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## Narratives of nursing trainees about the hospitalized child as a subject of rights

Narrativas de estagiários de enfermagem sobre a criança hospitalizada como sujeito de direitos

Narraciones de aprendices de enfermería sobre el niño hospitalizado como sujeto de derechos

### RESUMO

Embora a criança tenha direitos legalmente assegurados de se expressar sobre o que lhe diz respeito, ela enfrenta obstáculos para exercê-los pela ausência do reconhecimento desses direitos. Objetivo: Discutir resultados da pesquisa sobre os modos como futuros profissionais de enfermagem percebem, em suas narrativas, os direitos da criança hospitalizada. Métodos: Entrevistas narrativa, realizadas no período de 09/2020 à 03/2021, com três estagiários do curso Técnico de Enfermagem e três estagiários de Enfermagem, de instituições de ensino de São Paulo. Resultados: As análises revelam a invisibilidade da criança como sujeito de direitos por parte dos entrevistados, futuros profissionais de enfermagem. Conclusões: Admite-se que os cursos de formação em Enfermagem ganhariam em proporcionar ao futuro profissional uma postura mais reflexiva e autopoietica sobre a compreensão da agentividade da criança de modo a melhor orientar habilidades e atitudes mais humanizadas nas práticas de acolhimento à criança hospitalizada.

**DESCRIPTORIOS:** Criança Hospitalizada; Direitos da Criança; Educação em Enfermagem.

### ABSTRACT

Although children have legally guaranteed rights to express themselves about what concerns them, they face obstacles to exercising them due to the lack of recognition of these rights. Objective: To discuss the results of the research on the ways in which future nursing professionals perceive, in their narratives, the rights of hospitalized children. Methods: Narrative interviews, carried out from 09/2020 to 03/2021, with three trainees of the Technical Nursing course and three Nursing trainees, from teaching institutions in São Paulo. Results: The analyzes reveal the invisibility of the child as a subject of rights by the interviewees, who are future nursing professionals. Conclusions: It is admitted that nursing education courses would benefit from providing future professionals with a more reflective and autopoietic posture on the understanding of the child's agentivity in order to better guide more humanized skills and attitudes in the practices of welcoming hospitalized children.

**DESCRIPTORS:** Hospitalized Child; Children's Rights; Nursing Education.

### RESUMEN

Aunque los niños tienen derechos legalmente garantizados para expresarse sobre lo que les concierne, se enfrentan a obstáculos para ejercerlos debido a la falta de reconocimiento de estos derechos. Objetivo: Discutir los resultados de la investigación sobre los modos en que los futuros profesionales de la enfermería perciben, en sus narrativas, los derechos de los niños hospitalizados. Métodos: Entrevistas narrativas, realizadas entre 09/2020 y 03/2021, con tres pasantes del Curso Técnico de Enfermería y tres pasantes de Enfermería, de instituciones de enseñanza de São Paulo. Resultados: Los análisis revelan la invisibilidad del niño como sujeto de derechos por parte de los entrevistados, futuros profesionales de la enfermería. Conclusiones: Se admite que los cursos de formación de enfermería se beneficiarían de dotar a los futuros profesionales de una postura más reflexiva y autopoietica sobre la comprensión de la agentividad del niño para orientar mejor las habilidades y actitudes más humanizadas en las prácticas de acogida de los niños hospitalizados.

**DESCRIPTORIOS:** Niño hospitalizado Derechos de los niños, Enseñanza de la enfermeira.

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**INTRODUCTION**

In the mid-twentieth century, the first legal frameworks relating to children's rights emerged. (1) With the promulgation of the Brazilian Federal Constitution in 1988, there was the inclusion of article 227, specific to the rights of children, emphasizing the right to health. Consequently, the Federal Constitution favored the creation of the Child and Adolescent Statute (ECA) in 1990, guaranteeing the rights prescribed by Law No. 8069 of July 13th, 1990. (2)

From the 1990s onwards, scientific contributions have multiplied, notably from the Sociology of Childhood, in the direction of consolidating their status as a subject of rights, ensuring them the possibility of expressing themselves freely in matters that concern them.

Such achievements are opposed to the child's usual perception of the word, traditionally ignored for being considered immature, therefore, difficult to be recognized in the adult universe. (3) At the present time, it is no longer possible to ignore that children produce their own ways of inserting themselves in the sociocultural contexts in which they live, which make them social, active and creative agents, (4) reasons why the importance of listening to them to understand how they face the problems and crises they experience becomes more and more pressing. The absence of this recognition contributes to the exclusion of the child's word in the processes of socialization, schooling and hospitalization.

Hospitalization, which is of particular interest to us here, is a cause of anguish and uncertainty for anyone, but when it comes to a child, in addition to involving these feelings, it is possible to observe their discomfort in facing the challenges of changes caused by hospitalization and social isolation. For these reasons, with regard to care provided by health professionals, it is increasingly necessary to pay attention to the uniqueness of each child with regard to psychological, social and attitudinal aspects. (5)

Nursing is a profession in which care is one of its most striking characteristics, which requires a high empathic capacity of this health professional in order to know how to put themselves in the place of the person undergoing treatment, aiming at a more humanized care as part of the care service in coping with hospitalization. (6,7) It is considered that care is based on three pillars: a good professional-patient relationship; a welcoming work environment and the availability of accurate hospital information about each patient so that the treatment respects their uniqueness as a right to health. (5)

It is about knowing to what extent the hospitalized child faces obstacles to be recognized as a subject of rights by nursing professionals. (6) This is one of the questions that guides the research we have developed on the training of nursing trainees - nurses and nursing technicians - with a focus on the care of hospitalized children. Are educational institutions properly preparing these future professionals so that

they understand the hospitalized child as a subject of rights, active, creative and producer of culture? Our objective in this article is to discuss research results on the ways in which future nursing professionals perceive the importance of hospitalized children's rights.

**METHOD**

This is a qualitative research that uses the narrative interview as a research tool. (8) The theoretical framework is based on the field of childhood sociology, (3,4) of (auto)biographical research with children and their reception in health services. (9,10)

The corpus consists of interviews conducted with 3 (three) students from the Nursing Technical Course at the same educational institution, located in São Paulo, and with 3 (three) students from the Nursing Undergraduate Course from different universities in São Paulo. As a criterion for selecting the participants, it was considered that they had completed the subject corresponding to child health, in the theoretical, theoretical-practical scope, and that they had completed the supervised internship. Due to the situation of social isolation, in view of the Covid-19 pandemic, the interviews were conducted through the digital platform Google Meet, lasting 50 minutes, in a single meeting, with each participant. Data collection took place between September 2020 and March 2021.

According to Resolution CNS - 466/12, the study was approved by the Research

Ethics Committee of the Universidade Cidade de São Paulo and the consent of the participants was given by signing the Informed Consent Term. To respect the anonymity of the participants, the interviewees themselves chose superhero names as pseudonyms.

Data analyzes focus on the experiences thematized by the interns and aim to infer the perception they have of the hospitalized child as a subject of rights, as well as the way in which they reframe their understanding of themselves in the act of narrating, making the narrative transform into an autopoietic process. (11) Considering that Nursing is based on care, empathy and a good relationship between patient and professional, (7) it is still possible to observe that future professionals have difficulties in conceiving the hospitalized child as a subject of rights and the recognition of their right to free expression.

## RESULTS

The research with the interns was based on the assumption that the act of narrating the lived experience has the power to generate a greater understanding of life by allowing those who narrate to give meaning to the experience. (12) Thus, enabling nursing interns to reflect on their own experience is justified by the benefit of helping them to understand themselves, their training process and developing a critical perception of possible gaps, successes and ongoing perspectives. The conversation with the nursing interns began with the knowledge they had about the rights of hospitalized children. Below are selected excerpts that seem to us to be significant in their ways of understanding the rights of hospitalized children.

It is possible to observe the importance attributed to the reception of the child during their hospitalization period and the professional's empathy, in order to minimize the impacts caused by the hospitalization and the sudden disruptions in daily life.

For Naruto and Gamora, both trainees of the Nursing Technician, respect for children is understood as follows:

"[...] the hospitalization of a child... it has to be a good passage, even if there are painful procedures [...] it is not easy, I know it is not easy. I went through this, but you can pay attention, for you to be patient, to wait a minute, for him to stop moving anymore, not having to hold him a little harder [...] I think the crucial thing about a hospitalization for a child is a comfortable passage and with a lot of patience." (Naruto)

*"I think it is important for us not to forget that even though she is hospitalized, she is still a child [...]. It was taught that you have to be very calm when interacting with these patients, because as they do not understand very well, we have to understand and respect [...] that if the child is very tearful at such a moment, we wait a little, let her calm down and we come back at another time." (Gamora)*

Naruto claims to understand the child's resistance for having experienced a similar situation: "I went through this". However, what is evident in the speech of the two interns is that they learned that the health professional must respect the child because he/she "does not understand very well". So, in the first place, the child is seen for what he lacks and not for his potential. Second, the possibility of "waiting a minute", of returning "at another time", to avoid holding the child "with a little more force" is a vision centered on the health professional and not on a more positive perspective of the child in the sense of adopting a more interactive and respectful attitude. This positive vision could prevent the child's right to express themselves from being left in the background about the reason(s) for their resistance, what they feel, what they are suffering under the impact of treatments. Giving the child the opportunity to express themselves would allow both the child and the health professional to add knowledge: for the professional, about the child's agency, and for the child, about more humanized health practices. The absence of this dialo-

gic interaction ends up depriving them of the construction of a common story, which will serve as a starting point for the next interactions.

Another point that stands out in the interns' analysis is the perception of Flecha, Hulk, Elastic Woman and Black Panther with legal issues to be respected by hospital institutions. So that in the training processes, both in Nursing and in Nursing Technicians, it is the legal principles that emerge as a capital point in training :

*"The right to refuse is the first, right. Because if the child refused and the family member also refused [how] to show otherwise? [...] It is important [...] that we know about some main rights and that the patient or the mother also know about these laws, just so we don't get into conflict [...] we have to pay attention to ECA laws [...], to be advising on everything, but depending on an error that occurs, we are always very attentive. [...] we saw this issue of the ECA, but it was more in the rights and duties of the State.*

It is observed in this collective narrative that the knowledge acquired about the rights of the child, during the formal training process, is centered on those responsible for the child, as central agents, on the decisions to be taken and guaranteed by law. The concern with "errors", "conflicts", "orientation", "rights and duties" is highlighted. Although these are aspects of great importance for the ethical exercise of the profession, this concern leaves aside the conception of the child as a subject of rights, the recognition and appreciation of their speech and, above all, the interest in listening carefully to what the child has to say. In this sense, in the formal or continuing education process in nursing, it is extremely important to address an updated conception of the child and childhood and better explore with future professionals the importance of sensitive listening to hospitalized children in order to better communicate with them. (10)

The analyses, although preliminary, lead

to a reflection on the formal training of future nursing professionals, who do not present more clearly the legal achievements regarding the rights of the child. Perhaps for this reason, they consider some of their attitudes as a "concession" on their part to the child or as a defense of the institution. What is crucially absent from the training of the interviewees is the professional responsibility given the child's right to tell what they feel, just as the right to express themselves is more easily granted to the adult patient. We know, intuitively, but also scientifically, that when narrating what we feel in front of a traumatizing or comforting experience, we can give this experience a new meaning and better understand what we feel. It is in this sense that the narratives of lived experiences are autopoietic. (11)

## DISCUSSION

When the child's illness requires hospitalization, this situation of isolation and confinement tends to provoke a whirlwind of feelings and trigger trauma. (13) It is admitted that the interaction between professionals and the child, during the hospitalization process, would be an important mitigating factor to reduce the impact of hospitalization. However, the analyzes of the interviews carried out in the survey show that greater in-depth knowledge about the child as an integral, active and creative being is still needed by health professionals, in order to provide a more empathetic interaction with the hospitalized child. (9)

Another aspect that stands out from the analyzes is that parents are solely responsible for transmitting the child's feelings to health professionals. It is not about excluding this important dialogue with parents or caregivers, what emerges, however, as a central issue is that this exclusivity has two consequences to be considered. The first consequence is not allowing the child their right to narrate their own experience of illness. The second consequence follows from the first, in the sense that it is understood that denying the child this possibility in a crisis situation is also depriving him of the

understanding he has about himself and about what he can know, do, or not do, with what's going on in your body and in your life. If we consider the case of children with chronic illnesses, who are hospitalized frequently, and often from an early age, this attitude contradicts the understanding that human beings understand themselves by interpreting what happens to them. (9,14) These are principles to be taken into account in the processes of humanization of health services, considering the advances in research carried out with children's narratives in which their agency, their ability to understand, the clarity of their understanding and important insights are revealed in their dialogues. (3)

We cannot forget that the recognition of children's rights to humanized care, suggested by the legal frameworks, relied, to a large extent, on the role of health professionals in defending more welcoming hospital institutions, especially when it comes to children who live part of their childhood in the hospital. This includes the creation of hospital classes to guarantee the right to continue the schooling processes of children and adolescents during their hospitalization for health treatment. (15) Following the same principles and guidelines as ECA, Law No. 8.242 of October 12th, 1991 created the National Council for the Rights of Children and Adolescents (CONANDA - Conselho Nacional dos Direitos da Criança e do Adolescente), as a collegiate body, acting in the promotion and defense of the rights of children and adolescents. (16) Soon after, in 1995, the Brazilian Society of Pediatrics presented a text elaborated on the Rights of Hospitalized Children and Adolescents, during the 27th Ordinary Assembly of CONANDA, which was approved by Resolution No. 41, of October 13th, 1995. (17) In this sense, in 1988, that is, more than 30 years ago, several European associations, gathered in Leiden for the 1st European Conference, consolidated these rights in the European Charter for Hospitalized Children. (17)

There are therefore several legal initiatives that proclaim the rights of the child, what is still lacking is the recognition of

these rights in different institutional spheres, including daily hospital practice. (9,18)

## CONCLUSION

We concluded, based on the analysis of the interviews given to us by the interns, that in the formal training process there is a gap on which we need to reflect better, that is, the way in which children are understood and their rights to express themselves about what concerns them. Nursing training courses, whether at the technical or higher level, by providing the future professional with an understanding of the benefits of critically and reflectively narrating the lived experience, would favor these future professionals with a greater understanding of the autopoietic dimension of self-reflection and /or collective reflection on nursing practices.

We finally admit that if the interns had the possibility of experiencing this experience positively, it would also favor a greater understanding of what this place of speech in the interaction would mean for the hospitalized child, enabling them, throughout their training, to know and recognize the importance of dialogic interaction with children, understanding them as social agents and subjects of rights and their potential in health treatment processes.

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