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Representations from the family about child fear and suffering in emergency care: a descriptive study

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ABSTRACT

Problem: Inside emergency care units, the hospitalized children report to their relatives certain moments of conflict, which in the end reinforce the culture of fear. Threatening procedures usually occur due to patient's complaining; these procedures are mainly associated with the ones in nursing care. It is fundamental to develop strategies aimed to providing assistance to the family in such cases. **Aims:** To analyze the social representations of the family regarding the psychological suffering of the child hospitalized in an emergency care unit; to characterize the culture of fear in the context as described by the representations of the family, and its development in the young patient; to create an informative booklet with strategies of collaborative reeducation, to minimize the psychological damage to the child. **Method:** This is a descriptive study, with a qualitative approach, based on the Theory of Social Representations. Free recall and semi-structured interview techniques will be used in this research. The collection of data will occur at the pediatric emergency care unit of a college hospital, having as its subjects the relatives of hospitalized children.

Descriptors: Family Relations; Stress, Psychological; Fear; Emergency Nursing; Child, Hospitalized.

PROBLEM SITUATION AND ITS SIGNIFICANCE

Inside pediatric emergency care units, the family has a very significant role to play in the dynamics of the care and support of the hospitalized child. An emotional conflict is generated as a result of the need for emergency hospitalization of the child. At the unit that was involved in the study, a certain culture of fear is perceived, which is frequently brought about by the unexpected hospitalization. This fear slightly demonstrates the way in which the relatives deal with the child, once threatening and conditioning procedures over several limiting situations are present, but never openly declared and previously explained. Such an attitude on the part of the professionals hampers the acceptance by the child, who is already in a fragile status, permitting the performance of invasive and painful procedures, then generated arguments from an environment characterized by suffering, unconnected with the professional interventions based on humanized care.

In emergency care, the family must be an active participant member of the treatment of the ill child, and they need to have the necessary support to achieve this goal. The family requires support in order to be able to deal with their own internal conflicts, fears, and the increased level of responsibility⁽¹⁾. Consequently, it is evident that there is a need to study how the relative thinks, and what is his/her role based on the emotional suffering and the dynamics of fear as they are represented by the family in a pediatric emergency care situation, in an attempt to understand their meaning. This analysis will guide the construction of an effective strategy to orientate and facilitate the family as co-responsible partners in the process of care. This will generate more collaborative attitudes with the intention of minimizing the child's distress during hospitali-

zation. The relevance of this study relates to the co-responsibility of the family in an emergency care situation, in order to improve the quality and continuity of the emotional support dispensed to the suffering child, with the aim of providing a more holistic and humanized care. This study is substantiated by the premises of humanization, which support the actions with an increased level of co-responsibility in order to produce and promote health. These premises also prioritize a switch in the culture of users' care, based on the terms of the consideration of needs, desires, and interests of the different actors in the field.

This study will be supported by the Theory of Social Representations (TSR), which is understood as an analysis of the understanding that is socially built and shared, as a practical orientation to build a common reality in a social environment. This set of ideas permits the understanding of the daily behavior of individuals and social groups, thus composing what is known as common sense⁽²⁾.

GUIDING QUESTIONS

- What are the social representations of the family members regarding the emotional suffering of the child in an emergency care unit setting?
- How are the dynamics of fear present in the social representations of the family?
- Which collaborative actions and procedures contribute to reducing the fear of the child?

AIMS

General: to analyze the social representations of the family with regard to the psychological suffering of the child in emergency care, as a means of building collaborative strategies.

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Specific:

- To understand the culture of fear in the context of the social representations of the family in an emergency care situation, and the implications of the psychological suffering of the child;
- To develop an informative booklet for the family as part of a re-education strategy, aimed at ensuring collaborative involvement in order to minimize the psychological suffering of the patient.

METHODS

This study is descriptive, exploratory, non-experimental, adopting a qualitative approach⁽³⁾. The area of pediatric emergency care of a college hospital worked is used as the scenario. The subjects were family members of children hospitalized or under surveillance, who agreed to participate in this research, and were above 18 years of age. Any subjects that held any degree of kinship, or legal representatives with or without degrees of kinship could participate in this study. The techniques used were free recall and semi-structured interviews, which were based on a form designed to acquire the socio-demographic characteristics of the participating individuals, and an interview script. The data collection took place between January and March 2014, with a sample composed by 30 individuals.

After the analysis of the comments made by the participants, the testimonies were transcribed and then analyzed, based on the content analysis of Bardin's theory, supported by SRT. This project fulfills all ethical premises under Resolution 466/12 of the Brazilian National Health Council (CNS, in Portuguese).

As a final product for the support of nursing practices, it is intended to create a booklet containing information regarding collaborative care and expected behavior inside a pediatric emergency care unit. It will be accessible, entertaining, and easy to understand. This booklet may boost the partnership with the family in terms of reducing the fear and concern of the child.

CONCLUSION

The authors expect to gather support from scientific evidence that is associated with the data collected, and that supports the real needs of the relatives of children undertaking painful proceedings. This data aims to generate a booklet that promotes a partnership with the relatives with regard to the care procedures involving the child. For this reason, the booklet would be therapeutic and educative at the same time, contributing to overcoming the difficult and painful moments faced by the child in a hospital environment.

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