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CASE REPORT ARTICLE

NURSES IN MULTIDISCIPLINARY TEAM IN THE HOSPITAL CARE FOR ADOLESCENTS: EXPERIENCE REPORT

O ENFERMEIRO NA EQUIPE MULTIDISCIPLINAR NO CUIDADO AO ADOLESCENTE HOSPITALIZADO: RELATO DE EXPERIÊNCIA

EL ENFERMERO EN EL EQUIPO MULTIDISCIPLINAR EN EL CUIDADO AL ADOLESCENTE HOSPITALIZADO: RELATO DE EXPERIENCIA

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ABSTRACT

Objective: To report the experience arising from the practice and the experience of a care nurse, developed in the pediatric ward with adolescents hospitalized with chronic non-communicable diseases (NCDs). **Method:** Descriptive study, experience report type, conducted in the pediatric ward of a public university hospital located in Niterói/RJ. It was marked on observation and experience of the author with adolescents who have their daily life modified by the diagnosis, treatment and hospitalization due to NCDs. The research project was approved by the Research Ethics Committee, under CAAE 23306513.2.0000.5243. **Results:** The report seeks to understand the change in adolescent daily hospitalized with NCDs after the steps of observation, adolescent perception at the time of hospitalization, relationship with the family and with professionals. **Conclusion:** The professional who meets the hospitalized adolescents should be able, be sensitive and understand that every being is unique. Nursing understanding the adolescent encourages self-care and promotes the recovery of health. **Descriptors:** Adolescent hospitalized; Chronic disease; Nursing.

RESUMO

Objetivo: relatar a experiência advinda da prática e da vivência de uma enfermeira assistencial, desenvolvidas na enfermagem de pediatria, com adolescentes hospitalizados com doenças crônicas não transmissíveis (DCNT). **Método:** estudo descritivo, tipo relato de experiência, realizado na enfermagem pediátrica de um hospital público universitário localizado em Niterói/RJ. Pautou-se na observação e na vivência da autora com adolescentes que têm seu cotidiano modificado pelo diagnóstico, terapêutica e hospitalização em razão de DCNT. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, sob o CAAE nº 23306513.2.0000.5243. **Resultados:** o relato busca compreender a mudança no cotidiano do adolescente hospitalizado com DCNT após as etapas de observação, percepção do adolescente no momento da hospitalização, relação com a família e com os profissionais. **Conclusão:** o profissional que atende o adolescente hospitalizado deve ser capacitado, ter sensibilidade e entender que cada ser é único. A enfermagem que compreende o adolescente estimula o autocuidado e promove a recuperação da saúde. **Descritores:** Adolescente hospitalizado; Doença Crônica; Enfermagem.

RESUMEN

Objetivo: relatar la experiencia surgida de la práctica de una enfermera asistencial, de la enfermería de pediatría, con adolescentes hospitalizados con enfermedades crónicas no transmisibles (ECNT). **Método:** estudio descriptivo, tipo relato de experiencia, realizado en la enfermería pediátrica de un hospital público universitario localizado en Niterói/RJ. Fue marcado por la observación y la experiencia de la autora con adolescentes que tienen su cotidiano modificado por el diagnóstico, terapéutica y hospitalización por ECNT. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, sobre CAAE número 23306513.2.0000.5243. **Resultados:** el relato busca comprender la mudanza en el cotidiano del adolescente hospitalizado con ECNT después de las etapas de observación, percepción del adolescente en el momento de la hospitalización, relación con la familia y con los profesionales. **Conclusión:** el profesional que atiende el adolescente hospitalizado debe ser capacitado, tener sensibilidad y entender que cada ser es único. La enfermería que comprende al adolescente estimula el autocuidado y promueve la recuperación de la salud. **Descritores:** Adolescente Hospitalizado; Enfermedad Crónica; Enfermería.

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INTRODUCTION

The World Health Organization (WHO) defines adolescence as the period of life that begins at 10 and ends at 19 full years old.¹ In Brazil, the Statute of Children and Adolescents (ECA) considers adolescence as the age group from 12 to 18 years old, being a reference since 1990 for the creation of laws and programs that ensure the rights of this population.²

IN 2010, the population of adolescents in Brazil, from 10 to 19 years old was 34,357,000, corresponding to 17.9% of total population.³ They are an important part that deserves protection and care, goods and services essential opportunities and support, as well as recognition of their existence and their values.⁴

Adolescence is a stage of transition from childhood to adulthood that includes aspects of biological, psychological and social order. Thus, it is a very important period for the life cycle. In this phase, there is rapid physical maturation, several hormonal changes that lead to acceleration in growth, with apparent physical changes and appearance of secondary sexual characteristics. There is development of personal and social identity, as well as search for freedom from the family domain, when individuals become more competent and autonomous.⁵

It is an exciting time in which adolescents are meeting people, having fun without having to take on responsibilities and obligations of an adult. They are in internal and external development, looking for life projects; and begin to have a look outside the family, interacting with the social groups. It is therefore, a phase experimenting with new behaviors and experiences.⁶

Some of these experiences are risk factors for health, whose early exposure is associated with the development of most chronic non-communicable diseases (NCDs).⁷

Chronic diseases can be defined as a condition that affects the functions of the individual in their daily activities for more than three months in a year and can lead to hospitalization, sequels and causing limitations; they are the most demanding actions, procedures and hospitalizations, thus generating burden on health services.⁸ The NCDs represent a serious problem worldwide, and have been shown to be a challenge to public health. In Brazil, they are responsible for 72% of deaths, especially circulatory (31.3%), cancer (16.3%) and diabetes (5.2%).⁹ It is estimated that 10 to 20% of all children and adolescents are people with some kind of

NCDs and that more than 85% survive until adolescence.¹⁰

When discovering a chronic disease, the adolescent can handle this condition as a threat, a difficulty, since the chronicity of a disease refers to link with pain, invasive procedures, hospitalizations, changes in everyday life, changes in body image, separation from family, school and friends. In addition, NCDs can lead adolescents to complex, long and painful treatments. Thus, the dynamics of nursing care to an adolescent who is hospitalized due to a NCDs should be based on completeness, seeking to give to that individual autonomy, facilitate the handling, interaction with staff and greater adherence to treatment.

In this context, nursing develop their knowledge and technical skills, but also should contribute and adapt this young man to his new condition to help him in coping with the chronic condition, giving him autonomy and encouraging adherence to treatment.¹¹

Based on the foregoing, the focus of this study is the adolescent with NCDs experiencing hospitalization; and the aim is to report the acquired knowledge of the practice and the experience of a clinical nurse in a pediatric ward where there are hospitalized adolescents with NCDs.

This report emerges from the experience of lead author as a nurse, along with a multidisciplinary team in a pediatric ward, who realized the need for further reflection on the phenomenon of adolescence and its implications for adolescent assistance hospitalized with NCDs.

METHOD

Descriptive study, experience report type, based on observation and nurses' experiences in caring for adolescents affected by NCDs and have their daily lives changed by the impact of the diagnosis, therapy and hospitalization.

The experience of this work took place in the pediatric ward of a university hospital, in which the lead author of this report has been working for 17 years, located in Niterói/RJ, with six beds for the hospitalization of patients from seven 16 years old.

The report building process took place from July 2014 to February 2015, and is based on observation and approximation of reality with ten adolescents hospitalized for more than once, and diagnosed with chronic pathologies, aged 12 and 16 years old.

The results summarize the experience of the author of this work as nurse in that sector, whose approach to the theme "hospitalization

of adolescents with NCDs” started after experiencing this context.

This study is part of a research project approved by the Research Ethics Committee, Opinion 611,935 and CAAE 23306513.2.0000.5243.

RESULTS

The description of this experience is to assume that watching and taking care of an adolescent goes through several hospitalizations, due to a chronic health problem, to know him as a whole, not only their health and hospitalization process.

Empirical observation of the adolescent in the ward, from the moment he is admitted to hospital, pointing to a subject who often do not realize what is happening. It is noticed that disease and hospitalization at this stage can bring situations that generate feelings of insecurity, fear, changes, anxiety, among other consequences. The main factors that trigger such feelings, in general, are staying away from home, family, friends, in a ward that is often not appropriate for their age group; fear of the unknown; isolation in a hospital bed; loss of privacy; having to comply with rules and routines imposed by the disease and the hospital; and restrictions on food.

With each passing day, he becomes closer to the teams, appropriating information and creating ties with specific professionals - giving him a sense of security to the care provided, and friendships and conversations with other patients.

In this scenario, nursing operates guiding and caring through planned actions. The adolescent watch respecting their individuality. However, there are also frequent problems with the multidisciplinary team, as the adolescent tries to create his own rules and standards. Therefore, when adolescents are admitted to hospitals for clinical and/or surgical treatment, it is important to discuss and reflect the need for spaces or specific services for this clients.

The consequences of the impact of hospitalization range from the relationship between patient and staff. Therefore, the comprehensive acceptance of the multidisciplinary team is important to establish a link. Adolescents also are uncomfortable with invasive procedures, painful restriction in food, stiffness in times, family and friends away and delayed school year.

To meet the adolescent in the hospitalization process, it is necessary to also approach the family accompanying him,

because hospitalization will affect the daily lives and bring suffering. It is also necessary to understand the disease and hospitalization will affect family members, forcing them to make new decisions and directions.

Most often, the mother accompanies her child and feels absorbed into the new reality. However, over the course of hospitalization, the knowledge gained about the disease and procedures, knowing that she is able to care for the child, the family starts to interact better with teams and thus help in better recovery and routine acceptance and the limitations. Therefore, the inclusion of family planning care is essential.

In this process of hospitalization, it is observed that often, the multidisciplinary team and the environment are not prepared for health care in this difference phase. Usually it is a directed assistance only to the technical part, due to the complexity of the cases, aiming at a rapid clinical improvement.

When assisting an adolescent, it should be understood that hospitalization and NCD bring numerous modifications and restrictions on life, disrupting projects and causing fear, and the hospital environment intensifies that feelings. Thus, professionals should not engage only with the technical aspects, but must also have a different view at this complex stage. Therefore, the adolescent has to feel welcomed and respected.

The health care professional should understand that every human being has different perceptions and feelings, so care must be individualized, so that the adolescent should be heard, stimulated, invited to participate in his treatment and informing him on the procedures. In this context, the nursing staff, which remains longer providing assistance, approaches facilitating patient, helping the adolescent to face this condition, to adapt and to be included in the treatment.

It is noticeable in practice that nursing plays a key role as part of the multidisciplinary team, including the adolescent, stimulating self-care and promoting his recovery, making him understand that later will be transferred to his responsibilities in the treatment.

DISCUSSION

For several reasons, it is difficult to conceptualize adolescence in exact terms. It is known that each individual experiences this period in a unique way, depending on various contingencies such as physical, emotional and cognitive maturity. Adolescence is roughly a separate period of life and different from those of childhood and adulthood. Therefore,

it is a stage that requires special and specific attention.⁴

The biological changes of adolescence are noticeable and universal, giving individuals at this stage, greater height, body shape and sexuality.¹² In this context, insecurities may arise, and the discovery of a chronic disease can be disturbing and threatening.

The adolescent hospitalized for a chronic disease should not be labeled as difficult; fear, insecurity, rebellion and bad mood, usually appear, but the team knows this phase of life must be prepared to work on adherence to treatment of this young man, as well as help him to develop coping strategies and achieve greater adherence to behavior. Furthermore, it should include and approach the adolescent to social support network (family and friends) to minimize the impact of hospitalization and also helping control disease.¹³

Entry and stay of adolescents in hospitals generate sudden and usually painful changes in almost every aspect of their lives. They will be faced to meet institutional norms and routines that were previously not part of their daily lives.¹⁴

Therefore, it is necessary that the team is prepared to assist, directed not only to the technical side, but also for individual psychosocial needs. With this different view of the care process, individual, the team can restore the balance necessary for a better recovery and adaptation.

While not a universal fact, adolescence is presented as a peculiar time of development of the individual in society and, therefore, diversity characterizes adolescence. Therefore, it is necessary that the professionals of the multidisciplinary team avoid generalizations aspects that distinguish adolescence of the other phases, this because its manifestation depends on a set of cultural, psychological, social elements, among others, that underlie human development.¹⁵

In this situation, there is a problem of hospital beds for adolescents, not always available for them. However, most hospitals, case scenario of this study does not provide specific beds for adolescents, so that they are admitted to adult or pediatric wards. Thus, they face difficulties in being understood by the health team, which tend to treat them like children or as adults.¹⁴

This scenario arises, in part, by universal lack of age parameters that define adolescence, because, depending on the country, and especially of culture, children and adolescents absorb behaviors that can be understood as being characteristic of adults.⁴

Also in this reasoning, globalization, technology and access to information have charged new attitudes and habits that promote adulthood process of children.¹⁶

The Brazilian Society of Pediatrics and the Federal Council of Medicine take into account that adolescence is an area of specialization in pediatrics, for study at the undergraduate, residency and even with respect to hospital accommodation.¹⁷ Such a perspective can promote maintenance of a widespread health care to children and adolescents.

Nevertheless, considering the peculiarities of this stage, since 1989, the Ministry of Health approved the Adolescent Health Program (PROSAD), which defines adolescence as a period of intense growth and development, in which happen anatomical, physiological, psychological and social changes, and outlining objectives, strategies and guidelines to meet this clients.¹⁸

Considering the reported experience, it is necessary to think of the adolescent as an individual who lacks a specific service. Therefore, it is necessary to pay full assistance not only consider technical, and medical procedures, but a professional care that is not fragmented and without dialogue. The hospital should not be a place where one experiences only pain and suffering, should also be a play area with recreational activities, which can help adolescent development and ease the anguish of hospitalization.¹⁹

Recognizing the needs of adolescents by health professionals, especially nurses, to stay longer next to the hospital, favors a care dialogic relationship and sharing experiences.²⁰

When it comes to adolescents who experience a chronic disease, leading to episodes of difficult coping, such as pain, disability for development activities of daily living and even fear of death, health care needs to be better planned and individualized.⁹ Thus, it may be promoted a care and a more effective self-care and to assist the development of resilience for coping with the disease and stressful situations inherent in it.^{9,20}

It is therefore necessary to improve the health care of this group and to educate and train multidisciplinary teams to act in this specific area¹⁸, focusing on practices based on the principle of complete assistance, that support the reorientation of health planning with the adolescent.²⁰

CONCLUSION

Based on lived experience, it was observed that every adolescent faces the disease process and hospitalization of a different way, but it is clear that one NCD and several hospitalizations affect the daily lives of young people. The various experiences that will be exposed and the perception that each of them has of this process is that they will become stronger to face their chronic condition.

In this process, it is essential to have support from family, friends and a healthcare system structured to assist adolescents. Thus, there is the need to invest in health workers involved in care to adolescents, encouraging sensitivity and the theoretical and scientific domain from technical training to prepare them to deal with the process of adolescence and their relationship with chronic diseases.

In this context, nursing has a very important role and shall include the youth in planning his assistance in order to provide greater treatment adherence and encourage self-care and consequently improve his quality of life. The success of hospitalization, therapy adherence and adolescent commitment to his treatment often gives the quality in the relationship established between him, the family and the health team to assist him.

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