137 - CHILDREN AND THE DISEASE AND HOSPITALIZATION PROCESSES EFFECT

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When dealing with different phenomena, scholars try to define them, conceit them, classify them, among others forms, aiming to better understand the study object. Thus, in 1956, Schmidt defines the disease term as an alteration or deviation of the physiologic state in one or several parts of the body, consisting of physical and mental health disturbing. The author still affirms that this is an ample and vague term, also encompassing the words illness and infirmity.

In a more recent definition, Capra (1982) affirms that while infirmity is a condition of the human being as a whole, the disease is a condition of one specific body part, resulting from the biomedical model to understand disease as a well defined entity that involves structural alterations in cellular level and has unique causal origins, and infirmity as a result of interactions between body, mind and environment.

The disease process effect represents organic and psychological suffering, causing unbalancing the existential harmony of the person, that loses its condition of active agent of his/her life, becoming a passive agent in a process that restrings his/her existential aspirations, resulting in a reformulation of his/her values and concepts of man, world and interpersonal relationship (ARGERAMI-CAMON, 2002).

This context becomes even more serious when it involves a child. Barbosa (1984) states that the child tendency is to perceive the disease as an exterior factor and, thus, he/she tends to find difficult to endure the physical suffering and activity limitation. For not understanding, the child tends to create fantasies, generally based on unpleasant former experiences, aggravating feelings and emotions involved in this process. The author affirms that the disease is a considerable social maladjustment factor because it provokes, precipitates or aggravates psychological umbalance in the patient, his/her family and particularly in his/her parents.

According to Marcelli (1998), the disease experience sends the child the diverse psycho-affective movements, such as: regression, in the sense that the child returns to a relation of dependency; suffering, that can be tied to a punishing experience or guilt feelings; the debilitation of the corporal scheme, or the feeling of an imperfect body, failure, defective, focusing ghosts of limitation or resulting in a narcissistic wound; fantasies referring to death, that appear exactly when the child and its family speak little about this.

According to Ajuriaguerra (1976), the disease will make appear at least a new character in the child's life, with which to have to establish new relationship: the medical doctor. The author reports that the child, generally, defines this relationship (child-doctor) in an ambiguous way. In certain cases, the child is separated from his/her family, one or numerous times, to enter in the context of an institution sometimes unknown: the hospital and, thus, to enter in contact with a number of professionals, rooms and procedures, that can leave the child distrustful or even afraid.

Nowadays, the hospital is both a social and clinic organization, consisting in an institution duly equipped in staff and material, whose basic function is to provide recuperative assistance and preventive integral care of constants of nursing, increased of necessary other structure of the care to the patient, in regimen of internship, under any regimes of attendance. The hospital also configures itself as an education center, human resources capacitating and health research, as well as of guiding patients, fitting to supervise and to guide the health establishments technically tied and to establish a different definition from the general hospital (WHO, 1956; CARVALHO, 1997; GUIMARÃES, 1997; SANTOS et al., 2002).

The hospital represents philosophically the undeniable right that man has to health. According to society formal understanding, it is its responsibility to provide means to preserve a healthy citizen or restore his/her health (MIRSHAWKA, 1994; OAK, 1997).

Internship happens health is seriously debilitated, at a moment of intense emotional load caused by disease and the impacts and limitations provoked by it. At this moment, the differing between the political being and its biological body occurs: hospitalization represents one of the limits of the definition of citizenship, configuring hospital as a space where its full exercise is temporally suspended, where there is the imposition of roles characterized by accented dependency and passivity (ANTUNES, 1991; ARMELIN and SCATENA, 2000).

According to Manzolli (1987), hospitalization represents one of the events of the modern life that demands deep adaptation of human being's varied changes that occur in his/her. In certain people, this readjustment happens in a simpler form, however, in other people, it is occurs in a painful form, demanding more time, great effort and intense assistance.

So, if on one hand hospitalization brings benefits for the health state of the patient, on the other, the sick person, when hospitalized, sees himself deprived from his habitual life style and then experiences the feelings and emotions that the disease and hospitalization favor, among them, fear of the stranger, depressed state of, angst, anxiety, frustration, aggressiveness, insecurity, integrity menace, invasive and painful procedures, routines, familiar removal, independency and autonomy loss, that take-in to the isolation, activities limitation and intensification of its physical and mental suffering, influencing, also, in recovering and adaptation to the patient situation (Kudo and Pierri, 1997; Rossit and Kovacs, 1998; Domingues and Martinez, 2001).

Finally, hospitalization culminates in the process of unpersonalization of the patient, when in de-humanizing, as it affirms Capra (1982) that, as Camon (1995), originates itself from the fragmentation occured from specific diagnostics, favoring that only signals and symptoms emerge in that life.

A great number of scholars have been searching the impact of illness and the appearance of appearance of confused, painful and traumatizing feelings that affect the normal infantile development, as well as the aggravation of same, resulting from hospitalization, portraying it as of damages and harms to the child well-being. According to Ajuriaguerra(1976), hospitalization originates important and complex problems in children, being able to unchain reactions immediately at the moment of separation, such as crying, shouts, refuse to be in the hospital, as well as provokes reactions that appear after hospitalization, such as attitude of refusal or return, alimentary, sleeping disturbs, sphincter regression, depressive or disturbing states of behaviors. The author comments that these types of reactions depend, on the other hand, of the degree of information of the child while on hospitalization, and the attitude of hospital crew, and on the other hand, these reactions also depend on the child age and

personality, internship duration, the type of relationship between parents and children, and parental reaction to the fact. Some studies point out, still, that these children also react after getting out of hospital one, manifesting behavior changes (ROSSIT and KOVACS 1996; KUDO and PIERRE 1997).

A child hospitalization involves a moment that the child lives deeply: the disease process that results in corporal fragility; the outcrop of feelings, emotions and reactions after being removed from its social-cultural environment; changes in its rigid habits due to routines and rules; the carried through unfamiliarity before the used materials, techniques and procedures; that it sends it to a passive role and of discomfort, annulling its autonomy (ROSSIT and KOVACS, 1998; MORAL, 1999; DOMINGUES and MARTINEZ, 2001).

According to Morais(1999), there still are restrictions of the necessary stimuli to the continuity of the global development and excess of other stress factors, such as cries from other children that, as Rossit and Kovacs (1998) pose, occurs due to the emphasis that the medical-hospital attendance attributes to the recovering from the pathological state, directing little or no attention to the psychological conditions of the hospitalized child.

Therefore, it is important to point out consequences that can generate the delay in the child's neural-psycho-motor development, affect its psycho-affective maturation and lead to one intellectual deficit, which depends on interaction with the physical and social environment and, resulting in the reduction of the child functional abilities (KUDO and PIERRE, 1997).

It is important to point out that the process of hospitalization, in a similar way, has its consequences on the child companion. The permanent presence of the child companion is essential in the hospital ambit for providing physical and emotional support to the pacient in this difficult period, as Rossit and Kovacs (1996) affirm. The great importance, as Santos et al. (2002) declare, for minimizing some negative effect provoked by the disease and hospitalization, being essential for the treatment and rehabilitation of the child, when feeling themselves secures and reestablishing its emotional equilibrium, which has this right guaranteed and supported by law, made use in the Brazilian Government Child and Adolescent Statute (BRAZIL, 1990).

The resulting consequences of this process for the companion since the relatively short time to prepare for this situation and to provide child support at rehabilitation in an inhospitable environment with unknown people, passing for the process of acceptance/denial of the disease, rupture of the habitual routine, familiar and social, imposed removal of rules and habits, among others.

About the hospitalization phenomenon, it is important to stand out some studies carried by Armelin and Scatena (2000), that pointed out the child and its companion necessity of support, which is capable of influencing rehabilitation and adaptation of the diseased person. The authors defend that the hospital, through its professionals, can help the hospitalized people to grow in the direction of health, for this having to offer conditions of promoting physical, emotional and social well-being.

Veríssimo (1991), considers that the child has specific necessities and characteristics of the development phase where he/she finds him/herself, being necessary that continuity is given to the attendance of these necessities, so that its development is not wronged during hospitalization.

Santos et. al. (2002) believe to be necessary to the hospital environment become as similar as possible as the familiar environment, being that the preceits of child assistance in the hospital must correspond to the objective to provide security and well-being it in the attendance of its necessities. Valladares (2003) states that the child explores and interacts in its environment, in a continuous and reciprocals form, when only offered to chances considered favorable to its development.

In this sense, in the present time, it is being developed new concepts, as the centered care family defended for Hostler and programs, as the National Program of the Humanizing of the Hospital Assistance, as strategies to minimize, or even eradicating, the effect proceeding from the processes of child disease and hospitalization.

Methodology

The present study aims to understand how diseases and hospitalization influence children by means of literature review and field research. The field research was carried through in two infantile hospitals, being an first-aid of the particular net and a public hospital, both in the city of Goiânia, between March and June of 2004. The data had been gotten by means of observation direct in - participant of the researcher and perception of the researcher during therapeutic attendance, of the diverse involved professionals in the hospital environment, as well as of the parents or companions during the different stages of the processes of disease and hospitalization, told verbally or in writing, more than entering 100 children taken care of and observed. The gotten data had been analyzed of descriptive and qualitative form.

Evaluation of the happened effect of the disease processes and hospitalization

It was possible to observe and to evidence, during attendance given for the Occupational Therapy, reactions happened of the processes of disease and hospitalization in the children, as we can cite the story of me of the Narizinho patient during the process of anamnesis in referring to the state that its son if found: agitated, uneasy, anxious, wanting to go away, crazy to go home ". These same reactions met, commonly, gifts in the stories are gotten through of anamnesis, evaluation or observation and confirm displayed in referring literature to the subject.

Other reactions have been nervousness, tension, irritation and, in the smaller children, fits, as we can evidence through of the story of Superman: “Before he was tense, nervous, [...] had at fits,” and the Rapunzel nurse complemented: ?[...] pulled out the serum of the vein in one fit! It played itself in the floor, kicked, nobody could contain him".

Frequently, stories such as of Anastasia, which commented the fact of the son to be “crying out very and crying intensely”. This story, ahead of situation found, it corroborates with the findings of Barbosa (1988), which affirms that the tendency of the child to perceive the disease as an exterior factor e, thus, supports with difficulty the physical suffering and limitation of activities.

Some mothers commented on the difficulty to deal with the kids before resistance to hospitalization, fact confirmed for the team that carries through admission of the children in the hospital and evidenced in the workmanships of Ajuriaguerra (1976) and Marcelli (1998). In turn, the team adds that this very present difficulty also that some mothers “during hospitalizations, giving us a lot of work, sometimes more than the children themselves? (Rapunzel nurse).

As older children and the pr-adolescents complained of the discomfort and annoyance in being hospitalized: “ I have nothing to do the entire day, very boring, I want to go even so” (Pocahontas), “the day seems is not passing” (Peter Pan), fact that if aggravates when related permanency in I.C.U., told as “generating of emotional distress due to impact” (Mother of the Peter Pan).

Usually, in return of the behavior mainly ahead of procedures, as detected in a episode with the Jasmine patient who, s times, came back to the initial state (aggressive and intense crying), noticed when fever came the nurse to measure it to it and, mainly, when it placed, with a syringe, measurement in the serum. The patient cried of desperate form and said in way the shouts: “No! I don't want it, it is going to hurt, to hurt a loooot!” It is possible to cite, still, presence of feelings such as sadness, angst, impatience, apathy, disinterest and fear, which to the meeting to the cited ones for Kudo and Pierri (1997); Rossit and Kovacs

(1998); Domingues and Martinez (2001).

It is possible to point out that the process of hospitalization, in a similar way, results in consequences to the companion of the child, that since the relatively short time to prepare themselves ahead of this new situation and to provide child support at re-adaptation in a inhospitable environment with unknown people, passing for the process of acceptance/denial of the disease, rupture of the habitual routine, familiar and social, removal of rules and habits, among others.

It was possible to perceive, observing these situations, that the impact of hospitalizao for the companion is tied to the events that happen with his/her child, such as pain, suffering and to the too much effect for it felt. Some of the feelings gifts alone of insecurity, tense, doubt, fear, nervousness, guilt and impotence, exacerbation of procedures such as operation, worrying for abandoning its routine: “I am worried about my son, he is at home and does not know what has happened to his brother”, or still, “Today, I had that to go home to do the laundry, make lunch to my other son. I don't like leaving him alone. Yesterday, my house was upside down ".

Conclusion

Observing the various effects originated from the processes of disesase and hospitalization, the present study showed a need for acting in the hospital environment from the different health professionals, not only doctors and nurses, but also occupational therapist, physical educator, physical therapist, psychologist and nutritionist, providing a better emotional state to the child; promoting global child development; humanizing procedures and environment; socializing children and their relatives, and also promoting experiences exchanges; hospital environment; strengthen the mother-child relationship, among other aspects aiming to promote life quality and health, promoting, as well, a pleasant memory from the hospitalization experience.

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CHILDREN AND THE DISEASE AND HOSPITALIZATION PROCESSES EFFECT

ABSTRACT

A child hospitalization involves a moment that the child lives deeply: the disease process that results in corporal fragility; the outcrop of feelings, emotions and reactions after being removed from its social-cultural environment; changes in its rigid habits due to routines and rules; the carried through unfamiliarity before the used materials, techniques and procedures; that it sends it to a passive role and of discomfort, annulling its autonomy. There still are restrictions of the necessary stimuli to the continuity of the global development and excess of other stress factors. Therefore, it is important to point out consequences that can generate the delay in the child's neural-psycho-motor development, affect its psycho-affective maturation and lead to one intellectual deficit. **Methodology:** The present study aims to understand how diseases and hospitalization influence children by means of literature review and field research, carried through in two infantile hospitals, both in the city of Goiânia, between March and June of 2004. The data had been gotten by means of observation direct in - participant of the researcher and perception of the researcher during therapeutic attendance, of the diverse involved professionals in the hospital environment, as well as of the parents or companions during the different stages of the processes of disease and hospitalization, told verbally or in writing, more than entering 100 children taken care of and observed. The gotten data had been analyzed of descriptive and qualitative form. **Conclusion:** Observing the various effects originated from the processes of disease and hospitalization, the present study showed a need for acting in the hospital environment from the different health professionals, providing a better emotional state to the child; promoting global child development; humanizing procedures and environment; socializing children and their relatives, and also promoting experiences exchanges; hospital environment; strengthen the mother-child relationship, among other aspects aiming to promote life quality and health, promoting, as well, a pleasant memory from the hospitalization experience.

Keywords: disease, hospitalization, children.

LA CRIANA ET LES EFFETS PROVENANT DES PROCESSUS DE ADOECIMENTO ET HOSPITALIZAO
RESUMMÉ

Os effets des processus d'adoecimento et hospitalizao résultent dans souffrance orgnico et psicolgico en causant desequilbrio dans la personne, qui perd sa condio d'agent actif de sa vie pour se rendre passif dans des processus restrictifs, contexte qui s'aggrave quand se rapporte criana. Présente étude qualitative descriptive il a révisé la littérature sur les effets de ces processus et a réalisé recherche de champ dans hôpital et pronto-socorro infantile dans Goinia, dans 2004. Les données ont été obtenues moyennant observao directe dans la - participant et percepo des chercheurs pendant participation teraputico, histoires priez ou des écrits de professionnels de sade, parents et compagnons, en comptabilisant plus de 100 crianas. Résultats : Pde observer et constater les effets comme reaes de je pleure, cri, agitao, anxiété, principalement rapportée augmentation, nervosité, tendue, irritao et, dans les crianas moindres, birras, en rendant difficile les procédures mdicos et de métier d'infirmier. Quelque ils mois ont dit resistncia hospitalizao, bien que l'équipe de sade prouve cette difficulté tambm dans le mois. Les crianas les plus grandes et pr-adolescentes se sont plaints de malaise et d'ennui. Comumente s'est vérifié retour du comportement principalement devant les procédures, et sentiments de tristesse, angstia, impacincia, apathie, désentérêt et peur. Il a valu rejaillir que le processus de hospitalizao tambm a résulté dans des conseqncias au compagnon de la criana, de l'impact lié douleur, de la souffrance et d'autres effets raisonnables par la criana, en étant présents les sentiments d'insegurana, tendue, dvida, peur, nervosité, faute et impotncia, exacerbados devant procédures cirrgicos, alm de preocupao abandonner sa routine. Conclu : À la constatation les effets provenant des processus d'adoecimento et la hospitalizao se prouve la nécessité d'atuao dans l'environnement hospitalier des différents professionnels de sade, en pourvoyant criana amélioration de l'état émotionnel ; promoo globale du développement infantile ; humanizao de l'environnement et des procédures ; socializao des crianas et des parents et échange d'experincias ; ambientao hospitalière ; fortification de la vnculo maternelle - infantile, en visant la promoo de la qualité de vie et sade.

Mont-clas: adoecimento, hospitalizao, crianas.

LOS NIÑOS E LOS EFECTOS PROVENIENTES DE LOS PROCESOS DE ENFERMEDAD Y HOSPITALIZACIÓN
RESUMEN

Los efectos de los procesos de enfermedad y hospitalización resultan en sufrimiento psicológico y orgánico, que causan el desequilibrio de la persona, la cual pierde su condición de agente activo de su vida para tornarse pasivo en procesos restrictivos, contexto que se agrava cuando se refiere a niños. La actual investigación cualitativa descriptiva revisó la literatura a cerca del efecto de estos procesos y realizó investigación de campo en hospital y pronto socorro infantil en Goiânia, en 2004. Los datos fueron conseguidos por medio de observación directa no-participante y percepción de los investigadores durante la atención terapéutica, relatos verbales o escritos de los profesionales de la salud, de los padres y compañeros, contabilizó en más de 100 niños. Resultados: Pudo observar y evidenciar los efectos como lloro, grito, agitación, ansiedad, principalmente en relación a la alta, nerviosismo, tensión, irritación y, en los niños menores, la pelea haciendo difíciles los procedimientos médicos y de enfermería. Algunas madres relatan resistencia a la hospitalización, sin embargo el equipo de salud evidencia esta dificultad también en los padres. Los niños mayores y los adolescentes se quejan de no tener conforto y sentirse aburridos. Comúnmente verificó regresión del comportamiento principalmente delante de los procedimientos, y sentimientos de tristeza, angustia, impaciencia, apatía, desinterés y miedo. Valle resaltar que el proceso de hospitalización también resultó en consecuencias al compañero del niño, impacto vinculado al dolor, sufrimiento y además efectos sentidos por los niños, siendo presentes las sensaciones del inseguridad, tensión, deuda, miedo, nerviosismo, culpabilidad y impotencia, exacerbados delante de los procedimientos quirúrgicos, además la preocupación por abandonar su rutina. Conclusión: Al evidenciar los efectos que provienen de los procesos de enfermedad y hospitalización se percibe la necesidad de atención, en el ambiente del hospital, de los diversos profesionales de la salud, proveyendo de la mejora del estado emocional de los niños; promoción global del desarrollo infantil; humanización del ambiente y de los procedimientos; socialización de los niños y de los familiares y el intercambio de experiencias; ambientación en el hospital; fortalecimiento del vínculo materno-infantil, promoviendo la cualidad de vida y salud.

Palabras-clave: enfermedad, hospitalización, niños.

A CRIANÇA E OS EFEITOS PROVENIENTES DOS PROCESSOS DE ADOECIMENTO E HOSPITALIZAÇÃO
RESUMO

Os efeitos dos processos de adoecimento e hospitalização resultam em sofrimento orgânico e psicológico acarretando desequilíbrio na pessoa, que perde sua condição de agente ativo de sua vida para se tornar passivo em processos restritivos, contexto que se agrava quando refere-se à criança. O presente estudo qualitativo descritivo revisou a literatura sobre os efeitos desses processos e realizou pesquisa de campo em hospital e pronto-socorro infantis em Goiânia, em 2004. Os dados foram obtidos mediante observação direta não-participante e percepção dos pesquisadores durante atendimento terapêutico, relatos orais ou escritos de profissionais da saúde, pais e acompanhantes, contabilizando mais de 100 crianças. **Resultados:** Pôde-se observar e constatar os efeitos como reações de choro, grito, agitação, ansiedade, principalmente relacionada à alta, nervosismo, tensão, irritação e, nas crianças menores, birras, dificultando os procedimentos médicos e de enfermagem. Algumas mães relataram resistência à hospitalização, embora a equipe de saúde evidencie esta dificuldade também nas mães. As crianças maiores e pré-adolescentes queixaram de desconforto e aborrecimento. Comumente verificou-se regressão do comportamento principalmente diante dos procedimentos, e sentimentos de tristeza, angústia, impaciência, apatia, desinteresse e medo. Vale ressaltar que o processo de hospitalização também resultou em conseqüências ao acompanhante da criança, impacto vinculado à dor, sofrimento e demais efeitos sentidos pela criança, sendo presentes os sentimentos de insegurança, tensão, dúvida, medo, nervosismo, culpa e impotência, exacerbados diante de procedimentos cirúrgicos, além de preocupação por abandonar sua rotina. **Conclusão:** Ao constatar os efeitos provenientes dos processos de adoecimento e hospitalização evidencia-se a necessidade de atuação no ambiente hospitalar dos diferentes profissionais da saúde, provendo à criança melhoria do estado emocional; promoção global do desenvolvimento infantil; humanização do ambiente e dos procedimentos; socialização das crianças e dos familiares e troca de experiências; ambientação hospitalar; fortalecimento do vínculo materno infantil, visando a promoção da qualidade de vida e saúde.

Palavras-chave: adoecimento, hospitalização, crianças.