



Although cancer survival rates are improving, pediatric patients with cancer still face numerous stressors. Using an integrative approach, a literature review was conducted to identify stressors and synthesize effective coping strategies among pediatric patients with cancer. The CINAHL® Complete, ProQuest, and PubMed® databases were searched for relevant studies using key terms. Eight studies were included in the final analysis. Three factors contributing to everyday stressors of pediatric patients with cancer and four major coping categories were identified.

#### AT A GLANCE

- Everyday stressors among pediatric patients with cancer include cancer treatments and secondary side effects, emotional distress, and disruptions in daily routine and social life.
- Coping categories include approach and avoidance coping mechanisms, as well as problem- and emotion-focused coping strategies.
- The strength of the evidence from the studies included in this review is weak because of small sample sizes, homogenous samples predominantly consisting of White participants, and the lack of randomized controlled trial designs.

#### KEYWORDS

stressors; coping; children with cancer; pediatrics; oncology

#### DIGITAL OBJECT IDENTIFIER

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# Stress and Coping

A literature review of everyday stressors and strategies to cope in pediatric patients with cancer

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About 400,000 children aged 0–19 years are diagnosed with cancer each year worldwide (World Health Organization, 2021). In the United States, cancer is the leading cause of disease-related death in children beyond infancy (National Cancer Institute, 2018). Pediatric cancer rates have continued to rise in the past few decades, albeit slightly (American Cancer Society [ACS], 2021). Fortunately, advancements in technology and therapeutics have increased the five-year survival rate to 84% (ACS, 2021). However, although survival rates are improving, pediatric patients with cancer still face numerous physical and psychosocial obstacles during the diagnosis and treatment processes, all of which are considered stressors (Fladeboe et al., 2018).

Pediatric cancers are treated with surgery, radiation therapy, or chemotherapy (Macartney et al., 2014). Side effects commonly experienced while undergoing these treatments include weight changes, nausea and vomiting, headache, and difficulty thinking, which can contribute to increased levels of stress (ACS, 2019). Stress reactions that can occur may include physical and behavioral reactions, such as fatigue, weakness, poor appetite, sibling conflict, anxiety, and anger. Oncology nurses are well poised to advise and guide patients on evidence-based coping strategies that can lower or alleviate disease- and treatment-related stressors.

Coping is the conscious, voluntary attempt to manage internal or external

stressors that an individual perceives as exceeding psychological-based resources (Potasz et al., 2013). Coping strategies developed by children can be active or passive. Active coping strategies are used to either change the stressor or alter how one deals with the stressor, whereas passive coping strategies are used to avoid addressing the stressor directly (Rodgers et al., 2012). With the increasing prevalence of pediatric cancer, coping skills are essential to acquire while receiving cancer treatment. The purpose of this literature review is to synthesize the research on the stressors and related coping mechanisms of pediatric patients with cancer by answering the following research questions:

- What stressors do pediatric patients face during cancer treatment?
- What coping strategies do pediatric patients with cancer use to overcome those stressors?

#### Methods

A literature review was conducted to access resources from a diverse range of disciplines, identify gaps in current research, and build connections among related areas of work (Russell, 2005). A database search of CINAHL® Complete, ProQuest, and PubMed® was undertaken using the following keywords: *stressors*, *coping*, *pediatric or children*, and *oncology or cancer*. Studies published prior to 2007 were excluded because of Aldridge and Roesch's (2007) meta-analysis on this topic. Studies that addressed coping mechanisms for family members and healthcare workers of pediatric patients