IMPORTANCE OF THE VISIT TO THE CHILD IN A PEDIATRIC INTENSIVE CARE UNIT: OPINION OF THE ACCOMPANYERS

IMPORTÂNCIA DA VISITA À CRIANÇA EM UNIDADE DE TERAPIA INTENSIVA PEDIÁTRICA: OPINIÃO DOS ACOMPANHANTES

IMPORTANCIA DE LA VISITA AL NIÑO EN UNIDAD DE TERAPIA INTENSIVA PEDIÁTRICA: OPINIÓN DE LOS ACOMPAÑANTES

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ABSTRACT

Objective: to know the opinion of the companions about the importance of the visit to children hospitalized in a Pediatric Intensive Care Center. Method: qualitative, descriptive study, as the data produced by semi-structured interviews, with 21 companions of hospitalized children. The data were analyzed according to the technique of Content Analysis in the Thematic Analysis modality. Results: the companions assigned importance to the hospital visit and believe that this impact on the quality of the child's recovery. They qualified the information received by the multiprofessional team as contradictory, lacking clarity and objectivity. The host was shown as an important tool in promoting the companion-team bond. Conclusion: the companions valued the hospital visit, but the information they receive shows weaknesses in order to be able to sustain safer and more welcoming relationships. We believe that the host can serve as a strategy for strengthening ties.

Descriptors: Pediatric Intensive Care Units; Hospitalized Child; Nursing; Family.

RESUMO

Objetivo: conhecer a opinião dos acompanhantes sobre a importância da visita às crianças internadas em um Centro de Terapia Intensiva Pediátrica. Método: estudo qualitativo, descritivo, com a produção de dados realizada, por entrevistas semiestruturadas, com 21 acompanhantes de crianças internadas. Os dados foram analisados segundo a técnica do Análise de Conteúdo, na modalidade Análise Temática. Resultados: os acompanhantes atribuíram importância à visita hospitalar e acreditam que esta impacta na qualidade da recuperação da criança. Qualificaram as informações recebidas pela equipe multiprofissional como contraditórias, carecendo de clareza e objetividade. O acolhimento se mostrou como uma ferramenta importante na promoção do vínculo acompanhante-equipe. Conclusão: os acompanhantes valorizaram a visita hospitalar, porém, as informações que recebem mostram fragilidades para que eles possam sustentar relações mais seguras e acolhedoras. Acreditam-se que o acolhimento poderá servir de estratégia de fortalecimento de vínculo. Descritores: Unidades de Terapia Intensiva Pediátrica; Criança Hospitalizada; Enfermagem; Família.

RESUMEN

Objetivo: conocer la opinión de los acompañantes sobre la importancia de la visita a los niños internados en un Centro de Terapia Intensiva Pediátrica. Método: estudio cualitativo, descriptivo, con la producción de datos realizada, por entrevistas semiestructuradas, con 21 acompañantes de niños internados. Los datos fueron analizados según la técnica del Análisis de Contenido, en la modalidad Análisis Temático. Resultados: los acompañantes atribuyeron importancia a la visita hospitalaria y creen que esta impacta en la calidad de la recuperación del niño. Calificaron las informaciones recibidas por el equipo multiprofesional como contradictorias, careciendo de claridad y objetividad. La acogida se mostró como una herramienta importante en la promoción del vínculo acompañante-equipo. Conclusion: los acompañantes valoraron la visita hospitalaria, pero, las informaciones que reciben muestran fragilidades para que puedan sostener relaciones más seguras y acogedoras. Se cree que la acogida puede servir de estrategia de fortalecimiento del vínculo. Descriptores: Unidades de Cuidado Intensivo Pediátrico; Niño Hospitalizado; Enfermería; Familia.

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INTRODUCTION

The hospitalization of a child is a complex period, whose consequences reflect in the family, in its structure and daily life, in the feelings of worry, stress and questions about what to expect at that moment. The child also suffers consequences in their psychological and emotional development, and in the bonds with their social network. Nursing, at that time, must recognize this situation and the importance of the role of the family.

Having the family member with the child, during the hospitalization period, facilitates the process of acceptance of this condition, reducing the feeling of abandonment, sadness, fear and anguish that the child may feel. It is this companion whom he sees as a source of security and affection, and, thus, its presence in the follow-up of the recovery process is necessary and its importance must be recognized by the health team that works there.

The hospitalization of a child, in a Pediatric Intensive Care Center, is a situation that causes, in the family, moments of distress, suffering and stress, which affects both the child, and their family, because this is an environment where they are faced with several uncertainties, including, the possible end of life.

High complexity care, is usually, characterized by a closed area that is physically and functionally separated from the rest of the hospital, where hospitalization occurs abruptly, leaving little time for the family to adjust to the new reality. To make this less aggressive and more welcoming environment, must understand that each family has its own dynamics and has a history of its own that needs to be recognized, valued and respected, making it fundamental that the professionals of the health team offer humanized therapeutic care to this family.

Humanizing care goes beyond allowing the presence of family members in the Pediatric Intensive Care Center: is to place the family in the center of care, precisely because of the impact that the child's hospitalization generates, and also as a way to reduce anxiety, fear and feelings of impotence.

The open visit comes as a proposal of the National Program of Humanization of Hospital Assistance, created by the Ministry of Health, in 2000, and constitutes a way to guarantee the link between patient, his social network and the other services of the health network. In this context, the companion is a representative of the child's social network, which accompanies him during his stay in the hospital.

Another important practice, proposed by the National Humanization Policy, is the acceptance, since it aims to recognize the other, in the attitude of welcoming him in his differences, his pains, his joys, his ways of living, feeling and being in life.

Acting in the care of the hospitalized child, in a high complexity sector, requires sensitivity with the experience that the family is experiencing and its importance in the care of the child. Even if the presence of the companions causes changes in the hospital environment, one should always keep in mind that all are seeking the same goal, which is the restoration of the child's health.

Due to the relevance of the topic addressed and its problematizing potential of the current reality of the health system, this study is justified by presenting evidence that may impel changes in the policies and practices of hospital visits, supporting the unlimited presence of the family and its participation in the care of the hospitalized child.

OBJECTIVE

- To know the opinion of the companions about the importance of the visit to the children hospitalized in a Pediatric Intensive Care Center.

METHOD

Qualitative, descriptive study. The hospital, in which the study was conducted, follows the guidelines of the National Program for Humanization of Hospital Care, but, does not count on the adoption of the systematic of the open visit proposed by the program. Sensitized by the proposed National Humanization Program of Hospital Care, the health unit team established an alternative form of hospital visit, called an “extended visit.” This system, implemented since 2011, maintained the establishment of fixed visiting times, as it was in the traditional way of organizing the hospital visit, but, extended the length of stay of the companions in up to one hour in each period (morning, afternoon and night).

The following persons were excluded: indigenous, quilombolas, children under 18 years of age, people with psychological and/or mental disorders or children whose time of hospitalization had not completed a minimum time of 36 hours, this time being determined for the companion to have an opinion about the experience of the hospital visit. The number of participants was not defined a priori, since the research was based on the criterion of saturation of the desired information and the speeches became recurrent, showing signs of
saturation when the amount of 21 interviews was reached. Data collection began only after approval of the research project by the Ethics Committee on Research in Human Beings of the Federal University of Mato Grosso do Sul, under the number of opinion n°709.564.

The data were collected after the visiting hours established at the institution, by reading and signing the Informed Consent Term by the interviewees, based on individually recorded interviews, guided through the application of two semi-structured instruments, which contained data questions such as age, schooling, occupation, city of origin and degree of kinship of the companion, as well as questions that dealt with the feelings related to the moment of the visit, the links with the child and also the information received during the hospitalization and about the reception. During the organization, to remain anonymous, the companions received an alphanumeric identification, according to the sequence of the interviews.

Data analysis was based on the Content Analysis technique, in the Thematic Analysis modality, with the following steps being adopted: pre-analysis, coding, categorization and inference. After the transcription and ordering of the interviewees' speeches, a thorough reading was performed for determination of the sense nuclei of speech, which were divided into two categories and then into six subcategories, for better analysis and presentation.

**RESULTS**

The result of the study allowed us to register that the majority of the companions were women, with 71%. As for the degree of kinship of the companion, 66% were mothers, 10% were the parents, 10% were both father and mother, and 14%, were other relatives. The ages of these companions varied between 18 and 59 years, being the average of 29 years. As for schooling, 30% had incomplete Elementary School; 8%, complete Elementary School; 25% completed High School, while 16% did not complete; and 13% had Higher Education and 8% did not complete Higher Education. As for the occupation, 37% declared the household chores and 63% other occupations. Most of the participants, 75%, resided in the municipality itself; the rest were from other cities of the State.

Next, the two categories were presented below that served as a basis for analysis and their respective subcategories: Opinion on the hospital visit and Characterizing care practices and information received.

**Category - Reviewing the hospital visit**

In this category, the companions' opinion on the length of visits to hospitalized children and the way in which they were used was expressed.

**Subcategory - Evaluating the time of the hospital visit**

The 21 participants in the study were unanimous in attaching importance to the family presence at the hospital visit to the child. Regarding the length of time during the visit, 75% of the participants felt that the time of one hour available for visitation was very little, even if it was repeated three times a day.

 [...] Mother is little, because mother always wants to be close [...]. (A7)

Companions, sensitized by the vulnerability to which they were exposed to those who were admitted to a Pediatric Intensive Care Center showed concern about their permanence in the sector, due to the technological density present and also because they believed in the susceptibility of the environment to the presence of people outside.

 [...] I think it is a reasonable time also because it is an area of ITC [...]. (A20)

I think it's good because of the environment [...] here is a very delicate place for them. (A16)

Those who had two or more children, and who did not have support with the care of the other children, reported that this family situation impaired the number of visits made.

 [...] I have two more children and have no one to stay with [...]. So you can not come all the time, but if you could come a little bit in each hour (more flexible time) it would be better. (A5)

**Subcategory - Describing how to use the time available for the hospital visit**

The testimonies recorded the involvement of the companions with the corporal care offered to the child during the visit, as well as, the need to observe if there were physical alterations in the child.

 [...] I try to stay this one hour and always give lunch and dinner. (A21)

Convert and eye. I look at everything from the little finger of the foot to the head [...] yesterday I cut my nails, they were big. (A5)

The family's sense of duty, as a source of protection, comfort and strength, was also emphasized, and the companions understood that they transmitted safety to the child during the visit.

*It's the moment when I give her strength [...] I think it's a food. Show that we have not given up on her, that she is not abandoned. (A19)*
We always say that you love her. She loves to hear it, she loves to say I love you [...]. (A10)

Oh, I'll talk to her, kiss her, tell her I'm there and she'll get out of there. I pick it up on my lap when [...]. (A1)

In the understanding of the companions, the fraternal bonds should be maintained and strengthened, despite the hospitalization of one of the brothers.

[...] I talk to him about his little brothers. I say that they miss you [...]. They wanted to record on their cell phone to show it to them [...]. (A7)

I talk to him a lot, that his brothers miss me, because I have three more children. I tell him and I always keep him abreast of what happens at home. (A15)

- **Subcategory - Discussing feelings experienced in the hospitalization experience of the child**

The companions revealed to live with the most varied feelings, emotions and reflections during the hospitalization of the child.

[...] when we go through such a situation [...]. Then, we begin to self-evaluate, as a person, as a family, to make it better, give our best to her, let her recover and go back home to our life ... it is our reflection of everything that goes on [...]. (A10)

I get sad because I'm leaving a part of me here, I always feel that I'm abandoning it and it makes me sad. (A15)

The night is more complicated, I go home to think and we cry. And I do not see the time of the next visit. I keep counting the hours. (A14)

It seemed essential that the health team gain the confidence of the family because it became a stressful factor and strengthened the bond with the companion.

Oh, we're sad and happy. He is sad because he cannot take him home and he has to be alone [...]. (A) happy because he knows he is being taken care of by doctors and nurses [...]. (A17)

- **Subcategory - Identifying behavioral changes of the child at the time of the hospital visit**

The companions identified that the child reacted to their presence.

Yes, he gets more agitated when we come. He gets more agitated, wants to play, wants to raise his hand, he does not stop! (A6)

Yes, he wakes up, I talk to him and he smiles, he sends a kiss, he says he loves. He becomes more active, until his expression changes [...]. (A17)

- **Category: Characterizing care practices and information received**

When addressing the host, participants were previously explained, the meaning of this practice in health services.

- **Subcategory - Evaluating the quality of information received**

The testimonies revealed that the information provided for the monitoring of the child's state of health for some companions was not considered enlightening and often even contradictory.

[...] it depends on who is on duty because every doctor says something, but now I only talk to a doctor, so I feel enlightened. (A8)

[...] They only say what we ask, they never give certainty if it is well or not, they always say that it is better. And you're going to ask another doctor or nurse, tell you something else [...]. (A13)

- **Subcategory - Understanding host practices**

The host practices were identified by the companions. Demonstrations of affection and compassion were highlighted.

[...] The nurses are more attentive [...] she goes, looks and asks if she needs anything, if baby is well, if she needs help to mess with him. (A6)

I think there is a welcome because with the nurses, everything I ask them to respond [...] calls my baby 'my baby, my baby' [...]. (A15)

The companions also recorded situations in which the lack of a welcoming attitude was perceived.

[...] but there is a moment when you have to leave the technique aside and be a bit more human [...] And it depends on the team, the professional that is [...]. (A10)

[...] I go in and nobody comes and talks to me there [...] nobody talks to me. (A5)

[...] I did not see much of it. Neither the doctors nor the nurses [...] this affectivity does not have. No way. (A17)

No, you do not have that welcome. The staff just greets. (A19)

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**DISCUSSION**

This study found that mothers are the majority among the companions, characterizing them as young mothers, with medium and higher education level, and who worked outside the home.

Each family experienced the hospitalization situation in its own way. The feelings were unique, as were the coping ways of hospitalization.

As for the time available for hospital visit, for the child was, considered insufficient. This finding leads us to understand that caregivers...
valued the maintenance of attachment and attachment, and the fact that hospitalization was an unknown situation made fear and uncertainty contribute to the need to stay with the child. The time of the visit has already been object of reflection of other studies. This short time reduces the opportunity for affective interaction with the child, which may lead to impairment of attachment and possible consequences in the interpersonal relationship of the child.11

Non-unanimity in relation to the assertion that the time of the visit was insufficient can be attributed to the understanding that the volume of devices that intensify the environment of the Pediatric Intensive Care Center generates, on families and even professionals, a belief that presence of people from outside the hospital environment is detrimental to the recovery of the child.

Other factors also influenced the frequency with which the visits were performed or not. With the number of visitors limited by period, the chaperones organized for the relay between the family members, in order to promote visits at all times. It can be said that families exercised their creativity to deal with the disease situation, but, also, with the norm that regulates the conviviality in the Centers of Pediatric Intensive Care.

Another perceived situation that led to a reduction in the number of visits was the lack of structure experienced by the parents / companions who had other small children who had no one to leave them with. There are families who overcome the difficulties of this period of hospitalization and organize themselves in a way to accompany the child, others, however, are broken down and hospitalization reverberates throughout the family nucleus. Having a support network is essential for the family at this time, as they offer instrumental and emotional support in their different needs. The institution under study had nothing of this nature to support their families.

The health team should have a special look at these children who did not receive constant visits, as their needs could become sharper when compared to children who enjoyed more family presence during the day. Children are sensitive to the presence or absence of hope because this is an inner quality that mobilizes man toward a goal that can satisfy and sustain life. The child, with hope, can produce health-seeking behaviors and a greater sense of well-being.12

The concern with the maintenance of affective-social bonds, through communication, touch and presence, aiming to guarantee transmission of a feeling of love and protection for the child, was highlighted. The presence of the companions is positive for the child, since it facilitates the coping of the disease, and the parents / companions themselves feel more confident and confident when they are satisfying their father and mother roles, becoming, then, the basis for overcoming this hospitalization period.13

During the visits, the companions expressed the need to feel useful and stressed the importance of participation. The records of these facts added value in defense of a joint hospitalization system, which means the full-time presence, of the relative. Placing the caregiver in the care, giving autonomy to perform the simplest care, and encouraging and motivating their presence, with the hospitalized child are actions that should be incorporated into the practice of care.3

The periods in which the child remains outside the family routine demanded that relatives/companions seek alternatives to maintain the bond with their siblings. What the brothers pick up or listen to, are usually, worse than reality, and this allows them to imagine horrible things related to illness, treatment and hospitalization. An important factor in the adjustment and adaptation of siblings is the information and knowledge about the reason for the hospitalization of the brother or sister.12

During the experience of the child's hospitalization, the families reported that they went through moments of personal reflection, analysis and interpretation of the actions of the past, thinking about a better future, with the child's well-being in mind. There were reports that it was necessary to rescue internal strength so that they did not allow themselves to be overwhelmed by the unexpected situation, which was the hospitalization in a Center of Pediatric Intensive Care. One way of alleviating the pain and suffering and facilitating the process of adaptation of the family to this reality, perceived by the families themselves, was the established relationship between the health team and the companions, transmitting confidence and tranquility to them. In order to obtain humanized care, it is important that the hospital environment is capable of accommodating not only the child but, also, the family, that lives with the hospitalization process.14 It should be understood that the family also falls ill and needs, in the same way, individualized care.3

But there were also distancing behaviors adopted by professionals. This is due to the technicist orientation of practices in the field of...
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of health, which still, focuses on, disease and procedure, not the subject and their needs.15

The quality of the information received, in the speech of the study participants, showed that it needs to be improved. The omission of details of the child’s state of health was perceived, and this was a factor of doubt for the family. Although the prognosis is not favorable, true information is preferable to words that do not convey security. It is fundamental, in a situation of hospitalization in the Pediatric Intensive Care Center, to clarify the meaning of this occurrence, to minimize the suffering of the child and the family, thus, constituting, an integral care and recognizing the difficulties that the hospitalization brings back to its daily life. to the reality of the child’s health situation, and the family/companion needs clear and direct communication.16

Still in relation to the quality of the information offered by the team, the concern with their uniformity was the object of several manifestations of the participants of the study, due to the divergences and contradictions perceived and how much this becomes a stressful factor during the follow up of the hospitalization of the child. When the child is in an area of high complexity, the care is performed by several professionals and each one seeks to focus only on their specialty. Also considering, the alternations in turn, the information happens to be different, according to who is disclosing it.17 Maybe it would be important to appoint a team professional to talk with the family, a facilitator of the family / team communication process.

Adequate and effective communication, with companions, is essential to maintain their autonomy, especially, in a highly complex environment where communication is not exactly a priority.18 Companions are concerned about the quality of information provided, knowledge of possible complications, as well as learning in the care of children with technological devices, preparing for hospital discharge.19 When communication is efficient, it is possible to reduce anxiety in the face of illness and hospitalization, contributing to better acceptance and involvement of family members in the process of caring for the child, and, also, greater adherence to treatment, favoring the process of dealing with this new situation and the inherent needs.3

Even considering that the hospital under study adheres to the recommendations of the National Humanization Policy, which proposes initiatives in the adoption of practices that promote the construction of bonds and the reception of the companions, nevertheless, the companions’ perceptions about practices that are not coherent with the recommendations contained therein. Dialoging can better understand the psychosocial context of the companions, thus, showing, the best way to be followed, in helping these people to face this difficult period. An attentive listening and caring attitude make these caretakers feel truly welcomed and safer as regards the care given to the child. It is of great importance that institutions invest in the quality of customer/patient care, but it is also necessary, to value, equal attendance of the accompanying family members.

Further studies are expected to address this issue in the search for subsidies to favor the relationship between health staff and caregivers/family members in the provision of child care. In view of the multiple realities of families of hospitalized children, it is up to health professionals to stimulate the creation of support networks and transform care into space for the construction of practices based on care that is also centered in the family, even in high complexity areas.

CONCLUSION

The companions valued the hospital visit and understand its importance both for the child, and for themselves, as these moments strengthen them to face the disease and hospitalization and decrease feelings of fear, insecurity, abandonment and stress. The information provided to them during the visit was also classified as important, but viewed as confusing, incomplete and contradictory. The notion of reception was confirmed as a strategy to strengthen the bond during the time of the visit.

Thus, the need for greater adherence to policies and practices that increase the participation of family members in the hospitalization of the child, by health institutions was also perceived, since the family understands and seeks to keep their presence as close as possible to the child, overcoming the challenges of and participating in care. It is necessary to value the service to the accompanying person, in a humanized and quality way, especially, in critical care environments, which is still being forgotten.

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Importance of the visit to the child in a...

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