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RESEARCH

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NURSING PROFESSIONALS' PERFORMANCE REGARDING THE TRANSMISSION OF INFORMATION TO THE RELATIVES OF CHILDREN ADMITTED TO EMERGENCY CARE UNITS

Informações transmitidas às famílias das crianças na emergência na perspectiva da enfermagem

Información transmitida a las familias de los niños en la emergencia desde la perspectiva de la enfermería

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ABSTRACT

Objective: This paper analyzes the nursing professionals' performance regarding the transmission of information to the relatives of children admitted to emergency care units. **Methods:** This qualitative research was performed with 16 members of a nursing team working in an emergency unit of a public pediatric hospital in Rio de Janeiro city, Rio de Janeiro State, Brazil. Data collection was accomplished by using non-directive group interviews, and the statements were submitted to thematic analysis in the light of the Brazilian National Humanization Policy. **Results:** The information transmitted to the family member/companion was related to the environment, norms and routines, body hygiene, invasive procedures, and medications. Three distinct moments related to the transmission of information were identified: child's admission, stay and discharge within the unit. **Conclusion:** The nursing team recognized that the children's relatives have the right to information and provided continuous emergency care in the emergency unit. Training nursing professionals is fundamental to improve their performance.

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Descriptors: Information access, hospitalized children, nursing team, family.

RESUMO

Objetivo: Analisar a atuação da enfermagem na transmissão das informações às famílias das crianças na emergência. **Métodos:** Pesquisa qualitativa. Os participantes foram 16 membros da equipe de enfermagem do setor de emergência de um hospital pediátrico público do Rio de Janeiro. O procedimento para a coleta de dados foi a entrevista não diretiva em grupo, e os depoimentos foram submetidos à análise temática, à luz da Política Nacional de Humanização. **Resultados:** As informações transmitidas ao familiar/acompanhante foram relacionadas ao ambiente, normas e rotinas hospitalares, higiene corporal, procedimentos invasivos, e medicamentos. Três momentos distintos para a transmissão de informações foram identificados: admissão da criança, permanência na unidade e alta. **Conclusão:** A equipe de enfermagem reconhece o direito à informação das famílias das crianças e atua em todos os momentos da assistência à criança no setor de emergência. Acredita-se que a capacitação dos enfermeiros é fundamental para promover transformações na atuação da enfermagem.

Descritores: Acesso à informação; Criança hospitalizada; Equipe de enfermagem; Família.

RESUMEN

Objetivo: Analizar la actuación de la enfermería en la transmisión de informaciones a las familias de niños en la emergencia. **Método:** Investigación cualitativa. Participaron 16 miembros del equipo de enfermería del sector de emergencia de un hospital pediátrico público en Rio de Janeiro. Datos recolectados por entrevista no directiva en grupo; testimonios sometidos al análisis temático, a la luz de la Política Nacional de Humanización. **Resultados:** Las informaciones transmitidas a la familia/acompañante se relacionaron con el ambiente, normas y rutinas hospitalarias, higiene corporal, procedimientos invasivos y medicamentos. Emergieron tres categorías: admisión del niño; permanencia en la unidad y; alta. **Conclusión:** El equipo de enfermería reconoce el derecho a la información a la familia/acompañante y actúa en los momentos de asistencia al niño en emergencia. Se cree que la capacitación de enfermeros es fundamental para promover transformaciones en la actuación de la enfermería.

Descritores: Acceso a la información; Niño hospitalizado; Equipo de Enfermería; Familia.

INTRODUCTION

Hospital admission of a child generates stress and anxiety for the whole family, and family care requires a special sensitivity to meet their needs and complex nursing care.¹ The information provided to the family member by the nursing team makes it easier for him/her to understand the provided treatment and care. Furthermore, it also helps their children to face hospitalization.²

According to article 71 of the *Estatuto da Criança e do Adolescente* [Child and Adolescent Statute], “children and adolescents have the right to information, culture, leisure, sports, entertainment, shows, and products and services that respect their peculiar condition as developing persons.”³

The Resolution No. 41 from the *Conselho Nacional dos Direitos da Criança e do Adolescente* (CONANDA) [National Council on the Rights of Children and Adolescents] states the rights of hospitalized children and adolescents. Regarding the child and adolescent, the eighth item highlights: “The right to have adequate knowledge of his/her illness, of the therapeutic care and diagnoses to be used and of the prognosis, respecting his/her cognitive phase, besides receiving psychological support when necessary”. It is highlighted in its tenth item: “The right to have his/her parents or guardians actively participate in his/her diagnosis, treatment and prognosis, receiving information about the procedures to which he/she will be submitted.”⁴

The nursing team should recognize the importance of the family by valuing its right to receive information about the diagnosis and care offered to the child. In addition, the family has the right to receive information about the hospitalized child in a way that does not cause insecurity, thus avoiding conflicting interactions.⁵

The transmission of adequate information requires a dialogue between professionals and the family, and this relationship is based on the humanization of care, relationships, decision-making, and working environment.

Health care professionals “should receive patients by employing qualified listening, risk classification, health assessment, and vulnerability analysis” while they provide urgency/emergency care.⁶

Concerning the humanization process, the emergency nurse should have several basic skills, such as welcoming, communication, dialogue, and listening.⁷

Bearing in mind this framework, the study's objective was to analyze the nurses' performance while they communicate information to the families of children admitted to emergency units.

METHODS

This descriptive study with a qualitative approach was carried out in the emergency unit of a public pediatric hospital located in *Rio de Janeiro* city, *Rio de Janeiro* State, Brazil. The study participants were five nurses and eleven nurse technicians. The number of participants was not predetermined since the number of interviews was established by theoretical saturation. No new elements were identified after the fifth interview, with a total of 16 participants.⁸

The inclusion criteria were (1) nursing professionals who worked in a pediatric emergency unit for at least one year and (2) accepted to participate in the research. Exclusion criteria were (1) nursing professionals who were on vacation, on leave or on holidays and (2) employees who did not accept to participate in the study.

The methodological procedure used in this study was the non-directive group interview (NDGI), which is a data collection technique based on the interviewees' free

speech. Regarding the use of NDGI, it is necessary to coordinate theoretical and practical knowledge with the study objectives, which requires experience to identify the signs, clues, and interpretation of the interviewee's gestures and words.⁹

Data collection took place from October 2012 to February 2013 in a nursing team room with five groups composed of one nurse and one nurse technician per interview; four groups composed of one nurse and two nurse technicians; and one group composed of one nurse and three nurse technicians.

The interviews were carried out with one group at a time in days with low patient demand, such as holidays and weekends.

The environment of choice for the interview was the nursing staff restroom. After reading and signing the informed consent document, the study subjects were attached to a poster so that the participants could read them. The participants' free speech was respected and the interviews were performed without a pre-established order.

The topics of the interview were as follows: moments to inform, information transmitted to families, family questions, and involved professionals/information. The statements were recorded through a digital device and transcribed in full. The participants were identified with the use of an alphanumeric code: N for a nurse (N1, N2, and so on) and NT for a nurse technician (NT1, NT2, and so on).

The results were submitted to thematic analysis in the light of the right to information as stated by the Brazilian National Humanization Policy (NHP).¹⁰⁻¹¹

The study complied with the ethical standards of research involving human participants as established by the Resolution No. 196/96. This research was approved by the Research Ethics Committee under the *Certificado de Apresentação para Apreciação Ética* (CAAE) [Certificate of Presentation for Ethical Appreciation] No. 06205612.4.0000-5264 and the Legal Opinion No. 94.348.

RESULTS

According to the thematic analysis, the four thematic units can be addressed: information provided by nursing professionals; information (or disinformation) in pediatric emergency units; different moments for informing; ethical and legal aspects relating to the transmission of information within the unit.

Information provided by nursing professionals

The information transmitted by the nurses was related to the norms and routines, permanence, alternation of family members and visits, as well as feeding and control of hospital-acquired infection.

We'll keep informing them about everything. In relation to the routine, the norms of rest, in relation to feeding the child, the mother; in relation to staying with the baby

or to another person with whom they can take turns; the inexistence of visits, [...], exchange of companion that is done outside; in relation to not consuming food here inside, the person in charge; in relation to the medications, that they do not need to bring anything. (N2)

What we do here is [...] guide the mother, the mothers in terms of, one mother taking the child of another mother. We guide them that they cannot allow cross-infection. Guidance like this [...] on bacteria, infection, because they sometimes put the child's things, the child's clothes on the floor. (NT1)

Information about medications was also cited by the participants and is related to prescription, effect, and administration route. It is related also to their use at home, as can be seen in the following statements:

You have to explain calmly: "Mom, the medicine has this effect [...] The doctor will evaluate [...] You have to take it easy [...] He will send you home with oral medicine [...]. (NT2)

But I explain to her what it is like if she would come in now. Sometimes her mother asks me what nebulization does, I go there and explain what Berotec® does, what the medication does, what the antibiotic does, what it is for as if it was the first time she got there. (NT6)

Information (or disinformation) in pediatric emergency units

The participants reported that at some moments during nursing work an adequate dialogue was not established, making the transmission of information impossible. Overwork was observed within the pediatric emergency unit. Most of the time, the delivered care was based on the fulfillment of tasks making it impossible for the professionals to establish dialogue:

Sometimes we see so many patients, it gets so rushed, that sometimes we admit one, two, three, four [...] And you don't give any information. (NT5)

There are times we even have to call a social worker to give us support, do you get it? Because if we do everything, it gets impossible [...] Here we're already receptionists, nutritionists, do you get it? The nurse becomes the nutritionist when the nutritionist goes away. If the doctor is not here, the nurse has to be the doctor, do you get it? (N4)

The fragmentation of care observed in different procedures performed by professionals from different areas also promotes the fragmentation of the information

transmitted to families. There is no uniform dialogue among the professionals and between professionals and families, as stated by the following testimonies:

The thing is fragmented [...] We give the information as they search for it, the search of the family (N3).

[...] because we are the first to see the patients, our information is very fragmented [...]. (NT7).

Different moments for informing

According to the participants, the transmission of information within the emergency unit occurred at the child's admission, stay and discharge.

In my opinion, moments to inform, I think it is the most correct [...] at the moment of the child's admission, the information has to be provided right at the child's admission. From the moment she is being evaluated by the doctor [...] informs the mother about the need for hospitalization, from this moment, we start to provide the information [...] That's a lot of information, and it's provided at the moment of admission [...] from the time of admission and sometimes even at the discharge. (N2)

Throughout the hospital stay, more questions arise, doubts [...] Questions from the family. It's usually during the hospitalization stay, as she deals with other admissions, so she relates her patient with another one, so they ask questions. (NT3)

Ethical and legal aspects relating to the transmission of information within the unit

The right of the child's relatives to information was recognized by the nursing team. Information on health status, administered drugs, care provided and the reading of medical records were also cited:

As we always say, the patient has the right to know [...] I think it's the mother's right to know what kind of treatment her son has been receiving. (NT4).

The companion has the right to know what kind of medication is being administered. (NT5)

And just remember, we shouldn't fool the mother or father [...] I can't do that [...] The doctor's busy, sometimes he's there. I get the chart: "What do you want to know? You can read it here, it's here." Then she asks more questions. I'll answer anything she wants, within the bounds of possibility [...] Things pertaining to the child, her child,

his health, all of it [...] I speak everything [...] That part is very important, that part of informing, clarifying, everything. (N2)

DISCUSSION

The information transmitted by the nursing team was focused on the physical structure, norms, and routines of the unit and nursing care such as feeding and administering medicines. An integrative review pointed out that the relationship between nurse and family is guided by the hospital norms. This technical relationship between family and nurse hinders the construction of bonds and the sharing of experiences among peers.²

Regarding humanization, the relationship between environment and welcoming promotes the creation of meeting spaces. These spaces should involve listening and receiving the users.¹²

The peculiar characteristics of pediatric emergency care, the numerous professional activities and information fragmentation were elements that brought about difficulties in transmitting information to the children's relatives.

The hospitalized child's family members are eager for information. They value not only the aspects related to the child's health condition but also the knowledge of the implications that the illness may have on their future.¹³

The nursing team reported informing the children's relatives of medications during hospitalization in the emergency unit. From the perspective of the patient and his/her family in relation to medicine therapy, the requirements cover technical and interpersonal aspects. One of the technical requirements is to obtain information about the medicine and expected results. Regarding the interpersonal requirements, the humanized and empathetic approach by the nursing staff is cited by the participants.¹⁴

As for humanization, it is important to re-establish the principle of universality/equity of access every day. One of the dimensions of this access is the participation in therapeutic and health production projects through the autonomy and protagonism of the citizen/user and his/her social network.¹⁵

One of the guidelines for implementing the NHP in health institutions is promoting the dialogue among professionals, between professionals and users, and between professionals and administration with the objective of promoting participatory management.¹¹

A hospitalized child is a major cause of stress and anxiety for parents experiencing role changes. Consequently, parents need to participate while their children are receiving care. Parental participation in child care is impossible without exchanging information with the nurse.¹⁶

As for the moments of informing, some participants cited specific moments during the child's stay in the emergency unit. According to the NHP, welcoming is a process of taking action for promoting health care in which professionals take full responsibility for patients during their

stay and carefully listen their complaints with the objective of guaranteeing integral, resolutive and responsible care.¹⁷

The study participants recognized the right of the family member/companion to receive information about the health condition of the child receiving emergency care. The NHP states that health care units should provide information to their users as a matter of priority.¹¹

According to the *Carta dos Direitos e Deveres da Pessoa Usuária da Saúde* [Letter of Rights and Duties of the Health Care User], people have the right to receive information about their health status in an objective, respectful, and understandable way. Also, an appropriate language should be used to convey the message.¹⁸

The nursing team recognized the family members' right to receive information in pediatric emergency units, highlighting the norms and routines performed. This can be interpreted as an opportunity to establish a bond with the child's family. On the other hand, information cannot be reduced to institutional rules, which could sever the relationship with the child and his/her family. This relationship can be considered as one of the goals of pediatric nursing care.

CONCLUSIONS

The results of this study made it possible to identify that the nursing team recognized that family members have the right to receive information about the emergency care provided to their children. Furthermore, nursing professionals were willing to participate in this dialogue. However, the demand for care and ethical issues make it difficult for the team to act in this context.

Considering the scenario of this study, it is believed that training nurses to become supporters of the NHP is fundamental in order to improve the nursing professionals' performance, focusing on recognizing children as subjects possessing health needs that are inserted in a family and social framework.

One main limitation of the study is that it was not possible to generalize the ideas here discussed due to the complexity of the scenario and the qualitative method that was employed. However, this study sought to understand how information was transmitted to children and their relatives by nursing professionals in emergency care units, which the goal is to improve the children's health condition or save their lives. Furthermore, this study sought to stimulate the nursing professionals' reflection on their own performance with regard to communicating this information. The discussion presented in this study could contribute improve pediatric emergency services, favoring the right of the family members to information and the fulfillment of the information needs of parents and relatives in this situation.

Hence, in view of the specificity of the scenario, new research needs to be carried out to further gain knowledge about this subject by employing other theoretical-methodological approaches in other health care institutions.

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