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CHILD HOSPITALIZATION: CHILD LIVING FROM GRAPHICAL REPRESENTATIONS

A HOSPITALIZAÇÃO INFANTIL: VIVÊNCIA DE CRIANÇAS A PARTIR DE REPRESENTAÇÕES GRÁFICAS

LA HOSPITALIZACIÓN INFANTIL: EXPERIENCIA DE NIÑOS A PARTIR DE REPRESENTACIONES GRÁFICAS

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ABSTRACT

Objective: to analyze the child's experience about the hospitalization process; and changes in the behavior of the infants before their hospitalization. **Method:** a descriptive study, from qualitative approach, carried out at the Pediatric Clinic of a public hospital, with the participation of six children between seven and 12 years old, hospitalized for at least three days. Semi-structured interviews and "Survey-Story" were conducted. The analysis was performed from the digital reproduction of the drawings and transcription of the story and information during the survey, which it enabled the identification of the following categories. **Results:** the following categories emerged << Hospitalization revealed through technical and painful procedures >>; << Experiencing the negative repercussions of hospitalization >>; << Experiencing positive feelings during hospitalization >>. It has been shown that children associate hospital care with technical procedures, even though they are necessary for health recovery; negative repercussions are triggered by restrictions, isolation and hospital routine. **Conclusion:** the children need to be informed about the procedures, be prepared to live in this environment and have active participation with the family during hospitalization. **Descriptors:** Child Hospitalized; Pediatric Nursing; Projective Techniques.

RESUMO

Objetivo: analisar a vivência da criança sobre o processo de hospitalização e as alterações no comportamento do ser infantil frente à sua hospitalização. **Método:** estudo descritivo, de abordagem qualitativa, realizado na Clínica Pediátrica de um hospital público, com a participação de seis crianças entre sete a 12 anos, hospitalizadas, pelo menos, há três dias. Foram realizadas entrevistas semiestruturadas e Desenho-Estória "Inquérito". A análise foi realizada a partir da reprodução digital dos desenhos e transcrição da estória e informações durante o inquérito, que possibilitou a identificação de seguintes categorias. **Resultados:** emergiram as categorias << A hospitalização revelada por meio dos procedimentos técnicos-dolorosos >>; << Vivenciando as repercussões negativas da hospitalização >>; << Experimentando sentimentos positivos durante a hospitalização >>. Evidenciou-se que as crianças associam os cuidados hospitalares aos procedimentos técnicos, mesmo compreendendo que são necessários para recuperação da saúde; repercussões negativas são desencadeadas pelas restrições, isolamento e a rotina hospitalar. **Conclusão:** surge a necessidade de as crianças serem esclarecidas sobre a realização dos procedimentos, serem preparadas para conviver nesse ambiente e ter participação ativa junto à família durante a hospitalização. **Descritores:** Criança Hospitalizada; Enfermagem Pediátrica; Técnicas Projetivas.

RESUMEN

Objetivo: analizar la experiencia del niño sobre el proceso de hospitalización; y los cambios del comportamiento del niño frente su hospitalización. **Método:** estudio descriptivo, de abordaje cualitativa, llevado a cabo en una clínica pediátrica en un hospital público, con la participación de seis niños de siete a 12 años, hospitalizados, por lo menos tres días. Fueron realizadas entrevistas semiestructuradas y Dibujo-Historia de "Investigación". Se realizó el análisis a partir de la reproducción digital de los dibujos y la transcripción de la historia y la informaciones durante la investigación, permitiendo la identificación de las siguientes categorías. **Resultados:** surgieron las categorías << La hospitalización revelada a través de procedimientos técnicos-dolorosos >>; << Experimentando los efectos negativos de la hospitalización >>; << Experimentando sentimientos positivos durante la hospitalización >>. Se evidenció que los niños asocian los cuidados hospitalarios a los procedimientos técnicos, mismo entendiendo que son necesarios para la recuperación de la salud; repercusiones negativas son accionados por las restricciones, el aislamiento y la rutina del hospital. **Conclusión:** se presenta la necesidad de aclaración a los niños sobre la realización de los procedimientos, ser preparada para vivir en ese ambiente y tener una participación activa de la familia durante la hospitalización. **Descriptor:** Niño Hospitalizado; Enfermería Pediátrica; Técnicas Projectivas.

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INTRODUCTION

Child hospitalization is an event that triggers anxiety for the child and its family, which can generate trauma. The interaction established between Nursing professionals, the child and their families facilitates the delivery of Nursing care and can reduce the trauma generated by hospitalization, as well as, contribute to the provision of care offered by the team.¹

In this delicate moment, not only does the child suffer, but also the parents, because when trying to adapt to the hospital and reproducing the home care of the child, the family goes through difficulties, such as: living with the rules and regulations of the hospital, with the professionals, with the accomplishment of procedures and examinations, because these factors are very different from the routine experienced in their house. This brings to the family, that, taking care of the child in the hospital, does not have the same freedom as caring at home, due to the limits imposed by the hospital.²

Confronting hospitalization for a child can be difficult, since the hospital is a place that causes feelings of sadness because of the symptoms of the illness itself, withdrawal from the family, the daily routine, as well as the invasive procedures, that are painful. This fact becomes important when the play happens to interfere in the hospitalization, since the child's vision in relation to the hospital is modified, even the environment being a place of suffering is also perceived as a space that provides shelter and allows the child greater acceptance of the situation, better adaptation and familiarization to this environment, making the child's hospital experience less traumatic.³

The family says that experiencing bad moments in the hospital happens when faced with situations that reflect fear, either due to the health condition of the child, the concern of the child to acquire hospital infection and also the lack of knowledge about the specific care of the child. But this suffering can be mitigated during hospitalization when the family follows the improvement of the child's health status, participates in care and sees the commitment of health professionals during hospitalization.⁴

The objective of this study was to analyze the child's experience about the hospitalization process; and to analyze the changes in the behavior of the infantile being before its hospitalization.

METHOD

The study is qualitative in the Pediatric Clinical Unit of a public hospital in the city of Salvador (Bahia). Six children, aged seven to 12 years, hospitalized for at least three days, who were aware and oriented, participated in the study. Children with physical and/or mental disabilities were excluded; or under the effect of sedatives, antipsychotics; which present motor, cerebral or visual impairment. Data was collected from May to June 2011, and the study participants were selected from a daily census of hospitalized children. There were seventeen children hospitalized, of whom, six met the criteria of the research.

This age range was chosen, since, from the age of seven, it corresponds to the stage of concrete operations, which characterizes the phase by increasing autonomy, comprises moral development, the appearance of language and symbol implies the representation of an object, whether it is an absent or reality representation.⁵

Data was collected through the semi-structured interview and Drawing-Story (D-S) "survey". The DS procedure is a type of interview that allows the individual to find new channels of communication and open the way to conversations about fears and anxieties.⁷ This methodology was adopted in the research, since, through drawing, the child expresses the aspects of their experiences, surfacing in this subjectivity. In conducting the interview, three guiding questions were adopted: What does it mean for you to be in the hospital? Tell me how you feel about being in the hospital? What changed for you after the hospital stay?

The importance of the technique of Drawing-Story, with a theme used in the research, can be carried out by Nursing professionals when studying aspects of childhood, since this technique uses play activity and allows to know unconscious stories that, if another method was used, it might not be possible.³

The researcher asked the child to draw a drawing from the following question: **"Draw for me how you feel in this place in the hospital"**. After the elaboration of the D-S, the researcher asked the child to explain the drawing telling a story, and in case the story that showed doubts, the "inquiry" was made for clarification and understanding of Drawing-Story.

When concluding the D-S stage, the "inquiry" begins where the examinee continues to provide clarification and names the title of

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the story, and these free drawings thus become stimuli of thematic perception.⁶

The Analysis of Drawings was carried out from the digital reproduction of the drawings and transcription of the story and information during the survey. After this analysis, it was possible to identify the following categories: **Hospitalization revealed through technical/painful procedures; Experiencing the Negative Repercussions of Hospitalization; And what's good? Experiencing Positive Feelings During Hospitalization.**

A Free and Informed Consent Form (FICF) was prepared according to the norms of resolution 196/96 of the National Health Council.⁷ The research was approved by the Research Ethics Committee of the Hospital where it was collected under Process nº 73 / 11. Because the subjects are under 18 years of age, the responsible person was asked to authorize participation. The confidentiality and privacy of the subjects were ensured by identification codes.

RESULTS AND DISCUSSION

In this research, the children reveal their experiences during the entire hospitalization process, revealing the positive and negative aspects of this moment, from their limitations, feelings of joy or sadness, painful

procedures and the care taken by the health team.

Hospitalization revealed through technical / painful procedures

Children perceive that hospital care is restricted to performing technical procedures that cause pain, leaving them sad and anxious; but, understands that these invasive and painful procedures are necessary to recover their health and, consequently, to be discharged. This fact is evidenced in Dengoso's speech, when referring to Nursing and medical care:

Because when it hits the access it hurts there I'm sad ... Then she said that I was going to put a catheter and get me to do hemodialysis to help the kidney to function more correctly because it alone becomes weak (Dengoso).

Invasive procedures bring a painful and stressful experience to the child. Although they are indispensable for maintaining and restoring health, they are the producers of fear and anxiety.⁴ These are perceived in the following stories:

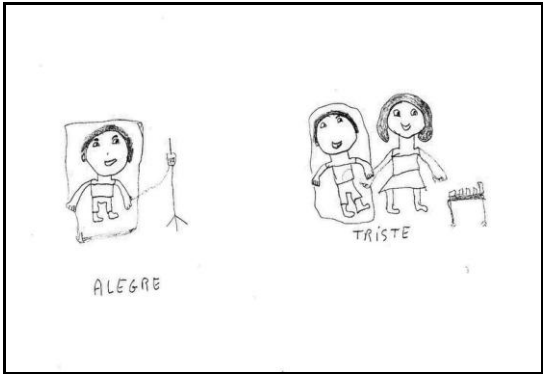


Figure 01. Title: "Happy and Sad".

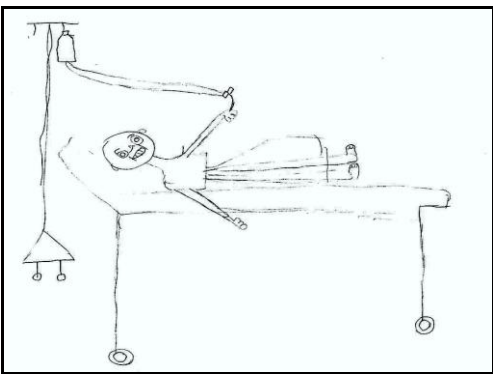


Figure 2. Title: "Transplanted".

Figure 01: Here I am lying down, I take the serum, every time I take medicine, it is better to get better and go home. The other one is the curative nurse and me, because I was bleeding, I cleaned it there not to catch infection and lay in bed and sad because it hurt a lot when I did the dressing, it hurt a lot. Here is the gauze and there the serum to grind and to clean and the table (Dengoso).

Figure 02: Here I took a serum, when I was transplanted it was like that, taking serum, lying in bed (Dunga).

Child hospitalization is an unpleasant experience for the child and his/her family, since, during this period, several examinations, invasive procedures and devices are installed in the child's body to minimize damages and injuries. With this routine of hospital care, the child has limitations and can develop a sense of fear from health professionals.⁸

Faced with this fragmented care practice, the perception of children in the care of health professionals, especially the Nursing

team, is understood as the application of medications/serum, tests and stay in bed during hospitalization.

In the speeches of Dengoso and Dunga, technical terms such as access, catheter, infection, dressing, bed, serum and gauze, are observed, as well as in the figures (01 and 02), where the child is lying in bed with serum, access and the nurse making the dressing, evidencing, the accomplishment, of the technical/painful procedures. This demonstrates the influence on the reality

lived during the hospitalization period and the change in daily routine.

The care of hospitalized children should aim to minimize their suffering and alleviate the trauma that hospitalization can cause from an approach focused on humanized care.⁹ Given this reality, it is necessary that the performance of the multi-professional team in front of the hospitalized child, is individualized and differentiated for the promotion of care.

From the perspective of humanized attention, the permissibility of the father or mother accompanying their child during hospitalization becomes a right after 1990, when the Statute of the Child and Adolescent is approved in Brazil and guarantees children and newborns the full-time follow-up of a caregiver during the period of hospitalization of the child.¹⁰

Health professionals should provide information about everything that is done with the child in the hospital environment in a way that is understood by parents and children. In this different environment for children, an understandable and humanized approach, to pain and medical and Nursing procedures, will result in trust and cooperation, assisting in the professional's conduct and diagnostic evolution.⁸

The hospitalized child emphasizes the need for Nursing professionals to explain step-by-step procedures so that they understand their usefulness and feel safe, since the simpler procedures end up generating pain, which requires professional attention and care.

In this sense, health professionals need to increase their care in child care by encompassing the different interfaces that this hospitalization brings to children, and for this, it is necessary to maintain a clear and accessible communication to the development of the child, establish proximity and relationship of trust, to enable play and pedagogic activities, as well as to encourage the parents' permanence.

An appropriate strategy for communicating with hospitalized children is the use of playful puppets as children are able to express their opinions but may have difficulty answering verbal questions. However, when health professionals enter the world of the child using this playful resource it improves the interaction and facilitates communication with the child. The use of this tool allowed the child to express themselves freely, since it encourages the child to report their experience of being sick and also helps the health team during evaluation and intervention.¹²

Experiencing the negative repercussions of child hospitalization

The negative repercussions that have emerged are associated with the limitations of hospitalization, diagnosis and health status.

Here I am sad, wanting to go home, I miss my sister and my godfather (Happy).

I have to be locked only by the corridor, taking serum, punctured, lying in bed; I miss my friends, my sister, my mother, everyone (Dengoso).

From the above reports, we can see that in the hospital environment, the child experiences a new routine, linked to the aspects related to his/her illness and to the care taken by the team. This reality can be expressed by the feeling of loss of control that results from the separation, the change of routines and the imposed dependence. Performing a humanized care during hospitalization can help children to keep in touch with their family, friends, and perform their usual activities.¹³

Dengoso's speech portrays the hospital experience where he calls attention to negative descriptions related to isolation and feelings of sadness, such as homesickness, friends and family:

It's sad because the hospital is bad, I do not like it, there are a lot of people crying [...] I was very sad today because I thought I was leaving yesterday [...] and I'm not leaving because the woman said that I have to stay to do hemodialysis. (Dengoso).

Hospitalization is complex and marked by hospitalizations, changes in the life of the child and the family, and during this period, the child can present diverse feelings, from acceptance to revolt. This is corroborated in the following reports, when discussing the experience of hospitalization as a rupture with daily life, triggering several changes for the child and his/her family.⁸

It changed everything because when I was in the room, no one could enter the room [...] because I had surgery, surgery of the spleen, removed the spleen. I cannot lower myself, nor run, nor play ball, nor climb ladder nor jump. Makes me sad. (Happy).

Changed little, I arrived one day, there in the other I was going to transplant [...] I transplanted. In the ICU, the doctor said that she was going to put a catheter in me to do hemodialysis to help the kidney work, I was a day without a hemodialysis [...] she said that my kidney had stopped, [...]] Rotted, [...] thrown out, [...] I had to do hemodialysis again, then, I was sad because I had to go back to hemodialysis (Dengoso).

The perspective of the hospitalization of a child is often considered with some restrictions¹⁴, which are evidenced in the

narratives above, such as not being able to lower, climb stairs, play and also the need to perform hospital procedures (hemodialysis, surgical re-boarding). These factors trigger feelings of sadness during hospitalization. Thus¹⁴, there are situations, that depend on how hospitalization, has changed the child's development and break the child's life cycle.

So, here I have to bathe only from here down, I cannot get wet from head to foot, because at home I did it, here I do not do it anymore, the food here is different, the food is a bit bad, without salt, the meat, rice all without salt. (Dengoso).

That I no longer do the things I like, play video games, watch TV, play ball, go to the street, go to school, I miss home (Angry).

The suffering of the child during the period of hospitalization may occur due to it being away from home, family, friends, school and daily routine.¹⁵ This routine is changed in the hospital environment in the simple choices of how to feed, bathing, sleeping, going to school and even changing the schedules to

perform these daily activities, aspects evidenced in the reports.

The hospitalized child ends up feeling a stranger to this new environment and expresses its fragility, often, in an aggressive way. At that moment, the communication of the health team with the child and their family becomes very important so that the child feels safe in relation to the care given.¹⁶

According to the reports, the activities of the hospital environment should not be limited to procedures, examinations and surgeries, but to the limits triggered by illness and hospitalization, where these can be configured as traumatic experiences for children. Therefore, it is worth emphasizing that the family and the health team can minimize the negative repercussions caused to the child, such as discomfort, suffering, pain and feelings of sadness.

In this same perspective, the D-S procedure illustrates and explains the negative feelings expressed by children.



Figure 3. Title: "Sadness in the hospital".

Story of Figure 03: Here I am sad, crying because I do not eat, I fast and I miss home ... (Angry).

Sad because it hurt so much when he was doing the bandage, it hurt a lot [...] When I go down fast, I do not like it when I get angry. (Dengoso).

In figure 3 the feeling of sadness appears with the tear falling on the face and corroborates the story. In Dengoso's account, it is observed that sadness is triggered by the limitations of hospitalization, such as food restriction for exams, dressing in an environment that leaves him homesick for his family.

In order to face hospitalization, the child and the family need to have their needs met by health professionals, since attention, caring and dialogue with professionals are essential to face the trauma of hospitalization, soothing the child's anxieties and fears.¹⁷

In addition, information, when it is passed in a clear and accessible manner by the health professional, calms the fear and concern of the child and the family, as well as the traumas triggered by the illness/treatment during child hospitalization.¹⁸

The process of sickness results in hospitalization, and for the child, to be hospitalized in this strange environment can have implications, such as disruption, i.e. separation of the usual environment, changes in habits, ability to self-care and also change their emotional state, factors that may interfere with its development. Because this environment is strange for the child, it has difficulty facing the period of hospitalization. In this way, it is complex for the child to live in hospital, because it is dependent not only on their relatives, but also on health professionals.¹⁹

And what's good? Experiencing positive feelings during hospitalization

During the experience of the child in the hospital diverse feelings can arise, from sadness to joys. Where the latter seems to be difficult to find, more was evidenced in the D-S carried out by children. This can happen due to understanding of illness, hospitalization,

and the meaning that each individual gives to illness, from the limitations or changes that arise in the child's life.

Although hospitalization can be, and is, usually stressful for children, it can simultaneously be beneficial. The most

obvious benefit is health recovery, but hospitalization can present a way for the child to control stress and feel able to cope with situations, as this hospital setting can provide the child with new experiences that can broaden their interpersonal relationships.¹¹



Figure 4. Title: "The Ana Nery Boy".

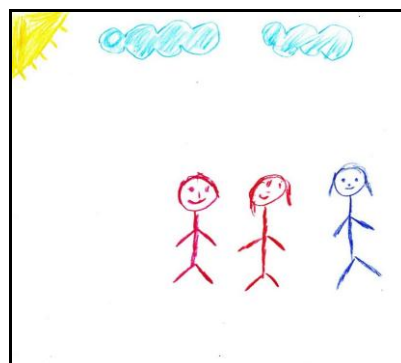


Figure 5. Title: "Happy".

Figure 04: Here I come to the happy hospital, here is the hospital [...] here I am cheerful in the hospital [...]. In the drawing, I'm just so happy because here I'm happier (Happy).

Figure 05: Here I am glad because I met a bunch of people. Here is the woman who was out there (psychologist) [...] here is the sun and the cloud (Atchim).

In both figures, the positive feelings evidenced during the hospitalization are perceptible. In figure 4, the facial expression of joy corroborated in the story with the joy of arriving at the hospital, awakened by the physical aspects, such as a ball, car and computer, is visualized. In the second figure, this feeling shows up with the coloring, the smile of the figure and in the story told by knowing people who treat them well.

Free drawing and painting work according to the same principles, when the child is inhibited, it may be suggested that he draw on what he likes and dislikes in the hospital²⁰. Drawing, as visual language possible to the human being, is determined by the contexts of the experience.²⁰ In this sense, it can be seen that the drawings presented by the children, in this study, express their experience and the most striking moments during the period of hospitalization, showing the their subjectivity in the drawings.

You just have to leave when you have it all right. [...] it makes me happy because I know that I have to take care of my health[...] It will put the kidney back, so I was happy. (Dengoso).

Figure 03: Coloring is why I'm so happy because I know I'm going to have the artery surgery open in my heart and I'll be fine and go home (Angry).

Here, at the hospital, I feel good, because I'm healthy and I'm alive, I took medicine for health [...] it changed my life that I got a new kidney [...] my whole family for knowing that I'm well (Dunga).

In the above speeches, the subjectivity emerges, that being hospitalized is linked to cure and treatment, that is, the hope that after this process and the receipt of the

discharge, everything will be well and can return to the daily routine. In Dengoso's story, the feeling of joy is expressed by his understanding of hospital care, because, with the realization of this care, comes the hope of improvement, hospital discharge and return to daily life.

Care for children with, chronic hospitalized conditions, is a complex and challenging experience for the Nursing team, which must be attentive to the multidimensionality of the child. The hospitalized child recognizes the role of the Nursing professional in performing the care and understands that they are related to their improvement and consequent hospital discharge.¹¹ This activity requires the professional to know the subjectivity, the clinical and pathological condition of the child and the development of skills and techniques that permeate care relationships.⁸

The playful resource acts satisfactorily for the child, because it brings the idea that - even being in the hospital - its essence of "being a child" is not so modified and can act as a mechanism that intervenes in hospitalization in a positive way, comprising the child in their wholeness and even their wills and desires. This is evidenced in the lines below:

Everything, everything, I'm glad that I get to be with my colleagues playing[...] (Happy). I'm happy when I'm not going to have hemodialysis and I'm just having fun, painting, drawing, it makes me happy (Dengoso).

These statements reinforce the idea that the playful changes, the meanings formed by the child over the hospital. In the face of this, the child realizes that the hospital environment can provide well-being and

pleasure, where one can play. The toy library is the instrument capable of improving this adaptation of the child to this new reality experienced, especially, the reestablishment of his health.³

The importance of playing in the hospital environment for Nursing depends on its benefits to the child, the family and the professionals themselves, since this instrument allows the child to express their feelings and emotions regarding the effects of hospitalization and minimizes the experiences of hospitalization, especially in relation to procedures.²¹

Playing in the hospital context²¹ provides well-being, relaxation, fun, relieves pain, the discomforts and sufferings caused by hospitalization, favors adherence to treatment, improves the general condition, as well as guaranteeing the reception, humanization of care and minimizing traumatic effects during the period of hospitalization. For this, it is essential, family support, psychological support and a well structured environment.

Play acts as a self-therapy for children, making the hospital environment more relaxed and mild.²² Thus, it is easier to understand and accept the reason for hospital admission, and to confront this moment by having a differentiated relationship between health professionals, the family and the child.

This proximity between professionals and children is revealed through figures 1 and 5, where in the first figure, the nurse appears, and in the fifth, the psychologist; as well as in the speech above by Dengoso, in the dialogue with the doctor. This may be a reflection of the care taken by these professionals during the hospitalization of the child, where adapting to the new hospital routine and living with new people that are part of this hospitalization process.

The relationship between hospitalized children and health professionals is of the utmost importance since the health team must work to promote the well-being of children who suffer from their illness and stay in the hospital. Health professionals, in particular, doctors and nurses, have played the role of active participants, encouraging the children's emotions, especially for happiness, that is, positive feelings.²³

Child hospitalization brings changes in the daily routine of children and families, but, with the use of the toy library in the hospital, the care has improved. For this, the health team must act in a way that softens the suffering caused by the fear of the unknown, and the Nursing provides a humanized care

taking into account the particularity of each individual.

The social representation of playfulness in the hospital environment for children is identified as a place of socialization, recovery and close to everyday reality, where well-being, pleasure and the possibility of play are provided.³ In view of this, it is imperative that there is a team to promote a friendly and humane environment for children and their families, with the aim of encouraging the child to adapt to this new environment (hospital) and to accept hospitalization.

Also, this research reveals the need to incorporate schooling during prolonged hospitalization in childhood. However, many studies show weaknesses in the schooling of hospitalized children and there are few professionals qualified to work in hospital teaching. It is imperative that health care does not detract from care by hospitalization and vice versa, since they must go hand in hand to make effective, expanded and comprehensive care possible.²⁴

CONCLUSION

Evidence of hospital care associated with performing technical procedures was found in the research drawings and stories. These technical procedures, when they are painful, can trigger negative repercussions, such as isolation, negative feelings, limitations and restrictions in the child's life during the hospitalization period. This may have arisen from the need to adapt to the new environment (hospital) and the breakdown of daily and family life.

In view of this, it is necessary that the children be clarified about the performance of the procedures and prepared to live with the process of illness, and thus, to minimize the negative causes of hospitalization. This can be done through a holistic, sensitive care; and one of the strategies that makes the hospital environment more humanized is the toy library because it distances the fear present in the daily life of children who are submitted to procedures considered painful. In this sense, playful play in the hospital appears as an alternative for children, where the fun, makes the procedures performed for the recovery of their health less painful.

The positive feelings that have emerged in the research may be reflections of an effective support of the multi-professional team, of an environment prepared for the needs of the child in its entirety. This was noticeable during the study, when the children received psychological and pedagogical support during this period of

hospitalization, and also, when the children were aware of and understood the reason for their hospitalization, which is indispensable for their recovery and subsequent discharge.

In the study, we can perceive an integral performance of the health team, the presence of a well-structured, welcoming and humane, hospital environment, besides the use of play where play is a therapeutic resource that acts satisfactorily in the hospitalized child's life, thus, minimizing, negative aspects .

An important aspect, that came to favor the results found, was the use of the technique of drawing-story, which is a method of great effectiveness, as it facilitates the communication of the child with the researcher and is represented through signs and drawings, elucidating and/or completing interview information.

The results obtained in this study make room for new investigations that can better evaluate aspects related to the importance of health professionals in understanding the implications of hospitalization for the child and their family, especially, in the execution of an individualized plan of care and to encourage the child and parents to act as active subjects.

Another important aspect is the need to introduce teaching-learning strategies in the hospital, because it has been observed that children - because they are carriers of chronic diseases - spend a lot of time in the hospital or have recurrent hospitalizations, causing them to have difficulty studying and even completing the grades during the school year. In the study, it was verified the presence of a pedagogue who carried out school activities.

Suffering during hospitalization can be improved when the child improves health status, the family participates in care and sees the commitment of health professionals during their hospitalization.⁴ It is important to emphasize the importance of family, integrated care of the health team and the participation of the child as an active subject in the hospitalization process.

During child hospitalization, the child needs an accompanying person and caregivers that help him or her cope and adapt to that moment. This experience reinforces the importance of the nursing team in providing integral and individualized care, as well as the family.

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