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ORIGINAL ARTICLE

PERCEPTION OF THE FAMILY IN A PEDIATRIC UNIT ABOUT NURSING CARE PERCEPÇÃO DO FAMILIAR NUMA UNIDADE PEDIÁTRICA ACERCA DO CUIDADO DE ENFERMAGEM

PERCEPCIÓN DEL FAMILIAR EN UNA UNIDAD PEDIÁTRICA ACERCA DEL CUIDADO DE ENFERMERÍA

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ABSTRACT

Objective: to know the family's perception about nursing care in a pediatric unit. **Method:** This is a qualitative, descriptive, exploratory study with 21 relatives. The data were collected through semi-structured interviews, analyzed by the Content Analysis technique in the Thematic Analysis modality. **Results:** the family considers the staff attentive and always ready to dedicate the necessary help and information. She also mentioned that she is careful when dealing with the family. It was mentioned, in the readmissions, mainly of children with chronic diseases, the creation of the bond as a positive factor. The affection and the welcome were also reported as demonstrations of other professionals. **Conclusion:** it is understood that the nurse should be present and provide humanized care to the child and his family, as they are in a period of fragility.

Descriptors: Hospitalized Child; Family; Child Health; Nursing Care; Pediatric Nursing; Nursing.

RESUMO

Objetivo: conhecer a percepção do familiar acerca do cuidado de enfermagem numa unidade pediátrica. **Método:** trata-se de estudo qualitativo, descritivo, exploratório, com 21 familiares. Coletaram-se os dados por meio de entrevistas semiestruturadas, analisadas pela técnica de Análise de Conteúdo na modalidade Análise Temática. **Resultados:** considera-se, pela família, a equipe atenciosa e sempre disposta a dedicar auxílio e informações necessárias. Referiu-se, também, que é cuidadosa no momento de lidar com a família. Citou-se, nas reinternações, principalmente de crianças com doenças crônicas, a criação do vínculo como fator positivo. Relataram-se, também, o carinho e o bom acolhimento como demonstrações dos demais profissionais. **Conclusão:** entende-se que o enfermeiro se deve fazer presente e fornecer um cuidado humanizado à criança e à sua família, visto que se encontram em um período de fragilidade. **Descritores:** Criança Hospitalizada; Família; Saúde da Criança; Cuidado de Enfermagem; Enfermagem Pediátrica; Enfermagem.

RESUMEN

Objetivo: conocer la percepción del familiar acerca del cuidado de enfermería en una unidad pediátrica. **Método:** se trata de un estudio cualitativo, descriptivo, exploratorio, con 21 familiares. Se recogen los datos por medio de entrevistas semiestructuradas, analizadas por la técnica de Análisis de Contenido en la modalidad Análisis Temático. **Resultados:** se considera, por la familia, el equipo atento y siempre dispuesto a dedicar ayuda e informaciones necesarias. Se refirió, también, que es cuidadosa en el momento de lidiar con la familia. Se ha citado, en las reinternaciones, principalmente de niños con enfermedades crónicas, la creación del vínculo como factor positivo. Se relataron, también, el cariño y la buena acogida como demostraciones de los demás profesionales. **Conclusión:** se entiende que el enfermero se debe hacer presente y proporcionar un cuidado humanizado al niño y a su familia, ya que se encuentran en un período de fragilidad. **Descriptores:** Niño hospitalizado; La Familia; Salud del Niño; Atención de Enfermería; Enfermería Pediátrica; Enfermería.

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INTRODUCTION

It is known that family care at the Pediatrics Unit is an important issue and requires constant instrumentalization and qualification of the professionals involved in order to provide a humanized hospitalization for the child and his/her family caregiver. It is believed that knowing the perception of the family caregivers, about the hospitalization of the child, can help the professional to plan the care practice aimed at both the child and his relative in the unit.

It is helped by the insertion of the family into the unit, the team interacting and creating a trusting relationship with the child, as well as helping to carry out the care, often facilitating the work of the professionals. In a study carried out in a pediatric inpatient unit of a university hospital in the city of Santa Cruz-RN, it is revealed that the professionals of the Nursing team report that the participation of the family in the care of hospitalized children has triggered new ways of organizing the assistance, making it essential to expand the focus of this, which was previously restricted to the child in isolation, extending nursing care to the family and other caregivers.¹

It is essential to share knowledge and skills between the family and the nursing team for the recovery process of the child. It is necessary, however, that the family is not only seen as a source of care. It should be tried by the professionals to maintain a harmonious relationship with the patient's family since they are the ideal people to inform about the comfort needs of the child.² The importance of health professionals to pay attention not only to the child, but also to his family, is necessary to establish an integral care, since both face the period of hospitalization together.³

In the face of the experience of the hospitalization of the child, it is necessary to cope with and adapt to the family, since normal expectations of the parents in relation to the child are frustrated when the child needs hospitalization. This period of coping with these events is characterized by frustration and stress that breaks down family stability. Thus, the role of nurses in relation to the hospitalization of the child consists of proposing strategies directed at the difficulties faced by the family caregiver, in addition to detecting them early, and mitigating the risk factors for stress to which these caregivers are exposed.⁴

It is noticed that, culturally, the woman is still responsible for the care of the children,

who usually make the necessary decisions regarding care and treatment, thus becoming the person who most absorbs the problems that affect the child. child, and may weaken their psychological and physical health due to the severity of the disease and the demand for care. It is necessary to recognize, by the nurse, this central support link and to have a generalized look to detect imminent problems and to assist, in the best possible way, the caregiver.⁵

It will then reflect the provision of care based on identifying the needs and feelings of the caregiver in quality care, favoring the establishment of comprehensive care for both the child and the family. Good communication is necessary for the establishment of a therapeutic relationship with the family and, in this sense, the nurse should promote the participation of the same in the care and decision-making process on the child.⁶

The family seeks to interact with the Nursing team, to share feelings and perceptions regarding the life and frailty of hospitalized children. It is possible to strengthen the family structure through the presence of a professional who clarifies the doubts, explains the care taken to the child and that it is present. It is worth noting that some factors such as identification, mobilization and negotiation are important in the creation of the affective bond and respect between Nursing staff professionals and the family, contributing to a relationship of well-being in the hospital environment.⁷

This study was therefore based on the following question: what is the relative's perception about Nursing care provided in the unit? It is understood that the knowledge generated in this study may subsidize, to professionals working in Pediatric Units, the development of effective strategies for a humanized care to the child and his/her family caregiver in order to assist them during this period of frailties.

OBJECTIVE

- To know the family's perception about nursing care in a pediatric unit.

METHOD

This is a qualitative, descriptive, exploratory study.^{8,9} The research was carried out at the Unit of Pediatrics of the University Hospital (UH) Dr. Miguel Riet Corrêa Jr. This unit is composed of 18 beds for children aged between zero and twelve incomplete years who are hospitalized for both clinical and surgical care. The beds are distributed as

follows: an isolation bed, a five-bed infirmary and four three-bed infirmaries, which operate with a joint housing system, all for children under the Unified Health System (UHS).

In order to participate in the study, 21 family caregivers of children hospitalized in the sector during the data collection period, who met the inclusion criteria, were: to be eighteen years of age or older and to accompany the child periodically, taking care of the child throughout his/her life. hospitalization, giving him continuous care in the Unit. As an exclusion criterion, it was used as an eventual caregiver for the child in the hospital, replacing the main family member for short periods of time during hospitalization. Following the guidelines on the objectives and methodology of the study, the informed consent form was signed by the caregivers who agreed to participate in the two-way Informed Consent Form. The number of participants was delimited by the time the data began to repeat, and no new information.

The data was collected through semi-structured interviews with each participant in order to obtain a better understanding of the reality of the phenomenon under study in the second half of 2016. It is known that the interview is an activity in which there is a successive approximation of reality that never ends, making a particular combination of theory and practice.⁸ Participants were asked about their perception about Nursing care provided at the Pediatrics Unit.

Data was analyzed using the Thematic Analysis technique, operationalized from the pre-analysis, in which the floating data reading, the grouping of the statements and the elaboration of the registration units were performed; exploration of the material in which the data were codified, grouped by similarities and differences and organized into categories and the treatment of the results obtained and the interpretation, in which the most significant speeches were discussed from authors to support the analysis.⁸

The ethical principles of research involving human beings were respected in accordance with Resolution 466/2012.¹⁰ The research project was forwarded to the Research Ethics Committee in the Health Area (CEPAS/FURG) and, with the favorable opinion of number 92/2016 of this, the data collection was started. The speeches of the participants were identified by the letter F followed by the interview number, in order to guarantee their anonymity.

RESULTS

The characterization of the study participants and the categories generated by the data analysis are presented below.

♦ Characterization of study participants

Twenty-one family members of children hospitalized during the data collection period, ages ranging from 18 to 51 years and an average of 30.8 years, 19 mothers and two parents of the children were chosen to participate in this study. It is detailed, as to the level of schooling, that nine had incomplete first degree; two had completed first grade; one, incomplete high school; seven, completed high school and two had incomplete higher education.

It is explained, as to the place of residence, that two relatives resided outside the municipality, one in Santa Vitória do Palmar and one in São José do Norte; a relative resided in the downtown district of the municipality; four in the Getúlio Vargas neighborhood; three, in the Cidade Nova neighborhood; two in the neighborhood Hydraulics; two in the city of Águeda; one in the Castelo Branco district; one in the São Miguel neighborhood; one in the Airport neighborhood; one in the Parque São Pedro; one in the Casino district; one in the América neighborhood and one resided in the neighborhood Cohab I.

It is added, as to the number of children, that two family members had five children; two family members had four children; four family members had three children; seven family members had two children and six family members had a child, and the age of the hospitalized children ranged from one month to eight years, with a mean of 6.9 years of age. It is revealed that two children were admitted for surgery, one for appendectomy and another for plasty of the lower limb tendon, and the other were for clinical manifestations, four of them due to bronchiolitis; three due to seizures; two for the treatment of congenital syphilis; one due to asthmatic crisis; one due to pneumonia; one for profound anemia; one periorbital edema to investigate; one for abdominal pain to investigate; one due to right leg edema after fall; one for presenting a tumor in the right kidney already with metastases; an encephalopath for the treatment of urinary tract infection; one for gastroenteritis and one for neonatal anoxia.

Perception of the caregiver relative to the Nursing care provided in the unit

The hospitalization of the child is seen by the family as a difficult time to adapt because the hospital is a totally different environment surrounded by unknown people and equipment. The nursing team is present throughout this period and their participation is seen in several ways by the family. It was observed that the staff is considerate and always willing to dedicate the necessary help and information, being also mentioned that the team is careful when dealing with the family.

It's great. The attention they have to her is very good. So you have nothing to complain about them because they are good. They only offer what UHS provides, right?. (F1)

It's very quiet. I really liked it. I have no complaints from anyone. Everyone treated her very well, everyone was very dedicated. Even one night she was very ill and I was very nervous, I talked to the doctor twice and Nursing did not leave my side. (F3)

Good, because they are very thoughtful. They explain everything right, they clear the doubts. Anything that I am in doubt I ask and they respond. (F12)

It's very quiet. It's pretty cool. What we need, we call there and they come, they help. We ask for the opinion and they give their opinion and listen to ours. (F7)

The readmissions of children diagnosed with chronic diseases in the unit are recurrent, and in these cases, the creation of the bond was cited by relatives as a positive factor, often making the family feel welcomed or as cited by a participant: "as if at home".

I've never had a problem with the Nursing itself. The gurias have always been very attentive, despite having links from many hospitalizations, so it seems like [...]. I have a very big affection, I was always welcomed with open arms. Even in her worst moments, many times, those who helped me were the gurias. You know, I always had that thing like that, my despair being so big and who helps me be the gurias. My situation with the guavas was always good, I never had any friction with a nurse. (F14)

For me, it's the best. It's better because he was born here. His folder is that big. So, it means he's from home. When I was at the station and told to go to the hospital, I said, "Let's go straight to this hospital." He was born here, his doctor is from here. The doctor already knows him, you know about his life. Nursing has nothing to talk about, they welcome us with open arms. They even know our name. (F6)

It is contributed, because the hospital under study is Child Friendly, so that patients from other locations are referred to the

Pediatric Unit. A familiar caretaker from Santa Vitória do Palmar reported the affection and good reception as demonstrations not only of the Nursing team, but also of the other professionals.

Oh, I can not say. Because they are all good, all loving. I did not catch any, so I was stupid, ignorant, thank God. She has friendship with the gurias here, she has friendship with the people of the glass, she has friendship with the staff of the cleaning. So I have nothing to complain about them here. I'm not from here and they welcomed me so well and I'm still going out talking badly about the hospital? [...] then it means that I have nothing to speak of them, nor of the doctors, because everything I asked them had an answer. (F2)

It was verified that a family caregiver reported, at the first moment, to be afraid of the treatment provided by the team because it is a hospital considered as a hostile environment, however, throughout the hospitalization, considered the team as good and patient, referring to having been well attended.

It's very good. I even thought I'd have a problem with that because I'm a little annoyed like that. Because it's a hospital, right? And when we get down, we've got that trauma: Oh my God, it's going to go down and I'm going to get the bad nurses who are not going to take care of it and I'm going to have to stress. But then I saw no, I have no complaint. Even by the way she (the child) aggressive and all have patience. I'm very well taken care of, I have nothing to complain about. (F9)

The presence of the students and the extensive request for examinations during the hospitalization of the child are considered to be positive by a family caregiver and, according to the latter, the students, because they are acquiring knowledge, seek to investigate in a more detailed way the patient's complaint.

I've always preferred this hospital, because I've always had treatment here, so for me, it's the best. For us, it's reference, it's the best. I like their treatment and I like having students. They look better because there comes one, look; there comes another and looks and then what one does not think, the other thinks. That's good. And also the exams is a lot of exams they ask for. So, it's a checape, better for her. The guavas that come here are quiet. So far I have not caught a fool. All quiet. Up here, they are even more attentive because, downstairs, in the Emergency Room, it's terrible because there are a lot of people being treated at the same time. (F18)

It is reinforced, by family, the good care of the Nursing team in the Unit of Pediatrics, however, claims to have had problems in another unit, considering the attendance of some members of the team.

Wonderfully great up here. Up here, I do not have to complain about anything. Here, copy. Doctors, the nurses, the gurias. I have nothing to complain about. [...] I like it here, that the treatment is better, the gurias are very attentive. My concern was down there, which in the case was neglected by a colleague of yours [...]. (F5)

The lack of patience and sensitivity in the accomplishment of procedures and the disregard for the child's condition in the perception of the family members as negative factors in the care provided by the Nursing team.

I just found a little stupidity from that lady who was boring him. I thought she was very shy. She did it and said like this (pretending tapas in her hand): "It has to have a vein, it has to have a vein". No, I even agree in the sense that I really know he needs it, it is necessary, but I found it so, oh, that she was sticking it too much. She was pushing hard. I found her very shy and very stupid in that sense. For her to be a Nursing in the pediatric part, she needs more tranquility and she is not at all calm. She screamed a little at me too when she came here. (F19)

So far, nothing since, since yesterday, it has low saturation and I have been talking about it since yesterday. Because my concern is this saturation of it low, then, nobody did anything, there, today they did. [...] Yesterday, she did not breastfeed and I called them and I explained to them and, nothing like that, they did nothing. They just did the nebulization and it was nothing more. In that, I did not like it because I saw that it was bad, I understood. Today, she is better, today, she shouted, she joked, but yesterday she did not do any of that. Not even smiling at me, she smiled. So that's when I got worried yesterday and could not even sleep. Every time they came here, I would tell them and they would not do anything. (F11)

Sometimes we have the impression, I do not know if it is in health, that since it does not have much to evolve, they only lead and there we kind of become indignant. [...] there are certain things that drive you crazy, even if you know him, then, today, we know if he is well or not, then you go and say he is not well. And you are seeing that the person is beating the foot that is nothing. (F13)

DISCUSSION

It is emphasized that the Nursing team plays a fundamental role in providing support

and support for the family within the unit. In a study carried out by the participants, the staff is attentive and available for the care of the child, performing care such as feeding, hygiene, checking vital signs, performing tests and administering medication.¹¹

It is explained that the companion's coexistence with the Nursing team is daily since the first one is constantly on the side of the child and, according to the authors, the participants in their study reported that Nursing care was considered adequate and of good quality, they revealed attention and dialogue as positive points and also expressed the importance of the team providing care not only to the child, but also to the companions.²

It is understood that the care and dedication of the Nursing team are perceived by the family caregivers of the study as important and positive in care not only with the child, but with the companions themselves, and the appropriate dialogue and positioning of the team with families are strategies that emphasize and direct humanized care.²

It is pointed out that the authors report that, in order to create a good relationship and strengthen the bond with the family, both need to learn to work together in the care of the child.¹² Nursing staff need to be shared, its teachings, to instruct and to be present with the family so that the same one feels confidence in the professional.

In a study carried out to analyze the implications of hospitalization for child care, it has been found that care is mainly provided by the family, and that the institution encounters difficulties on a daily basis to deal with this reality in the unit; therefore, it is necessary that there is adequate dialogue and interaction between the team and the family, since this second group has a great influence on the recovery of the child.¹³

The family member must be aware of the child's condition, including his/her illness, treatment, procedures, necessary exams and clinical evolution. Therefore, it is necessary for the professional to have effective communication and to explain the situation clearly and with a language accessible to the caregiver, since this type of attitude can help to reassure and create a link of trust between the team and the responsible for the child.³

It was raised in a survey conducted at a state public referral hospital in the municipality of Fortaleza that most caregivers stated that only medical professionals would provide information on the illness and hospitalization of their children. It is known,

however, that the nurse has ample condition to pass on this type of information and it has to be imposed and assume this role with the families from the beginning of admission to the hospital.³

The Nursing team becomes the main route of assistance to which the family has access during hospitalization, and the nurse and his team are the professionals who work daily with patients and their families. It is necessary, therefore, that the care be carried out in a humanized way so that the family obtains a quality assistance, and attitudes such as these help in the recognition and the valorization, besides helping in the good coexistence within the unit.

Care is understood as a set of procedures performed by professionals for the effective treatment of the child, but also, demands the participation of the family and, for this, it must be shared.¹⁴ Care is given through a process that is not limited only to technical knowledge, but rather to a broad action involving the responsible caregiver and the Nursing team. Through humanized and integral care, a series of factors such as respect, acceptance, understanding and attendance of the needs of the child and his/her family.¹⁵

Nursing staff should be present and present in this coexistence, facilitating the establishment of links with the caregiver and hospitalized children and understanding the context in which they are inserted. It can contribute, through shared care between the Nursing team and the responsible caregiver, to improve the care and recovery process of the child in the unit, besides stimulating a relationship of reciprocity and trust, thus making the environment welcoming.¹⁶⁻⁷

Thus, it is a complex practice to provide care and comfort to the hospitalized child, which must be carried out by the Nursing team in various hospitalization situations, since this moment is considered difficult and feared by the family and the child. It is shown, in a study carried out in the Pediatric Emergency of a teaching hospital in Sobral, Ceará - Brazil, the efficiency of the Nursing team in the accomplishment of the care, however, it is necessary a humanized view, by all professionals, of the hospitality, interaction, dialogue and hygiene measures to achieve comfort. Nursing care should also be centered on measures that meet the needs of individuals and not only on the disease, in order to provide a welcoming environment for the patient and his companion.²

CONCLUSION

The objective of this study was to know the family's perception about Nursing care provided at the unit. It was evidenced by the analysis of the data that the family considers the staff attentive and always willing to dedicate the necessary information and help, and also that it is careful when dealing with the family. It was mentioned, in cases of re-hospitalizations, mainly of children with chronic diseases, the creation of the bond by relatives as a positive factor, often, making the family feel welcome or, as quoted by the participant, "as if it were at home". A familiar caregiver was also informed of the affection and good reception as demonstrations not only of the Nursing team but also of the other professionals.

It was verified that the companion considered the team good and patient, referring to having been well attended. The presence of the academics and the extensive request for examinations during the hospitalization of the child were referred to as positive by another caregiver. It was reinforced, by a family member, the good care of the Nursing team in the Pediatrics Unit, however, he said that he had problems in another unit, considering that the attendance of some members of the team was negative. However, even with so many favorable aspects, some negative factors were mentioned by three family caregivers, such as the lack of patience and sensitivity in performing procedures and disregard for the child's condition.

It is concluded, through the obtained data, the importance of the perception of the family within the pediatric unit since these are the main link of the child and are present daily accompanying the care of the Nursing team. It can be observed that the nurse has been performing qualified care in the unit, however, it still needs a humanized and expanded look, on the part of the team, towards the familiar caregiver.

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