CHILDREN’S DOMESTIC ACCIDENTS: THE ACTIONS OF THE NURSE AS A TOOL FOR PREVENTION

ACIDENTES DOMÉSTICOS INFANTIS: LAS ACCIONES DEL ENFERMERO COMO FERRAMENTA PARA PREVENÇÃO

ACCIDENTES DOMÉSTICOS POR LOS NIÑOS: LAS ACCIONES DE LA ENFERMERA COMO UNA HERRAMIENTA PARA LA PREVENCIÓN

Edvane Mauricio da Silva Rodrigues¹, André Luiz da Silva², José Ricardo Muniz de Souza³, Sonja Rodrigues Lucio⁴, Maria Helena Ferreira Vieira⁵, Fernanda Garcia Bezerra Góes⁶, Diego Pereira Rodrigues⁷, André Luiz de Souza Braga⁸

ABSTRACT

Objective: to describe the contribution of the nurse in the Family Health Program in the promotion and prevention of child domestic accidents. Method: a descriptive and exploratory study done with fifteen nurses of the units of the Family Health Program in São Gonçalo/RJ/Brazil. The information was constructed through interviews with semi-structured script, analyzed using content analysis technic. The research project was approved by the Ethics Committee in Research, Protocol 042/2009. Results: the data analysis showed childcare as a tool for the prevention of child domestic accidents, and strategies used by nurses in the guidance on child domestic accidents. Conclusion: the nurse during childcare consultation is in a privileged position to program and implement the systematization of nursing care and its guidelines about child accident to the family, in addition to perform their actions focusing on the guidance through home visits, lectures and advice, with a view to the promotion and education in health. Descriptors: Accidents at Home; Accident Prevention; Nursing; Pediatric Nursing.

RESUMO


RESUMEN

Objetivo: describir la contribución del enfermero en el Programa Salud de la Familia en la promoción y prevención de accidentes domésticos infantiles. Método: estudio descriptivo-exploratorio con quince enfermeras de las unidades del Programa de Salud Familiar del Municipio de São Gonçalo/RJ/Brasil. Las informaciones fueron construidas a través de entrevistas con guión semi-estructurado, analizadas mediante la técnica de análisis de contenido. El proyecto de estudio fue aprobado por el Comité de Ética en Investigación de Protocolo 042/2009. Resultados: el análisis de los datos mostró el cuidado de niños como una herramienta para la prevención de accidentes domésticos infantiles y las estrategias utilizadas por el enfermero en la orientación sobre los accidentes domésticos infantiles. Conclusión: el enfermero en la consulta del cuidado de los niños se encuentra en una posición única para desarrollar e implementar la sistematización de la asistencia de enfermería y sus directrices sobre accidentes infantiles a la familia, además de realizar sus acciones centradas en la orientación a través de visitas domiciliarias, conferencias y consejo, con el fin de la promoción y la educación en salud. Descriptores: Accidentes Domésticos; Prevención de Accidentes; Enfermería; Enfermería Pediátrica.

¹Nurse, Specialist in Labor Nursing. Niterói (RJ), Brazil. E-mail: edvane.mauro@gmail.com; ²Nurse, Specialist in Cardiology Nursing. Niterói (RJ), Brazil. E-mail: deco do vilar@hotmail.com; ³Nurse, University Center Plínio Leite/UNIPLI. Rio de Janeiro (RJ), Brazil. E-mail: enfjose@hotmail.com; ⁴Nurse, University Center Plínio Leite/UNIPLI. Rio de Janeiro (RJ), Brazil. E-mail: sonirpp@gmail.com; ⁵Nurse, University Center Plínio Leite/UNIPLI. Rio de Janeiro (RJ), Brazil. E-mail: mhelenam12@yahoo.com.br; ⁶Nurse/University Hospital Clementino Fraga Filho, Professor Master in Nursing, University Center Plínio Leite, Niterói (RJ), Brazil. E-mail: f_bezerra@gmail.com; ⁷Nurse, Nurse Specialist in Women's Health, Member of Study Group Motherhood: Women and Children's Health, Federal Fluminense University/UFF. Niterói (RJ), Brazil. E-mail: diego.pereira.rodrigues@gmail.com; ⁸Nurse, Master of Science of Health and Environment Teaching, Assistant Professor of the School of Nursing Aurora de Afonso Costa, Federal Fluminense University/UFF. Niterói (RJ), Brazil. Email: andre.braga@lodo.com
INTRODUCTION

The child domestic accidents (ADIs) have reached high level indexes in the Brazilian population, becoming a serious public health problem, and represent an important cause in morbidity and mortality from external causes of the child population, ahead of the respiratory, gastrointestinal and malnutrition diseases.  

The accident is an unintended event, triggered by sudden and rapid action that results in an unfavorable interaction between agent-host-environment, promoting injury or death. In childhood, preventive behavior should be emphasized because, depending on the situations experienced, accidents can harm the fullness of child development.  

The main external injuries or accidents are: car accidents, falls, needlesticks, sharps, piercings, bites, bruises, abrasions, contact with machinery, bites of poisonous animals, maltreatment syndrome, intoxication, burns and electric shock, among others. However, the phenomenon of external causes of accidents have caused major growth of mortality, so much so that in 2003, according to the Information System on Mortality in Brazil (SIM), infant mortality has severely hit the age group of 1-19 years old in the State of Rio de Janeiro, overcoming respiratory diseases, infectious or parasitic diseases and neoplasms, among others, causing various physical, mental, social, child and adolescent and endangering the achievement of the objective of paragraph 4 of the Millennium Development United Nations (UN) to reduce child mortality.  

Accidents in childhood and adolescence occur mainly at home and extradomiciliary space, respectively. In Brazil, in 2005, the total number of deaths of people between 1-19 years old was 21,040, caused by accidents and violence, and of these, 41,7% occurred in the Southeast, 25,8% in the Northeast, 15,3% in the South, 9,4% in the Midwest and 8,4% in the North of the country. These consequences are felt not only in the physical health of children as well as in their welfare and families. Cause huge costs on society in treatment, care, sometimes for life.  

The Federal Law nº 8.069/90 established the Child and Adolescent Status (ECA), ensuring that child to be considered, you must have from zero to twelve years of age, and for teen, twelve to eighteen years of age incomplete. The Statute provides that negligence is the act of omitting the promotion of physical or emotional needs of the child population, when they are committed acts of violence or accidents. Thus, the state, the family and society must ensure the right to life, health and protection against all forms of neglect, cruelty, oppression, discrimination and violence against children and adolescents.  

The concept of health of the child population has expanded over the years as a result of increased awareness about the welfare of the children and adolescents of their rights and the effects on their development. These transformations, as mentioned, have become more evident in the 90s, with the creation of the Child and Adolescent incorporating educational practices and health promotion.  

In this perspective, the Family Health Program (PSF), started in 1994 as one of the programs proposed by the Federal Government to municipalities to consolidate Primary Care in Brazil, has established itself as an organizing strategy by contributing to an effective change in the conditions of life of communities. Thus, the nurse working in the PSF is in a privileged position and more conducive to health education by consulting childcare and implementation of a comprehensive care and humane, favoring the growth and development of children.  

In this matter, it is important to remember that the nurse must act in the role of educator and disseminating knowledge of the issue of childhood accidents. For this, should guide and advise parents and family about the accident during routine visits, or even before the child is born, still in pre-natal, conduct home visits, program support groups, implementing educational programs among other activities.  

Accordingly, it should be emphasized the important role of the nurse in the prevention and humanized care by the child population for coping and hence the decrease in domestic accidents, and the need for greater awareness among professionals and users of health society and government in order to provide more input on the issue to promote actions for reducing this serious problem.

OBJECTIVE

- To describe the contribution of nurses in the Family Health Program in the promotion and prevention of child domestic accidents.  

METHOD

A descriptive-exploratory study with a qualitative approach, performed after assessment of the research project and approval by the Ethics Committee in Research of the School of Nursing Anna Nery

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query. These views can be evidenced in the following discourses:

- I work here with childcare directly with the family with guidance to perform child care. (E1)
- I guide the parents: it starts from childcare, with possible accidents in the home environment (E8)
- So, in childcare, which is really […] begins to advise the mother on child domestic accidents, taking the utmost care especially in children below two years old (E11)
- During childcare do health education to mothers, guiding to domestic accidents as children. (E15)

Childhood is a stage of life biologically vulnerable, so the query childcare understood as a set of techniques and procedures developed to ensure and provide a perfect physical, psychological, mental, social and cultural development of the child, emerges as a tool in timely monitoring of the child, turning to aspects of health promotion and prevention, one of the key actions aimed at the pediatric population and performed by nurses.12

In this regard, with respect to private actions of the nurse, it is required to run the query based on Resolution nº 159/93 Federal Nursing (COFEN), which is mandatory in the development of their care activities, whether in proceedings public or private, and Ordinance nº 1.625/07, which establishes the completion of the nursing assignment as the nurse of the PSF. In this sense, the consultations childcare and nursing must be included in the actions of the nurse as being inadmissible insulated pipes.13-15

These statements are totally contradictory in relation to the discourses of research subjects, because few report that conduct guidelines during the consultation childcare. Accordingly, the childcare is safeguarded and allocated to legal actions of the nurse for your professional practice, and shall perform a comprehensive care and humane.

In this perspective, nurses have to take ownership of the nursing consultation, a privileged moment in which the professional has the opportunity to understand, diagnose and analyze the socio-economic relations in which the family is embedded, and an excellent way to develop their actions against child domestic accidents. Thus, the activities performed by nurses comprehend the queries from the host family to health education, providing advice clearly to the understanding of parents and families regarding child accidents and their causes relevant to each age group, the order to sensitize them seeking

RESULTS AND DISCUSSION

There were 15 subjects (100%), being 12 women (80%) and 3 men (20%), aged between 30 and 40 years old in both genders. The time of training showed the following results: 12 (80%) women had between 1 and 9 years of graduation, while 3 (20%) men were graduates for over 10 years, indicating a possible broader experience in the area of public health, focusing on Family Health Program, although they had specialization course or improvement in public health and higher frequency (9 = 60%) of action in the Program: between 4 and 10 years.

♦ The childcare as a tool for the prevention of child domestic accidents

In this category, it appears that there was a predominance of subjects that do not implement its guidelines with families through the childcare consultation (CP), with a gap of what is recommended for professionals in the
new stance against this problem and a better quality of life for children.

It should be noted that during the consultation, the nurse develops Care System Nursing (ASN) to schedule their actions and emphasize its guidelines for the health of children. This occurs because the query requires the development of SAE, according to COFEN Resolution nº 358/09, which provides for the implementation of the nursing process in public or private institutions in which nursing care occurs. Here are the reports this regard:

*I think the nursing care in the query should be implemented; this facilitates our actions carefully to the guidance* (E5)

*The methodology of care is essential to change this problem [...] I use often in my acting.* (E12)

*Within my assignments with nurses, I think it’s important to use the SAE to check the real risks of child health and my actions to implement prevention.* (E7)

The nurse should perpetrate Nursing Care System, which consists of historical, nursing diagnosis, identification of results, and prescription of care, implementation of actions planned and systematic and continuous evaluation of changes in patient responses at a given moment of the health disease.17

The consultation undertaken with childcare, as guidelines, only focus on the risks and prevention of childhood accidents; it does not reach the comprehensive care recommended by the Unified Health System (SUS), such as the right to information and dissemination of information relevant to the prevention of injuries, needed for better child care. In this sense, it is necessary to implement the nursing process through SAE, checking the risk factors that may contribute to accidents and its occurrence in order to prevent harm biopsychosocial status of the child, through a critical and thorough physical examination by checking the injuries / damage to children’s health by performing a humanized and comprehensive. Thus, in case of negligence, cruelty, oppression or aggression, the nurse has a duty to report the occurrence to the Guardian Council or prosecutors, breaking the silence that leads to accommodation, thus helping to combat this problem in child health.

♦ Strategies used by nurses in the guidance about child domestic accidents

The strategies used by nurses from research to implementation of guidelines about home accidents in children are home visits (VD) and lectures, as can be seen in cuttings statements below:

*We focus through lectures and visits. The lectures alert primarily about child abuse.* (E7)

*Look, we work, but with guidance [...] and we also do home visits [...] we see any danger, things that can cause accidents.* (E13)

*Should be observed in housing [...] the risk in the house, the injuries that can cause problems in some way, checking sharp objects, cleaning products, etc…* (E3)

The home visit is a set of actions and measures for health care for the education or care of the individual enrolled in a community, which is one of the functions performed by the nurse of the PSF and an important strategy, particularly for education and health intervention allowing the professional to know the context of life of individuals and approach them, improves the bond and subsidies for intervention. Logo should be evaluated environmental conditions and physical family circle, checking the possible risks and planning their nursing actions, and develop their assignments educator, emphasizing the importance of health promotion and prevention, constantly striving for awareness and change behavior patterns.18

A home visit from the nurse should know the family environment in which the child is inserted, the components relatives, people who perform and oversee their care, and to identify the main actual and potential risks of domestic accidents, through an analysis reflexive and critical for the health and development of children.

Health education lists the technical and scientific tasks performed by nurses in the context of home visits, allowing the orientation of the thoughts and attitudes that promote changes in lived reality regarding the prevention of childhood accidents, and discuss the necessary interventions to relevant risks in family environment, promoting a better quality of life for the child.

It is noteworthy that through talks with parents and family, the subjects also conduct orientation towards the prevention of accidents, with the primary objective to provide relevant information on the issue in question. However, nurses must use clear and simple language, explaining about the major accidents, the relationship age/accident, its causes, methods of prevention, what to do in case of its occurrence, always focusing on health education.
The use of lectures as a tool for health education still clings to the educational model founded on the transmission of knowledge. Thus, it is common for nurses to transmit the contents to the listeners as an unconditional truth, leaving parents and family receive and comply with what is offered. In Pedagogy of Questioning educational practices should be a pillar dialogue, allowing the collective and participatory knowledge, in which man is encouraged to question their reality and move from a naive consciousness to critical consciousness.¹⁹

Health education is a field of practical knowledge in the health sector, which has occupied more directly to the creation of links between action and thought and care to make the daily life of the population. It is necessary to emphasize a participatory situational analysis can serve as an important educational tool in critical education.²⁰

Evidence is a conjunction of determinants that promote qualitative changes in the agents of this process, namely: changes in the dimensions of knowledge, know-how and know-be, leading, ultimately, to build positive interpersonal relationships.²¹

It is worth noting that the transmissive nature of education was present in the speeches of the research subjects. These same contents often are not related to the student’s daily life, let alone their social realities.

The nurse is committed to the transformation of reality in which the population is inserted, it is important to introduce health education for this change, enabling a need for awareness of individuals about the issue. But it is necessary that health education conducted focusing on childhood accidents is more comprehensive, the nurse may employ other methods or devices, especially with regard to the dialogue between individuals and being more involved with everyone involved. Therefore, nurses need to seek base their educational dialogue with families, encouraging new ways to improve their care and helping to improve the quality of life of the child.

Regarding the strategies used by nurses, the subjects revealed that perform the orientation/ counseling with parents and guardians about household accidents, seeking promotion and health education.

Orientation is the best way that I work for prevention, as an accident, as it allows a greater understanding of the possible risks and harms the health of children. I think that’s important. (E1)

Health education performing counseling, reminding parents how best to care for their children is essential to check further monitoring of places of greatest risk (E9)

We guide, advise, we focus on education and health promotion […] doing an analysis, reflection about the real situation of the child, and requiring a change of routine for the promotion of child health, correct! (E10)

Educational practices performed by nurses must enable individuals know or recognize their mistakes, providing skills to change decisions in search of better quality of life. Accordingly, the guidelines directed to the parents and family, or even the same for children, must be made in full, ie, meeting all your needs biological, social, psychological and cultural, seeking to provide a host humanized in the Basic health and, consequently, a new attitude towards this reality.

The guidance developed by the nurse will be effective if individuals sympathetic towards the problems of child health through guidance aimed at coherent and interconnected actions, verbally or not, promoting greater understanding of parents and families about the problem, avoiding the possible risks and harms to the child population. It is expected that nurses act together with individuals in order to achieve a change in their behavior, fostering critical attitudes with regard to the health and development of their children.

Some research subjects reported that their orientation strategies are insufficient or lacking concern among nurses with the problem of ADI, as shown below:

There is a concern that, because the city does not provide any guideline for the performance of this problem and then I do not. (E4)

I think they are actually insufficient […] not only useless in the clinic as nurses, should come from everywhere, in schools, in the press, massifying. (E5)

The assessment that I do in the community, the clientele I watch never heard of domestic accidents. (E15)

The National Curriculum Guidelines for Undergraduate Nursing Education has the political-pedagogical training of nurses with a generalist profile, humanist, critical and reflective.²² Therefore, the nurse must be able to act with a sense of social responsibility, commitment to citizenship and humanization, acting as an educator with families and being able to work in different sectors of health care stocks considering educational, managerial and research.
Moreover, you need to be qualified for their professional practice, acting as the legal and ethical precepts of the profession, being able to understand the situations of risk to which children are exposed in relation to child domestic accidents, and to intervene with families with appropriate guidelines on the prevention of this type of accident.

CONCLUSION

Regarding the actions taken by the nurse of the PSF, it was concluded that it is in a privileged position, and that consultation childcare is the ideal time to work with the family on the issue of child accidents, enabling dialogue with parents and family, thus, sensitize them to heed to better care of their children.

Although few nurses in his speeches, using this strategy, it is important that the consultation childcare to develop a Nursing Care System, to enable a comprehensive and humane care, checking any form of torture, assault and neglect of the child, and if proven, develop their legal duties with public agencies for the required notice.

Following this line, the home visit is a key strategy for enabling the nurse to have the opportunity to observe, on the spot, the possible risks of child accidents in the home environment, directing their guidelines and intervened with the family to promote better security for their children.

It was observed in the study that the orientation of child accidents through lectures is insufficient. It is necessary, therefore, that there is a more participatory dialogue with a more participatory discussion of all involved, focusing on the risks of the age and respecting the social reality of each family.

It is emphasized that the guidance, counseling, education and health promotion should be fully exercised by the nurse, being mindful of their role in preventing domestic accidents for children, and who is willing to upgrade themselves on topics relevant to the subject, leading to the community and its clientele assistance consistent with their reality so individualized, integrated, holistic and humane.

Not too ratify the nurse is a fundamental tool not only change issues based on guidance but mainly changes in the actions and behavior towards the children and their families in the prevention of ADI, thus contributing to the reduction of their rates of occurrence.

REFERENCES

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