

Interacting subjects in hospitalized children care: challenges for Pediatric Nursing

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The care of hospitalized children has advanced by large leaps, with important technological aids in the diagnosis and treatment. However, this is not sufficient to meet current demands. The logic of care production must be geared to strengthening the family's competencies and, for the production of a partner's relationship of it with Nursing. The daily practice has shown that the availability of the family to participate in the care will be different in each situation. Therefore, the production of care in Pediatrics is much more complex than a definition of roles, predetermined, rigid, and that does not include inter-subjectivity. Dialogue is the tool that allows the creation of linkages and accountabilities in this process.

The consolidation of propositions of care, which are extended, rich, full and humanized, depends on radical changes in modes of thinking and doing the attention of the hospitalized child and his family. The therapeutic interaction between the team and family is an indispensable tool for overcoming these gaps toward a unique and comprehensive therapeutic plan to the extent that, in this meeting, one enables the construction of *individuals*.

If knowledge is perceived as a building from the *action* of the individual, it implies to say that this action occurs through an *interaction*. This is crucial when dealing with the production of child care in the hospital, because the guiding principle among the most general and more specific elements, which come into play in the care encounter, is based on the action to be mediated by the interaction. From this statement, we have the following question: how to understand this care from the perspective of an encounter focused on dialog and interaction, which allows the joint creation of the therapeutic project?

The production of child care in the hospital merges with the very process of formation and development of an individual (family-child), on its relationship with another individual (Nursing). Therefore, speaking about care means, at the same time, to talk about the construction of individuals who know – each one in its uniqueness – the dimensions of needs to be placed on the agenda for care; this means that the care that seems to be stable at a given time is destabilized in another, so that a new arrangement is made. This construction is done in partnership, because, by incorporating new elements to the care, family-child and nursing will, incessantly, be modifying the earlier processes to rearrange them to the new constructions. When considering the others knowing (from family and child), one expands the possibilities for richer arrangements, which will not generate one universal "mode" of care, as it is specific to that historic moment, given conditions also historical. There is no other way of perceiving and making sense and meaning of caring, except from the actions of the subjects involved.

From the perspective of Piaget about the construction of individuals⁽¹⁾, we can say that the family of the hospitalized child immerse into the production process of taking care with all needs and tools that brings about the child and of itself, important to trigger the action, and transforms the skyline of care enriching it. At this point, the family and nursing are located on the same successive plans for the construction of actions. No more uneven borders or plans, and both constitute themselves as individuals of knowledge and in interaction. Not only because it allows that the knowledge of families and children are encompassed on the perspective of care, but that they can bring their tools and have opportunities to put them into action. The most important is the possibility of assimilation of the interaction itself, in which the production of care calls for rich extensions, which flee to the impoverishment of actions purely technical, fragmented, prescriptive and specific. Will become more extended and rich the actions for the child and his family in the hospital, more symmetrical relations are established.

Recognize the child and the family as the organizing center of health care reveals the increase in the production of shared care, in which family and child are partners and co-participants, having something to say and to do, which is not restricted to complaints.

The therapeutic interaction between family-child and nursing calls for a *caring dialogue* that brings contributions to promote the autonomy of these individuals and to build technological modes of operating care, having the comprehensiveness and humanization as guiding principles. A therapeutic plan that includes such actions will be committed to the necessary changes in the crystallized way of organizing the processes of professional work in the care of hospitalized children and their families, especially, with the rescue of the caring dimension of nursing.

REFERENCE

1. Piaget J. Psicologia e epistemologia: por uma teoria do conhecimento. Trad. Agnes Cretella. Rio de Janeiro: Forense Universitária; 1973.
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