



HOSPITALIZATION IN THE CHILD'S PERSPECTIVE: AN INTEGRATIVE REVIEW

A HOSPITALIZAÇÃO NA PERSPECTIVA DA CRIANÇA: UMA REVISÃO INTEGRATIVA

LA HOSPITALIZACIÓN EN LA PERSPECTIVA DEL NIÑO: UNA REVISIÓN INTEGRADORA

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ABSTRACT

Objective: to analyze the scientific publication on hospitalization in the child perspective. **Method:** this is an integrative review that sought to know the publications of the last 10 years about the perspective of the child about his hospitalization. Four databases were selected for the searches: LILACS, Sage Journals, MEDLINE and BDNF. **Results:** four thematic categories were defined: 1. The child's perception of the disease and hospitalization; 2. Entertainment strategies during child hospitalization; 3. The family as a child support network; 4. Care for the child during hospitalization. The importance of adopting adequate communication strategies, as well as the use of a toy in the care of children were highlighted in the studies. **Conclusion:** during hospitalization, the child is removed from his/her environment and routine activities. However, if the care offered by the professionals is adequate, the negative feelings like fear and anxiety can be minimized. **Descriptors:** Child, Hospitalized; Perception; Pediatric Nursing.

RESUMO

Objetivo: analisar a publicação científica sobre a hospitalização na perspectiva da criança. **Método:** revisão integrativa que buscou conhecer as publicações dos últimos 10 anos sobre a perspectiva da criança acerca da sua hospitalização. Selecionaram-se quatro bases de dados para as buscas: LILACS, Sage Journals, MEDLINE e BDNF. **Resultados:** foram definidas quatro categorias temáticas: 1. A percepção da criança sobre a doença e a hospitalização; 2. Estratégias de entretenimento durante a hospitalização infantil; 3. A família como rede de apoio à criança; 4. Cuidado à criança durante a hospitalização. Destacaram-se nos estudos a importância da adoção de estratégias de comunicação adequada, bem como do uso do brinquedo no cuidado às crianças. **Conclusão:** durante a hospitalização, a criança é afastada do seu ambiente e atividades rotineiras, entretanto, se o cuidado oferecido pelos profissionais for adequado, os sentimentos negativos como o medo e a ansiedade podem ser minimizados. **Descritores:** Criança Hospitalizada; Percepção; Enfermagem Pediátrica.

RESUMEN

Objetivo: analizar la publicación científica sobre la hospitalización en la perspectiva del niño. **Método:** revisión integradora que trató conocer las publicaciones de los últimos 10 años sobre la perspectiva del niño acerca de su hospitalización. Se seleccionaron cuatro bases de datos para las búsquedas: LILACS, Sage Journals, MEDLINE y BDNF. **Resultados:** fueron definidas cuatro categorías temáticas: 1. La percepción del niño sobre la enfermedad y la hospitalización; 2. Estrategias de entretenimiento durante la hospitalización infantil; 3. La familia como red de apoyo al niño; 4. Cuidado al niño durante la hospitalización. Se destacaron en los estudios la importancia de la adopción de estrategias de comunicación adecuada, así como del uso del juguete en el cuidado de los niños. **Conclusión:** durante la hospitalización, el niño es alejado de su ambiente y actividades rutinarias, sin embargo si el cuidado ofrecido por los profesionales es adecuado, los sentimientos negativos como el miedo y la ansiedad pueden ser minimizados. **Descriptores:** Niño Hospitalizado; Percepción; Enfermería Pediátrica.

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INTRODUCTION

Hospitalization is one of the main stressors that the child finds, imposing the separation¹⁻², loss of control, bodily injury and pain.¹ During hospitalization, there is a sudden change in the daily routine of the child. Being away from his home, his belongings, and his relatives, causing great anxiety and stress³⁻⁴. The aspects of hospitalization that cause suffering to the child are the most diverse, including the routine of hospitalization³⁻⁴, such as a difference in food, restrictions on playing and having to stay in the hospital with unknown people.⁴

It is known that playing occupies a significant space in the child’s life, being his main activity.¹ It has an essential part of using the imagination, memory, perception and creativity, allowing the child to understand the reality of his form.⁴ During the hospitalization, playing is very important in the process of humanization since the toy can be used to provide children with stimulating and fun activities that bring calmness and safety.⁴⁻⁵ Also, playing can bring a sense of being in control, since in the hospital environment most decisions are made for the child and not by the child.¹

The presence of the family should be considered by the nursing team, since it is responsible for several positive aspects related to the child’s recovery, satisfying many of their needs for comfort and safety, as well as contributing with significant information that favors decision making and necessary procedures.⁶

In the context of hospitalization, nursing plays an important role in caring for the child and can minimize the negative effects related to separation, loss of control, fear of bodily injury, and it can take care of the family by listening to parents and siblings providing support for their difficulties.¹

It should be noted that despite the evolution of child care and the increase of studies on the subject, there are still few publications with emphasis on his perspective on the care that is provided in the hospital environment. Thus, it is believed that it is essential to know how the child feels about the hospitalization process and the care he receives during this period.

OBJECTIVE

◆ To analyze the scientific publication on the child’s perspective on hospitalization.

METHOD

This is an integrative review addressing the issue of children’s perception of their hospitalization. Six steps described by Mendes, Silveira and Galvão, were used: establishment of the hypothesis or question of Research; Sampling or searching in the literature; Categorization of studies; Evaluation of the studies included in the review; Interpretation of the results and synthesis of the knowledge or presentation of the review.⁷

Following the described steps, the guiding question of the research was first chosen: What has been produced by health professionals in the last 10 years, 2005-2010 about the child’s perspective on hospitalization?

The choice for the period of 2005-2010 was because 15 years of the Child and Adolescent Statute were completed⁸ in 2005. Therefore, it was sought to know how it has impacted on the care of hospitalized children, and if their voice has been heard and considered in the planning of actions in the hospital environment.

As a second step, four databases were chosen to carry out the search: Latin American and Caribbean Literature in Health Sciences LILACS, MEDLINE, BDENF and Sage Journals, and the searches were conducted in February and March 2016. For The search for the studies, several combinations of the keywords were used: hospitalized child, perception, pediatric nursing, in Portuguese, English, and Spanish with the Boolean AND. In the LILACS database with the words hospitalized child “AND” perception, there were 42 articles found in Portuguese, one article in English and one article in Spanish. With the combination hospitalized child “AND” pediatric nursing, there were 122 articles found in Portuguese, six articles in English and four in Spanish. In the Sage Journals database with the combination child hospitalized “AND” perception, there were 49 articles found only in the English and with the words hospitalized child “AND” pediatric nursing, there were 39 articles found only in English. In the database BDENF, with the combination child hospitalized “AND” perception, there were 21 articles found in Portuguese, one in English and none in Spanish. With the combination hospitalized child “AND” pediatric nursing, there were 83 articles found in Portuguese, seven articles in English and three in Spanish and with the word hospitalized child, there were 124 articles found in Portuguese, 16 in English and

nine in Spanish. In the MEDLINE database, with the combination child hospitalized “AND” perception there were two articles found in Portuguese, two articles in English and no article in Spanish and with the combination hospitalized child “AND” pediatric nursing, there were 18 articles found in Portuguese, 154 Articles in English and one article in Spanish.

Then, the search limits to the publication in the last ten years, 2005 to 2015 were applied. Considering these criteria, there were 176 studies found in the LILACS database, 88 studies in the base Sage Journals, 264 studies in the database BDNF and 177 articles in the MEDLINE database.

From this step, through the reading of the titles and abstracts, the inclusion criteria

were applied: articles that reported the perception of children hospitalized up to 12 years old incomplete according to the Statute of the Child and Adolescent,⁸ who presented the full text available in English, Spanish or Portuguese and those that answered the question of research, original articles with research data. The excluded articles were those that were repeated, in which the exclusion criteria were also applied: publication before 2005, thesis, dissertation, editorials, reviews, conference summaries, and studies that did not focus on the child’s perspective. Finally, based on these criteria, 13 articles from LILACS, 4 from Sage Journals, 7 articles from BDNF and 2 articles from MEDLINE were selected for reading the text.

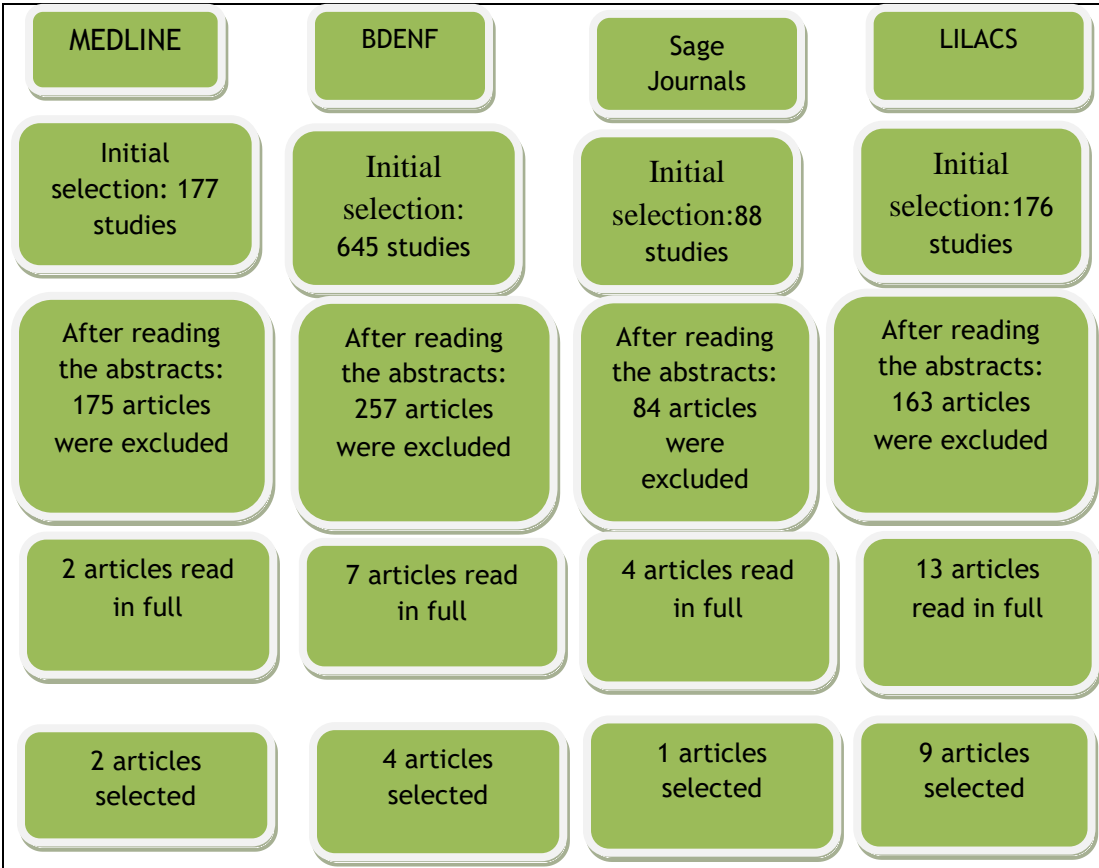


Figure 1. The process of analysis and selection of articles.Pelotas (RS), Brazil, 2016.

After reading the articles selected, data regarding authorship, objectives, year of publication, method, and level of evidence

were analyzed. The level of evidence was assessed according to figure 2.⁹

Level of evidence	Type of study
I	Systematic review or meta-synthesis
II	Randomized or controlled trials
III	Experiments controlled without randomization
IV	Cohort or case-control study
V	Systematic review of qualitative or descriptive studies
VI	Qualitative or descriptive studies
VII	Authorities' opinion or expert committee

Figure 2. The level of evidence classification. Pelotas (RS), Brazil, 2016.

The results found in the selected articles were synthesized, creating four thematic categories: The child’s perception of the disease and the hospitalization; Entertainment strategies during child hospitalization; The

family as a child support network; Care of the child during hospitalization.

RESULTS

From the data analysis of the 16 articles, 13 were written by nurses^{10-14,16,18-21;23-5} and three articles were written by psychologists^{15,17,22}. As for the year of publication, there were two articles published in 2005^{14,17}, two in 2007^{12,20,25}, two in 2010^{11,19}, three in 2011^{13,18,24} and another three in 2014.^{15,22-3} In 2008¹⁶, 2009²¹ and 2013¹⁰ only one article was found. Moreover, it is seen

that 13^{10-4;16-20;23-5} articles were qualitative studies, while the other three^{15,21-2} were quantitative.

Based on the results of the studies, the data were categorized, and four thematic categories were constructed: The child’s perception of the disease and hospitalization; Entertainment strategies during child hospitalization; The family as a child support network; Care given by the professionals to the child during hospitalization.

Authors/Year	Objective	Type of study	Level of evidence
Dias et al., 2013 ¹⁰ Nursing	Identifying the knowledge of the child with cancer about his hospitalization	Qualitative	VI
Jansen; Santos; Favero, 2010 ¹¹ Nursing	Verifying the benefits of using the therapeutic toy in hospitalized child care	Qualitative	VI
Vaccari; Almeida, 2007 ¹² Nursing	Understanding the significance of the hospitalized children’s experience with visiting animals	Qualitative	VI
Lapa; Souza, 2011 ¹³ Nursing	Describing the feelings of the student about hospitalization	Qualitative	VI
Ribeiro; Angelo, 2005 ¹⁴ Nursing	Understanding the meaning of being hospitalized for the pre-school child	Qualitative	VI
Matsuda-Castro; Linhares, 2014 ¹⁵ Psychology	Examining associations between the experience of pain in children	Quantitative	IV
Bortolote; Brêtas, 2008 ¹⁶ Nursing	Identifying stimulating elements for the child’s development in the hospital	Qualitative	VI
Almeida, 2005 ¹⁷ Psicologia	Understanding the meaning that children attribute to death	Qualitative	VI
Vasques; Bousso; Mendes-Castillo, 2011 ¹⁸ Nursing	Knowing the suffering experience of the sick child	Qualitative	VI
Nóbrega et al., 2010 ¹⁹ Nursing	Understanding the meaning of chronic condition for children	Qualitative	VI
Gabatz; Ritter, 2007 ²⁰ Nursing	Knowing the perception of children with Cystic Fibrosis on the several hospitalizations	Qualitative	VI
Kiche; Almeida, 2009 ²¹ Nursing	Comparing the reactions expressed by the child during dressing before and after using a toy	Quantitative	IV
Nader; Reif; Porter, 2014 ²² Psychology	Exploring the relationship between the anxiety level of hospitalized children, the use of coping strategies and the satisfaction of mothers	Quantitative	IV
Viero et al., 2014 ²³ Nursing	Identifying the confrontation of children with hospitalized cancer in the distance from the school environment	Qualitative	VI
Peña; Juan, 2011 ²⁴ Nursing	Describing the experience of hospitalized children with nursing professionals	Qualitative	VI
Quintana et al., 2007 ²⁵ Psychology	Knowing how the child experiences the hospitalization	Qualitative	VI

Figure 2. Identification and objectives of selected studies. Pelotas (RS), Brazil, 2016.

DISCUSSION

♦ The child’s perception of the disease and hospitalization

In this category, the data of the articles regarding the perception of the child in his pathology and hospitalization are presented.

One of the child’s major sources of anxiety related to the disease is the lack of

information about the illness and the reason for hospitalization. In the children's speech, there is a feeling of isolation and loneliness due to the traumatic experiences of hospitalization.¹⁰ Some children can narrate the whole process of the disease, perceiving it as a situation that is not normal, affecting the family nucleus and day-to-day activities because of discomfort and malaise.¹⁸

The arrival of the disease is following by losses for children and their families, and loss of mobility is one of the biggest problems. The child attributes to the disease the capacity to harm his dreams and plans for the future,¹⁸ so the physical limitations are told in a sad tone because they prevent the performance of common amusement activities in childhood.¹⁹ Physical changes such as loss of hair and the malaise generated by the treatment of children with cancer are uncomfortable for them, reflecting in a negative perspective about hospitalization.²³

On the other hand, it is emphasized that the attitudes of overprotection of the family end up imposing more limitations on the children, who are more restricted in the activities they can carry out.¹⁸

Spirituality appears as a tool that helps to find the strength to feel better, in a way that favors children the manifestation of their emotions: crying, revealing fear, seeking hope, believing in the supernatural.¹⁸

The disease often imposes the need for hospitalization, and the child experiences the restriction to the hospital bed and environment,^{10-11,14; 20} homesickness, worry, anxiety,¹¹ pain, fear of abandonment and insecurity,²² suffering and anguish,²⁵ as well as impairment in school development.²³ On the other hand, hospitalization may be seen by some children as a possibility to receive greater attention and affection from relatives, arousing positive feelings about it.²²

However, it is known that the procedures performed often cause pain in children,¹⁰⁻¹¹ favoring the development of anxiety and negative feelings about hospitalization,¹¹ such as discomfort, often common experiences for the children.¹⁰

Some children have an ambiguous feeling about hospitalization, while at the same time they perceive procedures as negative, understanding that they improve and alleviate symptoms, which is considered positive,²⁰ comprising the hospital as a place of cure.²⁵

Most of the time, children do not understand the reasons for the treatments and examinations, as well as the restrictions they are constantly subjected, feeling terrified by

the procedures, because at this moment they are usually separated from the mothers, and they feel hurt.¹⁴ However, several times, the child tolerates the procedures because he believes that he will not be able to endure the disease without them.¹⁸ Study indicates that the procedure that most disturbs the child is puncture with needles, feeling his body invaded.¹⁰

The hospitalized child feels threatened by struggling to stay strong, endure hospitalization, and conquer the disease.¹⁸ However, loss of family life reduces the chances of receiving comfort and makes the child feel even more vulnerable.¹⁸

The child's feeling of helplessness in situations that occur in the hospital are highlighted such as being blocked from the right of choice, having to remain throughout the hospital treatment period, lack of control over pain, seclusion, and the restrictions.¹⁴ In this context, it is essential to offer the child all the information necessary to understand his diagnosis, providing safety and reducing anxiety.¹⁰

♦ Entertainment strategies during child hospitalization

In this category, the strategies will be presented, such as the use of animals or toys, used to entertain children during hospitalization that aim to minimize negative feelings and pain during this period.

The use of pets in the hospital environment has grown in recent times, showing the pleasure of children who smile and even laugh during the visit of the animals, requesting their presence on other days than those visits and, sometimes even reluctant to let them go after the interaction.¹² However, the use of animals in the hospital environment has some limitations, for example, the fear of the children and the parents' fear that they may transmit diseases to their children.¹²

In the interaction with the animals, the children are satisfied to care for them, feeding them, holding them in the lap, caressing them and smiling, expressing the pleasure felt at that moment.¹² Thus, it is emphasized that assisted therapy has significant therapeutic potential.²⁶

It is observed that after the visit of the animals, the children increase the interaction with health professionals, being more collaborative in the procedures and less timid, expressing more easily and participating more intensively in the playing activities in the unit.¹³ Also, contact between the children also increased so many of them remained in the activity room, playing and talking to each

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other about the experiences with the animals.¹³

It was noticed that there was a decrease in the children's pain reports during and after the visit of the animals, so, like the toy, the contact with the animals can be an effective strategy of distraction, seeming to contribute, at least in part, to the pain relief of the child.¹³

The use of the toy has been described by several authors as beneficial in the care given to hospitalized children. Playing is an important action in hospitalization because it helps to reduce the feeling of loneliness, tension, fear of children¹² and stress¹⁷, offering a pleasant place of treatment where children paint, play, draw and manifest feelings of relaxation and leisure, demonstrating the therapeutic effect on children's well-being.^{10-12,17}

The toy can allow the child to reflect their experiences, giving priority to the most significant events for them in the hospital environment, using in their playing the objects most frequently present in the daily life of the hospital, such as the stethoscope, the serum equipment, the syringe and the needle.¹⁷

During the toy sessions, the children have a more relaxed posture, with relaxed facial expression favoring the relationship with the professionals and becoming more collaborative in the procedures.²¹ Also, the use of the toy demonstrates to be effective in reducing the pain in the accomplishment of curatives, a study indicates that its use was able to decrease the pain score from three 55.9% to one 41.2% and zero 47.1%.²¹

Thus, playing has an important role in the hospital environment, as it provides fun, relaxation, the release of tension through the expression of feelings, stimulating interaction with other people, and bringing security to the child in a strange environment, enabling him to control the activity.¹ The child perceives the attitude of the professional as positive when he uses methods of recreation and entertainment in the care provided.²⁴

♦ The family as a child support network

In this category, the information of the studies that refer to the value of the family as a support network for the child during hospitalization is presented.

The family is very important to the child, especially during a period of hospitalization, in which the child loses many of his references. Thus, the primary goal of the nurses should be to prevent separation by emphasizing the presence of parents

throughout the hospitalization period,¹ and children felt protected and accompanied when the parents are present during this period.²⁵

The study observed the reduced interest of children in the games, as a reflection of the absence of family members, for example, the expression of sadness when the mother is not present, despite the company of other relatives.¹⁷

Children feel safer with the presence of family members during hospitalization. However, if the family becomes disorganized, it will make the child's acceptance difficult, generating stress and fear.²⁰

On the other hand, the children also express concern about the well-being of the family members who accompany them, who are often poorly accommodated by sleeping in chairs.²¹ In this context, it is important to offer comfort to the family member, so that he can provide the care that The child needs, as well as so that the child does not have to worry about the comfort of the familiar.

The child also shows concern for relatives who are not present in their hospitalization, and their perception of hospitalization directly interferes with the child's reaction to this moment.²⁰ Thus, when the family member does not agree with the hospitalization, or with the distance that it generates, the child ends up perceiving this period in a negative way, since he knows that his relative is unhappy with the separation caused.²⁰

Thus, it is possible to note the importance that the relative has for the child's experience in the hospital environment, being a determining factor in the child's perception of this period.

♦ Care given by the professionals to the child during hospitalization

The health team plays a key role during child hospitalization, as it can offer a humane and welcoming care, minimizing the negative effects of this period for the child and his family. Care includes much more than just performing procedures; it also includes the adoption of strategies that favor the minimization of loss of control such as maintenance of the child's routine, promotion of understanding, prevention or minimization of fear of bodily injury, besides promotion of play activities appropriate to child development.¹

However, sometimes, despite knowing the benefits of using the toy to perform care, the nursing team does not adopt this strategy.¹³ Studies show that children often lose concentration in activities they are carrying

out when a health professional enters the room in which they are, even going so far as to show a sense of fear and anxiety.¹⁷

Regarding the routine maintenance, it is identified the schedules adopted for the procedures often not considering the routine of the child, so that drugs and venous punctures are administered in the middle of the night.¹¹ Also, a study pointed out the use of inappropriate speech by professionals during the care provided to the child, generating discomfort and insecurity for the child.¹¹

Verbal communication is very important for effective care, so when it is lacking, it interferes with the child's understanding of the procedure that will be performed, contributing to the development of stress and anxiety in the child.¹⁶ On the other hand, the interaction of professionals with adoption of adequate verbal and non-verbal communication, especially the use of words and tactile stimulation in a calm and affectionate way, favors the child's comprehension, enabling their acceptance.¹⁶

The insertion of the family in the care, discussing with it treatment strategies that are later passed to the children, favors the feeling of satisfaction and safety of the children in the professionals.²⁴

CONCLUSION

The child often does not understand his illness or the causes of his hospitalization because he is removed from his environment and his family, having his routine changes and losing control over his body. However, if the child receives a humanized and welcoming care offered by professionals who consider their and their family's needs, the negative feelings experienced during the hospitalization period can be minimized.

It is important to establish adequate communication strategies, using verbal and non-verbal language, calm and efficient, considering the specifics of each one that is involved in the interaction.

It is also worth noting that from the analysis of the articles published in the last 10 years, it is possible to perceive a greater concern of the health professionals in the humanization of the care given to the child, through the use of strategies of entertainment and approach, such as the therapeutic toy and pet therapy. However, it is noted that there are still several barriers to the adoption of these strategies and, in general, they depend very much on the profile of the professional that assists the child.

It is known that the use of the toy during the child hospitalization favors the communication between professionals, children, and family, enabling the exercise of the autonomy in the child. Therefore, it is believed that it is necessary to invest more in the use of this strategy, emphasizing it from the professional formation.

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