ABSTRACT
Objective: to describe the opinion of the hospitalized child’s caregivers regarding the nursing team. Method: this is a descriptive, qualitative study with 17 caregivers of children hospitalized. The data production was through an interview analyzed by the testimonial technique. Results: five key expressions emerged: 1 - Does the child’s hospitalization situation cause changes in the family routine? 2 - Talk about your relationship as caregiver of the hospitalized child and the nursing team. 3 - Have you received guidance on child care? 4 - What difficulties do you face as a child’s caregiver? 5 - According to your opinion, how should the nursing team act to assist the caregiver of the hospitalized child? Conclusion: the nursing team should be sensitive to the real needs of children and caregivers focusing on humanization and health promotion as the main instrument of child bonding and trust. Descriptors: Nursing Care; Nursing Team; Child Hospitalized; Child Health.

RESUMO
Objetivo: descrever a opinião de acompanhantes da criança hospitalizada quanto à equipe de enfermagem. Método: estudo descritivo, de abordagem qualitativa, com 17 acompanhantes de crianças hospitalizadas. A produção de dados foi por meio de entrevista analisada pela técnica de depoimentos. Resultados: emergiram cinco expressões-chave: 1 - A situação de hospitalização da criança causa mudanças na rotina familiar?; 2 - Fale sobre sua relação como acompanhante da criança hospitalizada e a equipe enfermagem; 3 - Tem recebido orientações sobre o tratamento da criança?; 4 - Quais as dificuldades que você enfrenta enquanto acompanhante da criança?; e 5 - Segundo sua opinião, como a equipe de enfermagem deveria agir no sentido da assistência ao acompanhante da criança hospitalizada?”. Conclusão: a equipe de enfermagem deve estar sensível às reais necessidades das crianças e acompanhantes focando a humanização e a promoção da saúde como instrumento principal de vínculo e confiança da criança. Descritores: Cuidados de Enfermagem; Equipe de Enfermagem; Criança Hospitalizada; Saúde da Criança.

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The process of hospitalization is highlighted by insecurity, discomfort, combination of yearnings and fears for being surrounded by unknown people in a hostile environment for the child and change from day to day routines for parents and/or caregivers, generating mistrust and stress, or even fear of the loss of a loved one.1

Hospitalization and illness may be the first impact and crisis faced by a child in the health conditions, environmental routine, compatibility mechanisms for tensions in this age group as a critical situation in the child's life still vulnerable to the hospital environment with routine change in the whole family.1

There are several ways that can relieve the stress of the hospitalized child. One of them is to make this little person feel comfortable in the hospitalization process familiarizing him/her with the environment when driving this child before hospitalization if it is already confirmed, knowing the place to understand the hospital procedures and operation. Also, the child will have the chance of access with the staff of the Department of Pediatrics so they do not feel alone in this unknown environment. There are certain hospitals offering playful activities for the hospitalized children to feel welcomed and comfortable, and also supporting the family in the follow-up, observing the improvement of the health status of the child and the commitment of the nursing team to take care of this hospitalized patient.2

Caregivers should be guided, informed and encouraged to stay with their children during hospitalization. Good communication between nursing staff and caregivers reduces anxiety, increases their acceptance in the disease situation and hospitalization of the child besides facilitating the treatment and favoring the coping process of the illness. An adequate relationship between nursing staff and caregivers may create an environment in which they feel more secure and strengthened to bear the hospitalization of their children.3

A research carried out at the Pediatric Clinical Unit of a public hospital in Salvador (BA) from May to June 2011 identified that health professionals need to extend care in child care, encompassing several interfaces that this hospitalization can bring to the child population, keeping communication clear and accessible to their development, establishing neighborhoods and relationships of trust, play and pedagogical activities, as well as encouraging the stay of parents and/or caregivers in these activities.4

The nursing team should seek to maintain an enlightening dialogue and transmit confidence to the caregivers, guaranteeing humanized care keeping them informed and orientated about the treatment, procedures and doubts acting with resolve. It is necessary to reflect and look for alternatives that aim at professional/caregivers/children interaction due to lack of communication and treatment information.

The choice of the theme was based on the experiences lived as a professional in a children's hospital. It was possible to perceive idle caregivers without knowing the state of health of the children, since the professionals most often omitted questions related to the hospitalized health status, leaving them without proper knowledge of the disease and prescribed therapy.

The relevance of the study considered the topic may subsidize care actions with the nursing staff/caregivers during the hospitalization phase of the child, developing qualified and humanized care when investigating that communication is evident and health professionals need to be prepared to deal with children and caregivers in Child Clinic, to develop multidimensional evaluation considering the physical, psychological and emotional aspects that each member passes in this context. Starting from this conjuncture, the following questions arose: Has the nursing team been resolutive regarding the doubts and concerns of the caregivers of hospitalized children? Does this assistance take place with respect and partnership with parents and/or caregivers?

The research had as objectives:
- To describe the caregivers’ opinion of the hospitalized child regarding the nursing team;
- To emphasize the importance of humanization in the care of the nursing team to the caregiver;
- to describe the nurse/caregiver relationship in the hospitalization process of the child.

This was an exploratory, descriptive study with a qualitative approach, developed at the Medical Clinic of the Hospital Infantil Noaldo Leite (CMHNIL) in the city of Patos, Brazil, composed of seven infirmaries totaling 37 beds. The study participants were 17 caregivers of children hospitalized in the infirmary. The inclusion criteria were to be the caregiver of the child hospitalized more...
than 24 hours and older than 18 years old. Those who did not agree to participate in the survey and were not present at the interview were excluded. The instrument was a script previously prepared by the authors composed of two parts. In the first, demographic profile data such as age, gender and family income. In the second one, there were the objectives of the study. After accepting to participate in the research, the caregivers received guidance on the Free and Informed Consent Term (TCLE) and the data were collected from February to March 2015 individually with an estimated time of approximately 15 minutes for each caregiver in the same ward with explanation of the research, ensuring the necessary clarifications for the appropriate consent and possible questions regarding the language/nomenclature of the interview.

In the second part for the analysis of the qualitative data, the Collective Subject Discourse (DSC) method was followed with ordering and tabulation of verbal nature data obtained in the statements and the raw material in the form of one or several Speeches-synthesis written in the first person singular were extracted from each one expressing the thought of a collective on a certain subject.5

This technique5 consists of methodological operators to select in individual responses a questioning of key expressions (CSs), central ideas (ICs) and DSCs. The CSs are the most significant literal segments of the statements that signal the main contents of the answers. The ICs, synthetic expressions that indicate meanings of each testimony and category and the DSCs, the signs composed by the categories and their contents, key expressions that present similar central ideas grouped in a category.

The analysis was based on a tabulation procedure of verbal testimonies, consisting first of analyzing the collected material of interviews made from a script of open questions, extracting from each of the answers key expressions. In sequence, central ideas of each expression by finalizing with grouping the key expressions were identified forming a discourse synthesis related to the ICS both similar and complementary ideas called DSC.5

This is a research study of a larger project titled “Nursing care for the caregiver of the hospitalized child”, from the Integrated Colleges of Patos (FIP/Patos/PB), Brazil, 2015, approved by the Faculty Research Ethics Committee Integrated Patos with CAAE: 39042114.0.0000.5181 considering the ethical aspects in research involving human beings as described in Resolution Nº 466/12 of the National Health Council (CNS) that regulates research involving human beings.6

RESULTS AND DISCUSSION

After analyzing the data, it was observed a predominance of females with the highest index in the age group between 32 and 42 years old. As for the level of education, most of them have incomplete high school and about the family income, most of the participants survive with monthly income less than a minimum wage.

The participants were positioned based on the pre-established questions contained in the interview script used as a data collection technique to better understand the vision of the hospitalized children’s caregivers regarding the nursing team. Based on the questions, there were Key Expressions (ECs) giving rise to the Central Ideas (ICs) to which the Collective Subject Discourse (DSC) originated. After analyzing the questionnaires identified in the interviews, five Key Expressions emerged (ECs): 1 - Does the child’s hospitalization situation cause changes in the family routine? 2 - Talk about your relationship as a caregiver of the hospitalized child and the nursing team. 3- Have you received guidance on child care? 4- What difficulties do you face as a child’s caregiver? 5 - In your opinion, how should the nursing team act to assist the caregiver of the hospitalized child?

From the ECs, they suggest the ICs and the DSCs, which will be discussed and substantiated as follows:

<table>
<thead>
<tr>
<th>Central Idea</th>
<th>Collective Subject Discourse</th>
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<tbody>
<tr>
<td>Yes, it causes many changes.</td>
<td>It's very complicated because I need to leave my house, my children, besides missing work to stay in the hospital and dedicate myself to the child who is hospitalized.</td>
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Figure 1. Does the child’s hospitalization cause changes in the family routine? (n=17). Patos (PB), Brazil, 2015.
As shown in Figure 1, the caregivers showed a change in routine when leaving their chores to dedicate to the hospitalized child generating many changes that interfere in the family dynamics. Authors have identified that when the mother sees a sick child generates a feeling of tension as well as worry about how to take care of all these care and, most of the time, does not receive information for this, as well as worrying about staying away from family, leaving work and children to pay attention to the hospitalized relative, corroborating with the results of this research. Another study identified that the caregivers feel lack during the process of hospitalization of the children who stay at home, the home where they feel more secure, even though the parents understand that they need to stay in the hospital to recover the sick child.

Central Idea | Collective Subject Discourse
---|---
Some of them treat well ... | “Some nurses treat us well and they give us more confidence, but there are some who do not even look at us, they are snobby. Sometimes I ask something, and they do not answer, I do not ask any more.”

Figure 2. Talk about your relationship as a caregiver to the hospitalized child and the nursing team. (n= 17). Patos (PB), Brazil, 2015.

The answers of the interviewees in Figure 2 pointed out that the relationship with some members of the nursing team happens in a satisfactory way. On the other hand, there are those who do not relate well to the caregivers of the children. A study aimed at evaluating the importance of the nurse’s interpersonal relationship with the hospitalized child’s relatives identified in their results that 100% of the sample indicated importance in the exchange of information, experiences between families and nurses as an instrument of care for hospitalized children. In the results of this study 65% of the caregivers affirm that the relationship between both was medium.

In qualitative research, the importance of the caregiver in the sense of promoting well-being to the child, restoration of health and closer ties between the two parties were recognized. Therefore, the nursing team needs to be more attentive regarding this treatment with the caregiver, since this will help in the development of the positive form of the hospitalized child.

Central Idea | Collective Subject Discourse
---|---
I get little information, if I do not ask, they do not inform me. | “I get little information about my son’s disease and I have doubts about the treatment. I only know about the treatment if I ask, if O do not ask, they do not inform me.”

Figure 3. Have you received guidance on child care? (n=17). Patos (PB), Brazil, 2015.

According to the results found in the research, as shown in Figure 3, interviewees did not receive necessary guidelines regarding the treatment of their child, only if they asked the team. Resolution 311 of 2007, of the Federal Nursing Council that deals with The Nursing Code of Ethics in article 20, presents to collaborate with the health team in the clarification of the person, family and community regarding the rights, risks, benefits and intercurrences about their state of health and treatment as the responsibility and duty of nursing.

A research identified that the health team should reflect on the possibility of including relatives in the hospitalization process, which have a direct relation in the sickness and treatment of the child. In this way, the interventions of the health team will be able to collaborate in the reduction of distress and sadness by means of information provided about the intern, as well as to receive these relatives in support groups.

Corroborating with this research, a qualitative investigation developed in a Pediatric Internment Unit in a public hospital in the city of Florianópolis (SC) from September to October 2014, observed the importance of family members with the children during the hospitalization period, which are a source of safety, contributing to the child becoming calm and participative, allowing the nursing team to direct the needs of the internees, planning, carrying out care and evaluating the resolution of the action offered.

Corroborating with this research, another qualitative study developed at the Pediatric Hospitalization Unit of a General Hospital in the city of Rio de Janeiro, Brazil, between April and May 2008, identified that parents with full stay in the hospital environment in special the mothers, is somewhat beneficial to the process of recovery of the hospitalized child. When the child has someone trustworthy next to him, positive feelings such as love, security, self-confidence and tranquility can occur, influencing a satisfactory response in the child’s illness,
giving way to shortening the time of hospitalization.¹⁵

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<tr>
<td>It's very stressful here ...</td>
<td>&quot;I think the nurses need to talk more, explaining about the treatment, because it is already a very great stress is here, having to leave the housework, my other children, and I am very tired, so we need attention. Because it is very difficult to see my son in this situation, suffering, feeling pain and not being able to do anything. Besides the lack of structure of the hospital, sleeping is bad.&quot;</td>
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Figure 4. What difficulties do you face as a child’s caregiver? (n=17). Patos (PB), Brazil, 2015.

The results identified in Figure 4 show that the study participants feel stressed because they are absent from home, worried about the other children, or that they can not do anything to ease the pain of the hospitalized person.

These data are in agreement with a qualitative investigation carried out in the city of Teresina (IP) in the emergency room of a private hospital with caregivers of children hospitalized in October 2008. They observed that, in a certain way, the insertion of family members even benefiting the Hospitalized child can also generate difficulties for the family as fear of the disease and the unknown of its evolution, feeling guilty, insecure, fear of losing the child’s affection for being hospitalized, routine changes in life and meeting the needs of the child, financial, social and affective problems as well as patterns of behaviors asked for parents different from what they are used to in everyday life.¹⁶

All these difficulties are considered as a factor that may disrupt the relationship of the caregiver and nursing team. Therefore, it is fundamental to understand the family as a mediator in the hospital since it is a spokesperson for the concerns of the child that accompanies him, transmitting to the team signs and messages sent by that child. These signs can help professionals review behavior, promoting changes in care, and adapting the world of the hospital to the needs of the inpatient.¹⁷

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<tr>
<td>There is more dialogue between the team and the companion.</td>
<td>&quot;Nursing must act in a more humanized way and there is more dialogue for a better relationship between the caregiver and the nursing team. I miss the nurse giving more information about the disease.&quot;</td>
</tr>
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Figure 5. In your opinion, how should the nursing team act to assist the caregiver of the child in the hospital? (n=17). Patos (PB), Brazil, 2015.

Figure 5 presented the opinion of the children's caregivers about the nursing team’s action in the hospitalization process. The results found cited humanization and dialogue as the main requirement in the absence of care. Hospitalization is a stressful event for the child and family. Different feelings and behaviors arise in this phase as insecurity, fear, anxiety, nervousness, worry, anguish, psychological stress, fear, panic, crying and agitation. Therefore, the nursing team should understand that the elements such as valuing the other, respect, understanding, established involvement of the nursing team and hospitalized in the care process are part of a humanized care, its applicability and effectiveness in the management of services should always be valued.¹⁸

Communication is a basic condition that allows human interaction and favors contact between people allowing the exchange of knowledge, gestures and emotions. Communication transmits as much information as feelings from one being to the other, concretizing the understanding or development between the parties involved.¹⁹

Authors still mention the importance in the recovery of the internee through dialogue, the approximation is important for a more humanized assistance. In this sense, it is necessary for the nursing team to know the reality and complexity of the rehabilitation process.

Humanization should be part of the philosophy of the nursing team. The physical environment, material and technological resources are important, but no more significant than the human essence, driving the thinking and actions of this team, especially of the nurse, capable of criticizing and constructing a more human, less aggressive and hostile reality for the people who daily experience it.²¹

Hospital units have unknown situations defying the psychosocial impact on hospitalized children. One of the most important elements of hospital stressors to minimize these effects is the health team, especially nurses' interventions that may ease the anxiety of children undergoing treatment.
It is necessary to reduce the stress of diagnosis and treatment by improving the standard of care offered by the multidisciplinary team. Nurses reduce the psychosocial impact of hospitalization on children by showing the importance of the experience and feeling of the hospitalized child, helping the family and child to adapt to this new unknown environment.

CONCLUSION

The nursing team needs to be more resolute, making the stay of the child and caregiver in the hospital as pleasant as possible. Thus, the study sought to sensitize health professionals so they can capture the real needs of children with patience, to humanization and health promotion as the main instrument. It is important to establish bonding and trust of the child/caregiver/nursing team. Sincere and truthful attitudes, seeing the child as an individual who has rights and duties are fundamental attitudes for the success of the relationship between the nursing team and caregiver.

The nursing group, parents and caregivers should familiarize the child with the hospital environment. Having this caregiver as an ally in the process of rehabilitation explaining routines and procedures and why they are fundamental importance for a humanized care that will make the caregiver facing with greater confidence the process of illness and hospitalization contributing in the process of rehabilitation, especially when they are previously informed and aware of the child's treatment.

REFERENCES


Hospitalized child and the nursing team...