Sick child and parental care

(Dziecko chore i opieka rodzicielska)

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Abstract – Introduction. Most often mothers are in hospitals with their children. Their presence with a hospitalised child is the most effective way to prevent the negative effects of the child's stay in hospital. The mother is a valuable source of knowledge about the young patient and his habits. The role of the mother in hospital is not only to stay with the child, but above all to participate in hygienic procedures, feeding and organising the child's free time. She is also very often involved in certain therapeutic procedures, such as physical therapy. Her constant presence with the child satisfies one of its most important needs, namely the need to feel safe and has a positive impact on the emotional state of the young patient.
The aim of the study. The aim of the study was to discuss selected issues concerning the sick child and parents' attitudes towards the sick child.
Selection of material. The search was carried out in the Scopus database for the period 2008-2020, using the terms *sick child, parents' attitudes*. From the literature found in the Google Scholar database, studies were selected which, in the opinion of the authors, would be most useful in the preparation of this study.
Conclusions. A mother supporting medical staff should always show care and understanding of her concerns, provide the necessary support and involve her in the care of her child. The mother's constant presence with her child (rocking, hugging) greatly minimises the effects of hospitalisation and supports its proper development.

Key words **–** a sick child, parents' attitudes.

Streszczenie – Najczęściej w szpitalach razem z dziećmi przebywają matki. Ich obecność przy hospitalizowanym dziecku to najbardziej skuteczny sposób na zapobieganie negatywnym skutkom pobytu dziecka w szpitalu. Matka stanowi cenne źródło wiedzy o małym pacjencie, jego przyzwyczajeniach. Rola matki w szpitalu nie sprowadza się wyłącznie do przebywania z dzieckiem, ale przede wszystkim do współudziału w zabiegach higienicznych, karmieniu, organizacji czasu wolnego dziecka. Bardzo często uczestniczy ona także w niektórych zabiegach leczniczych, np. w fizykoterapii. Jej stała obecność przy dziecku zaspokaja jedną z najważniejszych jego potrzeb, czyli potrzebę poczucia bezpieczeństwa i ma pozytywny wpływ na stan emocjonalny małego pacjenta.
Cel pracy. Celem pracy było omówienie wybranych zagadnień dotyczących dziecka chorego i postaw rodziców wobec dziecka chorego.
Dobór materiału. Poszukiwania przeprowadzono w bazie Scopus za okres 2008-2020, używając pojęć *dziecko chore, postawy rodziców*. Ze znalezionego w bazie Google Scholar piśmiennictwa wyselekcjonowano opracowania, które zdaniem autorów byłyby najbardziej użyteczne w przygotowaniu niniejszego opracowania.
Wnioski. Matce wspierającej personel medyczny zawsze należy okazywać troskę i zrozumienie dla jej obaw, udzielać potrzebnego wsparcia oraz włączać ją do pielęgnacji dziecka. Ciągła obecność matki przy dziecku (kołysanie, przytulanie) w znacznym stopniu minimalizuje skutki hospitalizacji oraz wspomaga jego prawidłowy rozwój.

Słowa kluczowe – dziecko chore, postawy rodziców.

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Authors' contributions to the article:

A. The idea and the planning of the study
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Accepted for publication: November 19, 2020.

I. A CHILD AS A PATIENT

Each patient should always be treated individually in the treatment procedures, but this principle applies particularly to paediatric patients.

Such patients are considered [1]:

- premature babies - born between the 22nd and 37th week of pregnancy;
- newborns - from 0 to 27 days of life;
- babies - up to 12 months old;
- small children - up to the age of 2;
- children - from 2 to 11 years old;
- young people - over 11 years old.

Paediatric patients are a specific group and, as with any patient, small patients require careful care, safe and effective treatment. However, it can sometimes be difficult to implement this thesis. For example, it is sometimes difficult to choose the right active substance. A large group of preparations do not have registrations for small children, and even fewer of them can be used for newborns and infants. There are situations where the drug may be available, but it cannot be given because it is not possible to prepare a small dose.

Another problem may be, for example, the right choice of form and route of administration. The aim should be to ensure that the child accepts both the form and route of administration. Of course, this applies to children of such age that they are able to understand the procedures applied to them.

Most often the preparations are administered orally and take the form of suspensions, solutions or syrups. Very often they have an attractive taste and are therefore better tolerated by small patients. Additionally, it is easier to measure an appropriate dose of the preparation (syringe, measuring cup). Medicines in the form of tablets or capsules are administered to children over 4-5 years of age.

In specialist procedures, drugs can also be administered in inhalation form (with appropriate equipment) and intramuscular and intravenous injections. Few preparations are administered to the skin [1,2].

Without any doubt, the child is a special player in the field of medical law. This is not only because of the state of health, the deterioration of which most often arouses a great deal of emotion and sympathy both within the family and in society, but also because of the circle of people who are entitled to make decisions about treating a small patient.

In the legal system of the Republic of Poland, medical issues are regulated by: the Act of 6 November 2008 on Patient Rights and the Patient Ombudsman 14 (Journal of Laws of 2009, No. 52, item 417, consolidated text Journal of Laws of 2012, item 159) and the Act of 27 August 2004 on health care services financed from public funds (Journal of Laws No. 210, item 2135). Additionally, with regard to minor patients, the Convention on the Rights of the Child adopted by the United Nations General Assembly on 20 November 1989 and the European Charter of the Rights of the Child.

According to legal provisions, every minor patient is entitled to [3,4]:

- medical services;
- treatment under appropriate conditions;
- to receive information from health professionals about their state of health in a manner appropriate to their age and ability to understand;
- medical confidentiality;
- respect for dignity, intimacy;
- to protect the mental state;
- unlimited contact with parents;
- uncontrolled contact by correspondence with the family.

II. PARENTS' ATTITUDES TOWARDS THE HOSPITALISATION OF THEIR CHILD

The definition of 'parental attitude' is not precisely defined. General definitions of attitudes are much easier to find. One of the most frequently quoted is the definition of attitude as a kind of tendency to behave in a certain, characteristic way towards someone (a person), a situation or a problem, that is, some object it is aimed at. []

It can therefore be assumed that a parental attitude - maternal or paternal - is a certain tendency to behave in a specific, specific way towards the child.

Attitude is not a constant phenomenon. It is subject to constant development processes, and its components may have different meanings in different parts of human life. [5-7,]

In a young child, for example, emotions are more developed and they play an important role in the process of getting to know other people [8,9].

Parental attitudes are responsible for the need to understand the impact of a child's particular upbringing. [10]

According to Ziemia, it is a concept that draws attention to the family background of personality formation. Each attitude has three components - thought, emotion and action. [11]

The thought element is most often expressed verbally in the form of a view of the attitude object, i.e. the child ("he

is such a reasonable boy" or the opposite "he is so unbearable").

Another ingredient - action - manifests itself in active behaviour towards the child, for example when cuddling or chastening.

The third component - emotional - is contained both in the utterances and in the behaviour by the specific kind of expression that accompanies them [25].

The diagram of educational attitudes according to Maria Ziemska presented below shows four main opposing pairs of attitudes.

These are [11]:

- acceptance - rejection;
- cooperation - avoidance;
- Reasonable freedom - overprotection;
- recognition of rights - an excessive requirement.

Parental attitudes understood in the presented scheme of Earth as proper attitudes are described around the rim located in the middle between four angles of the square. On the other hand, on the four angles, but outside the square, there are attitudes classified as inappropriate and which are at the same time complementary to the pairs of appropriate attitudes.

Proper educational attitudes [11]:

- acceptance - it contains a motive to turn towards the child, parents do not reject the child, but accept it as it is;
- cooperation - this attitude requires a lot of work from parents, they should teach the child how to achieve something together in cooperation with others;
- Reasonable freedom - to protect the child from danger on the one hand and to make it enter the world around it on the other;
- Recognition of the rights of the child is an extremely important attitude in the process of upbringing, respect for the child's secrets, individuality and respect for what the child does.

Wrong educational attitudes [11]:

- rejection - this is the most inappropriate attitude, parents do not like the child, they do not want to deal with it, there can be aggression here;
- avoidance - parents are not interested in the child and its problems or dreams, they do not enjoy staying with it, they try to avoid it;
- Excessive protection - an attitude resulting from the fearful attitude of one or both parents towards the surrounding world, every situation is stressful for the child, so the child must be protected at all costs, sometimes beyond common sense;
- excessive requirement - parents require more from their child than the child is able to bear, independence and activity are severely restricted, the child is constantly assessed and forced to obey.

Emotional experiences and reactions of parents related to the child's illness and, in particular, the need for the child to be treated in a hospital for a long time, sometimes causing a series of largely negative behaviours.

The main cause is situational stress. Anxiety and anxiety are inseparable emotions usually accompanying a man in his illness. Anxiety is almost always related to the threat of a young child's illness [7,10,12].

Hospitalisation, the need to carry out various painful procedures or examinations to diagnose the child's illness is a very difficult time for parents. They are often accompanied by strong emotions, such as fear, anxiety or disbelief (*the question is, why did this happen to our child?*). Usually mothers cry, and fathers try to keep the leftovers of control. This is usually related to fears about the consequences of the disease [13]. Different forms of parental response to the child's illness have been identified.

These are [5,10,12-14]:

- constructive behaviour - correct, serving the health and well-being of the child;
- denying the disease, i.e. not accepting information about the child's illness, demonstrating a high level of anxiety;
- depressive-passive behaviour, i.e. avoidance of medical visits, check-ups and treatments, parents' closing in on themselves, regret is the dominant emotion;
- aggressive and degrading behaviour - there are threats against medical staff and numerous demands, parents are very impatient;
- actions manifesting themselves in the constant activity, sometimes also in the generosity of the parents, while accusing others, are very often motivated by strong fear and guilt for the child's illness;
- the parents' sense of guilt is also a very common reaction to the child's illness and is accompanied by accusations against other people;
- rituals are behaviours that are intended to reduce emotional tension,
- the childcare activities are celebrated as rituals, always performed in the same order, and the predictability of the next steps in the child's care increases the psychological safety;
- experiencing fear, often in mothers, takes the form of despair;

- anxiety and sadness are most often the result of an accumulation of all concerns about a child's health, the cause is helplessness, a feeling of threat to the child or unfulfilled expectations, they may persist throughout the child's illness, as well as after the child has been cured, and there may also be a mental breakdown of one of the parents.

Most often mothers are in hospitals with their children. Their presence with a hospitalised child is the most effective way to prevent the negative effects of the child's stay in hospital. The mother is a valuable source of knowledge about the young patient and his habits. The role of the mother in hospital is not only to stay with the child, but above all to participate in hygienic procedures, feeding and organising the child's free time. She is also very often involved in certain therapeutic procedures, such as physical therapy. Her constant presence with the child satisfies one of its most important needs, i.e. the need to feel safe and has a positive impact on the emotional state of a small patient [5,10,14].

A mother supporting medical staff should always show care and understanding of her concerns, provide the necessary support and involve her in the care of her child. The mother's constant presence with her child (rocking, hugging) greatly minimises the effects of hospitalisation and supports its proper development [1,5,13].

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