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Original Article

CONFORTABILIDADE DA UNIDADE DE PEDIATRIA: PERSPECTIVA DE USUÁRIOS, PROFISSIONAIS E GESTORES DE ENFERMAGEM

COMFORTABLENESS OF PEDIATRIC UNIT: PERSPECTIVE OF USERS, NURSING PROFESSIONALS AND NURSING MANAGERS

CONFORTABILIDAD DE LA UNIDAD PEDIÁTRICA: PERSPECTIVA DE USUARIOS, PROFESIONALES Y GESTORES DE ENFERMERÍA

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RESUMO

Objetivo: analisar a confortabilidade da unidade de pediatria na perspectiva de usuários, profissionais e gestores de enfermagem. **Método:** estudo descritivo e exploratório, com abordagem qualitativa, realizado com usuários, profissionais e gestores de enfermagem. A coleta de dados ocorreu nas unidades de pediatria de dois Hospitais Universitários, por meio de entrevista semiestruturada e de foto-elicitação. Posteriormente, foram organizados e tratados pelo *software* Nvivo 10. Os dados foram submetidos à Análise Temática. **Resultados:** o mobiliário e estrutura física proporcionam, minimamente, conforto para a criança internada e o familiar que a acompanha; entretanto, a existência de brinquedoteca, as ações desenvolvidas por voluntários e a relação estabelecida com a equipe de enfermagem desde o acolhimento contribuem para a sensação de bem-estar e proporcionam tranquilidade. **Conclusão:** tendo em vista que os desafios envolvem aspectos estruturais, faz-se imperativo, o investimento no potencial das relações estabelecidas entre os trabalhadores de enfermagem, às crianças e seus familiares, para tornar a pediatria um ambiente confortável.

Descritores: Ambiente de instituições de saúde; Humanização da assistência; Pediatria; Criança hospitalizada; Enfermagem.

ABSTRACT

Objective: to analyze the comfortableness of pediatric unit from the perspective of users, nursing professionals and nursing managers. **Method:** descriptive and exploratory study, with a qualitative approach, performed with users, nursing professionals and nursing managers. Data collection took place in the pediatric units of two university hospitals through semi-structured interviews and photo-elicitation. Subsequently, they were organized and handled by the Nvivo 10 software. The data were submitted to Thematic Analysis. **Results:** furniture and physical structure provide, minimally, comfort for the hospitalized child and the family member accompanying them; however, the existence of a toy library, the actions developed by volunteers and the relationship established with the nursing staff since the reception contribute to well-being and provide tranquility. **Conclusion:** considering that the challenges involve structural aspects, it is imperative to invest in the potential of established relationships between nursing workers and children and their families, aiming at making the pediatric unit a comfortable environment.

Descriptors: Health facility environment; Humanization of care; Pediatrics; Hospitalized child; Nursing.

RESUMEN

Objetivo: analizar la confortabilidad de la unidad pediátrica en la perspectiva de usuarios, profesionales y gestores de enfermería. **Método:** estudio descriptivo y exploratorio, con planteamiento cualitativo, efectuado con usuarios, profesionales y gestores de enfermería. La recolección de datos ocurrió en las unidades pediátricas de dos Hospitales Universitarios mediante entrevistas semiestructuradas y de foto-elicitación. Posteriormente, los datos fueron organizados y tratados con el *software* Nvivo 10. Los datos fueron sometidos al Análisis Temático. **Resultados:** el mobiliario y la estructura física proporcionan mínimamente confort para el niño hospitalizado y el familiar que lo acompaña; sin embargo, la existencia de ludotecas, las acciones desarrolladas por voluntarios y la relación establecida con el equipo de enfermería desde la acogida contribuyen a la sensación de bienestar y proporcionan tranquilidad**. Conclusión:** considerando que los desafíos involucran aspectos estructurales, se hace imperativa la inversión en el potencial de las relaciones establecidas entre los trabajadores de enfermería, los niños y sus familiares para hacer de la pediatría un ambiente confortable.

Descriptores: Ambiente de instituciones de salud; Humanización de la asistencia; Pediatría; Niño hospitalizado; Enfermería.

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INTRODUCTION

Pediatric care promotes an environment that meets the needs of the child through a differentiated look that considers the specificity of this phase of life, in which it is more difficult to deal with illness and face the unknown and the fear caused by it. In addition to being away from home, the child is usually physically and emotionally fragile, lacking comfort that this environment, with limited dimensions, does not always offer[1].

This study aimed to understand the hospitalization of children and adolescents hospitalized in a pediatric unit and revealed an ambiguous aspect because although the hospital is considered by the participants as a place of healing and care, they express feelings of sadness, fear, imprisonment, missing friends, siblings and relatives. In addition, they miss playing, which seems to increase the loneliness and insecurity they experience in this moment[2].

Thus, even with the existence of pediatric units, specific for hospitalization of children, the negative experiences from hospitalization are not softened, since, generally, the shortage of equipment and supplies, coupled with the diversity of professionals providing care, make it difficult to build a cozy and structured environment to assist the child in a comprehensive and humanized manner. As a result, we have observed a trend towards massification and standardization of actions, making the assistance mechanical and predictable[3].

This situation often causes frustration among professionals when they realize that the difficulties experienced in the hospital environment can extend the period of hospitalization and even cause greater suffering because they do not have all the necessary resources to care for the child[4]. In addition, professionals face a feeling of empathy for the child, associating him or her with their own children or relatives due to the suffering of seeing someone so young going through illness, to the child's habitual behavior of crying to show fear and pain, to the despair of the parents by the reality of the sick child and the impotence in the face of the disease[5].

Thus, it is necessary to articulate efforts to overcome such environmental conditions that, in addition to causing suffering to the child and the family, also causes frustration in health professionals. It is, therefore, incumbent upon managers to invest in fundamental issues such as the suitability of the pediatric environment with equipment and technologies that consider and respect the uniqueness of the needs of both users and professionals[6].

A study that evaluated the satisfaction of the professionals working in a pediatric hospital in the city of Fortaleza regarding humanized care found that the environment was perceived as comfortable for the exercise of their functions, but in need of improvement. Although the majority of the respondents evaluated the hospital's appearance as satisfactory, 47% indicated the need for reformation, considering that it did not present an appropriate structure for the care of its clientele[7].

Efforts to build a child-friendly hospital environment have found barriers from its conception, as health spaces often reflect the decisions of an architect and of a small number of managers about the ideal setting. Without following the rules and norms standardized by the competent organs and in the daily routine of pediatric unit, it is probable that inadequacies are found in the environment that make difficult for the child, the family and the nursing and health professionals to use the setting and take advantage thereof.

In this sense, it is imperative to observe elements that act as modifiers and qualifiers of the pediatric unit, thus potentializing the construction of a comfortable environment that contributes significantly to changing the perception of the hospital as a cold and hostile environment[8]. In view of the above, the present study aimed to analyze the comfortableness of the pediatric unit from the perspective of users, professionals and nursing managers.

METHOD

This is a descriptive and exploratory study with a qualitative approach carried out at the pediatric unit of two university hospitals in the South of Brazil. Participants were 20 users, 20 nursing professionals (with representatives of the different work shifts: morning, afternoon and night) and 4 managers participated in the study, totaling 44 participants.

The anonymity of the participants was preserved through the use of the letters "U" for the users, "N" for nursing workers and "M" for managers, followed by Arabic numerals that indicate the interview number. Also, the environments investigated were identified as "EA" and "EB".

Data collection took place in the second half of 2014 through a semi-structured interview and

photo-elicitation, which is an approach that aims to use photographs in the course of a semi-structured interview to evoke comments, memories and discussions[9]. In order to preserve the original content and increase the accuracy of the data obtained, the interviews were captured by an audio recorder.

For the organization and processing of the data, the software Nvivo 10 was used, a program that assists in the analysis of qualitative material, with text codification and storage tools[10]. Afterwards, they were analyzed and categorized according to the Thematic Analysis proposed by Minayo[11].

Ethical precepts were followed to conduct this research involving human beings, according to Resolution 466 of December 12, 2012. Considering that, eventually, the subjects of the research were photographed during data collection, the ethical and legal implications that involve the use of image was were approached in the Informed Consent Form (ICF), according to the Federal Constitution, in its article 5, items X and XXIII, and Civil Code in its article 11 *et seq.*[12]. In addition, the anonymity of the subjects was preserved through an image editor, which made it possible to blur the faces of the photos, removing their sharpness.

The project was forwarded to the Research Ethics Committee of the Health Area of the Federal University of Rio Grande (CEPAS/FURG) and approved by the Certificate of Ethical Assessment (CAEE) no. 31172914.6.0000.5324, receiving a favorable opinion for its publication under Opinion No 85/2014.

RESULTS AND DISCUSSION

Comfortableness of the pediatric unit

From the organization and analysis of the data, the relevant categories for the comfortableness of the pediatrics unit were: furniture, physical structure, toy library, aesthetics of the unit and reception by the nursing team.

Furniture

The participants point out that the pediatric environment provides comfort to the child, however, they recognize the existence of limitations in relation to furniture, which raises the commitment to adapt it to this user: "For children, there are beds suitable for their size; we always try to put a bed that suits their size to be comfortable "(N3_EB). "These cradles are already quite outdated. Today there are automatic beds, which are pediatric beds with safety sidebar" (M1_EB).

The interviewees reported that, for the familiar caregiver, the comfort is limited to the provision of a chair near the child's bed. However, it does not meet their comfort needs, especially in long-term hospitalizations: "Comfort is like this, they give you a chair to sit in and you have to spend a month or two. What is a chair to spend a month or two?" (U8_EB).

The chairs are not suitable to the familiar caregivers during the night shift, since they do not allow them to lie down. Thus, the posture adopted for the nocturnal rest causes pain and discomfort: "We sleep in the armchair, so it is complicated, we get a little bent, with pain in the spine. You look at it, by day, she is wonderful, but when night comes, it hurts everything " (U1_EA). "The mother is poorly accommodated in a chair, there is no bed to rest " (N8_EB). "[...] the mother does not have much comfort, because it is an armchair that is a little damaged; they are poorly accommodated to sleep" (N4_EA). "If it is mandatory to have a companion I cannot leave her there for a year sleeping in the chair at night" (M1_EB).

Still with regard to furniture, users point out the need for larger cabinets to accommodate their belongings. In addition, the existing cabinets leave family members afraid and fearful, since they present accident risk because they are aerial cabinets with no doors, fixed above the child's bed: "There should be a closet to put our clothes, our belongings, because mine are all here on the floor, inside a bag. There is no space" (U7_EB). "I find it dangerous those cabinets that are not even a cabinet. It is a shelf that is fixed above the children's bed with two screws.; it is risking to fall on the child. I was afraid" (U8_EA).

In order to overcome restrictions on furniture and provide well-being to the child, the provision of televisions in the ward is pointed out as a resource that serves the child's taste and rescues a home activity: "He watches television. They have been away from home for a long time and they enjoy watching TV; it is very important "(N4_EA). "If it were possible, they would very much like to have a television inside the room" (N7_EB). "There should be a television in the room. It would be quite important to entertain the child" (U9_EA).

Faced with such findings, the 1990 Statute of the Child and Adolescent (ECA), in its chapter I - Right to Life and Health - recommends that health services should provide conditions for the permanence of relatives at full time in cases of child[13]. This emphasizes that it is not enough to guarantee the child's right to have an accompanying

person, there must be spaces capable of welcoming these caregivers in the different environments of the unit, so that they can also have moments of meetings, dialogues, relaxation and entertainment, such as watching television or listening to music[8,14].

Researchers point out that when the hospital environment is adapted and provides support, the presence of the family member is an important contributor to the comfort and well-being of the child, similar to the experience of being at home, gradually helping the chilg in the acceptance and adaptation to the disease, as well as in the active participation of the treatment[15].

In view of the legal recommendations and the benefits of the family member staying in the hospital environment, it is necessary that the investigated institutions provide better facilities and furniture to them, since, for now, the comfort offered is limited to the availability of an armchair or reclining chair, which, regardless of the period the family member stays with the child, are inadequate, especially at night, because it does not allow the body to recline and lie down, causing pain that persists throughout the day.

Likewise, a study carried out with mothers of hospitalized children showed that comfort is still a privilege of children, since the companions stay in armchairs that become uncomfortable after the first day of hospitalization[16]. Another study investigating the reflexes of the child's hospitalization in the companion's family life showed that the lack of a physical structure adequate to their rest, added to the need to be continuously alert to any changes in the child's clinical condition and the specific demands of care, leads to severe fatigue in family members[17].

Physical structure

Regarding the structural aspect, the participants emphasize the issue of space, pointing out that the number of existing beds compromises the accommodation of the furniture, of the children and their family member in the ward: "I would take several people out of the room. It is tight" (U3_EB). "I think there should be more rooms with less people. In this case, with four beds it would be more spacious" (U10_EA). "The structure is very small. The wards have five beds with space for four" (N1_EB). "Right here, there is no room for the armchair of the other bed. It is all very small, very tight" (N1_EA).

Among the structural inadequacies cited, the lack of adequate piping and gas exhaustion to meet all the beds is discomforting, since the child and his/her companion must go to the infirmary to access them: "The oxygen is lacking [...]; the child is there in the corner and we have to take him from there to come to do nebulization. So I do not consider a comfortable environment" (N9_EB). "Right now, we have a mother who has to go to the other bed to do nebulization, so she has to wake up every hour and this is very frustrating for the mother who is accompanying" (N8_EA).

Likewise, the infirmary bathroom needs attention in relation to its structure, as it does not have any adaptation to meet its target audience, the children: "It is not structured for children, but for adults" (U2_EB). "It only has toilet and sink for adults, not suitable for children. When they did, they did thinking only in the adults" (N9_EA).

In addition, the way the bathroom is designed makes it difficult for children with special needs, such as the wheelchair users: "The bathroom would have to be bigger. For a wheelchair child, it becomes tight" (U2_EB). "The structure does not allow us to enter with wheelchairs inside the bathrooms. Here the structure does not benefit us" (N6_EA).

The lack of structure of the bathrooms makes the family caregivers improvise strategies to carry out the hygiene of the smaller children, who need to use a bathtub and a changing table: "We bathe them on the armchair. Here, in the bathroom, there could be a little space or a changing table, because then I would bathe in the bathroom" (U7_EA).

It is essential to pay attention to the way the pediatric environment is designed. Specifically in relation to physical space, the pediatric unit must comply with the standards established by the National Sanitary Surveillance Agency[18] and Brazilian Association of Technical Norms[19]. These bodies establish the structure of an infirmary in relation to the number of beds, size of rooms, distance between beds, insulation, and other specifications about the room or ward, such as washbasin, sink, flooring, ceiling, bathrooms, lighting, medical gases, outlets, doors and windows, bathrooms, furniture, corridors, signage and accessibility[5].

According to these norms, the investigated units present inadequacies in their structure, such as: lack of piping installation and gas exhaustion in sufficient quantity to suit all beds; bathrooms that do not have adaptation to the target public of the unit; quantity of beds in the infirmaries that compromises the accommodation of the furniture, of the child and of their family members in the ward; poor hygiene of the unit, which contributes

to the existence of flies and bad odor in the environment.

In addition to not complying with the aforementioned norms, the inadequacies pointed out in the structure of pediatric units contravene the provisions of the Statute of the Child and Adolescent, which provides, among other determinations, that hospitalization institutions should offer personalized care in small units and small groups, with physical facilities in adequate conditions of habitability, hygiene, health and safety, promoting an environment of respect and dignity to the child and the adolescent, as well as preserving their family ties[14].

Toy library

The units surveyed have the toy library as a recreation space for children, which transcends the horizons of the ward and allows them to play and carry out activities appropriate to their age, under professional supervision: "Children have access to the recreation room full time, and it is directed at certain times when the pedagogue accompanies. Ludotherapy is extremely important because the child, unlike the adult, does not focus on the disease. If you offer children toys or something that distracts them, they will live there. They will not remember the painful side of the procedure. This should also be observed, allowing the child to have a child's life" (M1_EA). "Children love it because in there they will paint, play games; there is the psychology and visual arts staff, there are toys. It is part of the therapy" (N10_ EB). "It is a distraction for him. He can come here to play, to distract himself a little and to spend the hours. They can always to play. Children love being able to play" (U3_EA).

This space, in addition to entertaining the child, provides to the accompanying family moments of rest and relaxation, modifying the routine centered on child care: "For children, it is very important, and for the family as well. There is a mother who stays alone and the little rest time she has is when the child is there" (N4_EA). "With the toy library, the mother has a rest at that moment when the child is playing, it is a respite. It changes the routine a little, that commitment to always be watching the child. For both it is a moment of relaxation" (N2_ EB). "Well, many toys for the children to play, to entertain. It is good for me, I go there to relax." (U5_EB).

Another resource pointed out as a promoter of comfort is the actions carried out by volunteers. These actions modify the pediatric unit, promoting a harmonious and joyful environment, being perceptible the contentment of the children, of the family members and of the nursing professionals: "Very gratifying, I like music, some men come to sing; it leaves the environment more joyful, not only for children, but for us too" (N9_EA). "Every Friday the joy workshop is there. There is a boy said to be in a vegetative state, but on that day he becomes very different. They come and sing little songs sang to him, and we see the difference, his reaction. It is good, who does not like music? Everybody likes it" (N10_EB). "This is very good because the child goes though a difficult moment here, a moment of pain. The family member also suffers along with the child and they come and bring a moment of joy to the patient and the family; it is very good" (U8_EA).

In view of the reports, it is verified that the toy library is a space of recreation that transcends the horizons of the infirmary, allowing the child to play and carry out activities proper to his/her age, thus, distracting them from the hospital routine and approaching them from the childhood universe. Inasmuch as care incorporates playful activity, it modifies the process of health production and builds a new environment, less stressful and more humane to the child.

In line with this result, a study carried out with hospitalized children indicated that the toy library allows greater acceptance of the experienced situation, better adaptation and familiarization to the environment, transforming the hospital into something familiar and more pleasant, where they can know other children and, together, practice an activity so essential for children's development that is to play[20].

It is evident that, for managers, there is concern in ensuring compliance with regulatory standards, adapting the space to the needs and specificities of the population served. According to Law No. 11,104, of March 21, 2005, it is mandatory to build toy libraries in health units that offer pediatric care in hospitalization regimen[21]. Although this obligation is a major advance for public policies, there are still some challenges to be overcome, such as the adequacy of the space and establishment of an operating routine[20].

Another feature that promotes comfort is the actions carried out by volunteers, such as clown therapy, which modify the pediatric space, promoting a cheerful and harmonious environment, being perceptible the contentment of the children, their families and the nursing professionals. A similar result was evidenced by a study carried out with children hospitalized in hospitals in Sweden,

which showed that the encounter with the clown builds a magical and safe space, capable of providing relaxation and the sensation of joy, providing a certain distance from hospitalization[22].

Aesthetics of the unit

In order for the units investigated to be characterized as pediatric, a space for the treatment of children, the interviewees suggest the use of paintings, drawings, toys and televisions, aspects that rescue the universe of children, minimizing suffering and making it pleasant for children: "The color has to be different, it has to be more bright, a color that one would identify as a pediatric unit" (U8_EB). "I would make it more colorful here. I would put a TV for them to entertain, some toys" (U6_EA). "Something is missing here, something you say: I am in the pediatric unit. I would change the color of the walls, put drawings here; I would give another appearance so that when I looked here I would know that it is a pediatric unit" (N5_EA).

The change in the aesthetics of the pediatric unit, with the inclusion of children's drawings and characters, is expressed as a resource to be used for comfort because, besides being a treatment to the environment, beautifying it, it is also considered by the managers as an aid in reducing the pain and stress of the child, thus providing tranquility to the family: "A physical environment that is pleasant, in which you have something visual to make this child feel comfortable is very important. I have already put a wall sticker on a pediatric unit, hospital stickers, it was a charm. Each wall had a picture of a television character, Tinkerbell, Peter Pan and they were awesome, the infirmaries. With this, the child feels in another space, in another environment. This decreases pain, stress and, consequently, the mother can be calmer because the child feels better." (M1_ EB).

The research participants suggest adaptations in the aesthetics of the units, with the use of paintings, drawings and characters, toys and televisions, in order to characterize them as pediatrics, spaces suitable for the treatment of children. By rescuing the childhood universe, the references to the hospital environment are reduced and pediatrics is approached to the home environment, making it child-friendly.

Research developed at a Children's Hospital in Sydney, Australia, demonstrated that the pleasant aesthetics of the place, with paintings, photographs and sculptures made by the hospitalized children themselves, helped to alleviate the emotional stress caused by the hospitalization, constituting a source of entertainment and distraction. Without appearing to be a hospital, it provided the opportunity for users to feel in a environment built for children[23].

In this sense, adapting the environment of the pediatric unit contributes to the construction of new situations, in which health promotion is not restricted to the curative aspect and to the reduction of the length of stay in the hospital, but to the need to help the child to go through hospitalization with more benefits than losses[1].

A study carried out with children aged 6 to 12 years, whose objective was to investigate their experiences and environmental needs, showed that the treatment environment desired by them involves entertainment and recreational activities, cheerful decoration and colors, collective space for interaction with others, light and environment that provide a sense of safety. It also pointed out that making adjustments in this direction, besides contributing to comfort, can accelerate the process of child rehabilitation[24].

Reception by the nursing team

Respondents point out the relationship with the nursing team, established since the reception in the unit, as a contributing aspect to the sense of well-being and tranquility in the pediatric environment: "The first thing is the nursing staff welcoming well, having a very quiet environment, even more that it involves children. You are already here because of a complicated situation, so you have to feel good in the environment you are in; they welcome us, they receives us well, I think this is important" (U8_EB). "I was very welcomed in both times my son was here. I saw how their treatment was like with the children. The professionals are very dear, very educated. They give you peace of mind. You know they will be well taken care of." (U1_EA).

In this sense, the managers show that, for the pediatric unit to be perceived by users as an environment capable of welcoming them and responding to their varied demands in a comprehensive way, it is necessary to have material resources, to add knowledge and to value the relation: "The environment of pediatrics has to be a welcoming environment that addresses both technical and human needs because I think that children, like all human beings, have biopsychosocial and spiritual multidimensions. This environment has to meet the physical need and has to meet these other needs. So, it needs to be a

humanized environment, that is, that meets the individual in its entirety. To do this, it must have the whole technical issue, that hard technology to meet the physical needs, the light-hard technologies, the protocols, because nothing can be done without protocol, without scientific evidence, because we are dealing with lives. And we need to have the light technologies, that is, the relationships, which are extremely important, to meet these psychic and spiritual needs" (M2_ EA).

The professionals express concern that existing structural difficulties may interfere in the relational environment and, consequently, in the reception, in the formation of bond and trust between health professionals and family, in adherence to the treatment and continuity of the child's health care: "We have difficulty here in the hospital due to the physical structure but, within what we can offer, we are very concerned to make this environment welcoming.

This is extremely important for adherence to treatment, to create bonding, trust in the professional by the family and confidence in the family by the professional, to give continuity to that child's health care" (N4_ EA).

The results indicate that comfort is sustained by the reception in the pediatric unit. Therefore, the way the nursing team interacts with the child and his/her family members, from the host, contributes to the sense of well-being. Therefore, care is concretized in being with the other, by the gesture of welcome, by attention and involvement[25].

FINAL THOUGHTS

The results indicate that the comfortableness of the pediatric unit involves the furniture, the physical structure, the toy library, the aesthetics of the unit and the reception by the nursing team. It was evidenced that the studied units present limitations in relation to furniture and physical structure offered to the hospitalized child and the accompanying family member; however, the existence of a toy library and the actions developed by volunteers promote a joyful and entertaining environment that brings pediatrics closer to the childhood universe. In addition, the relationship established with the nursing team from the reception in the unit contributes to the sense of well-being and provides tranquility.

Given this context, challenges emerge to be overcome so that the pediatric units can be comfortable environments, such as modernization of furniture and equipment, expansion of space or reduction of the number of beds in the wards, adaptation of the bathrooms to the target public, and inclusion of colors, toys and decoration in the wards. It is noted that the challenges involve structural aspects, which, therefore, gives rise to greater investment.

The present study has as a limitation the fact that its data do not allow generalization, since it portrays the pediatric reality of two university hospitals of the South of Brazil, which have historical similarities regarding origin, involvement with teaching, research, extension and assistance to health, thus, portraying the specificities of a given region.

It is imperative to carry out further research on the subject of comfortableness, since not only the scientific literature but also the media show, in hospital settings, unsatisfactory conditions that do not meet the needs of users, workers and managers.

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