

Hospitalization and music: meanings attributed by family members of children and adolescents with cancer

Hospitalização e música: significados dos familiares de crianças e adolescentes com câncer

hospitalización y música: significados de las familias de niños y adolescentes con cáncer

ABSTRACT

Objective: to understand the meanings of the hospitalization process and the use of music as a health promoter in the perception of family members of children and adolescents undergoing cancer treatment. **Method:** exploratory, descriptive research with a qualitative approach, based on the assumptions of Health Promotion and Symbolic Interactionism, which had ten family members as participants. Data collection took place through semi-structured interviews and the data were analyzed according to content analysis. **Results:** three categories emerged, and the family members revealed the meanings of hospitalization and the changes brought about by it, music as a health promotion instrument, and their experiences of improvement of quality of life provided by this tool. **Conclusion:** the family members understood the hospitalization process as a mix of feelings and sensations, highlighting music as a care technology that promotes well-being, joy, hope and that can be used in the hospital environment, in the oncology sector.

Descriptors: Family; Oncology; Health promotion; Song; Hospitalization.

RESUMO

Objetivo: compreender os significados do processo de hospitalização e da utilização da música como promotora da saúde, na percepção de familiares de crianças e adolescentes que se encontram em tratamento oncológico. **Método:** pesquisa do tipo exploratória, descritiva, de abordagem qualitativa, fundamentada nos pressupostos da Promoção da Saúde e do Interacionismo Simbólico, a qual teve como participantes dez familiares. A coleta de dados ocorreu por meio de entrevista semiestruturada e foram analisados conforme a análise de conteúdo. **Resultados:** emergiram três categorias, sendo que os familiares desvelaram os significados da hospitalização e suas mudanças, a música como instrumento de promoção da saúde, suas experiências de melhora e qualidade de vida proporcionada por essa ferramenta. **Conclusão:** os familiares significaram o processo de hospitalização como um misto de sentimentos e sensações, destacando a música como uma tecnologia de cuidado que promove bem-estar, alegria, esperança e que pode ser empregada no ambiente hospitalar, no setor oncológico.

Descritores: Família; Oncologia; Promoção da Saúde; Música; Hospitalização.

RESUMEN


Objetivo: comprender los significados del proceso de hospitalización y el uso de la música como promotora de la salud, en la percepción de los familiares de niños y adolescentes en tratamiento oncológico. **Método:** investigación exploratoria, descriptiva, con abordaje cualitativo, basado en los supuestos de Promoción de la Salud e Interaccionismo Simbólico, que contó con diez familiares como participantes. La recolección de datos se realizó a través de entrevistas semiestructuradas y se analizaron según análisis de contenido. **Resultados:** Surgieron tres categorías, en las que los familiares presentan los significados de la hospitalización y sus cambios, la música como instrumento de promoción de la salud, sus experiencias de mejora y la calidad de vida que brinda esta herramienta. **Conclusión:** los familiares entendieron el proceso de hospitalización como una mezcla de sentimientos y sensaciones, destacando la música como una tecnología asistencial que promueve el bienestar, la alegría, la esperanza y que puede ser utilizada en el ámbito hospitalario, en el sector oncológico.

Palabras Clave: Familia; Oncología; Promoción de la Salud; Música; Hospitalización.

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INTRODUCTION

Childhood cancer is characterized by affecting children and adolescents from birth to 19 years of age. It stands out as the first cause of death in this population and occurs more frequently in organs and systems related to blood cells and supporting tissues⁽¹⁾. In 2020, 8,460 new cases of childhood cancer were diagnosed, with a higher incidence in the male population (4,310 cases) and in the female population (4,150 cases)⁽²⁾.

Throughout the itinerary since the discovery of the oncological disease to the beginning of treatment, children and adolescents experience changes in their physical, emotional and social aspects. Hospitalizations are recurrent and the adaptation is difficult, bringing feelings of fear, insecurity, stress and anxiety. The disease also results in the distancing between the patient and their family members, the social group, friends, isolating them from their environment of recognition^(3,4).

Family members of children and adolescents also experience the process of understanding cancer, with changes in routine and future planning, arousing feelings and sensations of fear, insecurity and fragility for not being able to support and protect their loved one⁽⁵⁾. At all stages of diagnosis and treatment, the participation and support of parents and family members is very important. During the hospitalization period, family members are fragile, and feelings of anguish and concern may arise regarding aspects of death and the need to transform the family routine⁽⁶⁾.

In the hospitalization process, parents and family members experience discoveries, advances and setbacks, along with children and adolescents. They stay in the hospital environment for a long period, leaving their home, job and other relationships, and this requires care for their well-being⁽⁶⁾ and the inclusion of health-promoting activities. These actions integrate the health care and health promotion carried out by professionals in the process of hospitalization of children and adolescents, who also have family members as an extension of the care provided.

The act of promoting health is understood as a movement to raise the awareness of society about its role in caring for life, as a possibility for individuals to act in the search for quality of life and become participatory in this process⁽⁷⁾. Through the Ottawa Charter, the creation of favorable environments, reinforcement of community action, healthy public policies, reorientation of

health services and the creation of personal skills were promulgated as strategies to promote health⁽⁷⁾.

In Brazil, the creation of the National Health Promotion Policy (NHPP), instituted in 2006 and revised in 2014, reinforces that institutions must provide means and interventions that promote the health of individuals and communities. The NHPP highlights the importance of acting on the conditions and social determinants in the health and disease process, through intersectoral actions, with the aim of achieving an improvement in the population's quality of life⁽⁸⁾.

Thus, health promotion actions make it possible to bring individuals closer to the collective group, closer to health professionals, and closer to recognizing the care sector as a place for healthy construction and development⁽⁹⁾. These actions focus on health education, conversation circles, well-being practices, leisure, reflective moments, among others⁽⁹⁾, and they are necessary during the hospitalization period, especially in the case of childhood cancer.

One of the ways to promote health is through music, which can be used as a technology to care for children, adolescents and their families. Music is capable of reducing pain, decreasing anxiety, promoting collective interaction, well-being and inclusion in health care⁽¹⁰⁾. Music also promotes happiness, joy, makes the environment light, instigates communication through lyrics and interactivity between individuals^(10,11). However, despite being considered a strategy that can contribute to promoting health in the hospital, there are still few studies that analyze the scientific aspect of music in this scenario, being generally more focused on treatment and recovery⁽¹²⁾, thus justifying the relevance of the present study.

Thus, the following research question emerged: what are the meanings of the hospitalization process and the use of music as a health promoter in the perception of family members of children and adolescents who are undergoing cancer treatment? Therefore, this study aimed to understand the meanings of the hospitalization process and the use of music as a factor that promotes health in the perception of family members of children and adolescents undergoing cancer treatment.

METHODOLOGY

Descriptive, exploratory study with a qualitative approach based on the theoretical assumptions of Health Promotion and Symbolic

Interactionism. Symbolic Interactionism is an understanding of the relationship arising from the meanings of actions, means, individual and collective activities, which are inserted in a society and in a certain group⁽¹³⁾. It was initially detailed by George Herbert Mead, but described as a method in 1937 through the analysis of Herbert Blumer, who developed the systemic interpretation of interaction⁽¹⁴⁾.

This research was driven by the activities of the Musicagem outreach program of the Nursing course of a public university in the South of Brazil. This program performs musical intervention in the rooms and corridors of the pediatric oncology unit of a public hospital in the west of Santa Catarina, promoting the health of children, adolescents, their families and professionals. It is composed of nursing students and professors who sing songs about love, health, peace, hope, joy and friendship, with using two guitars and a violin. For greater interaction with children, percussion instruments, puppets and soap bubbles are also used. However, the consent from family members, children and adolescents is necessary to enter the rooms.

The study involved the participation of ten family members who accompanied the hospitalization process of children and adolescents admitted to a public pediatric hospital, in the west of Santa Catarina, Brazil. The inclusion criteria were considered family members over 18 years of age, and with a degree of kinship of children or adolescents hospitalized for cancer treatment, according to their speech and direction from the local health team and who accepted to receive the musical intervention. The exclusion criteria were family members who had not received moments of musical intervention in the hospital environment.

Data collection was carried out between October and November 2019, right after receiving the musical intervention in the room where the child or adolescent was hospitalized. Data were collected through an interview with a semi-structured script, containing triggering themes such as: understanding about the hospitalization of a loved one; hospital routine; concept of health and health promotion in the hospital; meanings of music during the period of hospitalization of their family member.

Before conducting the interviews, the objective of the research and the Informed Consent Term (ICT) were presented to the family member. After the family members signed the ICT, the interviews began. They were carried out in the hospital environment. Care was taken to conduct

the interview away from the children and adolescents, who remained in their rooms. The interviews lasted approximately 30 minutes and were recorded using a smartphone and transcribed verbatim.

Data were organized and analyzed according to content analysis in the thematic modality described by Minayo⁽¹⁵⁾. Such analysis is arranged in three phases: the first, called pre-analysis, was carried out by skimming the collected data, seeking to approach the initial objective with the observed hypotheses. The second phase, data coding, through small sentences of the collected elements, sought to approximate the significance of the research. Finally, the third phase, called categorization or subcategorization, proceeded with the interpretation of the material, with a view to bringing the theory closer to the scope of the research objective. With the analysis and organization of the data, three categories emerged: 1) Hospitalization: meanings for the family member; 2) Family experience: giving meaning to health and health promotion; 3) The meanings of music in the eyes of family members.

It is worth noting that ethical aspects were guaranteed at all stages of the research. To guarantee the anonymity of the participants, they were given names of characters who lived with and had a bond with protagonists of children's animation, for being similar to the reality of the children and adolescents who were assisted by their mothers, grandmothers, fathers and grandfathers. Thus, the names were: Sarabi, Marge Simpson, Queen Iduna, Elastic girl, Duchess, Mufasa, Dona Florinda, Mama Pig, Grandma Donald, Uncle Ben. The research only started after approval by the Research Ethics Committee (REC) of a University in the South of Brazil, approved with Opinion number 3,324,427 and protocol CAAE 11511319.1.0000.5564.

RESULTS AND DISCUSSIONS

The ten participants, family members of children and adolescents who were in the process of being hospitalized for cancer treatment, were seven mothers, one father, one grandmother and one grandfather, eight females and two males, with a mean age between 28 and 55 years. The period they accompanied their loved ones in the experience of cancer ranged from two days to six months.

Hospitalization: meanings for the family member

The discovery of an oncological disease points to periods of fragility, and in the particularity of childhood cancer, there is the constant presence of parents and family members. They participate in all stages, since the discovery of the diagnosis, the hospitalization periods and the processes through the progress of the disease⁽¹⁶⁾:

"[...] two months of his illness [...] in fact, we found out in August and in September he went through surgery [...] the chemotherapy treatment started yesterday." (Sarabi).

"We found out Friday and today was the first day of chemotherapy [...]." (Elastic woman)

"It's been three months since we discovered his disease [...] And according to the physicians, with the tests he did, he had a tumor in his leg [...] he's going to start treatment, it's going to start now [...]" (Grandma Donald).

In addition to the path referring to the evidence of the diagnosis of the oncological disease, the recurrent hospitalizations due to the need for exams and neoplastic therapies, whether surgical or chemotherapy, stand out. The hospitalization process for family members who accompany all stages of the discovery of the diagnosis and treatment of children and adolescents causes exhaustion in the physical body, psychological shock, impacting the social life and connections with other family members, work environment, among others⁽¹⁷⁾, as evidenced in the statements presented in this study:

"[...] It's tiring." (Mama Pig).

"[...] you forget a lot of what you want, to do what is not pampering, but you don't see yourself as a priority in anything [...] because you need to take care of your child." (Sarabi).

In the experience of people who face a hospitalization process, some points stand out, such as the presentation of the place, the hospitalization itself and what it means for the families of children and adolescents. The hospital is seen as a closed place, which gives birth to a multiplicity of meanings and echoes the memory of suffering, a cold environment, symbolizing the relationship of how the family members built the view of the hospital in the face of the actions and the look of their environment of relationships and the community in which they live⁽¹⁸⁾. Such meanings are close to the assumptions of Symbolic Interactionism, that highlights the relationships of

individuals in their environment and in their collectivity, with the vision and meaning they will present about certain situations of living⁽¹⁹⁾, as it is the case of the symbology that family members brought from the hospitalization process of their loved ones:

"It's difficult, not because I'm not treated well, but because I don't get used to it, because I've never been in the hospital. Now that I've gotten used to being trapped here, between four walls. It's bad, it's difficult [...]." (Queen Iduna).

"It's bad and it's good. Bad because he's away from home, he doesn't have the same comfort there is at home. It is good that here we are treated well, the nurses treat you well, everyone." (Dona Florinda).

Family members highlighted the immersion of the sensations they experience when accompanying their children and/or adolescents. In the hospitalization process, family members go through moments of difficulties, sadness, with the need to be a source of strength to accompany the treatment of their loved ones⁽¹⁷⁾:

"But particularly today it was very difficult. [crying] We try to be strong and all, and we are strong, but there are times [...] But it is difficult, a child should never get sick [...]." (Sarabi).

"It was difficult, yesterday was very difficult. We come with the hope that it is not that, and when you find out, well, it seems that the world is going to end [...] yesterday we found out, but we started to come a month ago. Then two biopsies were made, but the result was delivered yesterday." (Duchess).

"[...] you are there, you have to be very strong to be there caring." (Marge Simpson).

With the hospitalization of the child or adolescent, their family members undergo changes in their routine, in their priorities regarding other commitments, work, family routine, which at that moment become secondary:

"[...] My Gosh, a lot has changed (emotion and crying). We also do a lot of social work [...] we participate in worship, we do preaching, as missionaries, we do family discipleship, we do sports, we also go to college [...]." (Elastic woman).
 "[...] we are very fanatical about football, very fanatical [...] he even played here, in the sub 7, in the regionalist, and he played in the state. It's been

about 60 days now, he couldn't even stand up for so much I don't know, then we discovered this disease in him there." (Mufasa).

Among the changes that occurred due to the hospitalization process, family members need to change their routine or leave work, to remain a source of support⁽¹⁷⁾, revealing change as a meaning, in view of the change in the social relationship imposed in the care of their loved one, seen in Symbolic Interactionism^(13,14). This situation was also pointed out by the participants of this study:

"I stopped working." (Queen Iduna).
 "It's taking care of him [...] just for him." (Dona Florinda).
 "I work [...] I'm a housewife [...], I work all day. At home I also do my housework, but now I also need to stay with her." (Duchess).

With the changes resulting from the hospitalization of children or adolescents, family members expressed nostalgia, which is related to the routine before the discovery of the oncological disease and the beginning of treatment, such as the lack of family life:

"I miss working, being with the children, being with the family." (Queen Iduna).
 "Staying at home is good." (Duchess).
 "What I miss the most is that the father can't be together, neither can the mom. We are a family that spends a lot of time together [...]" (Sarabi).
 "Oh our family, we are here, the rest of the family is not. We don't work either and we miss them." (Grandma Donald).

The family group, which can be composed of several members and friendship ties, is characterized by social relationships, by common actions, seen as approximation and identification, which reveals the meaning of distance as nostalgia. In this way, Symbolic Interactionism considers the constructions of relationships as a means of punctuating certain expressed sensations and feelings, as in the case of nostalgia⁽²⁰⁾.

To experience the process of hospitalization of their loved ones, family members need to find means of adaptation, which bring them closer to the family strength⁽¹⁶⁾. However, strength can be generated in the child or adolescent, who sincerely support their family members, having the opportunity to also share the experiences of other

companions in the hospital environment⁽²¹⁾, as evidenced by the participants, who expressed that they meet again strength through their children and the experience of other family members who are in the same situation:

"My daughter is very brave, she is not afraid, she always says that she is not what she is and that everything will be ok [...]" (Duchess).
 "We sometimes look out the window at people who are leaving on time, because it's the only thing there is to see. When there is another patient in the other window, you can identify yourself too [...]" (Elastic woman).

The hospitalization process for a family member can mean positive aspects of individual and collective growth, which can generate greater family interaction, being also a caregiver to help the health team⁽¹⁸⁾. In this sense, it is up to professionals working in pediatric oncology to provide a welcoming and humanized environment, in which the family member can also assist in the well-being of children and adolescents:

"Look, we see a lot and learn a lot." (Marge Simpson).
 "It's a disease, it's not a good thing, but you know, we grow a lot in these moments" (Sarabi).
 "[...] I tell her a story, I play games, there's a time for Bible study, praise, there's a schedule, playtime, I'm her partner [...]" (Elastic woman).
 "I feel good. Here they pay a lot of attention, from the nurses, who are dear. There is that better attention with the children [...]" (Marge Simpson).

The act of understanding a painful period of hospitalization as a possibility for personal growth is intertwined in the meaning given to life events, as highlighted by Symbolic Interactionism, when an individual relates to learning in a group that is part of his daily lives⁽¹⁹⁾. The hospital was pointed out as a place that can be pleasant, where people feel good and become grateful for the period they stay there, especially when communication is established, with proximity between professionals, family members and children/adolescents⁽²¹⁾.

Family experience: giving meaning to health and health promotion

In the process of hospitalization of children and adolescents, their family members highlighted the meaning of health. These can be inserted in the symbology of being physically well, without pain

and without disease, bringing a biomedical view that considers being healthy in the absence of disease⁽²²⁾, as also pointed out in this study:

“Health is not being in the hospital, not having a disease.” (Queen Iduna).

“It's about taking good care of yourself, you have to eat well, do routine exams [...] we used to do routine exams on him, even so, when we found out, it was a shock because we always took care of him and, it was unexpected.” (Dona Florinda).

“Well, it is being well, having no health problem, living without pain [...]” (Mama Pig).

Currently, the concept of health is understood as the balance of well-being between the physical, psychological, the interactivity and the living in the social environment and the introduction of spirituality⁽²²⁾. In this way, other family members presented an expanded view of health, in which they meant the interconnection between physical and spiritual health and psychic balance:

“[...] health is what makes you live, because when you are healthy, you can pass with short money. But if you are not healthy or the people you love are not healthy, that takes away your peace and calm. It takes away your sleep; you don't eat well, so health is not just a physical thing [...]” (Marge Simpson).

“Health is everything, health is you being well. It's a set of so many things; it's not just worth physical health. You have to have good spiritual health, good psychological health, everything is a set [...]” (Elastic woman).

The construction of observing health in its environment reveals the symbology built with loved ones, in the family, society and which shows the care with those involved, reflecting the description of Symbolic Interactionism⁽¹⁹⁾. Thus, interactions that are considered healthy in the community are established, as well as a sense of living, routine actions that make a difference in the well-being of each individual. Family members also attribute to health the meaning of a totality that is added to the movement of being able to carry out daily activities, realizing the real value of life:

“Health is everything [...] after I discovered this, I started to value many things. I value life more and I started to think differently.” (Duchess).

“Health is everything. Without health, nothing can be done [...] In every service, day to day, you have to be healthy.” (Uncle Ben).

The symbol of being healthy is inserted in the growth of understanding seen about the connections made by individuals in their life practices⁽²⁰⁾. For Madeira⁽²³⁾, it is the daily routine that achieves the act of being healthy, attributing it to the fact of sleeping and having adequate sleep, the sharing of happiness and quiet moments, called moments of peace, and the possibility of insertion in the labor market. The study participants gave to health the meaning of sleeping well, having peace and joy:

“[...] being able to see my daughter sleep well, because it had been two years since I had not seen her sleep well.” (Mama Pig).

“People's health comes first, it means having peace, joy [...]” (Grandma Donald).

In the midst of the meaning of health, the practice of health promotion was also revealed as a means of providing well-being. Promoting health is related to actions that favor individuals to build their quality of life, habits, means that bring them well-being⁽²³⁾. Thus, family members highlighted what they understood as a means of health promotion during this period of hospitalization:

“I think that making this whole process lighter for the children, mothers and family members who stay with the children here, this is a way of promoting health.” (Sarabi).

“Watching the drawings of animals or the children's places as I told you, the drawings of the children [...]” (Marge Simpson).

“[...] I say this: you have to eat and I will eat too. We negotiate, we have a great deal of complicity, so she eats first and then I eat, so that's how we are, we take care of one another.” (Marge Simpson).

The act of providing a healthy hospital environment involves interaction with television, food in the place and actions that bring children and adolescents closer to their reality⁽⁹⁾. The act of providing a healthy environment is inserted in the principles of the description of health promotion, as this makes it possible to produce health of the individual and the collectivity^(7,9), as evidenced by the family members who stated that it is important

to get closer to the child's and adolescent's environment:

"I believe that because my girl likes to draw and paint, there are games like that in the rooms, drawing for her to paint, because until now she was crying because she had nothing to do [...] And there are no toys there, there is a TV, but she gets sick [...]" (Mama Pig).

"[...] playing games is wonderful and they drive the attention away from that, get our focus away from the cancer, it distracts us." (Mufasa).

"Sometimes, he can (go to the toy library), but not all the time [...]" (Dona Florinda).

The approximation of an environment similar to the family core, with the usual for children and adolescents, makes parents understand the importance of promoting health. The approach of playing was among the highlighted strategies, meaning an act that promotes happiness, joy and remembers its bonds with the environment that grows and develops in its collective aspect, as defended in Symbolic Interactionism⁽¹⁴⁾. The act of promoting games involves playfulness during the hospitalization period, which provides understanding about the disease, in addition to creating a bond between the child, the adolescent and the family with the health team⁽⁶⁾.

Among the inclusion of means to promote health are also the guidelines, lines of care in the care by the multiprofessional team of children and adolescents in the process of hospitalization, which are well accepted by family members⁽²⁴⁾, as revealed in this study:

"I am finding everything wonderful, because of the care given to my son [...]" (Mufasa).

"Look, I was very well assisted, they took very good care of her, I was able to accompany her [...]" (Mama Pig).

The instrumentalization of the health team in the use of the playful environment as a way to promote health for children and adolescents who are hospitalized helps to face this process⁽¹¹⁾, as evidenced by the participants:

"Ah, the clowns came too one of these days [...] she was very happy when she listened and said: Mom, I hope they come here. She likes it a lot." (Duchess).
 "[...] I just think that there should be more distractions for them, because they are just

isolated. When people come to play, they get excited, they have fun. I think that's it, they just need to come more often." (Dona Florinda).

The playful approach brings caregivers closer to children and adolescents and therefore contributes to health promotion⁽¹¹⁾. By observing the reaction of their loved ones who are hospitalized and the possibility of promoting health, family members feel cared for, and take the opportunity to also enjoy the activities. Among the activities, the use of music as a tool to promote health was highlighted, as encouraging hospitalized children and adolescents, as will be discussed below.

Meanings of music in the eyes of family members

Through the understanding of health, family members gave to music the meaning of a strategy to promote health. Music provides well-being, makes the environment healthy, promoting leisure, in addition to reducing pain, anxiety, sadness, both for those who are hospitalized and for their relatives accompanying them⁽¹⁰⁾, as the study participants explained:

"Look what a beautiful song, it cheers us up, very good. The work you do is very beautiful" (Duchess).
 "We and the child are distracted by the music." (Uncle Ben).

"Oh it's really good. Look, she was quiet, now this last hospitalization she doesn't talk to anyone. I wanted to talk, but she didn't want to talk today. Now, after the song, she's talking [...]" (Queen Iduna).

"It's good, it seems that it takes us to another world, we get into the lyrics of the song. It's good, I really like music [...]" (Mama Pig).

"Ah, music for me is what you can't say, you say it and transmit it with the music. It is an international communication [...]" (Sarabi).

The participants revealed that music is a means of communication and interaction, as it brings people together, either through the message of the lyrics, through the rhythm, or even through the sensation it conveys⁽¹¹⁾. Music can help in the interaction between people, in the communication of the collective group, in the facility for the expressiveness of speech. Communication is the meaning expressed by these family members about the connection they have with music, which reflects the experience of their collective relationships with the experience of listening a song^(12,13).

Music also provides a moment of joy, happiness and distraction for family members who are accompanying their loved ones in the hospital, promoting health, as suggested by the NHPP in its health promotion strategies⁽⁸⁾. The participants approached the familiarity of music as a moment of celebration, of memories brought back from an occasion to celebrate with their family, the gathering of people. Thus, they indicated characteristics of the collective interactions they have^(12,13):

"When I saw it, it looked like there was a party going on outside, but I wanted to go to that party. Then, your colleague opened the door and I said: I think they are coming here next [...]" (Sarabi).

"[...] it awakens happiness." (Mufasa).

"Oh, I felt happy, I was very happy, because my grandson too, he plays the drums too." (Grandma Donald).

"It made me feel sadness, I don't know. I was already kind of sad, but it was sadness in a good way and it was good [...]. So for me it was really nice to hear." (Dona Florinda).

"Sadness is bad for our health, so music brought joy here and helps a lot, my God!" (Queen Iduna).

Music provides moments of reflection, be they memories, feelings, events experienced daily, or the path of each individual's life⁽²⁵⁾. Listening to music is an individual experience for each person in their particularity, which is also pointed out as a mixture of feelings:

"I felt like crying, I held on, the song is very beautiful in itself. At the time you get like this, you don't know what to think, a thousand things go through your head, right, but it's very good." (Duchess).

"Oh it was good, it was beautiful." (Uncle Ben).

The hospitalization process has repercussions on constant changes in routines, emotions and feelings for family members who accompany children and adolescents who are experiencing cancer. Music at this moment means a period of reflection, of crying as a means of lightness and exposing its weaknesses. At the same time, it favors people to strengthen their ties with spirituality, promoting their spiritual health⁽¹⁰⁾, as observed in the following reports:

"Music has the power to speak right to a person's soul [...]. But for those who listen, music also has

the power to heal the soul, which is very important, since speaking of health, it is not just the health of the body." (Sarabi).

"For me music is very important, because it rejoices the soul, because it speaks differently, for us Christians, it calls the Holy Spirit, when you can speak, but when you sing, He descends." (Elastic woman).

"We are evangelicals. The bible says that praise will never cease. When it ends here on earth, it will continue in heaven. So, as long as we have the breath of life, we have to praise the Lord. There in Psalm 150 it says, "Let all who have the breath of life praise the Lord." So, the person who sings, who plays too, it is very wonderful, I think it is very beautiful." (Grandma Donald).

Music can signify the relationships that the individual has with his social environment, highlighting spirituality, which is understood as one of the dimensions of health⁽²²⁾. Music provides well-being, as it inserts the person in his environment of warmth, close to his family, promoting embracement in the hospital environment, hope, reflection and distraction:

"Oh, emotion, of embracement, you know, not just for the hug [...] of embracement, music does that." (Sarabi).

"It seems that it brings hope, even by the lyrics of the song, it says something good, it brings you hope, it brings you more will to live." (Mama Pig).

"Oh it meant a lot, I even got better. It gave me more strength because I have to give strength to him [...]" (Marge Simpson).

"Ah for joy, for us to forget a little about the day to day here. God is so good." (Queen Iduna).

"Yes, it might even be therapy for that. I believe that we, I don't understand that, but I believe it is, a way to distract." (Mufasa).

Music is necessary in the hospital environment, as it renews the strength of family members, promoting joy and encouragement to continue the journey of life⁽¹⁰⁾, in the monitoring of children and adolescents undergoing cancer treatment. Music was highlighted by family members as a symbol of distraction for children and adolescents who experience hospitalization, with a positive impact on happiness. Music is a playful strategy for health promotion, in which it approaches the reality and the language of the

public which is reproduced, resembling its safety environment and its social cycles^(11,19).

In this study, music was seen as a meaning of therapy and well-being for children, adolescents and their families in the hospital environment. Music provides health, through pain management, the interaction of people during this period of hospitalization, strength to overcome the hospitalization process, well-being and as a possibility of reflecting on feelings that are involved in this interaction⁽²⁵⁾. Therefore, it can and should be used by nursing professionals as a care technology to promote the health of hospitalized children and adolescents, as well as their family members who accompany them in this process of cancer treatment.

FINAL CONSIDERATIONS

This investigation contributed by revealing scientific evidence on the meanings of hospitalization for family members, highlighting music as an important care technology to be used by nursing and other health professionals. Through music, it is possible to promote the health of family members, who are partners in the health care of children and adolescents who experience an oncological disease.

The hospitalization process for children and adolescents who experience an oncological disease brings the particularity of a greater inclusion of the presence of their family members, companions at all times, from diagnosis to treatment and recovery. For family members, this moment is understood as a mix of feelings and sensations, with changes in their routines and priorities.

In this context they live, they pointed out the symbology of understanding health, involving the absence of disease and the broader concept of health, when understanding it as physical, psychological, social interaction and spiritual practice well-being. They also revealed possibilities to promote health in the hospital environment, highlighting music as a tool, meaning that it provides feelings of joy, animation, reflection, distraction, approximation with their belief and spirituality, as well as a means of strengthening in the hospitalization process, along with the care of their loved one. In this way, music, through the aforementioned meanings, is a resource to be used by professionals who work in care in the child and adolescent cancer inpatient unit, providing care to hospitalized patients and their families.

As a limiting factor of the study, the difficulty of carrying out the interview with the participants only after the musical intervention in the hospital environment has to be mentioned, as it demanded intense work from the researchers. Added to this, there are still few professionals prepared to work with music as a health promoter in the hospital, which reveals the need to encourage managers to train new professionals and expand this proposal in health institutions. Finally, the continuity of studies on the proposed theme is suggested, in order to disseminate the promising results of music as a health promoter in the hospital setting.

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