



HUMANIZED CARE FOR ADMITTED CHILDREN: PERCEPTION OF CAREGIVERS

ASSISTÊNCIA HUMANIZADA À CRIANÇA HOSPITALIZADA: PERCEPÇÃO DO ACOMPANHANTE

ASISTENCIA HUMANIZADA A NIÑOS HOSPITALIZADOS: LA PERCEPCIÓN DEL ACOMPAÑANTE

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ABSTRACT

Objective: to understand the perceptions of caregivers regarding the facilities and difficulties for providing a humanized care for hospitalized children in a Pediatric Admission Unit. **Method:** it is an exploratory and descriptive study, with a qualitative approach, conducted with 10 caregivers between November 2011 and January 2012, by means of semi-structured interviews, whose results were interpreted through thematic analysis. The project was approved by the Ethics Committee, under Protocol nº 192/11. **Results:** the surveyed caregivers pointed out that communication, attitudes of attention, presence of attentive gaze and professional commitment as important aspects in the humanization of the care for children. Furthermore, they consider as some difficulties to this practice: high demand, scarcity of materials, equipment, human resources and infrastructure. **Conclusion:** in the viewpoint of caregivers, the humanization of the childcare is possible and can be achieved by means of the accomplishment of actions and conditioning factors that can improve the care shares. **Descriptors:** Hospital Admission; Child; Care Humanization.

RESUMO

Objetivo: compreender a percepção dos acompanhantes acerca das facilidades e dificuldades para o cuidado humanizado à criança hospitalizada em uma Unidade de Internação Pediátrica. **Método:** estudo exploratório-descritivo, com abordagem qualitativa, realizado com 10 acompanhantes entre novembro de 2011 e janeiro de 2012, por meio de entrevistas semiestruturadas, cujos resultados foram interpretados por meio de análise temática. O projeto foi aprovado pelo Comitê de Ética, sob Protocolo nº 192/11. **Resultados:** os acompanhantes revelaram a comunicação, atitudes de atenção, presença de olhar atento e compromisso profissional como aspectos importantes na humanização da assistência à criança. Consideraram ainda como dificuldades para esta prática: alta demanda, deficiência de materiais, equipamentos, recursos humanos e infraestrutura. **Conclusão:** na visão dos (as) acompanhantes, a humanização da assistência infantil é possível e pode ser alcançada mediante a realização de ações e fatores condicionantes que podem melhorar o cuidado. **Descritores:** Hospitalização; Criança; Humanização da Assistência.

RESUMEN

Objetivo: conocer la percepción de acompañantes sobre las facilidades y dificultades del cuidado humanizado a niños hospitalizados en una unidad de internación pediátrica. **Método:** estudio exploratorio y descriptivo con enfoque cualitativo, realizado con diez acompañantes entre noviembre de 2011 y enero de 2012, a través de entrevista semiestructurada y cuyos resultados fueron interpretados por medio de análisis temático. El proyecto fue aprobado por el Comité de Ética con el Protocolo N° 192/11. **Resultados:** los acompañamientos caracterizaron la comunicación, las actitudes de atención, la presencia de un mirar atento y el compromiso profesional como aspectos importantes en la humanización de la atención a niños. Además, consideraron como dificultades para esta práctica la alta demanda y la escasez de materiales, equipos, recursos humanos e infraestructura. **Conclusión:** desde el punto de vista de los acompañantes, la humanización de la atención infantil es posible y puede lograrse a través de acciones y factores condicionantes que pueden mejorar esa atención. **Descriptores:** Hospitalización; Niño; Humanización de la Atención.

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INTRODUCTION

The admission process of a child is translated into a difficult and stressful experience not only for him/her, but also for his/her family, which experiences significant alterations in the daily routine and in the interrelationships among its members.¹ Children usually tend to coexist with organic limitations related to the psychological status, because they experience a strange environment, linked to the need for removal of the home environment and being exposed to most varied procedures, which turns the hospital admission into a period permeated by significant emotional conflicts.²

Added to these issues, the impairment of infrastructure, the inadequacy of material resources and the unpreparedness itself on the part of the professionals involved in childcare, which inherently is also related to caregivers, who usually are family members, can make this time even more traumatic and challenging for those who experience it.³ Certainly, the lack of humanized relationships among healthcare professionals, specifically nurses, children and caregivers can negatively reflect on the clinical recovery of infants, thereby prolonging the hospital stay, which stresses their weaknesses and hinders the care to be provided.⁴

In the pediatric scope, the health humanization deserves a special attention, because the admission time of a child requires caution on the part of the professional staff, since the references present in its the life context are replaced by light walls, medicinal drugs, machinery, new vocabulary, in addition to the feeling of pain and suffering, being that it is a period marked by a break with the daily school life, friends, family and playing activities.⁵

The humanized care in pediatrics is a right of children as human beings. It consists in keeping respect for their dignity, needs, values, ethical and moral principles, as well as for their beliefs and for those of their relatives. It also aims to ensure the relief of pain and suffering of children through all the technological, psychological and recreational resources available at the time of their attendance, preserving their privacy, as well as offering conditions and environments that facilitate the restoration, maintenance and improvement of care towards their health conditions.⁶

Therefore, the humanized care is a way of expressing the relationship with another being, in order to obtain a full life and that fosters an active engagement with others. It

does not mean only have a smile, or call the customer by its name, but rather it is necessary to understand client's pains and anguishes, motivate him/her to overcome the problem that is being experienced, give him/her support and attention, and always seek to enhance the professional knowledge to improve care.⁷

Nonetheless, although there are activities and programs that promote the continuous improvement of humanized care provided in healthcare establishments, specifically, in pediatric units, many issues have yet been identified, such as weaknesses, especially by caregivers of children. They configure these fragilities as discreditable and cite the existence of unsatisfactory physical areas, the lack of materials, the shortage of equipment and human resources, delay or even inadequate attendance on the part of healthcare professionals as some examples of aspects that end up producing a non-humanized care.⁸

Before these approaches, it should be justified the need to understand the meaning of humanized care for children, specifically performed by the nursing staff, under the perspective of caregivers of admitted children, since such studies can identify compromising barriers to an integral and humanized practice in childcare environments.

Parents commonly comprise a large part of individuals who accompany the children and that experience together with them the reality of the provided assistance in healthcare services. Hence, they can offer an important contribution in the description of the weaknesses of the hospital system that serves the childish population. This justifies, in this study, the choice of this group or social control mechanism to conduct the assessment of hospital care, given that it is known that genitors are mediators of the therapeutic relationship and the main source of security and fondness for children.

In this context, the objective was to understand the perceptions of caregivers about the facilities and difficulties for achieving the humanized care for admitted children in a Pediatric Admission Unit.

METHOD

This is a paper developed from the Monograph << **Humanized nursing care of admitted children: the perception of caregivers** >> presented to the Bachelor's Degree Course in Nursing at the Federal

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The study is characterized as exploratory and descriptive of qualitative approach, was developed in a unit of Pediatric Clinic of a municipal hospital from the city of Cuité, Paraíba State, between the period from November 2011 and January 2012. This is a reference hospital in the municipality at stake, being that it is the only one that meets the demands of the local population.

The participants were 10 caregivers of admitted children, specifically mothers, randomly selected, regardless of the clinical diagnosis of the children. For the selection of the subjects, we have listed the following inclusion criteria: caregivers of children aged less than 10 years and be in follow-up with the child for at least seventy-two hours. We have excluded caregivers who had some cognitive impairment or who refused to participate in the research.

The determination of the number of participants is related to the criterion of data saturation, which takes place when the data collection stops producing new information or these are redundant.⁹ The delimitation of this treatment time was due to the need that caregivers to know of such services and healthcare practices developed during this monitoring, with sights to better reflect on the impact that the process of childish admission can cause in the daily family life. Furthermore, it should be noted that the age-related criterion was linked to the characterization of the surveyed age group, based on the definition of the World Health Organization (WHO), which considers as child one person aged less than 10 years.

Data collection was conducted through individualized semi-structured interviews, which were recorded and transcribed by means of prior permission of participants. We have formulated guiding questions, which served for the seizure of the object under study, namely: How do you perceive the care for children in hospital environment? How do you perceive the care from nursing professionals towards the admitted children? What are the facilities and/or difficulties that might influence in the humanized care for children?

The empirical data produced in this study followed the steps recommended by the qualitative method, content analysis, in the modality of thematic analysis.⁹ The Conduction of this type of analysis involves systematic steps, namely: data coding, data categorization and interaction of the thematic nuclei. Accordingly, the analysis was started

with reading and rereading of the interviews, seeking to identify the focus of concern or family difficulty, as well as the seized skills. Thus, it was possible to identify the categories and integrate them into the thematic nucleus.

As it is an investigation involving human beings, the research project was submitted to the Research Ethics Committee from the Faculty of Nursing and Medicine Nova Esperança, being that it was approved under Protocol n° 192/11 and CAAE n° 0192.0.351.00011, as requested in the Resolution 196/96 of the Brazilian National Health Council (CNS).

In order to meet the above mentioned ethical principles, the subjects involved in the research were informed and enlightened about its objectives and, subsequently, they agreed to freely sign the Free and Informed Consent Form (FICF), in two ways, getting one of them and letting the other in the possession of the responsible researcher.

In presenting the results, we used the letters "AC" to identify the child's caregiver, followed by Arabic numerals that represent the sequence of the interviews.

RESULTS AND DISCUSSION

The study participants had an age range from 19 to 37 years, all of them had completed the elementary school and only two reported not exercising professional activities outside of their homes. Seven had stable marriage and family income less than a minimum wage.

Regarding the admitted children, it was found that the age range of these was between one and eight years old, being that five were female and five were male. The admission period showed variation between three and 10 days, whose the identified clinical diagnoses included asthma, intestinal infection, dehydration and diarrhea.

The content analysis of the interviews allowed the grouping of the participants' perceptions into two categories, which depict the facilitating and hindering factors for achieving a humanized care, perceived by caregivers. They are: "Received care and the dialogical relationship among professionals, caregivers and children: aspects that facilitate the practice of a humanized care" and "Institutional conditions: aspects that hinder the practice of a humanized care".

♦ **Category I: Received care and the dialogical relationship among professionals, caregivers and children: aspects that facilitate the practice of a humanized care**

Attention, proper communication and care offered by the nursing staff directed not only to the caregiver, but, especially for the child, was realized in this study as something positive and important for providing a humanized care. As in the results obtained in another study¹⁰, the interviewed subjects have associated the idea of humanized care to that one that seeks to understand the patient and who is with it as a caregiver.

The maternal speeches made evident that, for them, the understanding of humanized care can be translated from the attitude and behavior of healthcare professionals, in this case, nursing staff members. Thus, actions such as attention, fondness, openness to dialogue and demonstration of interest in communication on the part of professionals were interpreted by caregivers as facilitating aspects for achieving a humanized care.

One of the factors too much punctuated by caregivers regarding the understanding of a humanized care is targeted to the importance of the dialogic relationship among nursing professionals, children and caregivers. The feasibility of an effective communication from a simple and enlightening parlance, which allows the caregiver to expose its doubts, fears and needs as to the health-disease process of the child, gives opportunity to an authentic and reciprocal relationship among him/her, the child and the healthcare professional.

In the following speeches, it is possible to perceive elements that characterize the interactions among nurses/caregivers/children and guide the developed care practices:

[...] They (professionals) can explain everything to us and we get to know everything that is happening with it (child). I have freedom to ask on whatever is happening, what is the remedy, did you understand? What can be done; what cannot [...] Thus, they explain everything, it always sooth me [...] when I'm worried, they calm me down. As I said, when I have doubts, I ask and they respond. (AC1)

[...] I am free to ask [...] when he does a blood test, I ask the nurse and she says okay in a straight way, talks, and explains a lot [...] this conversation is very important for us. (AC2)

[...] The nurse plays with her, talks to her and to me too, that's good because I ask her on how my daughter is going on and she responds rightly [...] When a person comes and fondly speaks, cares in a proper way and makes questions is very good. My girl loves it [...] I think it is pretty beautiful to see people who take a good care. (AC4)

[...] I feel comfortable with them. I ask when I have questions and they clear all my

doubts and tell me about what my girl has [...] I don't have any matter to complain about there. This is very important. It makes me feel a little better here. (AC10)

The scarcity of proper communication can trigger difficulties in humanization or even prevent such a process. It is noteworthy to realize that the act of humanizing healthcare assistance depends on our ability to speak, listen and dialogue along with the being to be cared. For building a relationship of trust between the professional and the caregiver/patient, communication is an essential aspect, which should involve basic elements from the healthcare professional, such as empathy and involvement with the patient.¹¹

It is from the communication that nurses can turn the admission process into a less traumatic experience, since the interaction between healthcare professionals/caregivers/children is an important facilitator of nursing care, thereby enabling positive results.

Effective dialogue implies in mutual recognition, i.e., in a conception of each one about itself and about the other, involving a relationship among the subjects. Thus, by considering the importance of communication in human relationships and the particularity of the hospital admission, the established relationships are decisive for the care quality, besides fostering the recovery from diseases.

¹² Another association held by the surveyed caregivers in relation to the idea of a humanized care and, therefore, considered as a facilitating aspect is related to the care received by children, the affectionate way in which the professionals attend these little patients.

These are attitudes that do not depend on technology, such as touching and gazing in a directed form, demonstrations of love and respect denote difference not only to caregivers, in most cases, parents, but also for the childish patients.¹³ To have a care action and medication administered at the right time and by competent and careful professionals, who demonstrate love, respect, attitudes of tenderness and use a soft gaze and tone of voice towards the children, makes a difference for mothers and for admitted children. For mothers, these "little things" are considered crucial to overcome the difficulties experienced in the process of illness and admission of their children.¹⁰

The narratives emphasize that the treatment offered with education and respect on the part of some nursing professionals turns the hospital admission into an

experience less painful and more easily tolerable for the child and the caregiver. Nonetheless, if the professional does not meet expectations, by demonstrating carelessness, lack of attention or of a dialogical relationship, the treatment is interpreted as dehumanized, thus reflecting in the offered care.

[...] Oh! When you meet a good nurse, when she has more affection for the child's, it's a good thing, because you feel calmer and the child also feels like this. (AC2)

[...] Look! There are nurses that begin to play when they will meet a child, give a caress, play with the child in order to become it more confident [...] so, at that time, I already perceive it is an affection. She is doing what she loves, but there are others that arrive and barely speak with the child. [...] For me, it is not human; it is not a humanized care. (AC3)

[...] The care from the nurse about whom I spoke is very lovely, that's a right care. She is just so good, talks, plays with my daughter, asks if she has brother, if she has not and she answers everything. She takes the medication in a straight way with this nurse, then she kisses and embraces her [...] I'm so pleased with it. They play; they call their attention to see if they manage to move away the stress a bit more, since they [children] get too stressed. Some of them are very thoughtful, such as, for example, for helping or just kidding. Well, it is very helpful. (AC4)

[...] Well, she treats me well, because she speaks right to me, is not ignorant, answers me when I ask, tells me what I should do. Likewise, she says me for I give food in the right manner, even if he doesn't want it. She says I have to try harder. Once, the serum line got out the vein and by the time I called she came. (AC9)

Based on the speeches, it was realized that the caregivers of admitted children consider that the health humanization is characterized by the appreciation of the human person. In light of this, the nursing professional should contribute to the achievement of this humanized care, because it is he/she who best knows the patients and stay more time with the admitted children within the multidisciplinary team, from the initial time of treatment procedures until the daily evolution of this during their admission period. Thus, by considering the care of the other as the essence of the dichotomy between science and art, pillars of Nursing, professionals from this area should be make use of technical and scientific knowledge acquired, in order to relate with children through a touch, a gaze, a humming of a song, telling a story or, even, playing with them.¹⁴

Moreover, it is recognized that, during the admission period, the child is moved away from its family, being that this fact entails a disruption of its emotional bonds in relation to the recovery. Accordingly, healthcare professionals are responsible for alleviating the suffering of children in process of hospital admission. It is in this situation that they divide the task with the children's mothers, since they will guide and assist the children, in order to provide a safe and proper relationship between them.¹⁵

The guidelines received by nursing professionals and the feasibility of participating in the care procedures of the children have allowed the mothers to recognize them as subjects of a particularly positive experience. Furthermore, they considered this openness in meeting the children as something fundamental to the establishment of bonds and consolidation of a relationship of trust between the nursing staff and the caregiver. According to the mothers, it significantly minimizes the stress that the hospital admission entails in the child and in its family, characterizing this attitude as a key aspect for providing a humanized care.

[...] They always encourage me. So, they usually allow me to divide the care shares. For example, I am who gives the bath, who gives the food too [...] I participate a lot, but it is because they encourage me too. (AC1)

[...] Despite this situation, what makes me a little quieter is the fact that the nurses allow us to take care together with them. They encourage us a lot to keep this care. It makes the child to recover itself in faster way. (AC3)

[...] I'm quieter for being able to help in the care of my son too. (AC4)

[...] It is important for us to participate in the care of our children. It makes us feel better. I feel good when I help in the care together with nurses. This also makes us get closer. (AC7)

As a first step towards the humanized care, nurses should build a bond with the admitted children and their families, because the proper welcoming is favorable in this process. According to some authors¹⁰⁻⁶, the professionals' perceptions regarding the importance of the family involvement in the process of hospital admission and care of the childish patient is essential, being that it should be seen not as a legally acquired imposition, but as something that brings, in their undertones, a review of values, attitudes and concepts.

♦ Category II: Institutional conditions: aspects that hinder the practice of a humanized care

The barriers between humanization and nursing care are many, but, according to the above mentioned maternal testimonies, some of the factors pointed out as hindering or damaging for achieving a humanized nursing care are the deficit of material and human resources, as well as the impairment in the infrastructure of hospitals. These fragilities affect, according to the mothers, the performance of the nursing staff in offering a qualitative and humanized care.

Although the behavior of the professional and its relationships established with the family and the child are considered essential conditions for providing a humanized care, it is noteworthy to highlight that the physical structure and material resources are, similarly, required and considerable elements for the complement of an effective care.¹⁷

According to the testimonies of the surveyed caregivers, the hospital demand, expressed in overburden of tasks, and the overvaluation of the routine often prevent the rescue of interpersonal relationships, i.e., the assistential care becomes predominantly mechanistic. Thus, the suggestion of expanding human resources to better assist, systematize and operationalize the techniques, and, consequently, improve the quality of care to be provided to the little patients and their family members, was considerably mentioned by the caregivers at stake.

[...] I think the attendance service needs improvement. You arrive with a sick child and have to wait because they say the hospital has little nurses and doctors [...] you got to have patience and wait [...] there is only one doctor to meet us and only one nurse to meet everyone. (AC7)

[...] In the place for taking care of children, I guess it should have doctors and nurses just to stay in the sector of children, but there are few doctors and nurses here. Indeed, nurse and doctor: there is only one of each for covering the whole hospital [...] they walking around at every time [...] it's just one for all. One to attend everything in the hospital, emergency, everything, everything, everything [...] for me, it even interferes in their relationship with the patients [...] it's all so rushed. (AC2)

Other aspects raised by caregivers addressed in this study and that hamper the humanized care involve the lack of materials for providing care and the inadequate physical space. According to statements, the presence of materials and reserved recreational

environments for children to play is very important, because these resources provide the reduction of their suffering and enable greater interaction among the child and those who provide care. The understanding that these environments reduce anxiety, stress, as well as distracting the child was rather scathing in the caregivers' speeches.

[...] It would be too nice if we had books, television, games, because that could help us to enjoy the time. (AC5)

[...] If we had toys, it would help us, because the kids would not get so stressed, because my son is the older, and he said: "mom, it is very boring only to be lying down". Because children enjoy running, playing; so, if you stay, to occupy your mind, just standing there in the serum, it is clear that the patient will get stressed. The tendency is to just screaming and crying. The right would be having a team like that, with clowns, such things, right? For playing with them. (AC6)

[...] If we had toys here, it would be relaxing for them, right? Because they get too stressed, too tired, for keeping the serum in their hands. These drawings on the wall might help us, because you put the child on the arm, then you show one thing, you show another, until he calms down. So, that's very good, they have done like this. (AC7)

[...] I think the paintings really help us, because the child feels better in a room with paintings than in a room without them [...] Oh! If we had toys, it would really help us. I think the child would get less stressed and even would be easier for nurses to do their job. That could be a way to have a better interaction between children and them [nurses]. (AC10)

According to the mothers, the insertion of ludic elements into the childcare scope can provide an understanding of the needs and feelings that are not verbalized by children, besides offering distraction or even the rescue of aspects that unveil their childish universe. Children have limited ways to deal with adverse situations and, in the case of hospital admissions, the institutions need to act in order to promote more familiar, humanized and less threatening environments. The provision of means for that these children might play enables the confrontation of the adverse effects of the admission period, being that it is essential to have institutional support through the feasibility of human and material resources for this purpose.¹⁸

The act of playing is considered, particularly among children, as a hobby. It is an important strategy that might be used by the nursing staff to entertain the children and

make the play in the pediatric units an attempt to minimize the psychological damages and facilitate the access of healthcare professionals to the accomplishment of procedures throughout the hospital admission. To that end, children create expectations that healthcare professionals have a sense of humor, use colorful clothes, develop recreational activities and are true and reliable.¹⁵

Nevertheless, although there is no mention, on the part of caregivers, regarding the use of these strategies on the part of nursing professionals, in order to boost the care, it should be highlighted that the use of fondness, touch and conversation interspersed with jokes was pretty significant for them to understand that Nursing develops a humanized care by implementing this kind of behavior among children. Another important limitation relevant punctuated by caregivers in relation to the structural conditions refers to the lack of comfort in hospital accommodations. Even the atmosphere of the Pediatric Unit is in line with what is advocated by the RDC nº 50 (9), which deals with technical standards for planning, programming, designing and assessing physical projects of healthcare establishments, most of them have demonstrated dissatisfaction with regard to this aspect.

It should be emphasized that this might be related to the long period of stay in the institution and the fact that they have to uninterruptedly care of patients without the ideal conditions for obtaining an efficient rest, which can cause physical and emotional overburden, such as painful clinical conditions and sleep-related interference. Another negative factor revealed by the surveyed caregivers was lack of a toilet for children's caregivers in the Pediatric Unit, who had to share with the children and all other caregivers the same restroom, where the intense turnover hampered the local hygiene, turning this into a very limiting factor punctuated by them.

[...] One thing I find wrong is that an adult person who is in hospital having to use the toilet for children, that is to say, the restroom being used by adults and children. [...] moreover, here, the rooms are very hot, and have no fan. Here, there is another thing I don't think it's good: caregivers don't have a bed, a place for an accompanying remain during the night, it is very tiring for the person; it could have at least one mattress at night for people to put it on the ground, it would be better. (AC5)

[...] If the child is not in a clean environment, she'll come out more damaged

than that in the moment of arrival, if she arrives with a status of weak body. It is needed to clean the restroom more times. (AC2)

[...] The cleaning needs a lot of improvement, needs to greatly be improved; the hygiene needs to be very [...] (AC7)

[...] Here, the overnight stay is very uncomfortable. We stay on these hard chairs, with no comfort and out of position. This situation is really difficult and is worsened by the discomfort [...] It is very exhausting for the people who have to stay with them [children] all the time [...] (AC9)

The environment exerts several influences over clients, which might be favorable to their recovery or prejudice them even more. It is a task of the nursing staff to strive to make the workplace more comfortable, in order to allow the restoration of health of the customer as soon as possible.¹⁹ Therefore, it is necessary to offer alternatives that aim at providing comfort, since the presence of the caregiver beside the child is essential to his/her recovery. For this purpose, the caregiver needs to feel comfortable and welcomed.²⁰

By analyzing the care in a holistic way, it is undeniable that the hospital institution is also responsible for ensuring the welfare of caregivers. Thus, in order to establish a humanized care, it is necessary to perform the structural organization of pediatric units. Nonetheless, it is noteworthy to highlight that these changes should not be restricted to the structural projects offered to the family, but also in the attitudes of healthcare professionals concerning the involvement with parents in caring for admitted children, in the relationship that these subjects maintain with the caregivers and in the care quality, with a view to facilitating the sharing of this care, given that both subjects have a common goal: restoring the health of admitted children.²¹

Before the identification of aspects punctuated by the surveyed caregivers as facilitating and hindering factors for implementing a humanized care, it becomes necessary having commitment from the nursing staff towards the admitted children, the caregivers and the institution in which they work, with sights to minimize gaps and enhance the facilitating actions so that we can achieve excellence in the practice of humanized nursing care for children in process of hospital admission.

CONCLUSION

Commonly, nobody is prepared to experience cases of illness or admission of

family members, and, when one of these situations takes place, there is a significant disruption in the family dynamics, which often generates role reversal. In addition, there is the need of adaptation to the norms and hospital routines, as well as the social and psychological adjustment, especially on the part of parents, when such a process involves a child. The role played by them is quite intense, implying the search for strategies to balance the demands of family and not just of the sick child.

The results showed that, for experiencing the process of hospital admission, the child and the mother/family need to have their needs met, both by the institution that receives them and by the professionals involved in the care shares, specifically the nursing staff members. According to the surveyed caregivers, attention, fondness and a dialogue-based relationship established among professionals, children and caregivers were considered as essential factors for the traumatic confrontation of the admission period, ensuring that the anxieties and fears were softened. It is argued in this meantime that the dialogue can be one of the main steps towards the solidification of the bond between Nursing and family, being that the nursing team should rethink it in its care plan as a crucial and facilitator aspect for establishing humanization.

As to the aspects that hinder the humanized care, it was found that the lack of accommodation, materials, human resources, playgrounds, as well as comfortable physical structure for caregivers, were highlighted by them as negative aspects for providing a humanized healthcare. Therefore, it is essential that the healthcare professionals involved in the care of children, especially those belonging to the nursing staff, due to they are daily close to this reality, promote the support and the necessary assistance for that this moment become less painful for the family and the little patient.

As to the aspects that hinder the humanized care, it was found that the lack of accommodation, materials, human resources, playgrounds, as well as comfortable physical structure for caregivers, were highlighted by them as negative aspects for providing a humanized healthcare. Therefore, it is essential that the healthcare professionals involved in the care of children, especially those belonging to the nursing staff, due to the fact that they are daily close to this reality, promote the support and the necessary assistance for that this moment

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