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Caregiver's Perception About Child's Hospitalization

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Purpose: To know the perception of the caregiver of the child during hospitalization.

Methods: A qualitative exploratory and descriptive study. Developed at the pediatrics of a public hospital in Brasília, Brazil. The unit allows the stay of a accompanying person, and has 16 beds with hospitalizations of children that cover various diseases. Data collection took place from January to April 2017. The inclusion criteria were those responsible for hospitalized children aged 4 to 10 years, who agreed to participate in the study, signing the Termo de Consentimento Livre e Esclarecido – TCLE. Responsible people for critically ill children, in isolation and those who refused to participate and signed the TCLE were excluded. The interview was by means of a structured questionnaire, recorded in digital audio with transcription in full and submitted to thematic analysis, based on Bardin (2009). Ethical Aspects CAEE 56993116.1.0000.5553.

Results: Data were collected with 16 caregivers. Regarding the degree of kinship, the data indicate that the mother was the most found caregiver, in total there were 13, that is, 81.25% and the other 03 were grandfather, father and sister, making up 18.75%. The maternal attachment, with affection, love and security of the mothers with their children, facilitate during the process of care, boosting the bond and favoring the development and recovery of the child. The follow-up of the mother is necessary for the hospitalized child to feel safer and to support her during hospital procedures (Toledo *et al.*, 2012). However, the presence of the mother/family in the facticity of the disease favors the development of coping mechanisms to adapt to this environment, strengthened in the parental relational issue and in the formation of a protective situation with security and affection which can ease the suffering (Souza, & Melo, 2012). In order to know the caregiver's perception, the thematic analysis of the interviews was carried out, which focused on the category: family member's feelings regarding the hospitalization of the child. As an organization, in terms of category, the data found in the research generated two subcategories: unfavorable (worry, uncertainty, pain, tiredness and apprehension) and favorable (see the child well and satisfaction with the assistance offered to the child). When asked about illness, caregivers show concern and seek help to improve the health status of hospitalized children. The family is placed in difficult situations, from the first stage of illness, until the hospitalization itself, which generates a greater stress, being totally taken care of to the patients, with worries, insecurities, fears regarding the disease and the procedures to be performed during the hospitalization period. As well as they have difficulty resting because they do not have adequate places to sleep, impairing their comprehensiveness in general (Medrado, & Whitaker, 2012). One of the mothers describes how painful it is to accompany the period of restriction of the child's activities, recognizing that the process of hospitalization not only for the child, but also for the caregiver, is difficult to accept, due to the uncertainty of the disease, procedures, the agony and the will to leave home. The trajectory of the family member of the child within this hospital context can arouse different feelings, for many times not to be included in the diagnosis of the disease

and the help during the hospitalization. It generates distress for the caregiver by being away from their loved one, as well as for the reason of having to leave the other children at home, or returning home with distress, making it difficult to care for the home and still have to adjust to this new environment (Figueiredo, Gomes, Pennafort, Monteiro, & Figueiredo, 2013). Feelings referred to during this process are related to children and caregivers, and may be concern, uncertainty, pain, fatigue, apprehension, fear, among others (Medrado, & Whitaker, 2012). The caregivers in the hospitalization unit are important for the child to feel supported, receive affection and love, facilitating recovery, reducing the feelings that make the psychosocial difficult in the hospital environment (Souza, & Melo, 2012). When the diagnosis and the procedures that are necessary during the hospitalization are communicated in the correct way to the relatives, respectively, they have a greater acceptance and decrease of the apprehension regarding the illness of the child, being able to understand more easily the whole process that they are experiencing (Medrado, & Whitaker, 2012). The health professionals are prepared to ensure that all assistance is effective for the child, improving physically and socially to minimize the impacts that hospitalization creates, promoting the inclusion of the family in the new environment, so that the child does not feel alone, take attention and release fears to the new situations they encounter (Figueiredo, Gomes, Pennafort, Monteiro, & Figueiredo, 2013). The presence of the caregiver strengthens the bond and softens the sadness, agony, pain, and crying for strangers to the environment, often terrifying. It also helps the family to meet their needs so that they can strengthen, overcome and mitigate the impact of both (Figueiredo, Gomes, Pennafort, Monteiro, & Figueiredo, 2013). When the family understands the diagnosis and treatment, it is easier to face the new situation, supporting the child in reducing stress and irritation, and are more relieved, calm and satisfied with the care that is being done, raising the hope of improvement every day (Medrado, & Whitaker, 2012).

Conclusion: The humanization of the professional in the hospital environment is important so that they can meet in a unique way the need of each family, being for the physical, emotional and social issues. Caregivers need more support from other relatives so that they can assist them in all their demands and those of their children, which arise during the hospital routine (Figueiredo, Gomes, Pennafort, Monteiro, & Figueiredo, 2013). The care and integration of the family in this hospital context benefit so that the diagnosis and treatment are more accepted, reducing negative feelings and contributing with more quality to the recovery process of the child.

Title:

Caregiver's Perception About Child's Hospitalization

Keywords:

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Abstract Summary:

This work aims to know the perception of the caregiver of the child during the hospitalization process, identifying the emotions and their perception. The presence of the family in this context strengthens the bond with the child, mitigating the impact and helping effectively during its diagnosis and treatment.

Content Outline:

INTRODUCTION: The hospitalized child requires attention to the psychological aspect. Although hospitalization provides many health benefits for the sick child, this period is accompanied by anxiety and changes in daily life. When the child is hospitalized because of illness, it can be affected in a general way, causing the psychomotor, affective and cognitive functions to be weakened. Thus, the hospitalized child needs to be in contact with play activities so that they can ease the psychological impact, favor the acceptance of hospitalization, enhance their recovery, promote affection with other children and strengthen family bonding (Kumamoto *et al*, 2004). However, the presence of the mother/family in the facticity of the disease favors the development of coping mechanisms to adapt to this environment, strengthened in the parental relational issue and in the formation of a protective situation with security and affection which can ease the suffering (Souza, & Melo, 2012).

OBJECTIVE: To know the perception of the caregiver of the child during hospitalization.

METHOD: A qualitative exploratory and descriptive study. Developed at the pediatrics of a public hospital in Brasília, Brazil. The unit allows the stay of a accompanying person, and has 16 beds with hospitalizations of children that cover various diseases. Data collection took place from January to April 2017. The inclusion criteria were those responsible for hospitalized children aged 4 to 10 years, who agreed to participate in the study, signing the Termo de Consentimento Livre e Esclarecido – TCLE. Responsible people for critically ill children, in isolation and those who refused to participate and signed the TCLE were excluded. The interview was by means of a structured questionnaire, recorded in digital audio with transcription in full and submitted to thematic analysis, based on Bardin (2009). Ethical Aspects CAEE 56993116.1.0000.5553.

RESULTS AND DISCUSSION: Data were collected with 16 caregivers. Regarding the degree of kinship, the data indicate that the mother was the most found caregiver, in total there were 13, that is, 81.25% and the other 03 were grandfather, father and sister, making up 18.75%. The maternal attachment, with affection, love and security of the mothers with their children, facilitate during the process of care, boosting the bond and favoring the development and recovery of the child. The follow-up of the mother is necessary for the hospitalized child to feel safer and to support her during hospital procedures (Toledo *et al.*, 2012). However, the presence of the mother/family in the facticity of the disease favors the development of coping mechanisms to adapt to this environment, strengthened in the parental relational issue and in the formation of a protective situation with security and affection which can ease the suffering (Souza, & Melo, 2012). In order to know the caregiver's perception, the thematic analysis of the interviews was carried out, which focused on the category: family member's feelings regarding the

hospitalization of the child. As an organization, in terms of category, the data found in the research generated two subcategories: unfavorable (worry, uncertainty, pain, tiredness and apprehension) and favorable (see the child well and satisfaction with the assistance offered to the child). When asked about illness, caregivers show concern and seek help to improve the health status of hospitalized children. The family is placed in difficult situations, from the first stage of illness, until the hospitalization itself, which generates a greater stress, being totally taken care of to the patients, with worries, insecurities, fears regarding the disease and the procedures to be performed during the hospitalization period. As well as they have difficulty resting because they do not have adequate places to sleep, impairing their comprehensiveness in general (Medrado, & Whitaker, 2012). One of the mothers describes how painful it is to accompany the period of restriction of the child's activities, recognizing that the process of hospitalization not only for the child, but also for the caregiver, is difficult to accept, due to the uncertainty of the disease, procedures, the agony and the will to leave home. The trajectory of the family member of the child within this hospital context can arouse different feelings, for many times not to be included in the diagnosis of the disease and the help during the hospitalization. It generates distress for the caregiver by being away from their loved one, as well as for the reason of having to leave the other children at home, or returning home with distress, making it difficult to care for the home and still have to adjust to this new environment (Figueiredo, Gomes, Pennafort, Monteiro, & Figueiredo, 2013). Feelings referred to during this process are related to children and caregivers, and may be concern, uncertainty, pain, fatigue, apprehension, fear, among others (Medrado, & Whitaker, 2012). The caregivers in the hospitalization unit are important for the child to feel supported, receive affection and love, facilitating recovery, reducing the feelings that make the psychosocial difficult in the hospital environment (Souza, & Melo, 2012). When the diagnosis and the procedures that are necessary during the hospitalization are communicated in the correct way to the relatives, respectively, they have a greater acceptance and decrease of the apprehension regarding the illness of the child, being able to understand more easily the whole process that they are experiencing (Medrado, & Whitaker, 2012). The health professionals are prepared to ensure that all assistance is effective for the child, improving physically and socially to minimize the impacts that hospitalization creates, promoting the inclusion of the family in the new environment, so that the child does not feel alone, take attention and release fears to the new situations they encounter (Figueiredo, Gomes, Pennafort, Monteiro, & Figueiredo, 2013). The presence of the caregiver strengthens the bond and softens the sadness, agony, pain, and crying for strangers to the environment, often terrifying. It also helps the family to meet their needs so that they can strengthen, overcome and mitigate the impact of both (Figueiredo, Gomes, Pennafort, Monteiro, & Figueiredo, 2013). When the family understands the diagnosis and treatment, it is easier to face the new situation, supporting the child in reducing stress and irritation, and are more relieved, calm and satisfied with the care that is being done, raising the hope of improvement every day (Medrado, & Whitaker, 2012).

FINAL CONSIDERATIONS: The humanization of the professional in the hospital environment is important so that they can meet in a unique way the need of each family, being for the physical, emotional and social issues. Caregivers need more support from other relatives so that they can assist them in all their demands and those of their children, which arise during the hospital routine (Figueiredo, Gomes, Pennafort, Monteiro, & Figueiredo, 2013). The care and integration of the family in this hospital context benefit so that the diagnosis and treatment are more accepted, reducing negative feelings and contributing with more quality to the recovery process of the child.

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