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The Hospitalization Perception by Adolescents: Contributions to Nursing Care

A Percepção da Hospitalização pelos Adolescentes: Contribuições para o Cuidado de Enfermagem

Percepción de la Hospitalización para Adolescentes: Contribuciones a la Atención de Enfermería

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ABSTRACT

Objective: The study's aim was to understand the adolescents' perceptions regarding hospitalization and also to analyze how adolescents experience the hospitalization process. **Methods:** It is a field study with a qualitative approach and descriptive method, which has used the interview technique with semi-structured questions, developed in a specialized nurses' ward in a university hospital in *Rio de Janeiro*, Brazil. Data collection period lasted from February to April 2016, where 14 adolescents within age group from 12 to 18 years old were interviewed. **Results:** From the grouped record units obtained, two categories were defined in relation to hospitalization, as follows: repercussions of the hospitalization process on adolescents' lives and forms of coping during hospitalization. **Conclusion:** It is concluded that nursing professionals need to know and understand the reality of the adolescent in order to offer a care capable of making them able to face both illness and hospitalization processes in a better way.

Descriptors: Adolescent, Nursing, Hospitalization.

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RESUMO

Objetivo: Compreender as percepções dos adolescentes frente à hospitalização e analisar como os adolescentes vivenciam o processo de hospitalização. **Métodos:** estudo de campo com abordagem qualitativa, método descritivo, utilizando a técnica de entrevista com perguntas semi-estruturadas, desenvolvido em uma enfermaria especializada em saúde do adolescente em um hospital universitário no Rio de Janeiro. O período de coleta de dados desenvolveu-se de fevereiro a abril de 2016, sendo entrevistados 14 adolescentes, com a faixa etária de 12 a 18 anos. **Resultados:** a partir das unidades de registros que foram agrupadas, definiram-se duas categorias frente à hospitalização: repercussões do processo de hospitalização na vida dos adolescentes e formas de enfrentamento durante a hospitalização. **Conclusão:** conclui-se que os profissionais de enfermagem precisam conhecer e compreender a realidade do adolescente para oferecer um cuidado capaz de fazer com que eles enfrentem melhor o adoecimento e a hospitalização.

Descritores: Adolescente, Enfermagem, Hospitalização.

RESUMEN

Objetivo: Conocer las percepciones de los adolescentes en el hospital y examinar cómo los adolescentes experimentan el proceso de hospitalización. **Métodos:** Estudio de campo con enfoque cualitativo, método descriptivo, utilizando la técnica de entrevista con preguntas semiestructuradas, desarrollado en una sala especializada para la salud de los adolescentes en un hospital universitario de Río de Janeiro. El período de recolección de datos se desarrolló entre febrero y abril de 2016, y entrevistó a 14 adolescentes, el grupo de edad de 12-18 años. **Resultados:** A partir de los registros que se han agrupado unidades, se definieron dos categorías frente al hospital: el impacto proceso de hospitalización en la vida de los adolescentes y formas de hacer frente durante la hospitalización. **Conclusión:** se concluye que los profesionales de enfermería deben conocer y comprender la realidad de los adolescentes para proporcionar atención puede hacer que se enfrentan mejor la enfermedad y la hospitalización.

Descriptor: Adolescente, Enfermeira, Hospitalización.

INTRODUCTION

Adolescence is a phase marked by several conflicts, being considered the period of life with its own characteristics. It is a stage of growth and development of the individual, in which there are major physical, psychic and social transformations.¹

It should also be pointed out that adolescence might be considered a socio-historical construct, in which the environment in which adolescents are inserted strongly influences their behavior, according to socioeconomic, political and cultural factors.²

The *Programa de Saúde do Adolescente (PROSAD)* [Adolescent Health Program] states that in adolescence, the process of growth and development is strongly influenced by genetic, environmental and also hereditary factors. This is evidenced in several somatic aspects, such as the time of onset of puberty, the intensity of certain sexual characteristics (hairiness, breasts size, etc.) and the age of menarche.³

The World Health Organization defines adolescence as the 10 to 19 age group,⁴ this age group also adopted in Brazil by the Health Ministry.³ However, the *Estatuto da Criança e do Adolescente (ECA)* [Child and Adolescent Statute], in its Article 2nd, the adolescent considers the individual between the ages of 12 and 18 and ensures that the adolescent enjoys all the rights essential to the survival of the individual, including the right to health. This way, the *ECA* favors the conditions of freedom and dignity, physical, mental, moral, spiritual and social development.⁵

Thus, adolescents present vulnerabilities, in relation to the general population, due to the various factors inherent to this phase of life, such as physical, cognitive and social growth. In this sense, the experience of a hospitalization due to the disease situation can bring traumatic effects to its evolution.⁶

This can lead to an acute or chronic illness that breaks the vital balance. The effects of the disease may have peculiarities according to each age group, but in general the effects are denial of disease, revolt, guilt, sense of punishment, anxiety, depression, projection, loneliness and emotional regression.

The illness erupts in an uncontrollable way revealing something unexpected: the hospitalization that brings profound changes in the life of the patient and his family, because it is an especially strange, unknown and impacting experience for the patient. With the hospitalization, the adolescent has his routine broken; his previous habits transformed before the new reality, thus, now he is forced to separate himself from his familiar environment and his momentary interests. Their condition of dependence is reinforced, and can be felt by the patient as aggression, since their routine is replaced by the hospital routine.⁷

For adolescent people, the experience of hospitalization might cause emotional damage that is not always easy to be externalized. Therefore, as a consequence, they may present an internal conflict, requiring adequate management by the healthcare team that is providing health care.⁸

During the hospitalization of the adolescent, nursing care implies an emotional and social responsibility, involving and humanizing to identify all the needs of the adolescent and their respective family.⁹

The meaning given to the hospitalization process can be understood through the perceptions of hospitalized adolescents.¹⁰

Therefore, the present study has as its object: the perception of hospitalization by adolescents hospitalized in an adolescent ward; and as a guiding question: What is the perception of hospitalized adolescents regarding the hospitalization in an adolescent ward?

OBJECTIVES

The study's goal has been to understand the adolescents' perceptions regarding hospitalization and also to analyze how adolescents experience the hospitalization process.

METHODS

It is a field study with a qualitative approach and descriptive method, which has used the interview technique with semi-structured questions, developed in a specialized tertiary care nurses' ward in adolescent health from a university hospital in *Rio de Janeiro*, Brazil.

The data collection period was developed from February to April 2016. Participants were 14 adolescents, of which 4 were male and 10 were female. The inclusion criteria used for the interviews were the following: adolescents of both genders, according to the age group from 12 to 18 years old, who did not have a cognitive deficit, in other words, they had the capacity to understand and answer the questions. Exclusion criteria were as follows: adolescents that did not meet the above criteria.

The interview script was composed of the following questions: What is it like to be hospitalized for you? What do you feel when you are in the hospital? What do you do during hospitalization?

The age range used was defined in accordance with Law No. 8,069 of July 13th, 1990, which provides for the *ECA* and considers as a teenager the person that is between 12 and 18 years old.⁵

The analysis was based on Content Analysis, by Laurence Bardin, which is composed of 3 steps, as follows: pre-analysis, material exploration, and data processing and interpretation. According to this author, pre-analysis is the organizational phase; the exploration of the material refers to the phase of analysis itself, where the systematic application of the decisions made is carried out; and data processing and interpretation is the stage at which the results are treated in a meaningful and valid way.¹¹

Ethical criteria involving research with human beings were respected, in accordance with Resolution No. 466 of December 12th, 2012, of the National Health Council, which provides for the guidelines and norms regulating research involving human beings.¹²

The research was approved by the Ethics Committee in Research, with the consubstantiated Legal Opinion No. 1,360,422.

Adolescents having 18 years old participated only after the signing of the Informed Consent term and those interviewed under the age of 18 years old after signing the Term of Consent along with the Consent Form signed by their respective legal responsible. All the interviewees and their managers were previously informed about the research and its objectives.

RESULTS

The study was composed of 14 interviews, with the following sociodemographic profile described in Table 1 below:

Table 1 – Socio-demographic profile of adolescents interviewed. *Rio de Janeiro/RJ*, 2016.

Socio-demographic characteristics		N°	%
Sex	Male	04	28.6
	Female	10	71.4
Age	12 years old	02	14.3
	13 years old	00	0
	14 years old	06	42.9
	15 years old	02	14.3
	16 years old	01	7.1
	17 years old	02	14.3
	18 years old	01	7.1
Religion	Catholic	04	28.6
	Protestant	08	57.1
	Does not have	02	14.3
Schooling	Elementary School	10	71.4
	High School	04	28.6
Has accompanying person	Yes	10	71.4
	No	04	28.6
Chronic Disease	Yes	10	71.4
	No	04	28.6
Chronic Disease	Nephrotic syndrome	05	50
	Sickle cell anemia	02	20
	Takayasu arteritis	01	10
	Lupus	01	10
	Chronic renal insufficiency	01	10

From the units of records that were grouped, two categories were defined before hospitalization:

Category I – Repercussions of the hospitalization process in the adolescents' lives

It can be inferred that adolescents have negative emotional reactions and judge the period of hospitalization as difficult to deal with or have some dissatisfaction with this process, however, some can understand hospitalization as important to their treatment. It is observed that the hospitalization process is painful and the absence of family,

friends and even routine change is perceived by adolescents in an unpleasant way and make the experience more painful.

I have a bad feelings; I get a little sad, right? Because if I am hospitalized it is because I have something bad, there I did not want to have, I just wanted to be as well as many are. (...) I miss my family, my friends who will visit me. (...) I miss my home, to sleep in my bed, to run in the street, to go to the street to play... many things. (A1)

(...) now it's being difficult to stay here, also imprisoned without being able to go on the street, but knowing that I will be hospitalized so that I leave here better, I'm making an effort. (A2)

(...) it was bad, I did not like it (...) because I had to put a probe here (pointed to the nose), probe down here, there had to put a lot of thing here in the arm, business on the finger, There he had to put a lot of stuff here and a mask in his face. (A7)

I do not really like being hospitalized, getting away from everyone, I'm away from home, but I know I need to... I have to stay, right? Until it gets better. (A9)

It sucks (...) they get bored all the time, you are in pain, they give you medicine... It's bad. Also you stay away from family, away from friends, no one comes to visit you. (...) it seems that people forget you... Then, I get sad. (A10)

Category II – Ways of coping during hospitalization

The most cited form of confrontation by the adolescents was to watch television and to use the cellular (internet). It was also seen that there was an interaction with other hospitalized adolescents, however, there were times when they were isolated and some declared that they enjoyed the room of coexistence of the unit.

I play and watch TV. (A3)

Sleep and try to play on the cell phone, without internet. (A4)

Nothing... I only play on the phone, (...) I watch television only and I'm gossiping (laughs). (A5)

I just walk... sometimes I sleep, because I enjoy that there is not much to do, I talk here, I make friends in the recreation room, I watch TV to pass the time. (A6)

I lie on the bed, I sleep and play on my cell phone and I watch TV. (A8)

(...) I stay in the room, I play games, I play around, when there is nothing to do I paint, I sleep, I do not know. (A13)

DISCUSSION

Based on the results the adolescents considered hospitalization as an unpleasant episode and showed their recurrent dissatisfaction with the period in which they were hospitalized, including those who were aware that hospitalization was necessary for their recovery and health improvement. In view of this, the adolescents' feelings should be appreciated as they may influence their development and formation as an adult human being.⁶

Hospitalization is considered to generate some unpleasant feelings, such as dependency, inferiority and insecurity, as well as fear of the unknown.¹³

It is believed that self-understanding and self-esteem of adolescents are determined by the feelings and emotions that each one experiences during the phase of adolescence. Thus, hospitalization can condition not only their hospital experience but also their evolution.⁶

It is also known that hospitalization brings a new daily life for the adolescent, bringing him a loss of freedom, individuality, loss of the power of choice and the power to make his decisions about his life, and also about his body, besides suffering with the painful and invasive procedures they eventually undergo.¹⁴

In this sense, it is considered that the negative perceptions found during the research, in the context of the hospitalization of the adolescents, can negatively influence their life and their development, considering that this stage of life already makes them vulnerable.

For this reason, when assisting hospitalized adolescents, nursing professionals should know the particularities of adolescence, its own reactions and reactions from the pathology - both physiopathological and psychosocial reactions.

It has been shown that few adolescents are able to understand hospitalization as necessary to their health and that they strive to face this process. It is assumed that these adolescents have the capacity to turn this hospitalization into something that can extract positive meanings in the future, for example, the possibility of healing, interaction with other adolescents, the link with the professionals that provide care and assist them and his relatives.¹⁵

Through the testimonies, it is possible to observe that although the adolescents have the right to accompanying person and daily visits; they reported feeling the absence of family, friends and their daily habits. During hospitalization, the adolescent becomes obliged to move away from his family bond, his group of friends and his daily activities and he has

to deal with a different environment. It is often impossible to do routine tasks, play sports and with dietary limitations imposed by illness and hospitalization.¹⁵

Although the Article 12 from the *ECA* ensures that adolescents have the right to be accompanied by a parent or legal protector full time during hospitalization,⁴ the release of visits outside of normal hours will depend on the granting of professionals of each hospital unit. The health team has the power to provide a viable schedule for friends and family who can not attend during the established time, since in general, they cannot visit them during the week at a time established by the hospital.^{8, 9, 16}

The National Humanization Policy proposes as a specific guideline for tertiary care the “guarantee of an open visit through the presence of the companion and his social network, respecting the dynamics of each hospital unit and the peculiarities of the accompanying person, as well as their needs.”^{17:15}

Furthermore, it is believed that in the hospitalization there is a need for a family reorganization, due to the fact that the members have to structure themselves to keep the adolescent accompanied, without harming the daily life of the other relatives. Emphasis is also placed on the fact that hospitalization can increase the distance caused by the adolescent process, or it can also bring the family closer.¹⁶

When undergoing hospitalization, the adolescent presents feelings of loneliness and feels helpless, especially in moments of pain, common to the hospital routine and when he does not have an accompanying person, the young man is faced with solitude, thus ratifying the importance of the team in observing if these adolescents have been observed during the hospitalization period.¹³

It is the responsibility of the multidisciplinary team, including the nurse, to involve the adolescent's family, as well as how to help adolescents to understand the whole process and acquire self-control to facilitate involvement in solving problems.⁹

Considering that nursing is the team that provides assistance to adolescents during the 24 hours, it is considered that this is fundamental in the identification of health problems that go beyond the disease and in the direction of other specialized health professionals, and should be seen as an essential link between the adolescent and other health professionals.¹⁸

Therefore, during the adolescents hospitalization process, the nursing professionals play a fundamental role in listening, welcoming and solving conflicts in adolescent situations, as well as accompanying this family throughout the process.¹⁶

Another important finding was that most adolescents stated that they used technology as a distraction during hospitalization, showing how much technological advance is evident in their lives and how much it influences new forms of social relationships.

Nowadays, adolescents use a striking amount of time daily on media and communication devices; some cell phones remain connected to the media over 24 hours.¹⁹

It is important to note that television specifically plays a significant role in communicating events in society and also encourages adolescents to replicate the practices they attend. The information and values that the media conveys inspire the behavior of many young people and adolescents.²⁰

Among other feelings experienced by adolescents during hospitalization is the difficulty of spending time with other activities and the fact that they feel trapped in the Unit.¹⁴

In this sense, it is believed that the media and the internet have become important tools for health professionals and those involved in the adolescent health and disease process, contributing positively to the disease, either through social networks or health-related content.²¹

It is considered that health professionals should stimulate interaction among adolescents, avoiding the isolation caused by the new virtual reality. Also, it is important that they pay attention to adolescents in the healthy use of technologies.

Thus, it is also believed that it is imperative that the nursing professionals capture the care needs of each adolescent, through their speeches and from their relationship with the hospitalized adolescent, to intensify the approach and develop bonds of mutual trust.

Nursing professionals should develop care using the principles of humanization and evaluate their actions not only by the technical look, but also by reflecting on the possibility of developing activities with the group, in order to generate practices that promote their well-being, leading to the improvement of the adolescent health.²²

The care should be aimed at the adolescents, so that they can express their needs, which often go beyond the biological aspect. Psychosocial factors are directly implicated in the recovery of health and in the growth and development of adolescents. These factors need to be recognized and understood by professionals in order to provide contributions to improve the care quality.⁸

CONCLUSIONS

Through this study, it is concluded that it is fundamental that nursing professionals understand that this experience leads to several negative feelings, such as sadness, anxiety, boredom and dissatisfaction, as well as change in daily life, separation of family and friends, which hinders adolescents' acceptance of this period. However, with the necessary guidance, they have the cognitive ability to understand hospitalization as necessary for their recovery.

It is estimated that giving attention to the speeches of the adolescents without delimiting the time and without making judgments, recognizing it as main member of the attendance and observing their needs are nursing care.

Given the above, the nursing professionals need to know and understand the reality of the adolescent in order to

offer a care capable of making them able to face both illness and hospitalization processes in a better way. This requires carefulness by the nursing team in order to provide a safe hospitalization through the humanistic approach.

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