

200 - FAMILY CONTEXTUALIZATION: A REFLECTION ARTICLE ON CHILD NURSING CARE

ISABELLE PINHEIRO DE MACEDO
ANA DULCE BATISTA DOS SANTOS
MARÍLIA FERNANDES GONZAGA DE SOUZA
MARIA COELI CARDOSO VIANA AZEVEDO
AKEMI IWATA MONTEIRO

Universidade Federal do Rio Grande do Norte. Natal, Rio Grande do Norte, Brasil.
Email:isabelle_shalom@yahoo.com.br

INTRODUCTION

Discussions on value of family as an active element in the health-sickness process of child care have required that nursing professionals adopt new habits concerning the purpose of care, not focusing on the disease, but on the child and his or her family context.

Although recognizing the importance of the family in the perspective of care, in the authors' everyday experience, there's a noticeable dichotomy between speech and practice of some professionals, who sometimes don't consider this fundamental element in their usual procedure. Therefore, it's observed, for instance, the negligence in listening to the family and, as a result, the little understanding on the family context and its relation to the child's disease, what prevents the family from getting prepared to continue caring for the child after hospital discharge or in daily basic care. In addition to this, they have been giving functions to the families without analyzing their theory knowledge or competence to perform them.

So, the first step to be taken is actively listening to the family's members considering their doubts, questions and needs, as well as their culture, and, as a consequence, be able to develop a plan of individualized care.

Principles like warmth and co-responsibility must be emphasized in the therapeutic routine, contributing to the mutual cooperation between family and nursing team.

This study, therefore, carries out a reflection on the family, their context, structure and function, and incorporates this knowledge into the nursing practice, emphasizing knowledge, relationship and communication between the nursing team and this family.

The motivation for writing this reflection has come from the authors' everyday experience in Pediatrics, either in the hospital context or in health basic care. On the one hand, there was the belief in the family potential as a unifying nucleus in child care and, on the other hand, the recognizing of the failure that still exists in the quotidian practice between professionals and families.

Referring to the partnership between family and nursing team, many authors agree on its contribution to the care of hospitalized children. Faquinello, Higarashi and Marcon (2007) affirm that parents play a fundamental role in the child's reference and become mediators in the therapeutic relationship, the main source of safety and affection, as well as the support to face the sickness situations.

Pinto, Ribeiro e Silva (2005, p. 975), considering a child hospitalization, emphasize that it's part of the health team's competence to understand "the family everyday experience in different contexts and propose actions that help dealing with the needs that come with the hospital situation".

In respect to Basic Care, German et. Al, after an experience in the Family Health Program, revealed that when the family has the opportunity to talk about their routine, the nurse also has the unique occasion to focus his or her attention on the family and consider their peculiarities. For that reason, these authors affirm that the nurse's knowledge on nowadays family's dynamics is the path to consolidate the strategy so called Family Health.

Pettengill and Angelo (2006), taking into consideration the characteristics that define the family vulnerability during the hospital process, report the conflicts marked by lack of dialogue, disrespect and negligence of the health team in their listening role.

In this respect, it's essential that the health professional notice and understand the family and their way of caring for the child in his or her growth and development processes, since parents and relatives are the main source of information about the child and, besides that, they are the most significant bond in this process of healthy, safe and happy performance. The way parents incorporate this identity will result in important consequences to their children at all stages of life.

For these reasons, it's observed the increasing need of understanding the various forms of family organization, since it's a space where children construct their social identity.

So, the family can be defined as "a laboratory of human relations, where they test and improve models of coexistence that result in a better utilization of human potentials to a child belonging to a society that is more harmonious and promotes the collective welfare" (OSÓRIO, 1996, p.47).

Pari passu the value of family, the country has been witnessing the creation of public policies regarding this nucleus and understanding its important role, as well confirming its social value. In spite of this, there are still major challenges to be faced by the family concerning legislation and policies, specially health ones.

Pettengill and Angelo (2006, p. 281) state "that it's still necessary to advance towards a practice that really considers the approach centered on the child and the family", despite the gains that came with the Statute for Children and Adolescents in 1994 and the researches developed over the last years.

In this respect, it's emphasized that the nurse include the family and their members into his child care plan, considering functions, types of structures and theories that base the understanding of all changes occurred inside them (WONG, 2006).

In this article, therefore, the following aspects are concerned: the family today and the way they are included in the nursing child care.

THE FAMILY TODAY

The family nowadays remain a private space, in which many social roles are played among their members in order to prepare them in accordance to the society in which they live. They are thought in a plural way, not linear, that consider the other, the differences and the continuous changes, as well as deconstruct excluding and discriminating thoughts. That's why it's always important to contextualize the family and add a cultural view to their own reality. The family concept is, therefore, considered to be incomplete, since it's a social and cultural unity in continuous transformation in time and History.

The movements of organization-disorganization-reorganization maintain a close relation to the social-cultural transformations, acting through relationship and communication patterns that rule the behavior of their members (AFONSO; FIGUEIRAS, 1995 apud CARVALHO, 2002).

When it comes to the current changes in the family, it's necessary that health professionals learn the concepts that exist in the collective imaginary, the emergencies and family life cycles.

In the collective imaginary, there's an expectation filled with idealizations: the traditional nuclear family as a symbol that provides care, protection, warmth, affection education, identity construction and relational ties of belonging, able to promote a better quality of life to their members and effective social inclusion in the community and society in which they live.

On the other hand, new family arrangements have replaced the authoritarian patriarchal model and have created other types of family, such as: mixed, extended, single-parent, binuclear, polygamous, community and the one composed of same-sex parents (WONG, 2006), what results in new challenges to the professionals who deal in these family contexts.

So, the family, while a specific way of aggregation, has their own life dynamics, which are affected by the social-economic development process and by the impact of government's actions through their social and economic policies (KALOUSTIAN, 1994).

In respect to health, the family determines all of these social dynamics and, at the same time, is determined by them. The family is considered to be determinant because that's where lays the foundation of all behavior and decision concerning health, through culture, educational settlement and values. In their turn, the relations between their members depend on (are determined by) habits related to health.

In this sense, the family understanding on health is crucial to the integrated care, covering health promotion and prevention from diseases and sickness worsen, which is one of the great challenges of health care. These challenges are daily struggles waged on family demands imposed by the current model of care (individual clinic, curative and medicalized), opposite to the urgency care unit and the health promotion model which are urged by the health family strategy. From these conclusions, it's noticeable that the team needs to develop their own concept of health, since it must be linked to the concept worshiped by the family.

The family is viewed as a great ally in the health therapeutic process because, by their complexity, scope and influence, they are able to improve sanitary actions. So, their influence on primary conditions of values and social practices leads to the conclusion that the family must be considered in the managements efforts, funding and service organization.

THE FAMILY AND THE NURSING CHILD CARE

Social and familiar environment constitute the ideal space for planning and developing therapeutic interventions, preventive and protective ones, as well as finding solutions to problems focused on individuals, such as, continuity of care, managing chronic diseases, preventive measures, hospitalization, home care, etc.

Wong (2006) considers that nursing care will be more effective in the moment that nursing comprehends the family as the unity of child care. For this reason, when protecting their patients' rights, pediatric nurses must talk to the family about the existing health service, give adequate information about treatment and procedures, and encourage them to participate in the care under the perspective of health promotion.

Besides that, pediatric care is plenty of specific elements that are inherent in this stage of humans' life. Nonetheless, many of these elements are imperceptible to those who don't live with the child, such as the meaning of mother-child binomial, of playing and of death at this stage of life.

The hospitalized child care, prior to the Statute of the Child and Adolescent (ECA), was carried out only by healthcare professionals. The family has been integrated into these services since 1994, in accordance with the new legislation. The institutions were then obliged to adopt the new rules, but without preparing most of their professionals to the changes. For the child and his or her family, however, this action represented a significant gain that concerned all levels of care. After ECA, pediatric care means not only involving the child, but also "taking the social universe in this process, in such a way that the family and the child become just one client (FAQUINELLO; HIGARASHI; MARCON, 2007, p.610).

The ECA, in its 12th article, establishes that health institutions should enable the children's companion to stay full-time in the hospital during the whole treatment (BRASIL, 2005). In this way, at least by law, the hospitalized child is assured to be accompanied by his or her family. In reality, however, relatives and health professionals, especially nurses, haven't been prepared to this new situation.

The family vulnerability in the hospital context is obvious in what concerns sickness, family and health team (PETTENGILL; ANGELO, 2006). The family feel threatened in their autonomy and under the health team's constraint at all levels of care, in such aspects: formal education of most of the customers, power relations and professional posture.

Recognizing the family influence on the primary attention care, the government implemented the Family Health Program (PSF) as a health policy that's based on the principle of equity and values the family effect on promotion and production in health.

In this way, the family is appreciated in all three levels of health care by the public health policies which require that professionals adopt a new focus on health care.

Yet, after 20 years of ECA, daily hospital practice has been showing gains in the care service with family participation, providing immediate information on the child response to the implemented treatment.

In primary care, especially with PSF, changes in the focus of care have been observed, emphasizing actions of health promotion and incorporating concepts like relationship and responsibility between professionals and family. Child care has, therefore, observed a gain concerning the value of the family and the caregiver, since it's the latter who accompanies the patient during the whole health-sickness process and takes care of him or her mostly at home.

Faquinello, Higarashi and Marcon (2007, p.615) insist on the importance of valuating strategies like "comprehensive listening, verbal and non-verbal communication and improving the information transit among the team's members and between them and the family and child", which are necessary elements to a collective construction.

Pediatric Nursing nowadays must be sensitive so that they can be able to listen to the companion perceptions in the care process, as well as understand the complexity of the pain, the doubt, the fear, and all the anxieties experienced by the family during the child care.

FINAL CONSIDERATIONS

The importance of this reflection lays on the alert it provides to nursing professionals who work or are willing to work in child care, regarding the family inclusion into child health care. The latter keeps facing a continuous challenge, since conflicts between health team and family demand, under the current health model, continue to exist. At the hospital, the tough routines of work, insufficient dimensioning of professionals and cumulating functions contribute to the gap between professionals and caregivers. In the ESF, managers keep asking the teams for the quantitative results, what makes it difficult to implement activities towards the collective and stimulates the individualized attention that focus on production.

In this sense, it's expected that nursing professionals, at all levels of attention, value the communication with the family, considering them as a crucial element in the care, either when it comes to sharing information or to the continuity of the implemented therapy.

REFERÊNCIAS

CARVALHO, M. C. (org). **A família contemporânea em debate**. 4 ed. São Paulo: EDU/CORTEZ, 2002.
BRASIL. Estatuto da criança e do adolescente. Lei 8069/90 de 13 de julho de 1990. **Dispõe sobre o Estatuto da**

criança e do adolescente e dá outras providências. 4 ed. Natal: CONSEC/RN, 2005.

FAQUINELLO, P.; HIGARASHI, I. H.; MARCON, S. S. **O atendimento humanizado em unidade pediátrica: percepção do acompanhante da criança hospitalizada.** Texto contexto - enferm. v.16, n.4, p. 609-616, 2007. Disponível em <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072007000400004&lng=pt&nrm=iso>. Acesso em 06 out 2009.

GEHRMANN, T. et al. O grupo como estratégia para a atenção da criança lactente. **Ciência, cuidado e saúde.** v.6, n.1, p.120-125, jan/mar, 2007. Disponível em <

<http://www.periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/4984/3232>>. Acesso em 06 out 2009.

KALOUSTIAN, S. M. (org). **Família brasileira, a base de tudo.** São Paulo: Cortez; Brasília, DF: UNICEF, 1994.

OSORIO, L. C. **Família hoje.** Porto Alegre: Artes Médicas, 1996.

PETTENGILL, M. A. M.; ANGELO, M. Identificação da vulnerabilidade da família na prática clínica. **Rev. escola de enfermagem da USP.** v.40, n.2, p. 280-285, 2006. Disponível em <<http://www.scielo.br/pdf/reeusp/v40n2/17.pdf>>. Acesso em 06 out 2009.

PINTO, J. P.; RIBEIRO, C. A.; SILVA, C. V. Procurando manter o equilíbrio para atender suas demandas e cuidar da criança hospitalizada: a experiência da família. **Rev. Latino-Am. Enfermagem.** v.13, n.6, p. 974-981, 2005. Disponível em <<http://www.scielo.br/pdf/rlae/v13n6/v13n6a09.pdf>>. Acesso em 06 out 2009.

WONG, D. L. **Fundamentos de enfermagem pediátrica.** 7 ed. Rio de Janeiro: Elsevier, 2006.

FAMILY CONTEXTUALIZATION: A REFLECTION ARTICLE ON CHILD NURSING CARE

Discussions on value of family as an active element in the health-sickness process of child care have required that nursing professionals adopt new habits concerning the purpose of care, not focusing on the disease, but on the child and his or her family context. As a result, it's an article that reflects on the family, their context, structure and function, and incorporates this knowledge into the nursing practice, emphasizing knowledge, relationship and communication between nursing team and family. It indicates aspects, such as: the family today and their valuation in the nursing child care. It insists on the need of basing nurses' practice on the knowledge of family structure, functions and theories, what leads to the understanding of all changes occurred inside the family and contributes to care humanization, besides stimulating the nursing service to adopt an empathic attitude that involves warmth and co-responsibility.

KEY-WORDS: Pediatric Nursing, Family, Child's health.

LA CONTEXTUALISATION DE LA FAMILLE : un article de réflexion sur le soin infirmier à l'enfant

Les discussions à propos de la valorisation de la famille comme un élément actif du procès santé-maladie dans le soin de l'enfant exigent du professionnel de l'infirmier un changement d'habitude en ce qui concerne la finalité de l'assistance, laissant la maladie et adoptant un regard dirigé vers l'enfant et son contexte familial. Par conséquent, il s'agit d'un article de réflexion concernant la famille, son contexte, structure et fonction, et l'intégration de cette connaissance dans la pratique de l'infirmier, soulignant le savoir, le rapport et la communication de l'équipe d'infirmiers avec cette famille. On signale des aspects comme : la famille aujourd'hui et sa valorisation dans les soins infirmiers à l'enfant. On met en évidence le besoin de fonder la pratique de l'infirmier sur la connaissance des structures familiales, fonctions et théories, ce qui favorise la compréhension de tous les changements au sein de la famille et contribue à l'humanisation de l'assistance, outre l'encouragement de l'infirmier à adopter une conduite empathique qui implique accueil et co-responsabilisation.

MOTS-CLÉS : soin infirmier pédiatrique ; famille ; santé des enfants.

LA CONTEXTUALIZACION DE LA FAMILIA: UN ARTÍCULO DE REFLEXIÓN SOBRE LOS CUIDADOS DE ENFERMERÍA PARA LOS NIÑOS

Discusiones acerca a la valoración de la familia como un elemento activo del proceso salud y enfermedad en el cuidado de los niños requiere los profesionales de cambiar la práctica de enfermería en relación con el foco de atención, dejando a la enfermedad y va en un enfoque orientado a los niños y su contexto familiar. Por lo tanto, es un artículo de reflexión sobre el contexto familiar, la estructura, la función y la incorporación de este conocimiento en la práctica de enfermería, con énfasis en el conocimiento, las relaciones y la comunicación del equipo de enfermería con esta familia. Punteando cuestiones tales como: la familia de hoy y su apreciación en el cuidado de enfermería para los niños. Muestra la necesidad de basar la práctica de la enfermería con conocimientos sobre las estructuras familiares, las funciones y las teorías que promueven la comprensión de todos los cambios dentro de la familia, contribuir a la humanización del cuidado de enfermería, además de estimular a asumir una conducta empática, con la participación de acogida y de co-responsabilidad.

PALABRAS CLAVES: enfermería pediátrica; familia; salud de los niños.

A CONTEXTUALIZAÇÃO DA FAMÍLIA: UM ARTIGO DE REFLEXÃO SOBRE O CUIDADO DE ENFERMAGEM À CRIANÇA

RESUMO

As discussões em torno da valorização da família como elemento ativo do processo saúde-doença no cuidado a criança exigiu do profissional de enfermagem uma mudança de prática no que se refere ao foco da assistência, saindo da doença e partindo para uma abordagem direcionada à criança e ao seu contexto familiar. Sendo assim, trata-se de um artigo de reflexão sobre a família, seu contexto, estrutura e função e a incorporação deste conhecimento na prática de enfermagem, enfatizando o conhecimento, o relacionamento e a comunicação da equipe de enfermagem com esta família. Pontua aspectos como: a família hoje e a valorização desta nos cuidados de enfermagem à criança. Evidencia a necessidade de embasar a prática do enfermeiro com o conhecimento a cerca das estruturas familiares, funções e teorias, favorecendo o entendimento de todas as mudanças ocorridas dentro da família, contribuindo com a humanização da assistência, além de estimular a enfermagem a assumir uma conduta empática, envolvendo acolhimento e co-responsabilização.

PALAVRAS-CHAVES: enfermagem pediátrica; família; saúde da criança.

PUBLICAÇÃO NO FIEP BULLETIN ON-LINE: <http://www.fiepbulletin.net/80/a2/200>