

Presence of accompanyers in pediatric intensive therapy units - integration review

Presença de acompanhantes em unidades de terapia intensiva pediátrica – revisão integrativa

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RESUMO | OBJETIVO: Descrever a importância de acompanhantes em unidades de terapia intensiva pediátrica. **MÉTODO:** Trata-se de revisão integrativa da literatura, com publicações entre os anos de 2000 a 2016 nas Bases de Dados da Biblioteca Virtual de Saúde. Foram incluídos artigos disponíveis eletronicamente, completos e em português. **RESULTADOS:** A presença do acompanhante é garantida pelo Estatuto da Criança e do Adolescente no Brasil e se mostra importante no que diz respeito à circunspeção da criança, como medida de segurança do cuidado, atenuante da aflição, ansiedade e medo, elemento de apoio psicológico e social, além da sua participação no delineamento do plano terapêutico. **CONCLUSÃO:** O envolvimento dos familiares durante o processo de cuidar voltado para a criança hospitalizada e a garantia legal da presença do acompanhante no transcorrer de todo período de internação é vista como um grande progresso em termos de humanização, qualidade da assistência e minimização dos efeitos negativos ocasionados pela hospitalização.

DESCRIPTORES: Unidade de Terapia Intensiva Pediátrica. Hospitalização. Criança. Acompanhantes de pacientes. Família.

ABSTRACT | OBJECTIVE: To describe the importance of caregivers in pediatric intensive care units. **METHOD:** This is an integrative review of the literature, with publications between 2000 and 2016 in the Databases of the Virtual Health Library. Articles were included electronically, complete and in Portuguese. **RESULTS:** The presence of the companion is guaranteed by the Statute of the Child and Adolescent in Brazil and its is important in regard to the circumspection of the child, as a measure of safety of care, attenuating the affliction, anxiety and fear, element of support psychological and social, as well as their participation in the delineation of the therapeutic plan. **CONCLUSION:** The involvement of family members during the process of caring for the hospitalized child and the legal guarantee of the companion's presence during the entire hospitalization period is seen as a great progress in terms of humanization, quality of care and minimization of negative effects hospitalization.

DESCRIPTORS: Pediatric Intensive Care Units. Hospitalization. Child. Medical chaperones. Family.

Introduction

The process of hospitalization during childhood brings to the family various feelings such as stress, aversion and fear and guilt, due to the responsibility for the clinical situation of the child. As the child's state of health worsens and there is a need for transfer to the pediatric intensive care unit (PICU), feelings of astonishment, incapacity, frustration and fear are usually manifested for both parents and children¹.

It is known that hospitalization is a critical and difficult occurrence in the life of any individual, especially when it refers to the child, since this process can cause several changes in their daily routine of the family context and often interfere in interpersonal relationships². The hospitalized child is exposed to unpleasant situations as a result of the deterioration of his / her state of health, exacerbating negative feelings related to the insecurity caused by the need to perform exams and assistance procedures, anxiety and fear, due to the immediate analogy between PICUs and death³.

The companions may be the parents or relatives of legal aged and with legal responsibility for the child. The Brazilian Ministry of Health (BMH) conceptualized the companion as a subject that has total significance for the hospitalized child, who is a representative of its social context that will accompany it throughout the child stays in the hospital². Humanized care presumes that the health professional listens not only to the main complaints referred to the child - or by the child -, but also pays attention to his/her companion who is often distressed, has doubts about the treatment and suffers from the fear of a probable loss of his according to the severity of the disease, because their domestic and work routine is altered due to the hospitalization of the child and their emotions may be raised, making relations difficult in the hospital environment⁴.

It is noteworthy that in 1990s the Brazilian Statute of the Child and Adolescent (BSCA), through articles IX, XII and XIX, normalized that every child has the right to full-time parents' presence throughout hospitalization. In this same perspective, the prerogative of family members' participation in the company of their hospitalized children was also

recommended by Resolution 41/95, of the National (Brazilian) Council for the Rights of Children and Adolescents (NCRCA), defining that caregivers should be included in the assistance from diagnosis until the end of treatment⁵.

The presence of an accompanying person, mainly of the family and especially the mother, motivates and maintains an interpersonal relationship between the professional, the child and, respectively, their caregiver, reducing the negative impacts of family separation and thus helping the child to adapt to the health services, as well as providing a better acceptance of the treatment and attenuating the stressful reasons regarding the pathology, procedures and process of hospitalization⁶.

Thus, the benefits of companions are remarkable, minimizing the child's stress on hospitalization, promoting a better response to treatment. Even though the presence of a companion for children in the hospital is established by the BSCA, this is a little discussed about the theme and sometimes little understood in the institutions, especially in the ICUs. Taking into account, the consequences on biopsychosocial well-being during hospitalization periods and the psychic repercussions for the child, the present study aimed to describe the importance of companions in pediatric intensive care units.

Method

We chose the integrative literature review as the research method, with the purpose of seeking, evaluating, summarizing and explaining the previous verification on the subject. The steps followed to perform this manuscript were: 1- choosing the guiding question; 2 - selection of the studies that composed the sample though the inclusion and exclusion criteria of the research; 3 - establishment of information to be captured and classification of studies; 4- Analytical judgment of the articles included in the review; 5- Critical analysis of the articles included and discussion of the results; 6- report of the review and synthesis of the information acquired in the course of the other stages⁷.

The guiding question of the current revision was: What is the importance of companions in pediatric intensive

care units? The selection of the studies was performed by the authors between August and September 2016, through online access on the Virtual Health Library (VHL) portal, using the following descriptors: Pediatric Intensive Care Unit; Hospitalization; Child; Accompanying Patients; and Family, standardized descriptors and present in Descriptors in Health Sciences (DeCS – Brazilian Initials).

The selection of the articles was done through the combination of the descriptors with simultaneous combination, performed through the Boolean operator and: Pediatric Intensive Care Unit and Hospitalization and Child and Patients and Family accompaniment, obtaining 6,869 articles, which, after applying the criteria, attained 6 studies.

For the selection of the sample, the inclusion criteria were articles that were available in electronic

form, free-charge, written in Portuguese language, published between the years 2000 and 2016 and that responded to the guiding question. On the other hand, the articles that were not found integral and freely available and those that did not fit the proposed theme were excluded from the research.

After the search, careful reading of the six selected publications was carried out to prepare the present review. The results were categorized into a framework adjusted for this purpose containing the following items: title, authorship, objective, main results and conclusion, according to Table 2. The analysis and interpretation of the results were undertaken in an exploratory reading with the objective of classifying and synthesize the information contained in the sources, so that they enable the acquisition of answers to the study problem.

Table 1. Selection of articles included in the study.

SELECTION OF ARTICLES					
1º Found – Association of Descriptors	Criterion 1	Criterion 2	Criterion 3	Criterion 4	Articles that met the established criteria
Pediatric Intensive Care Unit and Hospitalization and Child and Patient’s Accompaniers and Family.	Available electronically and for free	Language - Portuguese	Publication year – 2000 a 2016	Response to the guiding question	
6.869	3.384	375	361	06	06

Source: Authors, 2016.

Regarding ethical issues, the principles of honesty and trustworthiness, as well as copyright, were respected and, due to the bibliographic nature of the research, there was no need for approval by the Research Ethics Committee (REC).

Results

Six studies were selected that met the inclusion criteria. Regarding the contextualization with the theme, the selected articles were published in 2007, 2009, 2012, 2013 and 2014 years. No publications related to the theme were published in the other years considering established criteria. The data referring to table 2 present the characteristics of the articles included in the present study.

Table 2. Traits of the articles included in the sample.

TITLE	AUTORS	Objective	Main results	Conclusions
Family Perception about its Presence in a Pediatric and Neonatal Intensive Care Unit	MOLINA RCM, FONSECA EL, WAIDMAN MAP, MARCON SS	Understand how relatives perceive their own presence in the ICU and the acceptance of this presence by health professionals	<ul style="list-style-type: none"> - Family in the ICU as a base of social interaction, unity of strengthening and security; - Together with the family the child feels: safe, cared for, animated, accommodated, rested, more confident, cheerful, loved, protected, becoming stronger to face illness and hospitalization. 	Parents feel more relaxed when they stay with the child, because they recognize that their presence, support and affection are essential for the recovery of the child
Intentional Action of the Family with the Child in a Pediatric Intensive Care Center	CARDOSO JMRM, RODRIGUES BMRD, PACHECO, STA, ARAÚJO, BBM	Understand what the relative has in mind when staying with your child at the pediatric intensive care center	<ul style="list-style-type: none"> - Offering positive feelings; - Care, presence, shows itself by being together, by accompanying, getting involved, to be concerned about the other; - The intention of the family is not only to be present, but also, daily, to accompany the clinical evolution of the child. 	It is necessary that the nurses perceive the accompanying relative as a being essential to the caring process, contributing to humanized assistance to the child and his family
Assistance in pediatric intensive care unit: perception of the companion	RODRIGUES EM, OLIVEIRA ERC, JULIÃO, AMSR	Describe the companion's perception about child care in a pediatric intensive care unit	<ul style="list-style-type: none"> - The visit and the companion stimulate the hormonal production in the patient, reducing their alertness and anxiety towards the unknown, bringing more serenity, confidence and, therefore, a more positive response to the treatments 	The study revealed that the companions were satisfied with the assistance that is being provided to their child hospitalized in the PICU
Presence of the family in pediatric and neonatal intensive care units: a view of the multidisciplinary team	MOLINA RCM, VARELA PLR, CASTILHO AS, BERCINI LO, MARCON SS	Understand the vision of the multidisciplinary team regarding the presence of the family in the Pediatric and Neonatal Intensive Care Units	<ul style="list-style-type: none"> - The presence of the family, especially the mother, generally promotes and maintains the interrelated child / family / team, neutralizes the negative effects of the separation, improves their adaptation to the hospital, facilitates 	The reports of the professionals explained the intimate conflict experienced by each one regarding the presence of the family in the Neonatal or pediatric ICU, because at the
			<ul style="list-style-type: none"> acceptance of treatment and mitigates the stressors disease, procedures and hospitalization 	same time they feel difficulties in inserting the family in the context of the unit, recognize the important role they play in the hospitalization process of the child

Table 2. Traits of the articles included in the sample. (continuation)

TITLE	AUTORS	Objective	Main results	Conclusions
Safety of the Hospitalized Child in the ICU: Understanding the Adverse Events from the Perspective of the Accompanying Person	SILVA T, WEGNER W, PEDRO ENR.	Describe the adverse events identified by the family member / caregiver in a PICU	- Family member / caregiver's perception of: Failures in the communication process unsafe practice regarding professional performance requirements for patient safety in the PICU	Faced with the information obtained by the family / caregiver, it was noticed that: adverse events were related to the Nursing; the medical staff, neglects the family / caregiver about the lack of information about the state of health of the hospitalized child.

Fonte: Autores, 2016.

Discussion

The search and analysis of the articles included in this study were carried out with the objective of identifying the theme in question. The discussion, by analogy of the contents discussed, was ratified in three categories: the hospitalization process, the pediatric intensive care unit and the importance of the companion for the child. These, in turn, were executed in a descriptive manner, as follows.

Hospitalization Process

Care for the child goes through several and significant changes in some countries, especially after the 19th century, as a consequence of the changes in health care, the importance and relevance that the child has for the population and attention to the issues pertaining to humanization during the caring process. For this, it was necessary to succeed in changing the categorization of the definition of child, understood as a human being in development, in the psychosocial and physical levels⁸.

Based on this assumption, it has been noted that in recent years there has been notable progress in health care, which leads to an impact on the individual's relationship with the health-illness-hospitalization process. This process is intensified, when it is related to the child, because of its difficulty in adapting to the new routine, as well as its feelings are more intense and there is a greater proportion of changes in its psychological, physical and social dimensions⁹.

Hospitalization is seen as having negative repercussions on the child's and his/her family's life, generating worries and distress. Therefore, the process of illness and hospitalization can modify the intrafamily context, providing anomalous feelings and emotions consequent to the detriment of the daily routine, doubts regarding the possibility of recovering the balance and uncertainties about the new reality, since, despite accepting the fact of hospitalization, individuals see the hospital as an unknown environment in which they do not trust¹⁰.

Therefore, the hospitalization process is characterized as a complex and very difficult stage in the childhood phase, since it brings changes in the daily life and in the family relationship, especially of the mother, who generally is the main caregiver of the children, causing intense feelings of anxiety and distress, leading to the need for qualified assistance¹¹.

In this sense, the presence of the disease and hospitalization are commonly classified as the first instabilities faced in childhood, having a higher prevalence during the first years of life and, several times, it is due his/her socioeconomic status and family praxis. Besides, in this period, these individuals are more vulnerable due to the immunological fragility, being often incapable to face the genetic factors of the disease¹².

Pediatric Intensive Care Unit

When the child's state of health worsens and it is necessary to place the child in a PICU, this circumstance

creates more discomfort for the family and causes feelings of distress, fear, worry, discontent, weakness, panic, restlessness and doubts. The development of these emotions can be explained, due to the fact that the PICU is assigned to the care of people who present a critical or semi-critical clinical framework and require intensive care and therapy performed by a multidisciplinary team¹³.

The PICU is characterized as a closed sector, that is, an environment with restricted access for the professionals who work in it, thus enabling, the organization of the actions developed in the care process. The physical structure and the technological devices available there manifest care and attention to all who enter this environment, added to the clinical condition of the patients, mostly serious clinical conditions, and to the marked performance of health workers, in many cases tend to present themselves as a hostile place^{8,11}.

It is observed that the PICU is an environment of high complexity, since it has a specific routine and multiple stressors in the psychological, physical, environmental and social dimensions. Due to this, the sector may prove to be a terrifying place for both the patient and his family, especially for the quantity of equipment available there.

Based on this, it is noted that in most cases the PICU is an area that some people point to as a hostile place, because the hospitalization process in these units usually causes irremediable trauma to the patient and all their relatives, especially when it refers to the child. It is attributed to this, the cultural fact of association that the hospitalization in this environment refers to misfortune, pain, suffering, fatality and death¹¹.

Thus, when a child is hospitalized in a PICU, it is essential to take into account changes in the family context resulting from the disease, since the family assistance is essential for the acceptance and continuation of the treatment and in the collaboration with the sector's norms and routine. Therefore, it is of fundamental importance to stimulate the bond between the child, family and professionals during the hospitalization process¹⁰.

Importance of the Escorts for the Child

In Brazil, in the middle of 1980s, a movement of stimulation of the family in the participation in the care with the hospitalized child's health began. The State of São Paulo began to guarantee the right of the parents to accompany their children throughout the hospitalization process, in accordance with Resolution SS-165, published in 1988, which recommends the importance of the accompanying person⁷.

From this, performing care in the field of pediatrics denotes not only the child, but also its relational, psychological and social dimensions, so that the child and his/her family can be considered as a unique patient². Molina et al. (2009)¹ describe the presence of the family as the basis of social interaction and unity of strengthening and security for the child. Together with the family, the child feels that he/she is safe, cared for, loved, protected, more confident, which makes him/her stronger for coping with the illness and the hospitalization period and environment.

According to Cardoso et al. (2013)⁵, the inclusion and participation of a companion in the course of hospitalization, especially when referring to children hospitalized in PICUs, is extremely important, regarding the greater demand for circumspection, because it is noted that this process can cause negative effects for the patient and the presence of their caregivers can be an attenuating through the provision of positive feelings. Care, seen as "being present", is translated into the fact that the companion is together, accompany, get involved and commit to the child, and daily follow their clinical evolution.

In another study by Molina et al. (2007)⁸, who evaluated the multidisciplinary team's understanding about the presence of the family in the PICU, showed that the professionals consider the presence of the family, and especially the mother, as a way of promoting and maintaining the child / family / team interrelationship, resulting in the neutralization of the negative effects of the separation and thus achieving an improvement in the child's adaptation to the hospital and facilitation of treatment acceptance.

In this aspect, the caring process involving the companion in the PICU is constituted in their inclusion in the care of their children / accompanied, as well as in the understanding that they can provide psychological and social support and are active agents in the delineation of the therapeutic plan with intent of reducing anxiety and fear of the hospitalization process⁹. Visitation and companions stimulate the patient's hormonal production and, in addition to reducing anxiety, contribute to a state of serenity and confidence, and as a result, more positive responses to the therapy instituted⁸.

Although the health care of the child in the PICU promoted by the professionals is efficient and qualified, companions are indispensable, as it alleviates the distress and anxiety resulting from hospitalization. However, it is necessary that the caregiver be instructed to collaborate with the care, which is oriented on the routine procedures that will be performed on the child, their conduct in the sector and the use of the individual protection materials, thus making it a safety element during your stay in the unit¹¹.

Silva, Wegner and Pedro (2012)¹⁴, in a study on the safety of children hospitalized in PICUs, verified that the relatives / caregiver described the occurrence of adverse events, highlighting the failures in the communication process, safety requirements for the child during hospitalization. In the meantime, it is essential to ensure the right to care and attention to the health of children and their caregivers in the PICU, fundamentally for the various aspects involved, which can lead to unfavorable episodes, directly affecting the therapy and recovery of patients.

Final considerations

The permanence of an accompanying during hospitalization is a guaranteed right for the patient through the Brazilian legislation, but regarding the presence of the caregiver in the PICU sector the discussion is still fragile and seems to be poorly understood by the hospital institutions.

In this perspective, the involvement of the caregiver during the care process aimed at the hospitalized child and the guarantee of their presence during the entire hospitalization period are seen as progress in terms of humanization, quality of care and minimization of the negative effects caused by hospitalization.

The hospitalization process in childhood represents a difficult event, with profound consequences, which needs to be understood in its entirety, so the inclusion, reception and participation of the companion guarantees the integrality of the care provided to the child, with the purpose of attending to their physical, psychological and social.

Competing interests

No financial, legal or political competing interests with third parties (government, commercial, private foundation, etc.) were disclosed for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)

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