

The parental role in the hospital: view of a group of specialist pediatric nurses

O papel parental no hospital: visão de um grupo de enfermeiros especialistas em pediatria

Rol parental en el contexto hospitalario: visión de un grupo de enfermeras especializadas en pediatria

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Abstract

Objective: Know how Nurses Specialists in Child and Pediatric Health (NSCPH's) see their care within the scope of the parental role in the hospital context.

Methods: This was a descriptive study of a qualitative nature that used a focus group, with an intentional sample of 11 specialists working in a university hospital center in the northern region of Portugal in 2022. The data was collected, organized, analyzed for content, and grouped into categories, serving as a basis for the construction of a clinical nursing path within the scope of the parental role.

Results: Four categories emerged from the data collected: the parental role in the hospital; conditions for a care partnership; the parental role and children's needs, and training to care. The structure of diagnoses and interventions relating to these categories brought together a consensus among 100% of the nurses in the sample.

Conclusion: The presence of parents during hospitalization is important. An effective care partnership between parents and nurses is necessary, minimizing the negative impact of hospitalization on children and promoting parental autonomy in care. The systematization of information through a flowchart facilitates the care and standardization of nursing records.

Resumo

Objetivo: Conhecer como os Enfermeiros Especialistas em Saúde Infantil e Pediátrica (EESIPs) veem seus cuidados no âmbito do papel parental no contexto hospitalar.

Métodos: Este foi um estudo descritivo de natureza qualitativa que recorreu ao focus group, com amostra intencional de onze especialistas trabalhando em um centro hospitalar universitário na região norte de Portugal em 2022. Os dados foram coletados e organizados, sendo analisados quanto ao conteúdo e agrupados em categorias, servindo de base à construção de um percurso clínico de enfermagem no âmbito do papel parental.

Resultados: Dos dados coletados, emergiram 4 categorias: o papel parental no hospital; condições para uma parceria de cuidados; o papel parental e as necessidades das crianças e capacitar para cuidar. A estrutura de diagnósticos e intervenções referente a estas categorias reuniu o consenso em 100% dos enfermeiros da amostra.

Conclusão: A presença dos pais durante a internação é importante. É necessária uma efetiva parceria de cuidados entre pais e enfermeiros, minimizando o impacto negativo da hospitalização nas crianças e promovendo a autonomia dos pais nos cuidados. A sistematização das informações através de um fluxograma facilita o cuidado e a normatização dos registos de enfermagem.

Resumen

Objetivo: Conocer cómo las Enfermeras Especialistas en Salud Infantil y Pediátrica (EESIP's) ven sus cuidados en el ámbito del rol parental en el contexto hospitalario.

Métodos: Se trata de un estudio descriptivo, de carácter cualitativo, que utilizó un grupo focal, con una muestra intencional de 11 especialistas que trabajaban en un centro hospitalario universitario de la región norte de Portugal en 2022. Los datos fueron recolectados y organizados, analizados en cuanto a contenido y agrupados en categorías, sirviendo de base para la construcción de un recorrido clínico de enfermería en el ámbito del rol parental.

Keywords

Nursing records; Hospitals; Pediatric nursing; Parents; Clinical pathways

Descritores

Registos de enfermagem; Hospitais; Enfermagem pediátrica; Pais; Percursos clínicos

Descriptores

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Resultados: De los datos recogidos surgieron cuatro categorías: el papel de los padres en el hospital; condiciones para una asociación de cuidados; el rol parental y las necesidades de los hijos, y la formación para el cuidado. La estructura de diagnósticos e intervenciones relativas a estas categorías reunió consenso entre el 100% de los enfermeros de la muestra.

Conclusión: Es importante la presencia de los padres durante la hospitalización. Es necesaria una colaboración asistencial eficaz entre padres y enfermeras, que minimice el impacto negativo de la hospitalización en los niños y promueva la autonomía de los padres en el cuidado. La sistematización de la información a través de un diagrama de flujo facilita la atención y estandarización de los registros de enfermería.

Introduction

Parental participation in the care of hospitalized children was progressively rooted in pediatric nursing practice to minimize the negative impact of hospitalization. For children and their parents, contact with the hospital environment represents a separation from family and social life, with changes in the daily routine, the emergence of feelings of vulnerability and dependence^(1,2), insecurity about treatments and procedures⁽³⁾ and possible confrontation with the challenge of chronic diseases.^(4,5)

Despite the efforts of health units to adapt the hospital environment to the needs of children as developing beings, with needs and vulnerabilities intrinsic to their age, culture, and health status, hospitalization can compromise their well-being even in a short period.⁽¹⁻³⁾ When hospitalization is inevitable, the presence of parents and their integration into care brings benefits to the child-family binomial and health professionals.^(2,6)

Parents are indispensable allies for their children in adapting to hospitalization,^(5,6) helping them to remain closer to their family environment and routines.

⁽¹⁾ Although parents are emotionally involved, they are faced with redefinition and readjustment needs of the parental role, which may be transient or prolonged depending on the children's clinical situation and their health needs.^(1,2)

Nurses facilitate adaptation to the hospital context and direct their focus of attention to the responses given by parents in their transitions⁽⁷⁾ during their children's hospitalization as the parental role is a relevant focus of attention in pediatric nursing.^(1,2,5)

Currently, information systems are a relevant tool to support nurses' decision-making as they integrate evidence-based knowledge and provide important decision-making algorithms for clinical practice, adding value to information flows and improving the quality of care provided.⁽⁸⁾

Sclinico (information system used in Portuguese hospitals) includes a decision support model in a direct relationship between diagnostic activity and specific diagnosis data. The availability of content depends solely on the user's decision and does not incorporate the concept of clinical pathways. According to the *European Pathway Association*, clinical pathways are defined as a methodology that promotes joint decision-making and the organization of care for a well-defined group of patients over some time.⁽⁹⁾ Its construction must be based on evidence and best clinical practices and expectations of the person targeted for care,⁽⁹⁾ ensuring continuity of care between different actors with common objectives.⁽¹⁰⁾

Given the variability of data produced by nurses, the objective of this study was to harmonize nursing documentation and thus improve the quality of care provided to children during hospital stays. The specific objective was to know how NSCPH'Ss view care within the scope of the parental role and develop a flowchart to support clinical decision making and nursing documentation.

In this context, the following guiding question emerged: "How do NSCPH'Ss see care within the scope of the parental role in the hospital context?"

Methods

Qualitative and descriptive research was the methodological option to meet the research question and study objectives, using the *focus group* technique for data collection.⁽¹¹⁾

The choice of participants was intentional, meeting previously established inclusion criteria: being an NSCPH'S, providing care and performing functions in a university hospital center in the north of Portugal, and consenting to participate in the study after being informed of its objectives. Nurses in administrative

roles and nurses absent due to illness or vacation were considered as exclusion criteria.

Two focus groups were held lasting about 90 min and occurred in April and October 2022 (the period between the two months is related to the COVID-19 pandemic). The meetings occurred in a room in the hospital's training unit, where participants were arranged around a table to facilitate adherence to the discussion and interaction.^(12,13) The first author moderated the meetings based on a semi-structured interview guide, and the previously established questions were replicated in the two focus groups with different participants.

The interview guide was constructed based on the care partnership model⁽²⁾, International Classification for Nursing Practice (ICNP[®]),⁽¹⁴⁾ *SClinico*, and opinions from the College of Nursing Specialty in Child and Pediatric Health of the Order of Nurses in Portugal. The other researcher played the role of co-moderator, helping with the course of the meeting.

All observations were methodically recorded. Then, a form was sent *online* to each participant to validate the interview data and add suggestions considered important. The information collected was organized, and the interviews were coded with the letter "P" (for participant) followed by a number to ensure data confidentiality.

The data were categorized by consensus based on the content analysis technique and Bardin's assumptions⁽¹⁵⁾ to describe the NSCPH intervention in the area of parental role in a hospital environment. The observations and/or suggestions were grouped and divided into recording units and then into categories and subcategories. They were organized in the form of a flowchart, including nursing diagnoses and interventions relevant to clinical practice within the scope of the parental role to be operational in all pediatric contexts of the institution.

The study was performed within the regular activities of the Nursing Specialties Working Group and approved by the Nursing Directorate of the Hospital Center. Informed consent from participants was obtained and data confidentiality was assured. The checklist of the *COnsolidated criteria for REporting Qualitative research* (COREQ) was followed to ensure the quality of the research.⁽¹⁶⁾

Results

With a view to greater representativeness, the sample consisted of 11 nurses (age range of 40-50 years and more than a decade as NSCPH'Ss) integrated into the various services of a hospital and university center in the north of Portugal so that (based on their experiences) they could identify their practices in the domain of the parental role in their workplace.

After analyzing the participants' speech, categories, and subcategories (Chart I) relating to the participants perspective on the parental role in the hospital context emerged.

Chart 1. Scheme of categories and subcategories

CATEGORIES	SUBCATEGORIES	Data validation	
		Participants	%
Parental role in the hospital		11	100
Facilitating conditions for care partnership	Acceptance and expectations		
	Support networks		
	Desire to participate		
Parental role and children's needs	Developmental		
	Special		
	Complex		
Empower to care			

In the parental role in the hospital category, most participants understood that this focus should be evaluated when the presence of a father and/or mother and/or guardian is observed during the child's hospitalization, even *if it is for a few hours of the day or days of the week*. (P5). For all participants, the assessment of the parental role is no longer possible in a situation in which the child is abandoned (or in the absence of any face-to-face or telephone contact and/or expression of interest in monitoring their clinical situation) *when the parents do not visit or call to know if the child is better (...)*. *In this situation, the social service must be called to assess the family situation* (P4). *Working in the parental role is not possible without the parents* (P1).

Parents have a fundamental role in supporting children during hospitalization, but they also need to see certain conditions guaranteed to ensure the exercise of parenthood. Thus, the circumstances related to the children's health condition, support network, and exercise of the parental role in the hospital were considered by the participants as facilitating conditions for the care partnership.

The acceptance and expectations subcategory leads to the perception and knowledge that parents have about their children's illness and needs during hospitalization. *In the beginning, parents not accepting their children's illness is common, especially if they need special care (P10).*

The Support Networks, which were defined by the participants as a family, social, and work support structure, must be available to support the main caregiver during their absence from home and/or work. As mentioned by one of the participants, *many parents with precarious jobs cannot afford to miss work or they will be fired (P6); in addition, there are those with other children or parents dependent on their care who cannot always stay in the hospital (P1).* Another participant mentioned that *our hospital even has minimum conditions for parents to stay, but staying for weeks or months at a time is sometimes not easy as some parents live very far away (P3).* Thus, hospitalization is perceived as a disturbing situation that creates a situation of crisis and disruption in the family. Monitoring hospitalized children can compromise the management of caregivers' professional lives, with changes in their financial situation, the need for support from the other member of the couple, and greater availability to be at home and accompany other children.

Finally, the desire for participation of parents in their children's care was presented by all participants as fundamental to minimizing the damage resulting from children's hospitalization and the effective care partnership between parents and nurses. *When parents are available and collaborate, children accept our care better and are not so afraid, especially young children (P4); they are important allies (P2); if they participate in care during hospitalization, it becomes easier when the children are discharged (P6).*

The performance of the parental role has specificities inherent to the needs of children and their situation in the health-disease process. Thus, the developmental, special, and complex subcategories, relating to children's health needs, were defined in the parental role and children's needs category.

The developmental needs were considered by participants as transversal needs for all children, which promote their adequate development when they are satisfied. *During hospitalization, parents need to continue changing diapers and giving bottles, just as they*

do at home (P10). The needs arising from the children's illness were considered by the participants to be special as they do not continue after discharge. *In the case of newborns with bronchiolitis, who require suction of secretions, mothers do not need to learn the technique as the child does not need to be suctioned at home after discharge (P6).*

Children's needs are understood as complex when they require a readjustment in the parental role, with the need to acquire complex knowledge and skills. One of the participants mentioned that *these situations are the most complicated: we need to communicate with parents and explain all procedures, such as vacuuming, tube feeding, and others, making them capable of doing the same themselves at home (P7).* Another participant stated that *parents becoming able to care for a baby or child who is dependent or who needs specific care is a long process, which requires much attention and care on our part as nurses (P2).*

To make decision-making more accessible and increase its clinical utility, the entire process was systematized into a Clinical pathways (Figure 1).

Enabling parents to care for a child during hospitalization regardless of the complexity of his/her illness seems to be an imperative in the work of nurses in the area of pediatrics. All participants understood that training to care becomes a relevant focus in the field of nurses' autonomous action and intervention.

Throughout the meeting, the importance of the care partnership between nurses and parents was emphasized to promote the acquisition of knowledge (figure 2) and skills (figure 3) that make them capable of caring for their children with autonomy. *From the beginning, we need to help parents to be autonomous (P7), capable of taking care of their children as if they were at home, especially children with chronic illnesses who need special care (P3).*

Discussion

The definition of parental role means that the mother and/or father assume responsibility for caring for their children,⁽¹⁴⁾ thus being the best caregivers^(1,5) as they have the knowledge and experience necessary to ensure care until the moment of hospitalization.^(5,14) As they were already caring for a healthy child, the

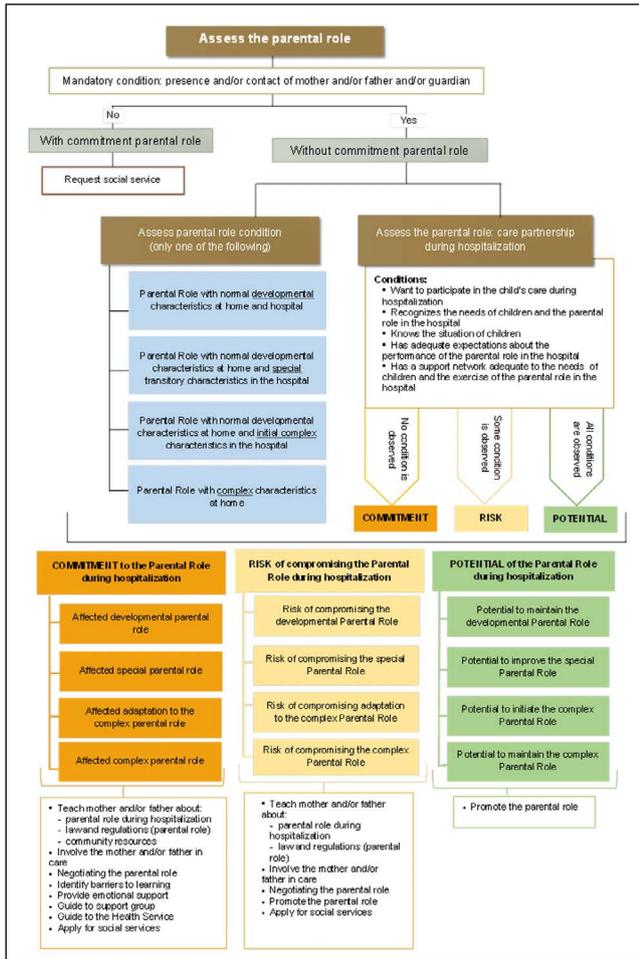


Figure 1. Clinical pathways: parental role

need for hospital admission directs their care towards a sick child⁽⁶⁾, leading them to experience parental transitions given this critical event⁽⁷⁾ along with the need to acquire new knowledge and skills to deal with change. In Portugal, the National Program for Child and Youth Health (PNSIJ) highlights the importance of the recognition and capacity of parents as the main providers of care for children and/or young people, leading to favorable development in the exercise of parenthood.⁽¹⁷⁾

The presence and participation of parents during hospitalization is fundamental to promoting the well-being and emotional security of children^(17,18) as well as reducing parental stress, increasing the ability to adapt to their children's illness,⁽¹⁹⁾ favoring the care partnership between parents and health professionals.^(5,17,18)

In the hospital, the exercise of the parental role is deeply conditioned by factors associated with

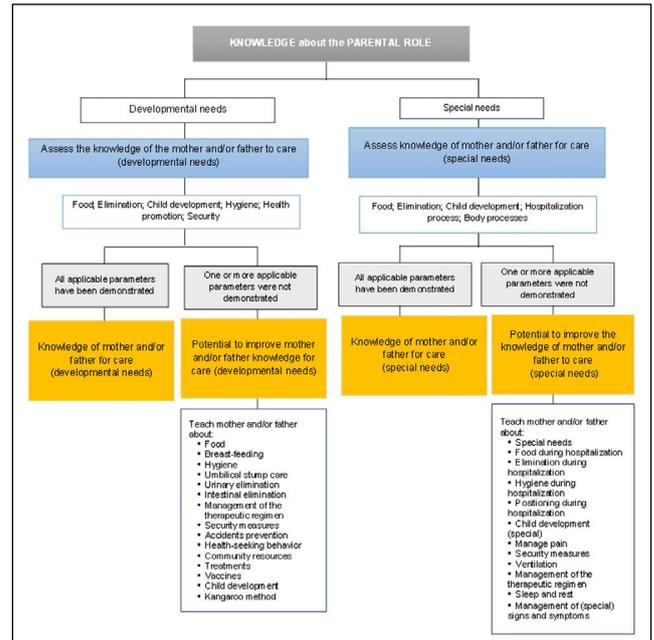


Figure 2. Clinical pathways: Knowledge of mothers and/or fathers to provide care

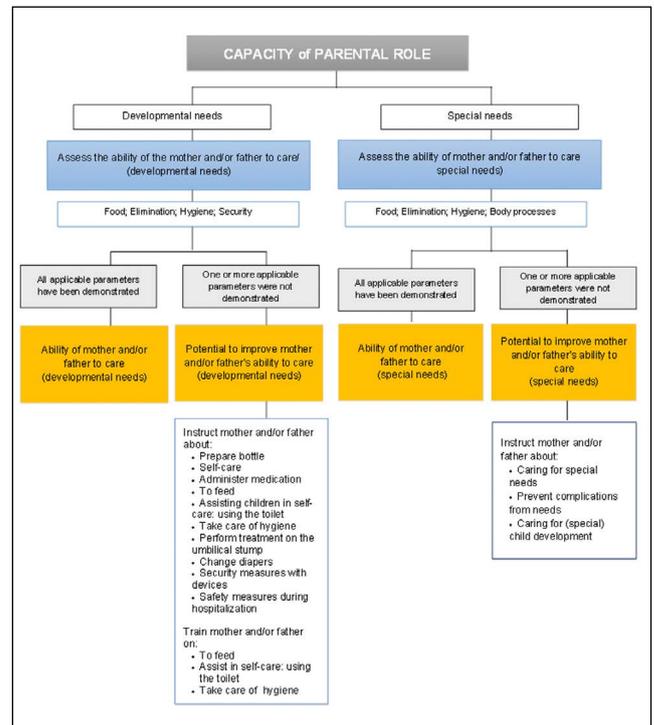


Figure 3. Clinical pathways: Capacity of the mother and/or father to provide care

the children's clinical situation, family, social context,^(2,20,22) and hospital dynamics.⁽²²⁾ The insecurity and fear that parents experience concerning accep-

tance and evolution in their children's health status,⁽²³⁾ as well as the lack of definition of roles that they can or cannot play and/or what they are expected to do, can compromise parental identity by experiencing feelings of frustration.^(1,2,5) Thus, nurses are responsible for involving parents in care, approaching them individually, respecting and attending to their needs and desires during hospitalization, and replacing the traditional pre-conceived distribution of tasks.^(1,5)

During hospitalization, parental participation may also be conditioned by other factors such as the need to adjust daily routines and family dynamics, the mutual help relationship between the main caregiver and the partner,⁽²³⁾ the support of other members of the family or friends,⁽¹⁸⁾ and caring for other children.^(19,23) The illness of children is also the illness of the family. Financially, the family may have its socioeconomic situation affected by work absenteeism, reduction in the family budget,^(19,22) and increased expenses, especially when hospitalization is prolonged. Some authors also highlighted the importance of accommodation conditions for children and parents in the hospital, ensuring both remain in comfort and privacy and meeting the needs of each child and family.^(5,6,22,23)

The care needed by children during illness and hospitalization also influences the performance of the parental role. The provision of essential care that promotes adequate growth and development and entails non-differentiated care is necessary to meet developmental needs.⁽²⁰⁾

Conditions of health and/or illness associated with limitations and disabilities, with the need for permanent or temporary assistance, require parents to solidify knowledge and skills that allow them to respond to the special or complex needs of their children.⁽²⁰⁾ The designation of special needs generally refers to needs of a transitory and/or temporary nature arising from a pathological process and/or hospitalization that cease after returning home.⁽²⁰⁾

However, when hospitalization coincides with the onset of permanent special needs in children (which require a redefinition of the family life project and the acquisition of more complex knowledge, skills, and competencies), the designation of complex needs is assigned.⁽²⁰⁾ The knowledge and skills of par-

ents of children with chronic illnesses make them qualified caregivers as their experience in treating their children enables them to make decisions in situations with which they are familiar.^(20,24) However, with fluctuations in the disease process, parents need help and collaboration from nurses to solve new problems or adjust usual care.^(24,25)

Assuming parents as partners in caring for their children, it is up to nurses to assess their capabilities or limitations and their desires for involvement, motivation, and teaching⁽²⁶⁾ in a dynamic process of negotiation, sharing of care, and joint decision-making from usual care to more differentiated ones.^(5,23,24)

Thus, the practice of Specialized Nursing in Child and Pediatric Health is energized to inform, teach, instruct, and train parents to acquire knowledge, skills, and/or abilities, and develop autonomy in caring for children,⁽²⁶⁾ taking into account the characteristics and needs of each child and family, making them capable of being the best managers of their children's therapeutic regimen and improving the family's quality of life with effective health gains.^(26,27)

In clinical guides, the sequential character guides the practice, ensuring continuity of care for different actors with common objectives⁽⁸⁾ for equivalent states of target people,⁽²⁸⁾ being a relevant tool in supporting nurses' decision-making.⁽⁸⁾ In their daily practice, specialist nurses must promote the continuous construction, implementation, use, and evaluation of effective clinical guides, ensuring the quality of care provided, and maintaining cost-effectiveness with effective results for the target of care and their family.⁽²⁹⁾

In the pediatric context, the use of clinical pathways has shown to be an efficient process, with a high level of satisfaction among parents and children due to the continuity of care, improving the experience of family-centered care. Its use also increases changes in the professional, organizational, and nursing care policy context, promoting a reduction in the turnover of nursing professionals,⁽²⁸⁾ length of stay, and healthcare costs.⁽³⁰⁾

Regarding limitations, the study was carried out in a single context but it promoted opportunities for future investigations in this area, to improve the documentation of nursing care in the exercise of the parental role during the hospitalization of children.

Conclusion

In the family, the impact of the illness and hospitalization of children is perceived as a disturbing situation for everyone, with changes in the daily routine, the separation from home and other children and/or brothers, anxiety, and fear, as well as the need to re-define the parental role. Understanding the feelings and needs of each child and family is important, and Specialized Nursing in Child and Pediatric Health has a leading role in health education, support, guidance, and adaptation of parents to the parental role in the hospital context. Working in partnership with the family helps ensure that the choices of the child and/or family are informed and decision-making ensures the child's well-being during and after hospitalization. The construction and validation of clinical pathways relating to the parental role guides nursing practice and can be integrated into the information system used in many hospitals. The clinical usefulness of this clinical pathway was only validated for the hospital environment, but it is opportune to test its applicability in the context of community care as the fundamental concepts of the clinical guide are transversal to different pediatric realities. The use of clinical pathways in the routine of a pediatric hospitalization enhances the quality of care, also presenting advantages in the production of indicators sensitive to nursing care.

Contributions

Lopes PM, Sousa SS, Silva A, Bessa E, Costa JF, Pires O, Santos R, Abreu N and Alves E declare that they contributed to the design of the study, collection, analysis and interpretation of data, writing of the article, relevant critical review intellectual content and approval of the final version to be published.

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