THE PRESENCE OF THE FATHER/CAREGIVER IN THE HOSPITAL CONTEXT: INTEGRATIVE REVIEW

A PRESENCA DO PAI/ACOMPANHANTE NO ÂMBITO HOSPITALAR: REVISÃO INTEGRATIVA
LA PRESENCIA DEL PADRE/ACOMPANYANTE EN EL ÂMBITO HOSPITALARIO: REVISIÓN INTEGRADORA

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ABSTRACT

Objective: to analyze the scientific literature on the participation of the father while accompanying her hospitalized child. Method: an integrative review, with a view to answering the question <<What studies address on the participation of the father/caregiver in the hospitalization of their child?>> The search for publications occurred in Lilacs and PUBMED and SciELO virtual library, between 2003 and 2013. To collect data, we used a structured form contemplating the article title, author, year of publication, the research’s site, the main results and conclusions of the studies. For the review, there was a systematic characterization of publications presented in figures. Results: 19 studies expressed the need for reflection on the care of father/caregiver with emphasis on the adequacy of hospital facilities for the stay in the hospital environment. Conclusion: rethinking the paternal participation in service sectors and the need to expand the scientific literature on the subject. Descriptors: Father; parents; nursing; Hospitalized Child.

RESUMO

Objetivo: analisar a produção científica sobre a participação do pai enquanto acompanhante de seu filho hospitalizado. Método: revisão integradora, com vistas a responder a questão << O que os estudos abordam sobre a participação do pai/acompanhante na hospitalização do filho?>> A busca de publicações ocorreu nas bases de dados LilACS e PUBMED e na biblioteca virtual SciELO, entre 2003 a 2013. Para a coleta de dados, utilizou-se um formulário estruturado contemplando o título do artigo, o autor, o ano de publicação, o local da pesquisa, os principais resultados e as conclusões dos estudos. Para análise crítica, realizou-se a sistemática caracterização das publicações apresentadas em figurais. Resultados: os 19 estudos expressaram a necessidade de reflexão sobre a assistência ao pai/acompanhante, com ênfase na adequação de estruturas hospitalares para a permanência no âmbito hospitalar. Conclusão: repensar a participação paterna nos setores de assistência e a necessidade de ampliar a produção científica sobre a temática. Descriptores: Pai; Pais; Enfermagem; Criança Hospitalizada.

RESUMEN

Objetivo: analizar la producción científica sobre la participación del padre mientras es acompañante de su hijo hospitalizado. Método: revisión integradora, con vistas a responder la pregunta << ¿Qué estudios enfocan sobre la participación del padre/acompañante en la hospitalización del hijo?>> La búsqueda de publicaciones se dio en las bases de datos LilACS y PUBMED y en la biblioteca virtual SciELO, entre 2003 a 2013. Para la recolección de datos, se utilizó un formulario estructurado contemplado el título del artículo, el autor, el año de publicación, el lugar de la investigación, los principales resultados y las conclusiones de los estudios. Para análisis crítico, se realizó la sistemática caracterización de las publicaciones presentadas en figururas. Resultados: los 19 estudios expresaron la necesidad de reflexión sobre la asistencia al padre/acompañante, con énfasis en la adecuación de estructuras hospitalarias para la permanencia en el ámbito hospitalario. Conclusión: repensar la participación paterna en los sectores de asistencia y la necesidad de ampliar la producción científica sobre la temática. Descriptores: Padre; Padres; Enfermería; Niño Hospitalizado.

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INTRODUCTION

Family participation is essential in the processes of growth and development of children, due to their physical, social and psychological vulnerability. This is understood as the first trainer system of roles and interpersonal relations experienced by the individual whose interactions formed support for the study of human development. ¹

The etymological origin of the word family comes from the Latin *familiaus* meaning one who serves. This was an expression originated in ancient Rome to describe a new social structure that emerged among Latin tribes to be submitted to the agriculture and to legal slavery. This new organism was characterized by the presence of a patriarch who had under his control the woman, the children and a number of slaves and vassals, under which wielded power of life and death.²

The evolution of the concept of family has been permeating generations and acquiring connotations variables that are directly related to the political, economic, social and cultural aspects of society, causing changes in the roles and relationships established among its members. Therefore, to conduct a historical view about the family, the fundamental principle of this institution in the early Roman civilization, considered the cradle of Western civilization, was not centered on kinship or affection, but was resident in the marital or parental power and authority that the author identifies as “parentfamilies”, i.e., ratio of highest authority of the experienced older man and considered “boss” of the subordinates.³

Still searching for understanding the evolutionary process of the concept of family is emphasized family in the Middle Ages as consisting of individuals living around a house and sought to unite the no longer existing by those living generations of Worship and worship of dead relatives as a sign of respect and family indissolubility.³

The guarantee of strength and permanence of the nuclear family as the center of power had continued in the modern age, with the genesis of the so-called traditional family, consisting of father, mother and children, built on the purpose of the transmission of heritage and centered on patriarchal authority. Modern family surge founded the so-called “romantic love”, i.e., sanctified by marriage representing affective union of two individuals and not their families. The contemporary or post-modern family break with patriarchy, establishing new social roles for women and men, in the presence of unions relative durations, with strong appeal for sexual freedom and mainly guided by the importance of women in socio-economic scenarios.⁴ ⁵

In the last century, the social changes that have permeated gender relations had important repercussions for family life, which stimulated the formation of diverse structural arrangements for the family.⁵ Thus, the constant social and ideological changes that society experiences in current days are changing this concept beyond the biological concept, i.e., there is an emphasis on the affective family relationships present among other members, besides the appearance of new expressions that characterize it as a “family entity”, “single parent family”, “homo-affective affiliation”, among others.⁶

Consensual unions and single parent family groups were recognized as other forms of family organizations not official with the civil marriage and/or religious, from the 1988 Constitution, being consolidated in the Civil Code 2002.⁷ In the context of neo family institutions, children of different parents coexisting in the same family or alone men and women responsible for family support, now hold the same rights and duties as a traditional family group.⁸

From the second half of the twentieth century, it was emphasized the father figure in the family, as there was a change in the role of men as family provider and this was driven by the crisis of patriarchy and female emancipation.⁹ In the patriarchal family model, men were seen as alien, absent and unable to express their emotions to family loved being absent in the realization of child care.¹⁰ ¹¹ ¹²

The predominance of nuclear or traditional family living far from other family and social and economic changes that made possible the permanence of women more time outside of their residences facing employment activities, redefined the participatory role of fathers in child care since birth.¹³

It is necessary to change in the social mindset regarding the participation of men in care, in parenting and its influence on the family system and the children development.¹⁴ Study conducted has stressed that parents proved to be critical as to their interest in care of their children, believing that they should be more intense, which highlighted the existence of a conflict between the existing and the desired ideal real paternity.¹¹

This reflection is magnified when assessing the participation of fathers in child care in situations of hospitalization. This circumstance constitutes an unusual event
that arouses surprise among the other Family member as well as from the perspective of health professionals who provide care to the hospitalized infant.

The children hospitalization in the family triggers feelings and sensations that directly affect family dynamics and the emergence of psychic and emotional changes of their members. The hospitalization is a crisis situation, because it determines sense of helplessness and loss of autonomy of parents and child, generating feelings of guilt and anxiety, regardless of length of stay due to changes in the roles played by them and the increasing dependence of children, especially in relation to the care of the mother.

In this context, regarding the presence of the man, it appears that knowledge about the relevance of their participation as a caregiver in the hospital is still incipient, rather than the supremacy of maternal involvement, except in critical situations or special, which he regarded as an accomplice. However, it is understood that in such cases, cultural factors often prevent them from realizing this desire, since historically the child care is being placed not only as an assignment, but an obligation primarily female. This view is reinforced when the authors state that the woman is the one with appropriate expertise to motherhood as a result and consequence of an intrafamily education aimed at social prejudices that pervade gender issues.

For these authors, the male employment instability and the presence of other minor children lead mothers to be absent more than they want of the care during hospitalization of a process of their children, so these are some of the factors that has contributed to the presence of parent caregivers in pediatric hospitals.

Underscoring the father’s participation in physical and mental development of children and the importance of support and security brought by them arising in the circumstances of the admission process, it is believed that the active inclusion of these subjects in the hospital environment also contributes to the recovery of their children’s health status. Given the above, it is necessary to understand the health professionals focused on pediatric care, specially Nursing, the removal of doubts and encourage the participation of these individuals in activities that require care in the period they are present in monitoring their children.

Therefore, it follows the premise that the parent has provided their direct as much as the mother in the exercise of in-hospital monitoring and that this period can generate positive and negative sensations and feelings regarding the father and son bond.

**OBJECTIVE**

- To analyze the scientific literature on the participation of the father while accompanying his hospitalized child.

**METHOD**

This is a descriptive study through an integrative literature review, which is considered research method that enables search, critical review and synthesis of the state of knowledge about a particular subject.

In nursing, the use of integrative review may show gaps in knowledge and explain the areas that require further research. It is a practice that has been widespread since enables the synthesis of available studies, concerning a certain problem, aiming to direct the practice based on scientific knowledge, and promote the professional development and to elucidate differences between studies.

This type of review follows six stages, they are: 1. Development of the guiding question; 2. Searching the literature; 3. Data collection; 4. Critical Analysis of included studies; 5. Discussion of results; and 6. Presentation of the integrative review.

When answering the first methodological step of the study, the research guiding question is "What studies address on the participation of the father/caregiver in the hospitalization of their child?".

The step of selecting studies involved the careful reading and critical summaries, and soon after, the full text. To enable the refinement of the studies, the following inclusion criteria were used: time frame 2003-2013 of articles available in full online for free; published in Portuguese or English; that addressed the topic. Exclusion criteria were: theses, incomplete texts, summaries, letters to the editor, reviews and articles that did not answer the main question in two databases: LILACS (Latin American and Caribbean Literature on Health Sciences) and PUBMED (American medical publications) and SciELO virtual library (Scientific Electronic library Online).

At this stage in the preparation of the review process, we sought to reduce the possibility of bias, therefore, the following descriptors were used in the Health Sciences (DECs) integrated consulted among those present in the VHL in Portuguese and English: “father”, “parents”, “nursing” and “hospitalized
children " trails by using the Boolean operator separated by Portuguese and English. Thus, after reading the full text, 26 articles, resulting from the initial research, however, seven of them did not address the core question of the study, therefore, respecting the rules of exclusion, we selected the final sample consisted of 19 studies.

Conceiving how important the definition of the information to be extracted from selected studies, we developed a data collection instrument to be filed for each article and included the following information: title of the study; authors, year of publication, level of evidence of methodological studies, research’s site and main findings and conclusions of the studies focusing on pediatric hospitalization and the presence of the father/caregiver. The summaries obtained in databases were read, seeking to identify articles consistent with the objective. After reading the summaries and identification of care required criteria in the study, the selected articles were reviewed for readability and consistency of information.

The analysis of the textual corpus occurred in an organized and critical, as they conducted in-depth reading of the contents found substantial way. Since that study is an integrative review, its submission was performed to a Committee of Research Ethics.

RESULTS

Soon after using the Boolean operator at intersections between descriptors cited, 19 articles that met the inclusion criteria of the study which answered the research question were found. To facilitate the analysis, the articles studied are presented in figures and identified by letters of the alphabet (A to U). The crossing took place following the sequence: “paternity AND hospitalized children”, “hospitalized children AND Nursing”, “Parenthood AND Nursing ” and “parents AND hospitalized children.” With the crosses, the studies that met the inclusion criteria were divided according to their methodological analysis in two frames, which were classified as figure 1 and 2.

In Figure 1 are shown ten articles of methodological designs of exploratory and descriptive type and, in Figure 2, nine papers with other research designs, totaling 19 articles analyzed. Regarding years of publication, 13 were published in the last five years since they were released from 2008, while six articles have publication date between the years 2004-2006.

Regarding the type of quantitative study, exploratory and descriptive studies were with highest expression in this research, being a type of methodological design that provides familiarization with a still little-known or little-explored subject. At the end of an exploratory study, the researcher will know more about that subject and be able to build hypothesis”. Like any operation, the exploratory research depends on intuition and whose research and describes the characteristics of a population, a phenomenon or an experience.

Regarding the level of methodological classification of studies, 16 studies were identified whose level of evidence is rated as score or level four, defined as studies with non-experimental design, such as descriptive correlational and qualitative research or case studies, while three studies were classified as score or level five, they refer to cases or data systematically, verifiable quality, or program evaluation report.

Another statistic highlighted by this study was the language of origin of selected publications. Among the studies presented in Figure 1, six were published in English, published in the past nine years and made available online in its entirety. It was identified among the selected items, six of them were published in Brazil (B, C, D, F, I and J), while two had as local outreach countries of North America (A and H) and Asians (E and G).

In general, the articles presented in this table aim to evaluate the experience of the family, while fixed carer or visiting the hospitalized children, and to propose strategies for integration and reduction of barriers arising from his presence in the hospital. As a targeted manner, it was seen in the articles the importance given to the role of the father, noting reports of experiences during hospitalization (A, E, F, G, H and J), the need for the formulation and implementation of strategies for the inclusion of father in the context of pediatric hospitalization in order to facilitate the stay of the child during treatment (A, E and F).

In eight articles, in Figure 1, there are data showing the level of satisfaction of the father being together with the hospitalized child, the feelings of fear and inability to provide necessary care to them, complaints about lack of information about the child's clinical status, the displeasure to realize the mothers of other children and nursing professionals difference in living and lower quality of service compared to the mother and to the discredit on the importance of the existing emotional bond with the child questioned simply because they are men. Studies have
also brought the importance attached by inserting Nursing Man in providing care to the hospitalized children, the need for reflection on the treatment team to it, facilitating their involvement.

Three of the articles (A, E and F) have emphasized the participation of nursing staff in facilitating the presence of the father during hospitalization of the child, through strategic communication and active listening to their concerns. Studies C, D and F have emphasized the importance of the presence of the accompanying parent in child hospital setting, however, F adds that the lack of physical infrastructure in institutions precludes the presence of the father and mother in the delivery of care.

The study B emphasizes that teenage father recognizes in the other family members, i.e., mother, aunts and mother in law, as a source of support in coping with childhood hospitalization, whereas in the article, the authors reported that their parents realized who are the main supporters of the mothers of the children during hospitalization.

<table>
<thead>
<tr>
<th>Id*</th>
<th>Title</th>
<th>Author(s)</th>
<th>Level of methodological evidence from studies</th>
<th>Year</th>
<th>Research site</th>
<th>Main results and conclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>The father at the bedside: patterns of involvement in the NICU.</td>
<td>Feeley et al.</td>
<td>Nível 4</td>
<td>2013</td>
<td>Quebec/ Canadá</td>
<td>Parents realized their role in supporting mothers. In the study, they described these extrinsic sources of motivation and showed fear of dealing with their children. The authors propose that nurses need to assess the preferences of parents and facilitate the involvement to the extent that they feel comfortable.</td>
</tr>
<tr>
<td>B</td>
<td>Fatherhood in adolescence: the family as a social support network</td>
<td>Bueno et al.</td>
<td>Nível 4</td>
<td>2012</td>
<td>Florianópolis/ Brasil</td>
<td>The family was considered the main support network for the experience of parenthood in adolescence, as well as a means of coping with the difficulties resulting from hospitalization.</td>
</tr>
<tr>
<td>C</td>
<td>Infant hospitalization: conceptions about nursing mothers accompanying</td>
<td>Quirino; Collet; Neves</td>
<td>Nível 4</td>
<td>2010</td>
<td>Porto Alegre/ Brasil</td>
<td>The presence of the mother, father or guardian of the child, in the hospital environment, has been a common occurrence in everyday health care, making it essential to recognize the benefits of the family for the child’s recovery and minimizing stressors associated with hospitalization.</td>
</tr>
<tr>
<td>D</td>
<td>Perceptions of nursing staff about the importance of the presence of families / caregivers in the hospital</td>
<td>Sousa; Gomes; Santos</td>
<td>Nível 4</td>
<td>2009</td>
<td>Rio de Janeiro/ Brasil</td>
<td>The study showed that the nursing staff generally perceive that the presence of families / caregivers in the pediatric unit favors the establishment of a desirable emotional climate for the child. Their presence contributes in developing the work of the nursing team and acts so it contributes to the achievement of childcare.</td>
</tr>
<tr>
<td>E</td>
<td>Nursing support for parents of hospitalized children</td>
<td>Sanjari et al.</td>
<td>Nível 4</td>
<td>2009</td>
<td>Tehran/ Iran</td>
<td>The results indicate that parents received a high level of support from nurses and that they can help promote the care being aware of the importance of various types of support in responding to requests from parents. It is important that nurses continue to develop their knowledge about the types of communication with family during hospitalization.</td>
</tr>
<tr>
<td>F</td>
<td>Perceptions of nursing staff in relation to the father as caregiver in pediatric unit</td>
<td>Gomes; Lunardi; Erdmann</td>
<td>Nível 4</td>
<td>2008</td>
<td>Porto Alegre/ Brasil</td>
<td>It was found that, for the team, the child needs both mother and father in the hospital, but the physical area is a strong deterrent to the presence of both. According to professionals, the mother is better that the father taking care and that this is only accepted as a caregiver in the hospital in special situations. It was concluded that nursing needs to reflect on how to help parents to experience and practice the participant patriarchy in Pediatrics.</td>
</tr>
</tbody>
</table>
| G   | Parents' experiences of participation in                               | Lam; Chang;        | Nível 4                                        | 2006 | Sha Tin/ Hong Kong.   | The results highlighted the desire of parents to participate in the care of...
Figure 1. Articles with exploratory and descriptive methodologic designs and main results between from December 2004 to January 2013 Natal-RN 2013 Id * - Identification of the article.

<table>
<thead>
<tr>
<th>H</th>
<th>Fathers and the well-child visit.</th>
<th>Garfield; Isacco</th>
<th>Nivel 4</th>
<th>2006</th>
<th>Evanston/ USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>The information received by parents during the hospitalization of their child</td>
<td>Sabatés; Borba</td>
<td>Nivel 4</td>
<td>2005</td>
<td>Brasil</td>
</tr>
<tr>
<td>J</td>
<td>The father within the pediatric hospitalization context</td>
<td>Moura; Ribeiro</td>
<td>Nivel 4</td>
<td>2004</td>
<td>Porto Alegre/ Brasil</td>
</tr>
</tbody>
</table>

In Figure 2, there are nine articles whose authors used other methodologic pathways, such as: a qualitative clinical method study (L), a case study (M), a reflective (N), an qualitative quantitative study, of cross cohort (O), a social history field study (P), two studies of integrative review (Q and R) and a comparative descriptive study (S) and a longitudinal comparative clinical study (T). Among the nine items, six were conducted and published in Brazil.

In general, the articles contemplated nursing actions of the nurse with the carer of hospitalized children, with emphasis on his role as facilitator of living and coping with factors such as fear, anxiety, distress and lack of technical procedures by the fathers (L and M), demonstrating the need for understanding these barriers arising from hospitalization (N) and being alert to physical and emotional needs of the individuals (L, M and P). Complicating factors were stressed to fathers/caregivers as the absence of grant information on the clinical status of children by health professionals (O), the lack of support for mothers before the hospitalization of their children (Q) and the divergent reactions of parents who have children hospitalized in the intensive care unit and medical and surgical nurses treatment (S and T).
Soares JD’AD, Brito RS de, Carvalho JBL de.

A presença do pai/acompanhante no âmbito…
In Figure 1, we observed that the aspects highlighted in the scientific search corroborate the points concerning steeped feelings for his father, emphasizing fear. In nosocomial context, the fear faced by parents of hospitalized children is due to the unknown, the pain, the procedures to which the child is placed and the separation from other family members. The authors stated that the emergence of this feeling may be related to factors such as state of health of the child, prognosis, previous experiences, favorable environment, the attitude of parents/family and even from the health professionals. Fears most emphasized by guided parents in procedures that may cause pain and discomfort to the child and the fear of not being able to act effectively to it with the necessary care.

As for the facts, a study said that not all parents are prepared to play multiple roles in crisis situations such as hospitalization, as these permeate through moments of anxiety and doubts. Aiming to minimize these barriers and thus give parents a better learning care that will be played at home, in the hospital, the nurses guidelines are important for the insertion of both mother and father in the care process. Another point concerns highlighted the importance of the provision of information to the caregiver of hospitalized children. Most of the caregivers of hospitalized children unaware of the clinical diagnosis. This stems from poor quality of information given that somewhat undermines the process of humanization in child health and satisfaction with the care received. It is essential that health professionals provide information and guidance to family members/caregivers about the needs and treatment of the child so that they collaborate with care. The nurses and their team have to fit the routine practice of providing information to health the hospitalized child.

In Figure 2, the objectives of the studies listed were quite wide and diverse, however, they had as their central focus to investigate the reactions of parents for hospitalization of children.

The analysis of the articles N and S presented in Figure 2, showed that parental involvement in health care with the children during the period of hospitalization had no effect on beneficial actions for the recovery of the child. However, the authors of the articles M, Q, R and T have complemented that parents had reactions of fear, anxiety, distress, worries and stress that may have an impact on the relationship between father and son, for influencing the well-being of mothers and children, and the good family functioning.

Consequently, it is concluded that the emotional aspects may be very complex and need the attention of family and medical staff to be addressed. Without a good relationship, the care process may be difficult for both the caregivers and the children themselves, as well as for the family. The parents may feel guilty for the child's stay in the hospital and may feel that their child is not cared for, that they are not doing enough, that they are not doing the right thing or that they are causing the situation to their child.
stresses that influence the mental health of the parent are neglected. Article T, through a comparative study revealed that fathers/caregivers of children admitted to the Pediatric Intensive Care Units reported greater stress, hassles and worries of those who accompanied children in nursing of general care units as a clinical treatment and surgical.

During children's hospitalization, family members are led to the development of stress and feelings of loss, experiencing feelings of anger, compassion, thus demonstrating their difficulty accepting hospitalization. In the face of illness and hospitalization, such factors may also have changes in the child's emotional and behavior. 7

As for the nursing care provided during child hospitalization, Article L underscored the relevance of the actions of the nurse in the experience of hospitalization both for the child and for his caregiver, being considered as a facilitator of this process.

Among the health professionals who experience the daily life of children hospitalized, nurses have a prominent role, because they are perceived as those that provide the integration of the child's family in the service, by spending more time spend with the child and their parents and because they are the ones that are more available to answer questions and promote them emotional support.

The M case study said that when the family/caregiver stays longer in the institution, is considered by the nursing staff as more demanding and questioning, since they already know the service with their disabilities and daily routines. The same study also indicated that, for parents, good relationships established between them and the staff is facilitated by good assessment of professional competence.

The authors of the articles O and P reported that the difficulties faced by parents during the hospitalization of a child, may be due to incorrect process communication established between these and nursing staff, as regards the provision of information to parents about the conditions of the hospitalized child. The P study also stated that assistance to the family of the child is compromised during hospitalization, referring to a reflection on the know-how of nursing in this context.

Corroborating these findings, family presence during pediatric hospitalization is highlighted as a contributor to the rapid restoration of individual health. Regarding reactions triggered in parents due to the relocation of the children, the distress of those with chronic illness of their children implies high levels of stress and anxiety that can influence the misunderstanding by parents, child care needs which, in turn, affects the relationship with the health team. 28 Parents goes on many feelings of helplessness, lack and concerns coming from the clinical condition of the hospitalized child and the various situations faced with relocation.

During hospitalization of the children, the most frequently mentioned obstacle for parents is the lack of establishing effective communication process with members of the healthcare team, especially Nursing professionals. 29 That was reflected in negative reactions regarding the establishment of harmonious coexistence among the subject, since there is lack of preparation of the parents on the experience of these critical situations. In his reflective study the tough new technologies present in the hospital environment, provided us with professional nursing to difficulties regarding the relationship established with the patient and family through the enhancement of disease or physiological disorder that this presents, instead of prioritizing of the care process, intuition, sensitivity and involvement. 30

Nursing as a profession, need to review their values and attitudes in their relationship with the child, his family and the multidisciplinary team working on their own skills in order to enter the world of being a child during hospitalization. This initiative provides the beginning of the establishment of a safe and healthy relationship between the staff and caregiver, favoring the identification of occupational aspirations and minimizing parental skills during hospitalization.

CONCLUSION

With this study, it was possible to confirm the importance of the permanence of the family as a caregiver of children in critical health conditions and highlight the insertion of man/father in providing child care in hospital admission process. Studies have emphasized the need for team reflection on the treatment to the individual, promoting and facilitating their involvement minimizing feelings of fear, indifference and disability in the provision of care, that through strategic communication and active listening to their concern.

It emerged in studies of the importance of the presence of the father during hospitalization of the child, thus making the process of caring for hospitalized children.
Meanwhile, factors such as the breakdown of social and gender paradigms initiated by the entry of women into the labor market, provided the father’s occupation mostly female space. This process of transformation, under the care, pervaded the genesis of new economic structures because through which women have assumed the role of family provider and switched chores and caring man.

The ECA ensuring the rights and duties to all children in vulnerable situations such as hospitalization, refers to the presence of the father as a measure for the prompt restoration of the health of the child in the presence of their families generating the permanence of the bond.

In the pediatric hospital setting, the studies mentioned the need for adequate physical infrastructure for the reception and residence of father and mother in nosocomial institutions, thus facilitating the implementation of child care and training an /or continuity of the bond. In the nursing team, the nurse is understood as a facilitator for good coping barriers experienced by parents during hospitalization of children, as well as for the reduction of stress, fear and concerns arising from the state of child health.

It was observed at low scientific production on coping, the study of the feelings and experiences of man/father while accompanying the hospitalized children, especially in Brazilian journals. The recommendation was the expansion of studies that address this thematic, especially in national magazines focusing on studies of nursing. It is also essential to emphasize the infrequent mention of the professional nurse in the researched articles even this playing an important role in intra-hospital care practices.

The information provided by the study can assist in the discussion of the active participation of the family and especially the father in treatment and residence

of the child process, during hospitalization, and reflects the need for health professionals to rethink how being paternal involvement in service sectors.

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