication.


### HOW TO REFERENCE THIS ARTICLE:


Vigarinho ME da S, Lara Soares MA de L, Silva EF da. Domenico EBL de. Communication and social relations established between parents with cancer and their children. *Cogitare enferm.* [Internet]. 2019 [access "insert day, month and year"]; 24. Available at: <http://dx.doi.org/10.5380/ce.v24i0.58645>.



This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).

<sup>1</sup>Nurse. Specialist in Oncology. Faculdade de Educação em Ciência da Saúde do Hospital Alemão Oswaldo Cruz. São Paulo, SP, Brazil. 

<sup>2</sup>Nurse. PhD in Nursing. Professor from Universidade São Judas, Campus Unimonte e Universidade Católica de Santos. São Paulo, SP, Brazil. 

<sup>3</sup>Nurse. Master student in Nursing. Nurse from A. C. Camargo Cancer Center. São Paulo, SP, Brazil. 

<sup>4</sup>Nurse PhD in Nursing. Nursing Professor from Universidade Federal de São Paulo. São Paulo, SP, Brazil. 

## COMUNICAÇÃO E RELAÇÕES SOCIAIS ESTABELECIDAS ENTRE PAIS ADOECIDOS PELO CÂNCER E SEUS FILHOS

### RESUMO

*Objetivos:* identificar os fatores intervenientes nas relações interpessoais e no processo de comunicação entre pais com câncer e seus filhos, relativos ao processo de adoecimento e descrever as estratégias favorecedoras.

*Método:* revisão integrativa, 25 artigos selecionados, entre 2007 e 2017. Utilizou-se a estratégia de seleção: Patient, Intervention, Comparison e Outcomes para responder as questões norteadoras.

*Resultados:* a funcionalidade da estrutura familiar, bem como as atitudes no adoecimento influenciam a comunicação dos pais com câncer e seus filhos. Na perspectiva dos profissionais, há falta de preparo para estes auxiliarem a família. Quando estratégias são empreendidas, os resultados geram impacto positivo.

*Conclusão:* a qualidade e efetividade da comunicação e das relações interpessoais são alcançadas com uma comunicação efetiva, direcionada e individualizada, amparada por equipe multidisciplinar preparada e articulada para auxiliar tanto os pais como seus filhos, além de estratégias presenciais, individuais e em grupo, bem como o uso de materiais educativos.

**DESCRITORES:** Neoplasias; Família; Criança; Relações familiares; Comunicação em Saúde.

## COMUNICACIÓN Y RELACIONES SOCIALES ESTABLECIDAS ENTRE PADRES CON CÁNCER Y SUS HIJOS

### RESUMEN:

*Objetivos:* identificar los factores que interfieren en las relaciones interpersonales y en el proceso de comunicación entre padres con cáncer y sus hijos, en lo que se refiere al proceso de enfermedad y describir las estrategias favorables.

*Método:* revisión integral, de 25 artículos seleccionados, entre 2007 y 2017. Se utilizó la estrategia de selección: Patient, Intervention, Comparison y Outcomes para contestar a las preguntas orientadoras.

*Resultados:* la funcionalidad de la estructura familiar, así como las actitudes en el proceso de enfermedad influyen la comunicación de los padres con cáncer y sus hijos. En la perspectiva de los profesionales, hace falta preparación para que estos ayuden a la familia. Cuando se utilizan estrategias, los resultados generan impacto positivo.

*Conclusión:* se puede alcanzar la cualidad y efectividad de la comunicación y de las relaciones interpersonales por medio de una comunicación efectiva, direccionada y individualizada, con soporte del equipo multidisciplinar preparado y articulado para ayudar tanto a los padres como a sus hijos, además de adoptarse estrategias presenciales, individuales y en grupo, así como el uso de materiales educativos.

**DESCRIPTORES:** Neoplasias; Familia; Niños; Relaciones familiares; Comunicación en Salud.

## INTRODUCTION

According to the National Cancer Institute (INCA), the estimate of new cases of cancer in Brazil between 2016 and 2017, except for non-melanoma skin cancer, was approximately 600 million<sup>(1)</sup>. The increase in cancer incidence is a public health problem, not only because of its various burdens on society, but because it also affects children and adults, and the latter are often active working-age adults with dependent relatives<sup>(1-2)</sup>.

Cancer is a socially stigmatized disease. There is a belief in the imminent risk of death, and the fear of aggressive and sometimes mutilating, long-lasting treatments that generate guilt and social exclusion<sup>(3)</sup>. Moreover, cancer is often diagnosed late, which makes it harder to treat it successfully, reinforcing the negative views about the disease. Thus, patients may experience different feelings, such as frustration, insecurity, instability crises and depression<sup>(4)</sup>.

As it is known, a cancer diagnosis also affects family members. The first emotional impact is felt when the disease is diagnosed<sup>(5-6)</sup>. It is a moment of crisis and uncertainty, and family support is essential, as adjustments and changes in the routine are needed to include care and treatment<sup>(3)</sup>. In the case of young adults, several social situations also require new adjustments, such as family relationships. The family has been the focus of several studies on oncology. Thus, the patients' relatives must be informed on the developments of the process, in order to be able to manage care and offer mental, physical and material support<sup>(7-8)</sup>.

Therefore, the delivery of integral care involves concern with patients' families and their members of different age groups. The relevant literature shows that communication between parents with cancer and their children can be proactive or complicated, generating immediate and late outcomes expressed in the feelings and behaviors of children and adolescents<sup>(9)</sup>.

The communication between parents and children, in the context of cancer, is still an unexplored issue with regard to the factors involved in this situation, as well as with regard to the impact on interpersonal relations. From this perspective, the following study questions were posed: What are the consequences of the disease process of cancer on interpersonal relations between parents with cancer and their children? What are the main intervening factors for the quality and effectiveness of communication and interpersonal relationships? What strategies have been undertaken to minimize the problems?

Thus, the present study aimed to identify the intervening factors in interpersonal relations and in the process of communication between parents with cancer and their children related to the disease process of cancer, and describe the strategies identified for improving communication and the quality of interpersonal relations.

## METHOD

Integrative literature review was used in this study, as it is believed that a synthesis of knowledge about the theme may facilitate decision-making in practical situations and reveal the gaps and needs of scientific investments<sup>(10)</sup>.

The method used consisted of six steps: identification of the theme; elaboration of hypotheses or questions for the integrative review; establishment of criteria for inclusion and exclusion in the literature and sample selection; presentation of the characteristics of the selected studies and critical analysis of the studies included; discussion of results; presentation of the review<sup>(10)</sup>.

To improve the literature search, the study questions were converted into the acronym PICO, which stands for Patient, Intervention, Comparison, Outcomes<sup>(11)</sup>. Thus,

the “population” was composed of parents with cancer and their offspring (children/adolescents). The “intervention” concerned the descriptions of strategies (or the absence of strategies) used to favor interpersonal relations and communication. The “comparison” was based on the results generated. The “result” or outcome was related to the quality of the relationships and to the extent of effective communication.

After these clarifications, the subsequent steps were taken. The selection of the terms (descriptors) was based on the analysis of their relevance to the topic of the study. The Health Sciences descriptors (DeCS) neoplasia, family, child, family relations and health communication (isolated or combined) in the databases and or electronic libraries Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), Public Medline (PubMed), Medical Literature Analysis and Retrieval System Online (MEDLINE), Índice Bibliográfico Espanhol de Ciências da Saúde (IBECS) and Scientific Electronic Library Online (SciELO) were used.

The criteria for inclusion of articles in this study were: publication period from 2007 to 2017, in the last 128 months, in national and international journals (Portuguese and English); which address parents with cancer of any etiology, at any stage of the disease process, from diagnosis to follow-up, and who had children aged 3-18 years at the time of their disease.

There were no limitations regarding the type of study. However, there was concern about the classification of the level of evidence, and this was done with the use of the classification provided by the Joanna Briggs Institute<sup>(12)</sup>. First, based on the descriptors, the abstracts of the articles were obtained, and then analysis of their relevance was performed to answer the study questions, based on the opinion of two independent reviewers. PICO was used for this task, favoring the inclusion or exclusion of articles. The final inclusion was decided after the reading of the entire articles and the selection of the contents that answered the study questions.

## RESULTS

Sixty-seven (67) articles that met the objectives proposed were identified. Of these, 29 were fully read, and in the end, 25 articles were found to meet the requirements of the design of the present review. The selection process is described in Figure 1.

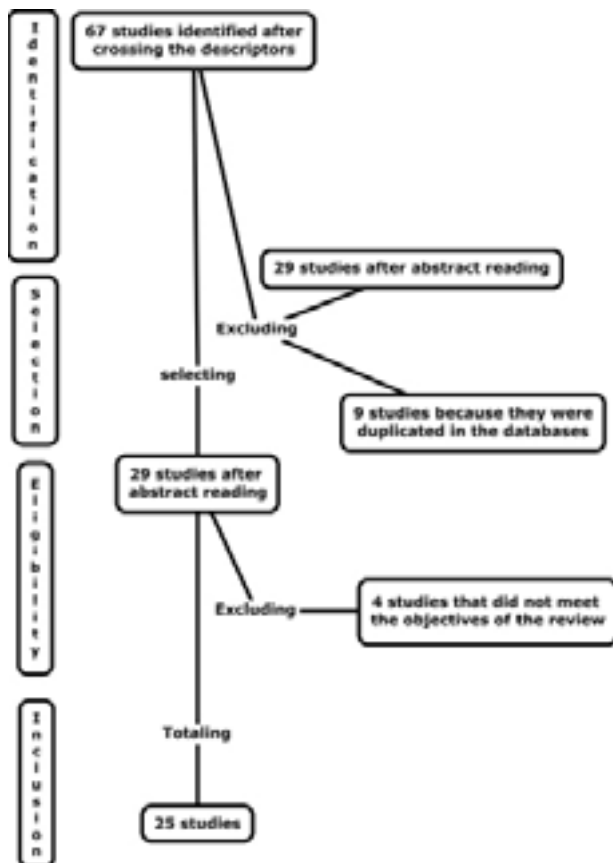


Figure 1 - Representation of the eligibility stages of scientific articles. São Paulo, SP, Brazil, 2018

Of the total publications assessed, 20 articles (80%) were published in the years 2010 to 2017, and only 20% before that period. Most were written in English: n = 23 (91.6%), and the qualitative method prevailed. The countries where the studies were published were United States, Iran, England, Brazil, Portugal, Norway, Germany, United Kingdom, Puerto Rico, Sweden, Australia and the Netherlands. Table 1 shows the selected texts and the summarized contents that met the study objectives.

Table 1 – Synthesis of the articles selected according to the study questions. São Paulo, SP, Brazil, 2018 (continues)

Selected articles	Main results on communication and social interaction: parental cancer and children	
Reference/ Year/ Level of Evidence	Intervening factors and/or consequences	Favorable factors and/or strategies
(13) 2007 NE 3	- Daughters of mothers with breast cancer had more depressive symptoms than their sons - Mothers and children with anxiety, negative affection and depression	- Support from friends of the mothers and professionals: fewer depressive symptoms in children - Importance of family in adjustment and individual adaptation

(14) 2008 NE 3	<ul style="list-style-type: none"> <li>- Problems: treatment, death, responsibility for child rearing</li> <li>- The quality of life of the parents impacted the physical and psychosocial behavior of the children, depending on the age of the child and the source of information</li> <li>-The mothers (rather than the fathers) were more attentive to the problems that affected the children</li> <li>- Adolescents: better understanding of the disease process</li> </ul>	<ul style="list-style-type: none"> <li>-Need to investigate the effect of different forms of cancer, their stage, prognosis and treatment on the functionality of individual family members</li> </ul>
(15) 2008 NE 4	<ul style="list-style-type: none"> <li>- The children knew the name of the disease of their parents and realized that a healthy adult was overloaded</li> <li>-Involvement in parental hospitalization</li> <li>- Lack of guidance for parents in hospitals</li> <li>- Limited emotional communication</li> </ul>	<ul style="list-style-type: none"> <li>- Coping Strategies: "Help others," identify oneself, distraction, "keeping the disease in one's head" and positive thoughts</li> <li>-Information specifically for children</li> </ul>
(16) 2009 NE 4	<ul style="list-style-type: none"> <li>- Children: upset and sad about their mother's illness, girls worried about their own health and the health of their mothers</li> <li>-Expressed anguish, stress and need for support</li> <li>-Parents/caregivers: Attempt to maintain normal family functioning has reduced the impact on children</li> <li>-Cancer: can strengthen family relationships</li> </ul>	<ul style="list-style-type: none"> <li>-Accurate information</li> <li>- Coping: spending more time with the family, distraction, normality and the presence of friends</li> <li>- Open communication: inform and talk</li> <li>-Explore the impact on children's lives and their coping strategies</li> </ul>
(17) 2009 NE 4	<ul style="list-style-type: none"> <li>-Children: Post-traumatic stress disorder resulting from parental disease</li> <li>- Adverse effects: feeling of loss and emptiness, worries about personal health, worsening of life perspective and den</li> <li>- Benefits: greater appreciation of life, interest in cancer issues</li> </ul>	<ul style="list-style-type: none"> <li>- Stronger personal ties</li> </ul>
(18) 2010 NE 4	<ul style="list-style-type: none"> <li>-Diagnosis and adverse effects: insecurity, guilt, concern for children's well-being, effort, sadness</li> <li>- Women: child care and chores, lack of emotional support from the partner, appreciation of the time spent with the family</li> <li>- Difficulty in communication: lack of confidence and sadness to learn about the disease, belief that children do not understand what is happening; lack of dialogue, hopelessness and lack of support from health professionals</li> </ul>	<ul style="list-style-type: none"> <li>- Daily routine: protection and comfort</li> <li>- Family members, friends and social networks: keep the house in good conditions and prevent the daughters from having expectations</li> <li>- To speak: increases confidence and mitigates distress, tell the truth and protect the child</li> <li>- Multidisciplinary team: strategies for parents to talk to their children</li> <li>- Adapt information according to the child's age and development</li> </ul>
(19) 2010 NE 4	<ul style="list-style-type: none"> <li>-Mothers and children: distress, anguish, fear for the future, discomfort in women's self-image</li> <li>- Children: aggression, rebelliousness, unreasonable crying, adherence to religious practices, fights at school, and low school performance. Signs of anxiety, depression or stress. Feeling of exclusion because they do not know the parents' diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>- Rethink patient care and guidance</li> <li>- Comprehensive health care: helping mothers to seek the resources needed to cope with the situation</li> <li>- Open relationship with the children</li> </ul>

(20) 2010 NE 3	<ul style="list-style-type: none"> <li>- 16% of adolescents with high levels of stress response symptoms 6 months after parental cancer diagnosis and 14% after 1 year</li> <li>-Daughters: greatest concerns</li> <li>- Parents are unaware of their children's suffering.</li> </ul>	<ul style="list-style-type: none"> <li>- Empower parents to recognize psychosocial problems in their children</li> <li>-Oncology Health Professionals trained to mitigate the impact of parental cancer on children and adolescents</li> </ul>
(21) 2010 NE 2	<ul style="list-style-type: none"> <li>-Social support: sensitive listening, understanding and encouragement-</li> <li>Important: individualize the forms of social support to meet the needs of the child and the family, assess the child's age and development</li> </ul>	<ul style="list-style-type: none"> <li>- Evaluate the effectiveness of social support</li> <li>-Studies: parental types of social support during each stage of parental cancer</li> <li>- Training and knowledge of health professionals about the various forms of social support</li> </ul>
(22) 2010 NE 4	<ul style="list-style-type: none"> <li>- Parents: concerns about the future of their children; pressure on their roles added to the demands of the disease</li> <li>- More stress with young children</li> </ul>	<ul style="list-style-type: none"> <li>- Identify psychosocial needs and take action</li> <li>- Obtain references from appropriate support services</li> </ul>
(23) 2011 NE 4	<ul style="list-style-type: none"> <li>-Adolescents: somatic complaints, emotional problems (critical in the first 4 months) mainly in girls, fear of relapse</li> <li>- Contact restricted to the oncology team: children feel ignored, health professionals are not trained to provide support</li> <li>- Depression and parental distress: psychosocial problems in children</li> </ul>	<ul style="list-style-type: none"> <li>- Support networks for cancer patients: spouses, relatives, friends and health professionals</li> <li>- Coping: routine and attention in emotional responses</li> <li>-Adjustments: greater marital satisfaction, quality time with the children, deepening relationships and communication</li> <li>- Team awareness/training: investigate, monitor and assist families</li> <li>- Professional support: provide adequate time and space for interaction, individualize and build bond with parents</li> </ul>
(24) 2011 NE 4	<ul style="list-style-type: none"> <li>- Parents: dissatisfaction, stress, depression, low self-esteem</li> <li>- Crisis in diagnosis and treatment</li> <li>- Family stress: caused by frequent hospital assistance, side effects of treatment, increased costs, loss or impairment of the social role</li> <li>-Underestimate/ignore the children's difficulties in dealing with cancer</li> <li>- Dependent children: possibility of posttraumatic stress disorder</li> </ul>	<ul style="list-style-type: none"> <li>- Further research on the subject and new studies on positive family experiences with cancer</li> </ul>
(25) 2012 NE 3	<ul style="list-style-type: none"> <li>- Late paternity and maternity increase the number of children and adolescents who experience parental death due to cancer.</li> <li>- Dialogue and coping: depend on the level of knowledge of health issues and the understanding of the illness</li> <li>- Children: they fear the death of their parents</li> <li>- Do not underestimate the adverse consequences and capacity of perception of reality of children and adolescents</li> </ul>	<ul style="list-style-type: none"> <li>-Proper care: adequately characterize family members numerically and qualitatively</li> <li>- Support programs to promote /encourage communication in families</li> <li>-General advice: open communication and normal family functioning</li> </ul>

(26) 2012 NE 4	-Negative strategy to deal with parental cancer: denial -Positive strategies: acceptance of illness, accommodation of the stressor factor, religious/spiritual practice, search for emotional support	- Identification of the problem that has the greatest impact on communication and social interaction and implementation of strategies to minimize it. - Need for appropriate psychological interventions for children whose parents have cancer, according to age group.
(27) 2013 NE 4	- Young children: focus on education and emotional support - Barriers in family-centered support: lack of knowledge, preference to talk to a doctor about problems, and underestimate the suffering of children in relation to cancer	-Psychosocial monitoring -Educate health professionals, plan health care, identify families at risk, Inform the newly diagnosed about the services offered
(28) 2013 NE 3	-Adolescents: parents underestimate their problems and feelings -Coping: also associated with the mental health of parents -Conscious Process of Early Mourning: Reduce Mental Problems in Parents and Children	-Strategies: acceptance, cognitive restructuring and search for social support - Talk with the children and evaluate their reactions individually - Programs: - Broad spectrum of strategies based on open communication
(29) 2013 NE 4	-Demand for identifying the unmet needs of young people over 12 years old to assist in providing care and support services during parental cancer	- creation and validation of the instrument "Offspring Cancer Needs Instrument (OCNI)", containing 47 items and 7 domains: information, family issues, practical assistance, time out, feelings, support (friends) and support (other young people)
(30) 2014 NE 3	-General family functioning: symptomatic in children and their parents - s Adolescents aged 11-13 years with more symptoms than those aged 14-21 years - Younger children rely more on parental support and are more vulnerable to changes in family functioning	-Studies: risk factors and resilience in children - Structured programs: family communication, affective, family member involvement, flexible problem solving, mutual support, and parental issues in clinical practice - Open communication, affection and flexible family functioning
(31) 2014 NE 4	--63% of the parents detected distress in their children - Children: posttraumatic stress disorder, resilience, and increased appreciation for life (increased personal strength) - Sick mother: poor quality of life - Adolescents: insecure about life itself - Couples without partners and cancer: worsening quality of life for children	-Additional research: determining the nature of unmet needs and gaining more insight so that support is appropriate for survivors, families and children -Instruments: investigate well-being and use tools for screening
(32) 2014 NE 4	- Adolescents: distress, anxiety and depression, lower self-esteem - Higher impacts: advanced parental disease, poverty, openness to communication, age (young children versus late adolescence)	-Coping: distraction to maintain normality, talk or not talk about cancer, reasoning, help the sick parent, search for meaning and social support -Positive perspective, hope -Provide information material to the parents (leaflets)
(33) 2016 NE 4	-Adolescents: anxiety and depression, cancer as a fatal disease, leech or an earthquake, decline in school performance/attendance, having to assume parental responsibilities -Children: greater potential to understand disease without stigmatizing cancer	-Adolescents: adaptation and help to the parents. They got closer to their parents, renovated their spiritual beliefs, participated in social assistance programs - Religion as a coping strategy -Doctors: exploring the implications of the disease for the well-being of adolescents



(34) 2016 NE 4	<ul style="list-style-type: none"> <li>-Children: they generally suspect there is something wrong, and lack of information may cause them to use their imagination to create fanciful explanations</li> <li>-Lack of information: worsens the mental health of parents and children; aggravates the problems</li> </ul>	<ul style="list-style-type: none"> <li>-Communication: deal with the disease and reduce psychological distress</li> <li>-Coping: distraction, positive thinking, parents and children sharing activities, strengthening of relationships and support networks, maintenance of normality, companionship and evaluation of the risk of parentification (children acting as parents to their own parents)</li> </ul>
(35) 2017 NE 4	<ul style="list-style-type: none"> <li>- Disruption of the daily routine of children and adolescents, sleep problems and symptoms of post-traumatic stress disorder, increased personal responsibilities, increased school absenteeism, aggression, anger, anxiety, confusion, sadness, uncertainty and fear</li> </ul>	<ul style="list-style-type: none"> <li>- Teen support network: friends, counselors, teachers, parents, other colleagues in similar situations.</li> <li>-Protective factors: Open communication, adaptability, expressiveness, cohesion, conflict reduction</li> <li>-Strategies: distraction, wishful thinking, spending time with the parents and helping them</li> <li>-Age-appropriate support, diagnostic impact identification, formulate and coordinate thoughts and detect positive situational aspects</li> </ul>
(36) 2017 NE 4	<ul style="list-style-type: none"> <li>- Parents with advanced cancer: higher levels of depression and anxiety compared to patients without children</li> <li>- Fear of not living enough to witness their children's development milestones or the ability to shape their development</li> <li>- Parental identity was one of the reasons for continuing treatment</li> </ul>	<ul style="list-style-type: none"> <li>- Support to the parents: count on the help of family and friends to perform their usual activities</li> <li>-Normal family functioning</li> <li>-Convey important values and life lessons to children and create lasting memories</li> <li>-Health professionals: focus on the patients' concerns, consider the parental role in life-limiting diseases and even treatment decisions.</li> </ul>
(37) 2017 NE 4	<ul style="list-style-type: none"> <li>-School-age children and adolescents: they want more information about their parents' prognosis and on how to help them as best as possible. They perceive the disease even when there is no communication. They are afraid of making things worse and want to express their feelings and concerns</li> </ul>	<ul style="list-style-type: none"> <li>-Age of children</li> <li>-Family therapy and group counseling: information to be addressed by parents in conversations with their children</li> <li>-Adolescents: talking to oncology nurses was beneficial to them</li> <li>- Living with other children who have faced parental cancer is beneficial</li> </ul>

## DISCUSSION

The present literature review included 25 scientific articles, published between 2007 and 2017. Most of them were written in English, except for two articles in Portuguese. Regarding the methodology, most studies were observational (n = 11), followed by literature reviews (n = 7) and analytical studies (n = 7), which is consistent with the analyzed results that concern the stage of investigation of the problem, with few proposals for interventions, making it difficult to decide on which strategies would be more effective.

However, the studies found were key for the description of the strategies that are used for the detection of biopsychosocial symptoms and to improve the communication and quality of interpersonal relations. Regarding the diagnostic tools, we stress the construction of a tool for assessing the needs of young people aged 12 years or older called "Offspring Cancer Needs Instrument (OCNI)"<sup>(29)</sup>. The OCNI was developed to meet

the urgent demands of improvement of the health professionals' capacity to accurately identify the problems that afflict young people, such as missing too many school classes, increased workload versus time to go out or play sports and extra stresses experienced in the home environment<sup>(29)</sup>.

Regarding the process of communication between parents with cancer and their children, studies have demonstrated that it is not usually planned by the parents, nor assisted by the team of professionals responsible for delivering care to adults and their families. Social representations concerning the parents' role in protecting children from the impact of bad news, conflict and disease are cited in several selected publications<sup>(13-15,18-20)</sup>; but these attitudes have sometimes generated negative behaviors in children, such as creating fanciful explanations for the death of their parents or feeling excluded from the family<sup>(22-25,34)</sup>.

For a better understanding of the context of the repercussions of parental cancer, in addition to the impact of the diagnosis that mobilizes emotions related to pain, suffering and death in a large part of the population<sup>(38)</sup>, it is also necessary to face the physical side effects of the treatment, routine appointments, hospital visits, preparation of examinations, higher costs<sup>(24)</sup>, among other conditions that may change the family identity and the roles already assigned to each member, since there are considerable changes in people's routine and family dynamics.

Therefore, patients and family members may become susceptible to increased stress, depression, anxiety and externalization of feelings, sometimes in an untimely manner. Regarding the age groups, younger children, who are more dependent on parental support, are more vulnerable to these changes and have higher levels of post-traumatic stress disorders<sup>(14,31,35)</sup>. In addition, poor self-esteem and altered body image, e.g. hair loss and radical mastectomy affected not only mothers, but also their daughters, mainly due to the difficulty in accepting the new conditions<sup>(13,19,23)</sup>.

Regarding the family structure, some articles also addressed the fact that children tend to be face more challenges when their mothers rather than their fathers have cancer. This is explained by the fact that the mother, in most cases, is the main caretaker, the parent closer to the children and the one that maintains the household routine. However, the consequences are worse for children when their fathers are diagnosed with cancer, and one explanation is the poor prognosis of cancer in men<sup>(39)</sup>, possibly due to late diagnosis resulting in advanced and metastatic disease<sup>(39)</sup>.

Fathers with cancer also had greater difficulties in identifying the impacts on their children than mothers and even teachers, because they had less contact with their children, were more focused on their partners and tended to be self-centered<sup>(14)</sup>. However, some mothers with cancer reported that lack of support from the partner/father or the absence of one of them, had a negative impact on family relationship. Despite these peculiarities, a study<sup>(22)</sup> showed that father or mothers with cancer are concerned with the future of their children, feel frightened that they may not be alive to see them grow, as well as that they will have to transfer their responsibilities to another person.

All these conflicts affect the way in which children and adolescents adapt to their parents' illness. When they experience parental cancer, they may have physical and emotional problems, such as depression, anxiety, aggression, rebellion, crying for no reason, adherence to unusual religious issues in the family, fights at school, decline in school performance and attendance. Some articles focused on the adolescents, since individuals at this stage of development have greater abstract cognitive abilities and conflicting psychobiological requirements. Therefore, they may have somatic complaints, such as fatigue, abdominal pain, dizziness, sleeping and eating problems. In addition, they may feel overwhelmed with roles and responsibilities, suffer from early bereavement, and have disruptions in their daily lives. They may cope with this situation in different ways: denial (to release the stress caused by the diagnosis of cancer), acceptance of illness and accommodation of stressful factors.

The health team responsible for delivering care to adults with cancer is inserted in this family context. Just as parents find it difficult to address the issue with the medical or multidisciplinary team and do not receive guidance on communication with their children, the children also feel ignored and are afraid to share their feelings about parental disease, and often lack access to professionals who provide family support and care<sup>(15)</sup>. According to the health team, due to the lack of knowledge targeted to children/adolescents and the shortage of psychosocial services, interaction of the children with their parents and the adoption of strategies that improve the communication between parents and children are difficult<sup>(15)</sup>. One investigation on the subject generated interesting results regarding the cancer process, such as the strengthening of family relationships, more time spent with the family, and support to children/adolescents to generate positive experiences<sup>(17)</sup>.

The second objective of this review was to identify the actors and strategies currently used to favor communication and improve the quality of interpersonal relationships. There was a consensus among the studies about the need to consider the stage of development of the children and their feelings, so that the intervention was effective and focused. In addition, focus should be given on the family, effective communication between members (helping maintain normality), and active search for families facing parental cancer, for appropriate social support.

Some families also nurtured their support network<sup>(40)</sup> to cope with the process, including their friends, spouses, family members, and health professionals. Some studies have demonstrated the effectiveness of psychosocial support that families of parents with cancer experienced. In one study, 82% of patients found follow-up useful and 73% of the survivors who had young children said they would like to receive psychosocial support to cope with the disease process. Psychosocial support is a set of social and psychological strategies that complement pharmacological treatment and symptom management to improve social and personal functioning, individual and family quality of life, and community integration<sup>(40)</sup>.

Educational materials, such as information leaflets<sup>(32)</sup>, are key items for guiding children/adolescents that are facing parental cancer, as these tools assist parents and family members to improve their communication regarding the disease process. Consistency between the interests and needs of the readers, adequacy of the language and illustrations, reliable information and a clear and objective vocabulary is necessary for the effectiveness of these instruments. Also, a participatory, communicative and collective approach should be used in the elaboration of these educational materials<sup>(41)</sup>.

In addition to the identification of strategies that favor communication between sick parents and their children, studies included in the review reported the need for more scientific evidence, with research that include behavioral and structural approaches related to different forms and stages of cancer<sup>(14)</sup>. Moreover, further studies with observational and experimental designs are necessary to investigate the process of coping with parental cancer, addressing risk factors, psychosocial support and communication between parents and children in the various phases of the disease and the parent's disease process.

## CONCLUSION

This integrative review has demonstrated that communication and interpersonal relationships between parents with cancer and their children are significantly impacted when the children's or adolescents' needs to obtain information and support are not addressed in a planned and dialogical way, with the participation of the parents, family members and health professionals. When the disease process of the parents is inadequately managed children may have psychological, physical and behavioral problems. It has been demonstrated that ignoring and trying to preserve the children, by omitting information and hiding emotions and feelings, are attitudes that generate anxiety, fear and distress.

Proper and effective communication and interpersonal relationships can be achieved

at the onset of the disease (diagnostic or therapeutic phase) in a targeted and individualized way, when it is supported by an interdisciplinary team trained to assist parents and children. Face-to-face, individual and group strategies, as well as educational materials, can favor this dynamics.

It was concluded that there are gaps in the construction of knowledge both regarding scientific understanding and the interventions that can prevent problems in communication and in the relationships between parents and children during the disease process. However, the literature examined helped to highlight the importance of the issue and of the need to implement actions to improve oncology care.

Practical contributions: the results obtained confirm the importance of extending support/care to the patients' families, particularly in situations that involve children/adolescents. Such extended care requires multidisciplinary actions aimed to help fathers and/or mothers with cancer maintain satisfactory communication and relationships with their children throughout the disease process.

## REFERENCES

1. Instituto Nacional de Câncer José Alencar Gomes da Silva (INCA). Estimativa 2018: incidência de câncer no Brasil. Rio de Janeiro: INCA; 2018.
2. Stewart B, Wild CP. World Cancer Report 2014. International Agency for Research on Cancer. [Internet]. 2014 [access 18 set 2016]. Available at: <http://www.thehealthwell.info/node/725845>.
3. Ulysses CSC. A necessária atenção à família do paciente oncológico. Rev. Bras. Cancerol. [Internet]. 2008 [access 18 set 2016]; 54(1). Available at: [http://www1.inca.gov.br/rbc/n\\_54/v01/pdf/revisao\\_7\\_pag\\_97a102.pdf](http://www1.inca.gov.br/rbc/n_54/v01/pdf/revisao_7_pag_97a102.pdf).
4. Bottino SMB, Fráguas R, Gattaz WF. Depressão e câncer. Rev. Psiquiatr. Clin. [Internet]. 2009 [access 17 fev 2019]; 36(Suppl 3). Available at: <http://dx.doi.org/10.1590/S0101-60832009000900007>.
5. Martins CBS, Silva Filho N, Pires MLN. Estratégias de Coping e o impacto sofrido pela família quando um dos seus está em tratamento contra o câncer. Mudanças, Psicol. Saúde [Internet]. 2011 [access 18 set 2016]; 19(1/2). Available at: <http://dx.doi.org/10.15603/2176-1019/mud.v19n1-2p11-18>.
6. Ferrazza A, Muniz RM, Pinto BK, Viegas AC, Matos MR. A sobrevivência ao câncer na perspectiva da família. Rev. Enferm. UFPE [Internet]. 2016 [access set 2016]; 10(3). Available at: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/viewFile/11054/12469>.
7. CancerCare. Helping Children Understand cancer: talking about to your kids about your diagnosis. [Internet]. 2018 [access 21 fev 2019]. Available at: [https://media.cancercare.org/publications/original/49-fs\\_children\\_eng.pdf](https://media.cancercare.org/publications/original/49-fs_children_eng.pdf).
8. Melo MCB, Barros EN, Campello MCVA, Ferreira LQL, Rocha LLC, Silva CIMG, et al. O funcionamento familiar do paciente com câncer. Psicologia em Revista [Internet]. 2012 [access 20 set 2016]; 18(1). Disponível em: <https://doi.org/10.5752/P.1678-9563.2012v18n1p73>.
9. Wakiuchi J, Ribeiro AL, Benedetti GMS, Merino MFGL, Marcon SS, Sales CA. Sentimentos dos filhos ao vivenciarem o adoecimento dos pais. Rev. Eletr. Enf. [Internet]. 2016 [access 23 set 2017]; (18). Available at: <https://doi.org/10.5216/ree.v18.41543>.
10. Ganong LH. Integrative reviews of nursing research. Res. nurs. Health [Internet]. 1987 [access 10 de nov de 2016]; 10(1). Available at: <https://doi.org/10.1002/nur.4770100103>.
11. Santos CMC, Pimenta CAM, Nobre MRC. The PICO strategy for the research question construction and evidence search. Rev. Latino-Am. Enfermagem [Internet]. 2007 [access 20 set 2016]; 15(3). Available at: <http://dx.doi.org/10.1590/S0104-11692007000300023>.

12. The Joanna Briggs Institute. The JBI Approach. Grades of recommendation. Levels of Evidence [Internet]. Adelaide; 2014 [access 11 nov 2016] Disponível: <http://joannabriggs.org/jbi-approach.html#tabbed-nav=Levels-of-Evidence>.
13. Brown RT, Fuemmeler B, Anderson D, Jamieson S, Simonian S, Hall RK, et al. Adjustment of Children and Their Mothers with Breast Cancer. *J Pediatr Psychol*. [Internet]. 2007 [access 10 out 2016]; 32(3). Available at: <https://doi.org/10.1093/jpepsy/jsl015>.
14. Gazendam-Donofrio SM, Hoekstra HJ, Van der Graaf WTA, Pras E, Visser A, Huizinga GA, Hoekstra-Weebers JEHM. Quality of life of parents with children living at home: when one parent has cancer. *Support care cancer* [Internet]. 2008 [access 11 out 2016]; 16(2). Available at: <https://dx.doi.org/10.1007/s00520-007-0299-7>.
15. Thastum M, Johansen MB, Gubba L, Olesen LB, Romer G. Coping, Social Relations, and Communication: A Qualitative Exploratory Study of Children of Parents with Cancer. *Clin Child Psychol Psychiatry* [Internet]. 2008 [access 9 nov 2016]; 13(1). Available at: <https://doi.org/10.1177/1359104507086345>.
16. Kennedy VL, Lloyd-Williams M. How children cope when a parent has advanced câncer. *Psicho-oncol*. [Internet]. 2009 [access 10 nov 2016]; 18(8). Available at: <https://doi.org/10.1002/pon.1455>.
17. Wong ML, Cavanaugh CE, MacLeamy JB, Sojourner-Nelson A, Koopman C. Posttraumatic Growth and Adverse Long-Term Effects of Parental Cancer in Children. *Fam Syst Health*. [Internet]. 2009 [access 10 nov 2016]; 27(1). Available at: <http://dx.doi.org/10.1037/a0014771>.
18. Semple CJ, McCance T. Parents' Experience of Cancer Who Have Young Children. *Cancer Nurs*. [Internet]. 2010 [access 10 nov 2016]; 33(2). Available at: <https://doi.org/10.1097/NCC.0b013e3181c024bb>.
19. de Castro EK, Job C. Câncer na Mãe e o Impacto Psicológico no Comportamento de seus Filhos Pequenos. *Gerais, Rev. Interinst. Psicol*. [Internet]. 2010 [access 20 set 2016]; 3(2). Available at: <http://www.fafich.ufmg.br/gerais/index.php/gerais/article/view/102>.
20. Huizinga GA, Visser A, Van der Graaf WTA, Hoekstra HJ, Gazendam-Donofrio SM, Hoekstra-Weebers JEHN. Stress response symptoms in adolescents during the first year after a parent's cancer diagnosis. *Support. care cancer* [Internet] 2010 [access 11 nov 2016]; 18(11). Available at: <https://doi.org/10.1007/s00520-009-0764-6>.
21. Wong M, Ratner J, Gladstone KA, Davtyan A, Koopman C. Children's Perceived Social Support After a Parent Is Diagnosed with Cancer. *J Clin Psychol Med Settings* [Internet]. 2010 [access 11 nov 2016]; 17(2). Available at: <https://doi.org/10.1007/s10880-010-9187-2>.
22. Weaver KE, Rowland JH, Alfano CM, McNeel TS. Parental Cancer and the Family. *Cancer* [Internet]. 2010 [access 11 nov 2016]; 116(18). Available at: <https://doi.org/10.1002/cncr.25368>.
23. Huizinga GA, Visser A, Zelders-Steyn YE, Teule JA, Sijmen A, Reijneveld SA, Roodbol PF. Psychological impact of having a parent with câncer. *Eur J. Cancer*. [Internet]. 2011 [access access 11 nov 2016]; 47(Suppl 3). Available at: [https://doi.org/10.1016/S0959-8049\(11\)70170-8](https://doi.org/10.1016/S0959-8049(11)70170-8).
24. Teixeira RJ, Pereira MG. Impacto do Câncer Parental no Desenvolvimento Psicológico dos Filhos: Uma Revisão da Literatura. *Psicol. Reflex. Crít*. [Internet]. 2011 [access 25 set 2016]; 24(3). Available at: <http://dx.doi.org/10.1590/S0102-79722011000300012>.
25. Syse A, Aas GB, Loge JH. Children and young adults with parents with cancer: a population-based study. *Clin. Epidemiol*. [Internet]. 2012 [access 11 nov 2016]; 4(1). Available at: <https://doi.org/10.2147/CLEP.S28984>.
26. Costas-Muñiz R. Hispanic adolescents coping with parental câncer. *Support. care cancer* [Internet]. 2012 [access 11 nov 2016]; 20(2). Available at: <https://doi.org/10.1007/s00520-011-1283-9>.
27. Ernst JC, Beierlein V, Romer G, Möller B, Koch U, Bergelt C. Use and Need for Psychosocial Support

- in Cancer Patients. *Cancer* [Internet]. 2013 [access 11 nov 2016]; 119(12). Available at: <https://doi.org/10.1002/cncr.28021>.
28. Krattenmacher T, Kühne F, Führer D, Beierlein V, Brähler E, Resch F, et al. Coping skills and mental health status in adolescents when a parent has cancer: A multicenter and multi-perspective study. *J. psychosom. res.* [Internet]. 2013 [access 11 nov 2016]; 74(3). Available at: <https://doi.org/10.1016/j.jpsychores.2012.10.003>.
29. Patterson P, McDonald FEJ, Butow P, White KJ, Costa DSJ, Pearce A, et al. Psychometric evaluation of the Offspring Cancer Needs Instrument (OCNI): an instrument to assess the psychosocial unmet needs of young people who have a parent with cancer. *Support. care cancer* [Internet]. 2013 [access 11 nov 2016]; 21(7). Available at: <https://doi.org/10.1007/s00520-013-1749-z>.
30. Möller B, Barkmann C, Krattenmacher T, Kühne F, Bergelt C, Beierlein V, et al. Children of Cancer Patients: Prevalence and predictors of emotional and behavioral problems. *Cancer* [Internet]. 2014 [access 11 nov 2016]; 120(15). Available at: <https://doi.org/10.1002/cncr.28644>.
31. Bultmann JC, Beierlein V, Romer G, Moller B, Koch U, Bergel C. Parental cancer: Health-related quality of life and current psychosocial support needs of cancer survivors and their children. *Int. J. Cancer* [Internet]. 2014 [access access 11 nov 2016]; 135(11). Available at: <https://doi.org/10.1002/ijc.28905>.
32. Phillips F. Adolescents living with a parent with advanced cancer: a review of the literature. *Psycho-oncol.* [Internet]. 2014 [access 12 nov 2016]; 23(12). Available at: <https://doi.org/10.1002/pon.3570>.
33. Azarbarzin M, Malekian A, Taleghani F. Adolescents' Experiences When Living With a Parent With Cancer: A Qualitative Study. *Iran Red Crescent Med J.* [Internet]. 2016 [access 12 nov 2016]; 18(1). Available at: <https://doi.org/10.5812/ircmj.26410>.
34. Morris JN, Martini A, Preen D. The well-being of children impacted by a parent with cancer: an integrative review. *Support. Care Cancer* [Internet]. 2016 [access 12 nov 2016]; 24(7). Available at: <https://doi.org/10.1007/s00520-016-3214-2>.
35. Shah BY, Armaly J, Swieter E. Impact of Parental Cancer on Children. *Anticancer Res.* [Internet]. 2017 [access 12 nov 2016]; 37(8). Available at: <https://doi.org/10.21873/anticancer.11787>.
36. Park EM, Check DK, Song MK, Reeder-Hayes KE, Hanson LC, Yopp JM, et al. Parenting while living with advanced cancer: A qualitative study. *Palliative Medicine* [Internet]. 2017 [access 13 nov 2016]; 31(3). Available at <https://doi.org/10.1177/0269216316661686>.
37. Ellis SJ, Wakefield CE, Antill G, Burns M, Patterson P. Supporting children facing a parent's cancer diagnosis: a systematic review of children's psychosocial needs and existing interventions. *Eur J Cancer Care* [Internet]. 2017 [access 13 nov 2016]; 26(1). Available at: <https://doi.org/10.1111/ecc.12432>.
38. de Oliveira WT, Benedetti GMS, Marchi JA, Cassarotti MS, Wakiuchi J, Sales CA. Eventos intensificadores e redutores do estresse em famílias de pacientes com câncer: revisão integrativa. *Rev. Min. Enferm.* [Internet]. 2013 [access 14 nov 2016]; 17(3). Available at: <http://www.dx.doi.org/10.5935/1415-2762.20130052>.
39. Quaife, S. L., Winstanley, K., Robb, K. A., Simon, A. E., Ramirez, A. J., Forbes, L. J., et al. Socioeconomic inequalities in attitudes towards cancer: an international cancer benchmarking partnership study. *Eur J Cancer Prev.* [Internet]. 2015 [access 14 out 2017]; 24(3). Available at: <https://doi.org/10.1097/CEJ.000000000000140>.
40. da Silva TFC. Avaliando a fidelidade de intervenções psicossociais: uma revisão sistemática da literatura. *J. Bras. Psiquiatr.* [Internet]. 2014 [access 14 nov 2016]; 63(3). Available at: <http://dx.doi.org/10.1590/0047-2085000000034>.
41. Reberte LM, Hoga LAK, Gomes ALZ. Process of construction of an educational booklet for health promotion of pregnant women. *Rev. Latino-Am. Enfermagem* [Internet]. 2012 [access 14 nov 2016]; 20(1). Available at: <http://dx.doi.org/10.1590/S0104-11692012000100014>.

Received: 29/03/2018

Finalized: 19/03/2019

**Corresponding author:**

Michele Eugênio da Silva Vigarinho

Universidade Federal de São Paulo

R. Napoleão de Barros, 754 - 04024-002 - São Paulo, SP, Brasil

E-mail: Michele\_2020@hotmail.com

**Role of Authors:**

Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - MESV, MALS, EFS

Drafting the work or revising it critically for important intellectual content - MALS, EBLD

Final approval of the version to be published - EBLD

Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - MESV, EBLD

---