

# EVALUATION OF THE HOSPITAL STAFF'S RECEPTION OF PARENTS OF CHILDREN ADMITTED TO THE PEDIATRIC INTENSIVE CARE UNIT IN THE INTERIOR OF GOIÁS

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## ABSTRACT

The hospitalization of children in Pediatric Intensive Care Units (PICUs) poses significant challenges to parents, who face high levels of anxiety and stress. The care provided by hospital staff is essential to reduce the emotional impact and ensure family-centered care, promoting a more humane and positive experience for everyone involved. The objective of this study was to evaluate the reception of parents of children admitted to the Pediatric Intensive Care Unit by hospital staff. This was a cross-sectional, observational, analytical, qualitative, and quantitative study conducted between November 2023 and March 2024 with 30 parents of children admitted to the PICU of a hospital in the interior of Goiás. Sociodemographic questionnaires and the Portuguese version of the Critical Care Family Satisfaction Survey (CCFSS) were used to measure parents' satisfaction with the reception and quality of care provided by the hospital staff. Although all parents reported feeling welcomed by the hospital staff and 93.3% considered the care to be humane, 30% of parents expressed dissatisfaction with the noise level in the PICU, and 20% expressed uncertainty about the tranquility of the waiting room. These areas were identified as points that need improvement to enhance the experience of family members. It can therefore be observed that the reception at the PICU was well evaluated, but noise control and tranquility in the waiting room are aspects that require attention to ensure a more comfortable environment in line with the expectations of family members.

**Keywords:** Hospital reception; Pediatric Intensive Care Unit; Parent satisfaction; Humanization.

## INTRODUCTION

The Pediatric Intensive Care Unit (PICU) is a specialized area within the hospital environment dedicated to the intensive and continuous care of children with serious medical conditions, requiring specific approaches due to the distinct physiological characteristics of pediatric patients. The hospital environment, especially the PICU, can cause significant anxiety and stress for families, drastically altering family dynamics and causing fear and insecurity in parents. The first contact with the PICU is often the most impactful due to the emotional burden and various stimuli in the hospital environment (LUTHRA, 2013; BAZZAN et al., 2020).

To mitigate the discomfort of patients and their families, the Ministry of Health implemented the National Humanization Policy (PNH) in 2003, which aims to transform healthcare into a model centered on the value of human beings. The Family-Centered Care (FCC) theory complements the PNH by emphasizing the importance of treating children and their families with respect, providing understandable information, and including the family in care decisions (BRASIL, 2011; HILL; KNAFL; SANTACROCE, 2018). In this context, reception stands out as an essential component in providing a more humanized hospital experience.

Effective reception should prioritize qualified listening and parental involvement in the care process, promoting an emotionally supportive environment. However, challenges such as hospital bureaucracy and lack of adequate communication can compromise this practice (FAQUINELLO; HIGARASHI; MARCON, 2007). Therefore, this study aims to evaluate the reception of parents of children admitted to the Pediatric Intensive Care Unit by the hospital staff.

## **METHOD**

This is a cross-sectional, observational, analytical study with a qualitative and quantitative approach, conducted with a non-probabilistic convenience sample. The study population consisted of 30 parents or guardians of children admitted to the Pediatric Intensive Care Unit (PICU) of the Santa Casa de Anápolis Hospital, located in the municipality of Anápolis, Goiás, which has 13 PICU beds, the only ones in the northern region of the state. Participants included parents or guardians aged 18 years or older who voluntarily agreed to participate in the study and signed the Free and Informed Consent Form (FICF). Those who refused to answer the questionnaires or who did not agree with the instruments and methodologies used were excluded.

Data collection was conducted in person between November 2023 and March 2024, during visiting hours at the PICU. Two questionnaires were used: a sociodemographic questionnaire developed by the authors, containing 26 questions that addressed participant characteristics, such as age, educational level, frequency of visits, and information about the hospitalized child, as well as questions that

measured satisfaction with the environment and the hospital staff; and the Portuguese version of the Critical Care Family Satisfaction Survey (CCFSS), which assesses family members' satisfaction with the quality of care, the dynamics and structure of the service, and their relationship with healthcare professionals. and the Portuguese version of the Critical Care Family Satisfaction Survey (CCFSS), which assesses family members' satisfaction with the quality of care, the dynamics and structure of the service, and their relationship with healthcare professionals.

The questionnaires were administered anonymously, ensuring data confidentiality. After collection, the data were entered into spreadsheets and analyzed using IBM SPSS Statistics 2023 software. The analysis included descriptive statistics, such as mean, standard deviation, simple frequencies, and percentages.

This study was conducted in accordance with Resolution 466/2012 of the National Health Council (CNS) and was approved by the Research Ethics Committee of the Evangelical University of Goiás, under opinion No. 6,482,584 and CAAE: 68796623.3.0000.5076.

## **RESULTS**

Thirty parents of children admitted to the Pediatric Intensive Care Unit (PICU) participated in the study, with a prevalence of mothers and females (80%). Regarding age, the age group greater than or equal to 30 years was more prevalent. In terms of educational level, most participants had completed high school (33.3%). Furthermore, the main reason for their children's hospitalization was prematurity (53.3%).

It was observed that 100% of parents feel welcomed by the hospital staff and believe that the time allowed by the PICU to stay with their child is satisfactory, in addition to 93.3% believing that there is humanization in the unit.

Parents of children admitted to the Pediatric Intensive Care Unit (PICU) expressed high satisfaction with the quality of care, service dynamics, and relationship with professionals. They highlighted the sincerity of the team regarding the child's health status (43.3% very satisfied), the peace of mind of knowing the nurses responsible (63.3% very satisfied), and the speed of response to alarms (63.3%

very satisfied). However, there was significant dissatisfaction with the noise level in the PICU (30%) and with participation in decisions about the child's recovery. In addition, 20% of parents were undecided about the tranquility of the waiting room and the flexibility of visiting hours, according to Table 1.

**Table 1.** Level of family satisfaction in the PICU corresponding to the quality of care, dynamics and structure of the service, and relationship with professionals.

Variables	Very satisfied n	Satisfied n	Undecided n (%)	Dissatisfied n (%)	Very dissatisfied n
Sincerity of staff members regarding the health condition/status of my family member	13	6	10	-	1
Availability of doctors to talk to me regularly	12	16	1	1	-
Waiting time for test results and X-rays	11 (36.7)	15	1	3 (10.0)	-
Peace of mind because I know my family member's nurses	19 (63.3)	10	1	-	-
Possibility of participating in the care provided to my family member	17 (56.7)	13	-	-	-
Clear explanation of tests, procedures, and treatments	20 (66.7)	9 (30.0)	-	1 (3.3)	-
Speed of team members in responding to alarms and requests for assistance	19	10	-	1	-
Cleanliness and appearance of the waiting room	13 (43.3)	13 (43.3)	2	2	-
Support and encouragement received during the hospitalization of my family member in the Intensive Care Unit	20	9	-	1	-
Clear answers to my questions	18 (60.0)	10 (33.3)	2 (6.7)	-	-
Quality of care provided to my family member	22 (73.3)	7 (23.3)	1	-	-
Regular participation in decisions regarding the care provided to my family member	14	14	1	1 (3.3)	-
Availability of nurses to talk to me daily about the care provided to my family member	18 (60.0)	7 (23.3)	4	1	-
Doctors' understanding of my family member's needs	15	12	3	-	-
Privacy during visiting hours	12	10	5 (16.7)	3	-
Preparation for the transfer of my family member from the Intensive Care Unit	11	16	3	-	-

Calmness in the waiting room	9	10	6	5	-
Flexibility of visiting hours	4	16	6	4	-
Noise level in the Intensive Care Unit	7 (23.3)	6	8	9	-
Participation in discussions/decisions about my family member's recovery	7	6	8	9	-

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**Source:** Prepared by the authors (2024).

## CONCLUSION

It can therefore be concluded that parents of children admitted to the PICU at Santa Casa de Anápolis Hospital expressed high satisfaction with the hospital reception, highlighting the quality of care and communication about their children's health. However, the tranquility of the waiting room and noise control were identified as areas in need of improvement. Improvements in these areas could enhance the parents' experience, reinforcing the humanization of care practices.

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