



## KNOWLEDGE OF HEALTH PROFESSIONALS ABOUT THE RIGHTS OF CHILDREN AND ADOLESCENTS HOSPITALIZED

### CONHECIMENTO DOS PROFISSIONAIS DA SAÚDE ACERCA DOS DIREITOS DA CRIANÇA E DO ADOLESCENTE HOSPITALIZADOS

### CONOCIMIENTO DE LOS PROFESIONALES DE LA SALUD SOBRE LOS DERECHOS DE LOS NIÑOS Y ADOLESCENTES HOSPITALIZADOS

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#### ABSTRACT

**Objective:** to characterize the health professionals involved in assisting the child and adolescent hospitalized. **Method:** descriptive and exploratory study, with a quantitative and qualitative approach conducted with nine health professionals of a public pediatric hospital of the city of João Pessoa/PB through a questionnaire containing objective and subjective questions. The objective data were grouped and presented in absolute numbers and percentages and the subjective analyzed through the Technique of the Collective Subject Discourse. The research project was approved by the Research Ethics Committee, CAAC no. 01250351000-11. **Results:** most of the rights is unknown of the professionals, but most stated that these were respected on that institution, despite the absence of the playroom, of open visitation, of escort in Intensive Care and training of professionals to provide a holistic service. **Conclusion:** to provide quality assistance to children and adolescents hospitalized, it is necessary to involve both health staff and the managers. **Descriptors:** Adolescent; Child; Knowledge; Hospitalization.

#### RESUMO

**Objetivo:** caracterizar os profissionais da saúde envolvidos na assistência a criança e adolescente hospitalizado. **Método:** estudo exploratório e descritivo, com abordagem quantitativa e qualitativa realizado com nove profissionais da saúde de um hospital público pediátrico da cidade de João Pessoa/PB através de um questionário contendo questões objetivas e subjetivas. Os dados objetivos foram agrupados e apresentados em números absolutos e percentuais e os subjetivos analisados por meio da Técnica do Discurso do Sujeito Coletivo. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAC nº 01250351000-11. **Resultados:** a maioria dos direitos é desconhecida dos profissionais, porém a maioria referiu que estes eram respeitados naquela instituição, apesar da falta de brinquedoteca, de visita aberta, de acompanhante na UTI e de capacitação dos profissionais para prestar uma assistência holística. **Conclusão:** para se prestar a assistência de qualidade as crianças e adolescentes hospitalizados, é necessário o envolvimento tanto da equipe da saúde quanto dos gestores. **Descritores:** Adolescente; Criança; Conhecimento; Hospitalização.

#### RESUMEN

**Objetivo:** caracterizar a los profesionales de la salud involucrados en la asistencia a los niños y adolescentes hospitalizados. **Método:** estudio descriptivo y exploratorio, con un enfoque cuantitativo y cualitativo realizado con nueve profesionales de la salud de un hospital público pediátrico de la ciudad de João Pessoa-PB a través de un cuestionario conteniendo preguntas subjetivas y objetivas. Los datos objetivos fueron agrupados y presentados en números absolutos y porcentajes y los subjetivos analizados mediante la Técnica del Discurso del Sujeto Colectivo. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, CAAC no. 01250351000-11. **Resultados:** la mayoría de los derechos es desconocida, sin embargo la mayoría de los profesionales indicaron que estos eran respetados en aquella institución, a pesar de la falta de sala de juegos, de visitación abierta, de acompañante en la UTI y capacitación de los profesionales para ofrecerle una asistencia holística. **Conclusión:** para proporcionar asistencia de calidad a los niños y adolescentes hospitalizados, es necesario involucrar tanto el equipo de salud cuanto a los gestores. **Descriptores:** Adolescente; Niño; Conocimiento; Hospitalización.

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## INTRODUCTION

During centuries the childhood was ignored, for being associated with the idea of frailty and dependency. Thus, it was out of childhood when deviate from lower degrees of this condition. In the Middle Ages, when the child no longer depended on the mother or babysitter, he was included in the society of adults, around 7 years old, passing to the adulthood without having experienced the stages of youth.<sup>1</sup>

In Colonial Brazil, the son was ignored by his family, he was seen as an insignificant image, without attractions, he was not entitled to attention and affection, indispensable elements for the physical and emotional development.<sup>2</sup>

From the twentieth Century, the child began to be seen differently, having rights in the laws and codes of the world. Thus, on November 20, 1959 the Declaration on the Rights of the Child was adopted that contains ten rights, each one based on a principle briefly exposed the following: Right to equality, without distinction to race, religion or nationality; Right to special protection for their physical, mental and social development; Right to a name and a nationality; Right to food, housing and medical care for the child and his mother; Right to education and the special care for the child physically or mentally handicapped; Right to the love and the understanding of parents and society; Right to free education and leisure for children; Right to be assisted in the first place, in case of catastrophes; Right to be protected against abandonment and exploitation at work; and Right to grow, within a spirit of solidarity, understanding, friendship and justice between peoples.<sup>3</sup>

In Brazil, the perception of the condition of repression of the child came to be perceived in the year of 1978, being established the International Year of the Child. From there, several associations were articulated in defense of the rights of the child.<sup>4</sup>

The Federal Constitution, from 1988, known as "a civic constitution", defended the rights of the child as citizen, but it was the Statute of the Child and Adolescent (SCA), in 1990, which gave the child and adolescents rights in different estates, namely, social, cultural, health, among others. The SCA is therefore considered the Magna Carta of the rights of children and adolescents. Although some articles of SCA are more specific in the area of health, especially Art. 12, which safeguards the right of the escort when the child is hospitalized, recommending that

"health care establishments should provide conditions for the full-time residence of a parent or guardian", there was the need to protect the right of the child in the hospital, being so created specific documents about the subject, as the Charter of Hospitalized Child, which is European and the Resolution 41/95, which is Brazilian.<sup>5</sup>

The resolution on the Rights of the Child and Adolescent Hospitalized<sup>6</sup> deliberates the following rights:

1. Right to life and to health protection, with absolute priority and without any form of discrimination;
2. Right to be hospitalized when necessary to their treatment, irrespective of social class, economic condition, race or religious belief;
3. Right not to be or remain hospitalized unnecessarily for any reason unrelated to the best treatment of their illness;
4. Right to be accompanied by their mother, father or guardian, throughout the period of hospitalization, as well as receive visits;
5. Right not to be separated from the mother at birth; to receive breastfeeding without restrictions;
6. Right to receive breastfeeding without restrictions;
7. Right not to feel pain when there are ways to avoid it;
8. Right to have adequate knowledge of the illness, the diagnostic and therapeutic care to be used, the prognosis, respecting their cognitive phase, in addition to receiving psychological support, when necessary;
9. Right to enjoy some form of recreation, health education programs, monitoring the curriculum during their hospital stay;
10. The right to have their parents or guardians to participate actively in the diagnosis, treatment and prognosis, receiving information on the procedures that will be submitted;
11. Direito a receber apoio espiritual e religioso conforme prática de sua família; / Right to receive spiritual and religious support as their family practice;
12. Right not to be subject to clinical trial, diagnostic and therapeutic evidence, without the informed consent of their parents or guardians and their own, when they have insight to this end;
13. Right to receive all available therapeutic resources for their work,

- rehabilitation and/or secondary and tertiary prevention;
14. Right to protection against any form of discrimination, neglect, or maltreatment;
15. Right to respect their physical, mental and moral integrity;
16. Right to prevent their image, identity, autonomy, personal objects and spaces;
17. Right not to be used by the media, without the express will of their parents or guardians or their own will, safeguarding the ethics;
18. Right to confidentiality of their clinical data, as well as the right to take cognizance of the same, archived at the institution for a period stipulated by law;
19. Right to their constitutional rights and those contained in the Statute of the Child and Adolescent respected by hospitals;
20. Right to a dignified death, along with their families, when exhausted all available remedies.

The child and the adolescent in spite of having their rights guaranteed by law in hospital practice, they are not always respected, either by the lack of knowledge of health professionals with regard to the rights of children and adolescents in the hospital and their families or by the lack of knowledge of their own family of children and adolescents regarding their children's rights within the hospital institution.

In this context, the researcher as students body of the graduate course in nursing and also an employee of a public hospital that serves children and adolescents and their families in inpatient service, felt motivated to undertake a survey to answer the following question: which is the knowledge of health professionals about the rights of children and adolescents hospitalized?

It is worth mentioning that, this research will contribute to improving the quality of assistance, since it will allow professionals to rethink the importance of a humanized assistance to guarantee the rights of children, adolescents and their families. In addition, will serve as a subsidy for Continuing Education and Humanization of the need or not of training of professionals involved in assistance to that group.

Therefore, objectives of this study are:

- To characterize the health professionals involved in assisting children and adolescents hospitalized.

- To investigate their knowledge about the rights of children and adolescents hospitalized.

METHOD

Exploratory and descriptive study, with a quantitative and qualitative approach, in a public pediatric hospital, located in the neighborhood of Jaguaribe in the city of João Pessoa-PB, with nine professionals who obey to the following inclusion criteria: that they were acting for over a year in assisting child hospitalized; that were present in that sector during the period of data collection and that accept to join the research signing an Informed Consent Form (ICF).

The data were collected in September 2011 with a questionnaire containing questions related to the objective and subjective characterization of the subjects of the research. The objective data were grouped and presented in absolute numbers and percentages, and the subjective were analyzed by means of the Technique of the Collective Subject Discourse (CSD).<sup>7</sup> The results were subsequently discussed using the literature.

The research considered the ethical aspects recommended by resolution 196/96 CNS, in the Art. II, of the ethical aspects, which deals with human involvement in research, but also the COFEN Resolution 311/2007<sup>9</sup>, which deals with the Code of Ethics of Nursing Professionals.

It should be noted that the study only occurred after approval of a research project by the Research Ethics Committee of the Faculty of Nursing Nova Esperança (FACENE) by CAAC no. 01250351000-11.

RESULTS

◆ Sample characterization

It was showed that 3 (30%) were in the age group of 25 to 30 years; 1 (10%) of 31 to 35 years; 1 (10%) of 36 to 40 years; 1 (10%) of 41 to 45 years; and 4 (40%) with more than 45 years. Considering the marital status it was observed that 6 (60%) were married; 2 (20%) were single; and 2 (20%) were divorced. As the functional category, it was observed that, 3 (30%) were nurses; 2 (20%) nursing technicians; 1 (10%) nutritionist; 1 (10%) social worker; 1 (10%) 1 physiotherapist; 1 (10%) audiologist and 1 (10%) psychologist. With respect to the time of education, it was observed that 2 (20%) had 1 to 5 years; 4 (40%) from 6 to 10 years; 2 (20%) from 11 to 15 years; 1 (10%) from 16 to 20 years; and 1 (10%) from 26 to 30 years. As for the



Postgraduate course, it was observed that 6 (60%) had postgraduate course; and 4 (40%) had not conducted postgraduate courses. With respect to the training course, it was observed that 8 (80%) had training course; and 2 (20%) had no training course. With respect to the length of service in pediatrics, it was observed that 5 (50%) had from 1 to 5 years; 2 (20%) from 6 to 10 years; 1 (10%) from 11 to 15 years; 1 (10%) from 16 to 20 years; and 1 (10%) from 21 to 25 years. As for participation in events that raise the Statute of the Child and Adolescent (SCA) and the Rights of the Child in the Hospital, it was observed that 3 (30%) had participated in any event and 7 (70%) have never participated in any event that could address these themes.

◆ Knowledge of health professionals

Among the rights of children and adolescents hospitalized, the best known was the right to be accompanied by their mother, father or guardian, throughout the period of his hospitalization (100%), followed by the right to enjoy some form of recreation, health education programs, monitoring the scholar curriculum, during their hospital stay (70%) and the right of parents or guardians to participate actively in the diagnosis, treatment and prognosis, receiving information about the procedures that will be submitted (30%).

The less cited rights were: the right to life and health protection, with absolute priority and without any form of discrimination; the right to receive breastfeeding without restrictions; right to have adequate knowledge of their illness, therapeutic care; the right to receive psychological support, when necessary; the right to spiritual and religious support as their family practice; the right not to be subject to clinical trial, diagnostic and therapeutic evidence, without the informed consent of their parents or guardians; the right to receive all available therapeutic resources for their healing, rehabilitation and/or secondary and tertiary prevention; the right to receive protection against any form of discrimination, neglect or maltreatment and the right to prevent their image identity, autonomy, personal objects and spaces.

Among the unknown rights by participants were: the right to be hospitalized when necessary to their treatment; the right not to be or remain hospitalized unnecessarily; the right not to be separated from their mother at birth; right to feel no pain, when there are ways to avoid it; the right to respect for their physical, mental and moral integrity; the right not to be used by the media, without the

express will of their parents or guardians, or their own will, safeguarding the ethics; the right to confidentiality of their clinical data, as well as the right to take cognizance of the same, archived at the institution; the right to have their constitutional rights and those contained in the Statute of the Child and Adolescent respected fully by hospitals and the right to a dignified death, along with their families, when exhausted all available remedies.

The CSD revealed the opinion of professionals with regard to respect for the rights of children and adolescents hospitalized. The Central 1 idea revealed that most health professionals (80%) considered that the rights of children and adolescents were respected in that institution. Only two (20%) of the professionals mentioned that not all rights were respected, the lack of knowledge of professionals as the National Policy of Humanization (NPH); by the lack of a playroom; the little information provided to parents about their child's diagnosis; the lack of open visitation as advocates the NPH and for not being allowed an escort in the ICU.

DISCUSSION

The survey allowed to observe that only 3 of the 20 rights of children and adolescents hospitalized were known by all healthcare professionals, thus demonstrating the little knowledge of the rights team of their clientele. Perhaps this fact should probably to the little investment of the institution in the training of their employees or by the lack of interest of those in empower themselves. This fact was proven when observed that most, although service to this clientele for over ten years, never participated in any event that focused the rights of clients.

This fact is more common than people think, but despite the convenience of many managers and professionals to put unrelated to the new knowledge, it is imperative to know so we can take care of. To know in all respects, not only in the process of growth, development and illness but also as citizens rights, these rights must be preserved and respected during the entire period that they are under the care of the health team.

The rights of the child in the hospital taking based on SCA, including one of them states that all rights contained in that Statute must be respected during hospitalization.<sup>10</sup> The child and adolescents hospitalized need for their assistance trained professionals, sensitive and committed to their conditions that meet their needs fully, involving also the family in assisting and respecting them as

citizens.

It is necessary to encourage and invest in the training of professionals involved in the care of children and adolescents, being this a responsibility of managers of the institution. The training is really an investment, because it promotes the improvement of quality of care and brings benefits not only to the child but also to the professional that assist them, which will feel motivated to provide a differentiated service, reflecting on the own institution, which, while service provider, will be recognized with regard to the quality of care.<sup>11</sup>

Professional training promotes the development of the human being. The development is the ability to learn new skills, gain new knowledge and change attitudes and behaviors.<sup>12</sup>

It is believed that because most professionals recognize the rights of the child and adolescent, these reported that all were respected in that institution despite the absence of a playroom, this fact of the utmost importance, because it is a children's hospital and observed only by a professional. The play is a right of the child protected by the SCA in its Art. 16 item IV, referring to be the child's right to play, play sports and have fun. This right is also cited in the Resolution on the Rights of the Child and Adolescent hospitalized, when referred to be their right, act to enjoy some form of recreation, health education programs and monitoring of the school curriculum, during their hospital stay.

It is necessary also have in mind that the child hospitalized needs to play, to interact with other children. The play, to the child hospitalized, can generate moments of relaxation by forgetting, momentarily, the stress of hospitalization. In this way, the play comes to provide faster recovery, reducing the days of hospitalization and, consequently, the minimization in hospital costs.<sup>11-2</sup>

The lack of open visitation and parents access to the ICU for monitoring their child also were cited for a professional who identified as violations of rights, because the National Policy of Humanization of the Health Ministry acknowledges in the escort, the representative of the social network of inpatients who accompanies the patient throughout their stay in healthcare environments. For joining the Program on Hospital Care should be observed some parameters such as the existence of humanizing working groups; the guarantee of “open visitation”, by the presence of the escort, respecting the peculiarities of the passenger needs, and the mechanisms of host

reception from users.<sup>13</sup>

The right to escort is also enshrined in Art. of the 12 of the SCA, referring to “health care establishments should provide conditions for the full-time residence of a parent or guardian, in cases of hospitalization of child or adolescent.”

The permanence of their parents in hospitals aims at including these basic care to children and adolescents, as well as those of specific treatment. To this end, targeted therapy that clientele should also involve their family, while potential caregiver, whereas, therefore, its need to be psychologically supported in this hard moment of their lives.<sup>13-4</sup>

One of the measures in the process of care is the family involvement during hospitalization. It is assumed that the family is the first responsible for the health care of its members and that the care of the team is most effective when the family is the unit of care.<sup>13</sup>

To involve the family in care of the child and the adolescent during the hospitalization, is absolutely vital to a team trained and committed to its customers, however, what is observed is the shortage of professionals to provide the care, and existing ones, are usually poorly paid and exhausted, by the need to take more than one job to make a decent salary.<sup>14-5</sup> This reality, coupled with lack of training, generates both in the professional and clientele a wide dissatisfaction, at first, by failing to offer a quality service and in the second, not to see their needs met and their rights respected.

The shortage of skilled health professionals is a reality experienced in most Brazilian hospitals, whether they are public, private, or philanthropic. This reality undermines the quality of care both by the insufficient quantitative, as the lack of qualification, result in a limited perception of the professional with regard to care.<sup>15</sup>

The health team needs to realize that children and adolescents are more than sick people or a disease, are humans who have needs, fears, desires and rights.<sup>15-6</sup> Thus, the health professional must be able to identify the stressors of the disease at every stage of its development, promoting interventions that prevent the traumatic consequences of hospitalization.

FINAL REMARKS

The study allowed to observe the rights of children and adolescents hospitalized were little known by most professionals, these are not, therefore, in a position to assess whether they were or not respected that health

institution. Only one participant was able to realize that the institution not attend by the absence of a playroom; the failure to open visitation (as advocates the National Policy of Humanization (NPH)) and for not being allowed a companion to children and adolescents in the ICU. And another highlighted the unpreparedness of the professionals when it comes to the knowledge of the rights of the customers, which results in disrespect, by the absence of a policy that enables them to do so.

It should be noted that the training of health professionals is the responsibility of managers, being of utmost importance, because it promotes the improvement of the quality of the assistance, bringing benefits to children, adolescents, family, professional and their own health institution, which happens to be respected and referenced.

To provide quality assistance to children and adolescents hospitalized, it is necessary that both managers and health professionals be sensitized, trained and committed to providing a humanized care that go beyond mere technique, but that is permeated by respect for the rights of those who are being cared for. When the team is compromised, the empowerment, IE, the professionals are no longer mere spectators of the injustices imposed on their clientele, becoming defenders of their rights, which are so often neglected by the Government.

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