Meaning of childcare and the nursing staff perception of the family

Significado do cuidar da criança e a percepção da família para a equipe de enfermagem

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ABSTRACT

Objective: This was a quantitative study aimed to describe the importance of caring for children and the nursing staff perception of the family. Methods: A total of 70 nursing professionals working at pediatric units of a large private hospital participated in this research. Besides the assessment of their professional profiles, the respondents expressed their agreement or disagreement regarding 30 statements concerning childcare and family’s perception. Results: The results showed that the items with highest agreement were the aspects of care, the importance of knowledge and participation of the family in care of hospitalized children. The items with highest disagreement included the presence of parents, the influence of stressful situations on the professional’s safety and the ease of caring for children hospitalized for longer periods. It was also observed that professionals expressed doubts about the presence of parents, compliance with rules and routines and parents making decision about the treatment of their child. Conclusions: It was concluded that most of the statements addressed showed a high rate of agreement, thus evidencing the compliance with an institutional model of care. However, we should consider our role as a facilitator of childcare and family care by seeking strategies that bring attention focused on children and family.

Keywords: Family; Nursing, team; Child, hospitalized; Nursing care; Humanization of assistance; Pediatric nursing

INTRODUCTION

Up to the end of the 18th century, hospitals were institutions to care for the poor and seen as a place to die. Hospital as a therapeutic instrument is a relatively new invention that appeared around 1780(1). Hospitalization is a stressful and traumatizing phenomenon during which the child faces several.
challenges, such as coping with separation, adapting to a new environment, adjusting to multiple persons in charge, frequent relationship with other children and sometimes the admission to an intensive care unit (ICU), or undergoing anesthesia or even surgery.\(^{(3)}\)

Hospitalization produces a situation of crisis involving the sick child and the family, characterized by several factors, such as interruption of biological, psychological and social needs among the family members, change in the standard role of parents, increased dependence of the sick child on the mother, emergence of feelings of guilt and anxiety in the family.\(^{(4)}\)

The family has been considered a social institution with historical functions and having powerful influences on humans.\(^{(5)}\)

In Brazil, this concern started in 1988 with the enactment of the act no. 8,069 regulating the Statute of the Child and Adolescent, which provides that healthcare institutions must offer the necessary conditions for a parent or person in charge to be full-time with the child or adolescent during the hospital stay.\(^{(6)}\)

For a child, the presence of parents brings confidence, since the hospitalization process may generate ambiguous feelings related to pain and cure, and the hospital is seen as a place of painful experiences.\(^{(7)}\)

The presence of the mother during hospitalization diminishes the child's suffering by allowing a reference of the child's life outside the hospital. The child is a mirror of his/her family and sudden interruption of the relationship with the family generates conflict and disturbance. The child's physical, mental and social conditions are considered to be directly related to the characteristics of the family and community in which he/she lives.\(^{(8)}\)

Care focused on the child and family is still incipient and also involves some personal motivation. The constant relation between the nursing staff and the family has brought awareness to the experience of care; however, in this relationship with the family, they have experienced lack of confidence in themselves, thus promoting incoherence between the thinking and acting of some nursing professionals.\(^{(9)}\)

The inclusion of the family in the care provided by the nursing staff requires an open and attentive attitude towards the interaction and the impact of experiences that take place at the hospital setting for the knowledge and diverse modes of adaptation through which the families go during their children's hospitalization process. However, this knowledge is not always enough to care for the family, because this care happens in an interactive context of experiences shared between the family, child and healthcare staff.\(^{(10)}\)

The nursing staff, acting with individuals who need assistance, faces a family reality that needs to be understood and incorporated to the care aiming at a more comprehensive approach, in which the patient is not seen isolatedly but rather belonging to a basic family unit and involved in a social context.\(^{(5)}\)

Observing the relationship between family members and healthcare professionals at hospital settings has been a challenge, although the latter recognize the difficulties that the family faces as well as the importance of parents' presence in the child's recovery and the right to stay close to the child. Nursing care should not be detached from the family and their needs, which implies the mastership of specific theoretical information and the development of a special sensitive attitude to deal with this clientele.\(^{(11)}\)

Although the nursing staff recognizes the importance of the family on the child's recovery, this process is still permeated with many difficulties.

The nursing staff is very much impregnated by a model centered on the hospital, with an individualist character and centered on the disease, in which the family is a mere source of information about the patient.\(^{(12)}\)

Therefore, the mother does not participate in decision-making processes but takes part in her childcare. This solidifies the distancing between mothers and the nursing staff as well as strengthens the performance of a fragmented job.\(^{(7)}\)

In addition to understanding the family dynamics, it is necessary to understand that the frustrations associated with a child's disease may lead some family members to become skeptical, aggressive and, in some cases, even violent.\(^{(13)}\)

The lack of effective communication, the expectations from professionals and the decisions about power and control frequently prevent the negotiations between the family and healthcare professionals, especially the nursing staff. Thus, emphasis on the development of better interindividual communication and tools for negotiations are necessary in the staff training for a better relationship with the families.\(^{(14)}\)

The nursing staff has the commitment and obligation to include families in the care processes. Theoretical, practical and investigational evidence of the meaning that the family has on the welfare and health of its members, as well as the influence on the disease course, compels the nursing staff to consider the care centered on the child and family as an integrating part of the nursing practice. However, this focus on care can only be achieved with responsibility and respect, establishing reliable family assessment and interventional practices.\(^{(15)}\)

Professional awareness is happening slowly, and this is provided by an academic viewpoint considering the family as the center of care. Being aware is to be able to recognize the family as a complex phenomenon that demands support, especially in the disease setting.\(^{(16)}\)
Given the presence of this context and the relevance of this subject in the present assistance practice, it was needed to develop this study whose purpose is to describe the meaning of childcare and the nursing staff perception of the family.

METHODS

This is a quantitative and descriptive study of primary data collected. It was carried out at Hospital Israelita Albert Einstein (HIAE), in the city of São Paulo. Data were collected in August, 2007. Participants included nurses and nursing technicians working at the Pediatrics Units during the period of data collection, who accepted to participate in the research by signing a free and informed consent term.

The research project was approved by the Research Ethics Committee of HIAE and by the nursing managers of the units where the data were collected.

The preparation of this instrument was based on and adapted from the Scale of Evaluation of the Meaning of Caring (EASC). This scale was created based on 227 writings by nursing students and professionals about care and its meanings, though it was not validated. The author proposed an instrument containing 45 items as an ordinal scale (Likert type) of five points of agreement about the psychological purpose(17). Some items in this scale were selected and others adjusted according to their applicability in the unit and the profile of patients assisted, i.e., hospitalized children. We tried to point out important aspects of the nursing staff practice as to their perception and meaning of caring for the hospitalized child and how they see this family inserted in this context.

Data were collected through a questionnaire containing two parts: the first one, with the professional’s identification and the second with 30 statements about caring for the child and family, in which the interviewees indicated their grade of agreement or disagreement. In each statement, the professional was supposed to check one of the following options: I fully agree, I agree, I have doubts, I disagree or I fully disagree.

In the statistical analysis, the quantitative data were summarized in means and standard deviations (sd). Qualitative variables were expressed as absolute and relative frequencies (percentages). The items with highest percentage of agreement, disagreement and doubts were illustrated by means of bar graphs. The program used was Excel.

RESULTS

The mean age of the 70 nursing professionals participating in this study was 32.7 years (sd = 8.5), age range of 21 to 55 years old, and a prevalence of professionals between 20 and 30 years old (31; 44.3%). The group was very heterogeneous as to the time since graduation and the length of experience in nursing. The mean time since graduation was 8.9 years (sd = 7.7), with a minimum of less than 1 year and maximum of 27 years. As to the length of experience, it varied from less than 1 year to 30 years, with a mean of 7.5 years (sd = 7.8).

In regard to the professional category of participants, there was a prevalence of licensed practical nurses and nursing technicians (39; 55.7%), followed by registered nurses (22; 31.4%). As to the unit of origin, 28 (40%) were from the Pediatrics Unit, 24 (34.3%) from the Pediatric Intensive Care and another 6 (8.6%) work in both units covering their colleagues. In regard to the work period, 25 (35.7%) worked at night, 20 (28.6%) worked in the morning and 16 (22.9%) in the afternoon, as shown in Table 1.

| Table 1. Profile of professionals interviewed about the meaning of child care and the nursing staff perception of the family. São Paulo, 2008 |
|-----------------|--------|------|
| Variable        | n      | %    |
| Age (years)     |        |      |
| 20 to 30        | 31     | 44.3 |
| 31 to 40        | 17     | 24.3 |
| 41 to 50        | 8      | 11.4 |
| 51 to 60        | 3      | 4.3  |
| No answer       | 11     | 15.7 |
| Time since graduation (years) |        |      |
| 0 to 5          | 17     | 24.3 |
| 6 to 10         | 21     | 30.0 |
| 11 to 20        | 13     | 18.6 |
| 21 to 30        | 9      | 12.9 |
| No answer       | 10     | 14.3 |
| Length of experience (years) |        |      |
| 0 to 5          | 27     | 38.6 |
| 6 to 10         | 13     | 18.6 |
| 11 to 20        | 11     | 15.7 |
| 21 to 30        | 7      | 10.0 |
| No answer       | 12     | 17.1 |
| Unit            |        |      |
| Pediatrics      | 28     | 40.0 |
| Pediatric ICU   | 24     | 34.3 |
| Pediatrics and Pediatric ICU | 6     | 8.6  |
| No answer       | 12     | 17.1 |
| Professional category |    |      |
| Licensed practical nurse/nursing technician | 39 | 55.7 |
| Nurse           | 22     | 31.4 |
| No answer       | 9      | 12.9 |
| Work period     |        |      |
| Morning         | 20     | 28.6 |
| Afternoon       | 16     | 22.9 |
| Night           | 25     | 35.7 |
| No answer       | 9      | 12.9 |

Sample (100%): 70 professionals; ICU: Intensive Care Unit
The analysis of the professionals’ opinions about caring for the child and the family perception showed that 18 out of 30 questions presented more than 90% agreement (Figure 1). Among them it can be pointed out that 100% agree that caring for a child involves appropriate management by and interest of who cares, 98.6% state that caring involves organization and ethics, 97.1% say that caring involves commitment, trustworthy relationship and enjoy working as nurses; 94.3% also say that caring requires skills. Other opinions included were those related to knowledge, in which 98.6% agree that lack of information generates lack of confidence and anxiety in family members and 95.7% believe that the case discussions among the team improves care delivered. However, 92.9% say that the professionals should follow institutional rules for better practice and 90% still reinforce that the use of correct techniques translates into good care.

Still in regard to the questions of high index of agreement, the importance of family members was a highlighted point; 97.1% of participants believe that the parents’ participation aids treatment and favors the child recovery, and that their relationship with family members in most cases is harmonious and calm. In addition, 92.9% of professionals said that parents have the right to effectively participate in childcare during hospitalization and 91.4% state they always negotiate with the family members the assistance delivered to the child.

The items with disagreement also drew attention. In Figure 2, it was observed that four questions have a disagreement level higher than 60%, reaching more than 90% in question 20. The vast majority of professionals disagree that confidence in performing the procedure is affected by the presence of parents (91.4%) or by stressful situations (87.1%). However, 74.3% of professionals disagreed with the issue of being easier to care for the child who has been at hospital for a longer period. It was also observed that 64.3% of the staff does not agree with the need of expressing their feelings during childcare.

In regard to the items asked, some questions with a significant percentage of doubts (Figure 3) stood out. It was noticed that, although the professionals mention that the presence of parents does not affect their confidence, some (27.1%) still feel stressed out when parents are present during the procedures. Also, although the importance of complying with the rules and routines was mentioned, 20% of professionals remained skeptical about this issue and also in regard
to parents making decisions about treatment planning for their child together with the team.

**Figure 3.** Aspects of higher percentages of doubt about the meaning of childcare and the nursing staff perception of the family. São Paulo, 2008

**DISCUSSION**

Given the results presented to the responses with higher agreement, it was noticed that, by using their technical and scientific knowledge, as well as the formal institutional structure as a starting point, the nursing professionals could implement a shared healthcare plan, in which both the staff and family members would have co-responsibilities. This way, a new path towards emancipation and citizenship would be opened, with mutual respect between users and healthcare professionals, and the simple random assignment of tasks would be overcome.(18)

As to the significant issue in which the healthcare professionals believe is the importance of parental participation, and the nursing staff is increasingly convinced of the importance of parents being present during hospitalization. This means that the child and the family feel safer because they start being part of the hospital routine, they live anxiety and uncertainty, being affected by all levels of suffering, and they become a permanent companion during the child’s disease.(13)

And the nursing staff will learn the paths for caring when, on a continuous observation of the family, they try to understand their features, needs, expectations, relationships and actions, turning to themselves as professionals, with challenges, possibilities and limitations.(14)

Above all, including the family in the nursing care requires open and attentive practice of interactions, impact of experiences, knowledge of dynamics, creeds, as well as modes of adaptation to diverse situations. Childcare takes place in an interactive context of shared experiences.(19)

As to the questions with higher levels of disagreement, although the professionals state that they do feel confident in the presence of parents, they do not think it is easier to care for children who have been in hospital for a longer period. Although there are several studies showing that the staff takes advantages of the presence of child’s family members, some authors believe that the family members may become a cause of psychological stress to the nursing staff due to demands and criticism, especially because parents are uncomfortable about the idea that hospitalization implies in their inability to solve the child’s problem.(20-21)

It is possible to observe that, although healthcare professionals disagree with the concept that the presence of parents does not affect their confidence, it has been noticed that some are still skeptical about this situation. In relationships, in which a low level of confidence is present, some specific behaviors seem to occur. For example, when one element feels threatened by the other, or is unable to trust what the other one says, he/she uses a lot of time trying to understand the conveyed behavior with the purpose of protection, and tending to episodes of aggressiveness as a safety measurement.(22)

The relationship between healthcare professionals and the patient’s family must be a subjective encounter, from which new understandings and interpretations emerge, thus contributing to the success of treatment and coping with the crisis during hospitalization of the child.(16)

Nursing means caring and, to this end, it is necessary to recognize the individual needs of those involved through care procedures. Therefore, the child’s family must be seen as a person with particular features and needs.(23)

Parents’ feelings of frustration are frequently related to lack of information about procedures and treatments as well as lack of knowledge about hospital rules and regulations. A large portion of frustration can be alleviated in a Pediatric Unit when the parents are aware of what to expect and what is expected from them.(24)

Nursing already has a collection of empirical and theoretical knowledge that safely allows negotiation of a more comprehensive assistance plan with the staff and family members, one that is not limited to performance of techniques. Therefore, the nursing staff should not give in to immediate arrangements and accommodations, or to resistance against changes, but rather introduce experiences that change their practice towards an assistance directed to the real needs of the child and the family involved in this process. Sensitivity is necessary to note the multiple determinants involving the family care.(18)

The challenge is to make the team recognize their limitations, values and beliefs. Hence, they can develop a feeling of self-confidence and, as a result, build a path to establish a more harmonious relationship, thus promoting a qualitative leap both in care and in work environment at the Pediatric ICU.(25)
CONCLUSIONS
It was noticed that most questions presented to the nursing staff had a high rate of agreement, thus evidencing the compliance with an assistance model existing in the institution. To believe that the family is an integrating part of the process of caring for the hospitalized child is part of the routine of nursing care professionals who work in this area. The topics addressed had important significance to the group, thus generating a great impact on healthcare.

The study showed items of disagreement which emphasized the aspects of higher agreement, thus reporting the hypothesis of a view shared by professionals in regard to the work philosophy at the institution. However, few aspects indicate issues that have generated doubts, maybe due to the lack of mastery on the process of caring involving conflicting relationships.

We concluded that, to the nursing staff, caring means involvement, respect, ethics, satisfaction, negotiation and also performance of activities that are backed up by well-defined norms and routines of the institution. As to the perception of the family, even when recognizing that the disease is a family event and that every child and family are unique and live this moment in a very special manner, it is always a challenge to those who provide care, because at several moments they have doubts about some situations. However, they feel it is essential that the professional understands and helps the family to reorganize themselves with the purpose of maintaining the necessary balance to cope with this new event in their lives.

REFERENCES