

# EVALUATION OF COMMUNICATION BETWEEN HOSPITAL STAFF AND PARENTS OF CHILDREN ADMITTED TO PEDIATRIC INTENSIVE CARE UNITS

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## ABSTRACT

The Pediatric Intensive Care Unit (PICU) is the hospital unit responsible for special and intensive care for patients aged 0 to 18 years. It is a critical sector due to the age of the patients and the emotional weight of family members and companions, who seek humane care. The objective of this study was to evaluate the communication established by the hospital team with the parents of children admitted to Pediatric Intensive Care Units. This is an analytical, observational, qualitative, quantitative, and cross-sectional study conducted from October 2023 to March 2024 with 30 parents of children admitted to the Pediatric Intensive Care Unit of the Santa Casa Anápolis Hospital. Data were collected through a sociodemographic questionnaire and another questionnaire to assess communication by the hospital staff, both developed by the research team. Most of the participants were mothers (80%) who visited their children every day and spent most of the day at the hospital. Regarding satisfaction with communication in general at the institution, 18 participants (60%) gave the highest rating. Also, the majority (60%) reported that the doctor was primarily responsible for communication. Communication proves to be a necessary and useful tool for humanizing care in the context analyzed. Communication at Santa Casa de Anápolis was satisfactory, with professionals communicating satisfactorily and answering the questions of parents of children admitted to the ICU. In this sense, it is essential that communication and humanization in care are always promoted in order to ensure quality care.

**Keywords:** communication; parents; pediatric intensive care unit.

## INTRODUCTION

The Intensive Care Unit (ICU) is a critical sector in the care process recommended by the SUS. It is the hospital unit responsible for special and intensive care for patients in serious condition. More specifically, the Pediatric ICU (PICU) is responsible for the care of patients aged 0 to 18 years who require 24-hour care or who have suffered some problem at birth (BRAZIL, 2023).

The age group covered by these units is critical. It is during this phase that various stimuli and neural connections responsible for the correct and healthy development of the child occur. A major impact is perceived from intensive care and invasive procedures, which, combined with the immaturity of

bodily systems, can result in compromised neurodevelopment (Costa *et al.* 2023).

In addition, it is important to highlight the importance of the emotional bond with the family in the care process, which facilitates the child's acceptance of treatment and adaptation to the environment. In this context, it is noted that family members also face an exceptional situation, marked by continuous fear, despair, and anguish due to the imminent possibility of loss, which impairs the healing process (MOLINA *et al.* 2007).

However, the needs of these families encompass both physical and emotional aspects, requiring family-centered, multidisciplinary care aimed at providing support for both the child and family members. This support establishes beneficial collaboration between healthcare professionals, patients, and family members. Studies show that the absence of humanized care is perceived by family members, often leading to mistrust of the medical team. The main complaints of family members are often related to the lack of detailed information about the child's health status (MACIEL *et al.* 2022; NASCIMENTO; SILVA, 2017).

It can also be observed that healthcare team can improve the experience of families by promoting and facilitating greater family engagement during communication. This can be achieved by transforming unilateral interactions into more interactive dialogues, replacing monologues with participatory conversations, and ensuring the use of clear and accessible language.

Therefore, it can be inferred that communication with the family has a major impact on the overall care process of patients admitted to a pediatric ICU, and that this should be improved in order to achieve a better healing process. In view of the above, the present study aimed to evaluate the communication established by the hospital team with the parents of children admitted to a Pediatric Intensive Care Unit.

## **METHOD**

This is an analytical, observational, qualitative, quantitative, and cross-sectional study. The study was conducted with parents and/or guardians of children admitted to the Pediatric Intensive Care Unit of the Santa Casa Anápolis Hospital between October 2023 and March 2024.

All parents and/or guardians of children aged between 29 days and 15 years, of both sexes, aged 18 years or older, who expressed interest in participating and agreed to sign the informed consent form were included. Data were collected using a sociodemographic questionnaire and another questionnaire to assess communication by the hospital team, both developed by the research team.

The data were entered into a Microsoft Excel spreadsheet! 2013 and analyzed using IBM SPSS Statistics 2023. The study complies with Resolution 466/2012 of the National Health Council (CNS) and has been approved by the Research Ethics Committee of the Evangelical University of Goiás (CEP/UniEVANGÉLICA), under opinion no. 6.482.584, with CAAE: 68796623.3.0000.5076.

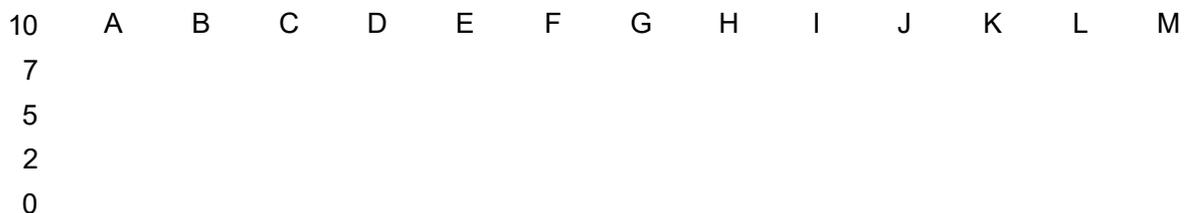
## **RESULTS**

Thirty parents of hospitalized children participated in the study, the majority of whom were mothers (80%). Their ages ranged from 18 to 57 years, with most (33.3%) having completed high school. Most of the interviewees said they visited their children every day and stayed at the unit all day. The average age of the hospitalized children was 36.63 days, ranging from 2 to 345 days of life. Half of these children were male and half were female. Analyzing the hospitalizations, the most prevalent condition among patients was prematurity (53.3%), followed by low birth weight and respiratory failure with the same prevalence (13.3%), and stroke with only 2 cases (6.7%). Other reasons accounted for 4 cases (13.3%).

The hospital staff communication assessment questionnaire allowed aspects of the conversation with the hospital staff to be rated on a scale of 0 to 10. The highest-rated aspect was whether the staff answered all questions, with an average of 9.20, and the option "No" was not selected once.

This was repeated in the item "listen to what you have to say," which, in turn, obtained an average of 8.93. Apart from these, in descending order, the item "Talk about your child as a person and not an object," had an average of 9.13; "look you in the eyes," an average of 8.86; "using words you can answer" and "giving you full attention," both with 8.33; "talking about your feelings if your child gets worse," 7.50; and "talking about the possibility of the child getting sicker," 7.10. The lowest-rated items were: "talking about what the loss of your child's life might be like," with an average of 5.90; "talking about how long your child has to live" and "involving you in discussions about treatment for their care," both with 5.63; "asking about important things in the child's family life," with 4.63; and, finally, "asking about the spiritual and religious beliefs of the child's family," with the lowest average score of 2.53, with 16 participants reporting that the hospital staff did not do this (Graph 1).

**Graph 1.** Average score from 0 to 10 given to different aspects of communication by hospital staff members, as rated by parents of hospitalized children.



Key: A: Use words you can answer; B: Look you in the eyes; C: Answer all questions about your child's illness and treatment; D: Listen to what you have to say; E: Talk about your child as a person, not an object; F: Give you your full attention; G: Talk about your feelings if your child gets worse; H: Talk about the possibility of the child becoming more ill; I: Talk about what the loss of your child's life might be like; J: Talk about how long your child has to live; K: Involve you in discussions about treatment for your care; L: Ask about important things in the child's family life; M: Ask about the spiritual and religious beliefs of the child's family. Source: Prepared by the authors (2024).

Finally, regarding satisfaction with communication in general at the institution, it was found that 18 participants (60%) gave a score of 10; 5 (16.7%) gave a score of 9; 6 (20%) gave a score of 8; and 1 participant (3.3%) gave a score of 6 for their level of satisfaction with the communication used at the collection site. The survey also assessed which professional best fulfilled different areas of communication. When asked which professional talked most about the child's health, 60% said it was the doctor, while 30% said it was the nurse, 6.7% said it was the nursing technician, and 3.3% said it was others.

doctor, while 30% said it was the nurse; 6.7% said it was the nursing technician and 3.3% said it was others. When asked which professional parents preferred to talk to, 90% said the doctor, while 6.7% preferred the nursing staff and 3.3% said others. Finally, they were asked which professional was most willing to talk. In this regard, 70% said the doctor; 26.7% said the nurse; and 3.3% said the nursing technician.

## **CONCLUSION**

In this sense, communication at Santa Casa de Anápolis proved to be satisfactory, with professionals communicating satisfactorily and answering the questions of parents of children admitted to the ICU. That said, further complementary studies are needed, preferably longitudinal and with a larger sample, in order to monitor Pediatric Intensive Care Units and evaluate various communication parameters. In addition, it is essential that communication and humanization in care are always encouraged in order to ensure quality care.

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