THE NURSING TEAM STRATEGIES FOR CHILDREN WITH COMMUNICABLE DISEASES[1]

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ABSTRACT: The objectives of this study were to describe the care provided by the nursing team to children with communicable diseases; analyze the (im)possibilities of the nursing team towards these children; and discuss about the team strategies in face of the universe of these children. This qualitative study was performed at a university hospital in Rio de Janeiro, with 19 subjects. We observed how the nursing team takes care of the hospitalized children in a non-pediatric sector specialized in infectious diseases, and although they do not have any academic background in pediatrics, they commit to the care of the children by establishing different strategies. The nursing team interacts with the child during the procedures, breaks with or changes rules, observes the child, values the affective dimension of care, and, among other attitudes, uses games as a form of approximation. In conclusion, the care provided by the nursing team to children with CD is a (im)possible challenge, because the team uses strategies to deal with and solve the tensions of this reality.

DESCRIPTORS: Nursing. Communicable diseases. Child, hospitalized. Culture. Cartography.

AS ESTRATÉGIAS DA EQUIPE DE ENFERMAGEM FRENTE À CRIANÇA COM DOENÇAS INFECCIOSAS E PARASITÁRIAS

RESUMO: Os objetivos deste estudo foram descrever os cuidados prestados pela equipe de enfermagem às crianças com doenças infecciosas e parasitárias, analisar as (im)possibilidades da equipe de enfermagem frente a essas crianças, e discutir as estratégias da equipe de enfermagem voltadas para o universo dessas crianças. Estudo qualitativo desenvolvido num hospital universitário do município do Rio de Janeiro, com 19 sujeitos. Constatou-se como a equipe de enfermagem cuida das crianças hospitalizadas, num setor especializado em doenças infecciosas não-pediátrico, e que, apesar de não possuir formação em pediatria, se compromete com o atendimento à criança, através do estabelecimento de diferentes estratégias. A equipe de enfermagem interage com a criança durante os procedimentos, rompe ou modifica regras, observa a criança, valoriza a dimensão afetiva para cuidar, utiliza brincadeiras como meio de aproximação, entre outros. Conclui-se que os cuidados prestados pela equipe de enfermagem à criança se apresenta como desafio (im)possível, pois utiliza estratégias para resolver tensões dessa realidade.

DESCRITORES: Enfermagem. Doenças transmissíveis. Criança hospitalizada. Cultura. Cartografia.

LAS ESTRATEGIAS DEL EQUIPO DE ENFERMERÍA FRENTE AL NIÑO CON ENFERMEDADES TRANSMISIBLES

RESUMEN: Objetivos del estudio: describir los cuidados realizados por el equipo de enfermería a los niños con enfermedades transmisibles; analizar las (im)posibilidades del equipo de enfermería frente a esos niños y discutir las estrategias del equipo de enfermería relacionadas al universo de esos niños. Investigación cualitativo desarrollado en un hospital universitario del municipio de Rio de Janeiro con diecinueve sujetos. Se constató como el equipo de enfermería cuida de los niños hospitalizados en un sector especializado en enfermedades transmisibles no-pediátrico y que a pesar de no tener formación en pediatría, se compromete en la atención a los niños a través del establecimiento de estrategias distintas. El equipo de enfermería interactúa con el niño durante los procedimientos; rompe o modifica reglas; observa el niño; valora la dimensión afectiva para cuidar; utiliza juegos como forma de acercamiento, entre otros. Se concluye que los cuidados realizados por el equipo de enfermería para el niño se presentan como un desafío (im)posible, pues utiliza estrategias para solucionar tensiones de esa realidad.

DESCRIPTORES: Enfermería. Enfermedades transmisibles. Niño hospitalizado. Cultura. Cartografía.

INTRODUCTION

This study emerged from observing the nursing care provided children in non-pediatric units, namely, in a sector for Communicable Diseases (CD) created for a specific group, requiring differentiated nursing care. Considering that pediatric nursing is a field focused on the care for children and adolescents within different settings, the nursing professionals working in the CD service must develop a practice that is aimed at the biopsychosocial needs of this particular segment, although patients in this unit are usually adults.

This fact is observed in the CD sector, where the interaction of the nursing team towards the hospitalized children reveals technical competence, effort and devotion, with the predominance of a formal duty of accomplishing tasks. This reveals important communication gaps among health team members, the child, and their family. Theses limitations imply the need for knowledge and skills from culture, psychosociology and anthropology, in order to understand better what the children need, think and feel, and, thus, deal with the hospitalization process.

More specifically, it is observed that during the interactions of the health team with the children* hospitalized with CD, in a non-pediatric sector, despite their technical competency, effort, and devotion, the professionals face difficulties to understand how odd and threatening the experience of being hospitalized may be for the child. On the other hand, clearly, because of the deficiencies in their undergraduate course, and, also due to cultural aspects, the nursing team tends to interpret hospitalization in a rational, logic, and practical way without paying the same attention to the fantasies, threats, and distancing from the family environment, among other anxieties that affect the hospitalized child.

The CD sector is highly specialized and its features should be highlighted: isolation rooms, precautions based on the attempt to avoid the risks of transmitting etiological agents and specific procedures, which imply a culture that has a direct effect on the work of the nursing team and their interaction with the patients. This fact can be observed through the social interactions, evincing that the nursing team has unique symbols, regardless of the patients' age.

It is pertinent to underline that, in the present study, the culture term is restricted to the context of a non-pediatric CD sector, where interactions occur between the nursing team, the children and their families. From this perspective the culture learned by the CD-sector nursing team generates specific thought units, or interconnected symbols, which serve as the foundations for the work dynamics of these professionals. From this analysis perspective, the forms of knowledge reflect what is seen and what is experienced through the social interactions, constructing a system of symbolic meanings.[1]

The anthropological[2] proposal used in this study aims at interpreting the experiences, analyzing the reports of those interpretations, with the purpose of supporting conclusions about expansion and symbols. Cultural diversity is emphasized as a resource to expand man's view, valuing differences, respect, reflection, and exchange, which are important for nursing, and the construction of social practice.

In view of the arguments made herein, it is considered that the nursing team working in the CD sector requires specific strategies to take care of children, although most of the patients in the sector are adults. In this study, following the anthropologic rationale,[3] the strategies comprise what the nursing team does, (intervention as a social practice), and explores the conditions that the environment has of achieving specific objectives and how their interventions with the children are interpreted.

Based on this situation and premises, the study object are the nursing team strategies in view of the children hospitalized with CD, with the objectives to describe the care provided by the nursing team to children with CD; analyze the (im) possibilities of the nursing team towards the children hospitalized with CD; and discuss about the team strategies in face of the universe of children hospitalized with CD.

CONCEPTUAL BASES

The theoretical framework is connected to culture studies,[2] and it is of utmost importance to elucidate that we chose to privilege the context of

* In this study, the term *child/children* refers to the age range between five and 18 years. The nursing team of the CD sector, the study setting, considers as children any patients in this age range, because they have the right to have a relative/companion with them in the room, considering that they experience the hospitalization different from adults.

the cultural reality and the "situated observers", supposing that they should simply understand how things are, even if they have different views; however, valuing their original cultural context from which they obtain their perceptions and principles.

Considering this meaning, culture is defined as systems filled with connected symbols, which provide a map for action. It consists of "structures of socially established meanings, which guide people's actions, as signs of conspiracy and isolate themselves, or perceive the insults and react to them".[2:9]

As systems comprised of connected interpretable signs, culture is not a power, but, rather, a context where social events, behaviors, or processes can be thoroughly described.[3] Culture is the result of the experienced interactions. Therefore, when individuals share the same experiences, surrounding certain values and traditions, they can form a specific group,[2] which, in the case of the present study, consist of the nursing team.

In this sense, it is worth highlighting that "it is through the flow of behavior – or more specifically, social action – that culture forms become connected".[2:12] Human behavior is a symbolic action, and, as such, observing the connection between the culture forms and flow of behavior of the nursing team is an important aspect to be considered in research.

The semiotic approach of culture meets the object of study because it permits to achieve the "conceptual world in which our subjects live, in a way that it is possible, in a much broader sense, to talk with them".[2:17] In the culture study, the meanings are symbolic acts than make visible the analysis of the social discourse.

Applying these premises to the working context of the nursing team, responsible for taking care of children with CD, it is admitted that there is a system of meanings that can be the basis for elaborating the strategies to be used. The CD sector has particularities, in view of its highly specialized context and particularities in its physical structure and in performing the procedures. Therefore, the culture (context) of this space of living is based in the formulation of control mechanisms (plans, receipts, rules, instructions or programs) that rule the behavior of the team members, who can act different from the others, as long as they used specific strategies with the children with CD.

METHODOLOGY

This qualitative case study was performed at the CD sector of a university hospital in Rio de Janeiro. Data collection was performed between August 2007 and December 2008, after all subjects were informed about the study objectives and provided consent, in compliance with Resolution 196/96.[4] The study was approves by the Research Ethics Committee at the referred institution, under the research protocol number 107/07.

The study subjects were seven nurses, seven nursing technicians, and five nurses' aides, comprising 32 nursing team members working at the referred sector. As an inclusion criterion, the subjects should have taken care of children hospitalized in the CD sector.

The study complied with the case study foundations, in terms of the objective to capture the circumstances and conditions of a common or everyday situation. It was considered that the lessons learned provide valuable information about the experiences of the individual or usual institution.[5]

In the present case, the hospital setting of the CD sector, when nursing teams take care of children, is seen as a context filled with social events and relationships that can be investigated.

The predominant methodological procedure was cartography, through the Space Map dynamics. Cartography consists of a geography technique, which, from the traditional perspective, represents a static and precisely marked image of space that permits to make physical readings of each location.[6] In this study, cartography is used as a possibility to read a dynamic and heterogeneous space because it permits to register the landscapes that are formed by the nursing team strategies used with the children hospitalized with CD, considering their space, objectivations and subjectivations. It serves as an instrument to map the space that comprises the feelings and ideas of a group, based on experiences occurred in that particular space, which is partly shaped by the nursing team strategies.

The subjects were identified with the letter N (nurse), NT (nursing technician) and NA (nurses' aides), followed by an alias, expressed using term of Classic Geography to guarantee their anonymity.

By applying the aforementioned concepts, from the perspective of cartography and social

space, we sought to identify the moment when the subjects, based on their own understanding, fill in a map of the space, considering their role and the actions developed therein by the subjects with the children with CD.

From a methodological perspective, we emphasize on the nursing team's point of view (interpretation) about the health care practice aimed at the children hospitalized at a CD service in a general hospital, through a dynamic that has the purpose to outline a map of the space where the strategies occur.

In the organization for data analysis, a map of the space was created with themes such as the care for children with CD, the behavior and feelings of the nursing team towards the hospitalized child, and a blank map of the space. For the Space Map dynamics, the study subjects were previously contacted and invited to participate in the group dynamics.

After the subjects being informed about the study and providing written consent, they were instructed to fill out the blank map with words, sentences, or pictures that represented the meaning they assigned to the themes in the space map used to guide the dynamics. Next, each participant was asked to explain the meaning of the themes and expressions that were used. All the statements were digitally recorded, and the dynamics lasted between one to two hours.

The study included a thematic analysis[7], which was performed in three stages: pre-analysis, exploration of the material, and results treatment and interpretation. The first stage comprised a brief reading and selection of the theme units that emerged from the statements that were captured during the dynamics. In the second stage, the theme units were classified and grouped, and, in the third stage, the results were interpreted under the light of the theoretical framework.

The thematic analysis was chosen for this study, because the analytical strategy in case studies (and other qualitative studies) are based on themes and meaning units derived from the data, which are analyzed under the light of the theoretical framework.

RESULTS AND DISCUSSION

The theme units that emerged from the Space Map dynamics were groups into four topics.

The care provide by the nursing team to children with CD: a (im)possible challenge

Regarding the care provided by the nursing team to children with CD, the following interventions are highlighted: venous puncture, medication dosages and precaution measures, as well as the strategies of the team used to provide this care. Furthermore, emphasis is also given to the strategies such as games and entertainment while taking care of the children.

Venous puncture was one of the care interventions referred by eleven participants. The interaction with the child during the procedure was described though expressions, such as the following: *I distract the child's attention from what I am going to do. If I have to run a medication, I say something like, 'oh, let's turn on the TV', to avoid something like 'oh, here comes the nurse, she's going to prick me'* (NT Climate); [...] *lost the access. What we see is, she'll cry, like everyone, she'll complain, she won't agree to take a little prick. She'll take one or two, it depends. We say: 'look, I know it hurts, but I'm going to have to make a little prick, you'll see, I'll get it done on the first time, I'll prick you only once'* (NA Sea).

Analyzing these statements, we realize that the nursing team members seek to interact with the child, so that the venous puncture technique is less aggressive. According to the theoretical framework,[2] the central nucleus of the semiotic approach to culture is helping to access the conceptual world where our subjects live, in order to facilitate the interaction between them.

Venous puncture, an invasive procedure, results in unpleasant situations translated as horror, disgust, children crying, and insecurity. It is a procedure with a high-level of technical-scientific complexity and requiring psychomotor skills, although it is performed by professionals with different levels of training or accreditation, which can generate a variation in the performance and outcomes.[8]

In addition, the interaction with the child during the procedure is a strategy directly related to one's practice and knowledge acquired in previous experiences (in and out of the hospital), which is original in the context of the study setting, a sector specialized in CD mainly focused on adult care. In this regard, it cannot be disregarded that nursing is the field of knowledge characterized by its theoretical-practical feature, and it is a profession that interacts with equals on a daily basis. Hence why valuing nursing care does not mean to reject

technical and scientific aspects, but emphasizing on the interactive process of care.[9]

Regarding the medication dosage, the specificities of the care provided to the child with CD were commented as follows: *dosing a child's medication is very difficult from that of adults. And you always have to be aware of that* [...]. *Because the medication dosage in children is quite complicated. If in an adult you use one flask of dipyrone, in a child you use zero point two, zero point one. You have to take twice as much care* (N Plateau).

As understood in the statement, the subjects consider the medication dosage prescribed for children with CD to be a very important issue, considering the biological characteristics of the little patients.

From a broader view, it must be underlined that the administration of medications, as a health care practice in hospital institutions, should be seen only as one of the components of the care process. Nursing should collaborate for the safety of this process, seeking solutions for the existing problems. From a broader perspective of the medication system, it is possible that the professionals are able to analyze and plan interventions that guarantee a liable and safe care to patients and themselves.[10]

In this case, the CD sector nursing team uses technical-scientific knowledge acquired during their professional training to take care of children and solve the current situation that is not part of their everyday practice. In this process, the nursing team creates a new web of meanings that will serve as the basis for the strategies for children with CD. Culture[2] is not a power, but a context in which the connected systems of meanings can be thoroughly described.

The use of precaution measures in the CD sector is reported by one subject, who outlined the particular challenges involved when the patient is a child with CD: *I think the child feels kind of strange here, for example, in isolation, where people have to come in and talk to her wearing a mask, an have to wear gloves to touch her, and wear overalls* (NA Gulf).

The subject added that because the precaution measures restrain the child to the unit, they can become aggressive and scared. In order to minimize the impact of these measures, the team breaks with or changes the rules, not as arbitrary behavior, but as a mechanism of adaptation, according to the meaning in that context.

In this regard, we should recall that culture[2] is comprised by sociopsychological structures, through which the individuals or groups guide their behavior. These structures of meaning are socially established and, through them, people adopt certain attitudes, as signs of conspiracy and isolate themselves, or perceive the insults and react to them. This fact highlights the level of variation of meaning, which depends on the standard of life through which it is informed.

The resources used to amuse and entertain the children, such as toys, television, magazines, and others, during the hospitalization, were reported as follows: [...] *if you take a little toy, they are happy. You can even arrive with a comic book or magazine that they always feel happy, they turn on the television* (NT Latitude).

This statement brings to light a strategy used by the nursing team with the purpose to facilitate the care provided and minimize the stress of child hospitalization.

For modern anthropology, there have never been any men invulnerable to the customs of specific places, and what is more important, they could not exist considering the nature of the study itself. They can exchange their roles, their mode of action, or even the drama they perform, but they are always acting, nonetheless.[2]

As demonstrated in the present study setting, the nursing team uses games as strategies to take care of children with CD, adapting their usual form of practice, which indicates an effort to humanize care.

In order to take care of someone's health, a process included in the overall health reflections and interventions,[11] it is necessary to consider and create projects. In this line of thought, we seek support in the conclusions of another researcher, whose results classified the "modes of care" as a "category referring to the practices associated with children health care".[12:1176]

In the present case study, the team's "mode of care" towards children with CD, is related to the complexity of the experience or social practice that guides it; in other words, the culture (as a context) of the CD sector nursing team can imply different care practices. This occurs because it is reasonable to admit that the team has a belief system about what is right for the child in terms of care, emphasizing on their biopsychosocial needs. In agreement with this premise, knowing the child and her family, identifying projects and participating in them is an utmost challenge for the nursing time. Likewise, it is pertinent to highlight that understanding the culture[2] of a group exposes its

normality, without reducing its specificity, making them more accessible.

The manifestations of the nursing team towards the children and their family: a matter of context

Although the CD space is strongly ruled by technical norms, it is also intertwined with emotions and affections. Through the interactive dimension, the nursing team, informally, reveals how they interpret what they do, through a symbolic interpretation, which comprises an attempt to assign meanings to their actions. This way, in view of the children hospitalized with CD and their family, the team manifests pity and trust, among other feelings.

The compassion involving different situations such as hospitalization, diseases, and pain was recollected as follows: *I feel pity for the child because she is suffering, feeling pain, alone, helpless. I feel a lot of pity for them, but I try to do my best* (NT Ocean); *pity because of the disease. When I say this, I say it thinking that she is in a hospital environment, she's confined, and is invaded in several ways* (NA Gulf).

Children hospitalized with CD generate feelings of pity in the nursing team, particularly when they recognize the child's situation of vulnerability and dependence, for being exposed to invasive and painful procedures during their stay.

Considering that the care relationships is, above all, an interpersonal connection between the nursing team and the patient, it is impossible to deny that the professional prints his or her personal mark and projects some form of affection in this relationship.[13]

It is widely known that human behavior is impregnated with symbolic mechanisms; i.e., an action that assumes structures with socially established meanings, guided by culture.

Thus defines, the subjects' feelings in view of the children with CD characterize the cultural specificity of the nursing team in the study setting, and, to some extent, reproduce feelings that are usually guided by society towards children in this vulnerable situation.[2]

Another aspects to be outlined is essential trust relationship between the nursing team and the child, which is essential for the team to perform their tasks, as recalled by the subjects: *but if there is a child that I have to puncture, I will try to gain her confidence, show her that I won't hurt her at any time, I am here to help* (NT Climate); *try to let the child trust you, making the child relax and trust you, so the treatment can flow* (N Archipelago).

Patients want to feel safe and confident; they wish to be considered human beings by a team that performs their role with knowledge, skill, and humanism.[9] For the nursing team, it is crucial to establish a trust relationship with the child, as it may facilitate the whole process, in its most varied ways. The nursing team consists of a social group, expressing feelings and making judgments based on the dominant culture values.[2]

During the data collection, some manifestations of the family towards the children with CD also emerged. Despite not being adjuvant in the care to the children with CD, nor being recognized as patients, the team highlights the fragility of the family during the children's hospitalization and uses empathetic care strategies: *the empathy I refer to is trying to stand in their place, trying to understand the reason, being empathetic towards their pain, because mothers suffer as much as their children* (NT Longitude); *we are empathetic because we share that moment in which they become part of the context of a sector with adults, and sometimes they will experience situations that are not part of the routine of a pediatric hospital* [...] *everyone there is empathetic, including with the family that is a part of everything here* (N Cordillera).

The interpretation of the teams' actions appears to indicate emphasis on the technical skills, but also on a certain lack of emotional preparation to deal with the hospitalized children and their family; therefore, they use strategies to transmit confidence, an empathetic attitude, support and understanding. Thus, the behavior of the team points to a symbolic action that values not only instrumental aspects, but also the expressive dimension of nursing.

Considering that human behavior comprises an underlying set of symbolic actions,[2] it is understandable that the subjects' feelings towards the children with CD also represent a sensation of their own fragility in view of the disease and their challenges, which can equally affect their family and close ones.

Communication with the children and their family: a continuous strategy

The complexity of the procedures required by childcare is acknowledged by the team, which seeks communication strategies in order to be suc-

cessful in their actions. One subject highlighted this aspect as a strategy, mainly regarding the use of appropriate language with the children: [...] *talking with her in a way that, in her little head, she sees that as something good for her. When it comes to adults with CD, you can give them information because they will understand about the disease, about their life. But children are difficult, because they don't understand the reason for that disease, the reason for those procedures, the reason for being in the hospital, away from their family* [...] *you have to talk in a different way, so they can understand what you say* (NA Wind).

Communication is a basic human need, as it is the means for individuals to give and receive ideas, impressions and feelings of any kind.[13] The nursing team considers that communication with children with CD can be a facilitator in healthcare.

It is through communication, and the different expression instruments and mechanisms, which extrapolate verbal communication, that they reflect their particularities, their view of the world, their strengths and weaknesses. In the culture study,[2] the significant aspects are symbolic attitudes that aim at analyzing the social discourse.

Regarding communication with the relative/companion, the highlight was on the orientations about childcare, such as hygiene, vaccination, and the administration of medications: *I think orientation is important because these mothers arrive here with no idea, in a general way. Without any idea about hygiene, vaccines, about anything, they don't know about the medication... they kind of know hoe to give the medication, but it's just kind of, you know? So you have to keep orienting, explaining* (N Peninsula).

We must highlight, in this study, the emphasis on orientation, with the purpose of assuring that the relative/companion of the child with CD receives the information about the care that must be given to the child, particularly in a specialized sector. It is supposed that instructing the family is a challenge for the nursing team, as they are used to making decisions about the identification, performance and assessment of the nursing care without a significant participation of the adult clientele.

It should be outlined that, in the study setting, the presence of the children and their family consists of an original situation, as it is not part of the reality of the nursing team. According to the subjects' interpretations, an effort exists in terms of establishing strategies to take care of children with CD, considering they are no the patients usually expected in the setting. There is interaction among its members; i.e., they support each other in view of the situation that is not part of the routine in the sector. Furthermore, it should be considered that adjusting to a new situation requires skills to deal with limitations and (im)possibilities.

The nursing team in view of children and their family: a significant relationship

In the relationship between the nursing team and the children and their family in the CD sector, emphasis is given of the interaction of the nursing team and the easy and difficult aspects in the relationships between the team and the relative/companion. This dimension involves support, mutual learning, and group work: *I see that the interpersonal relationship of the tam with the child works well, with one helping the other. Because childcare is a difficulty for everyone, they all help each other to they can learn, see how it works* [...]. *One day, there were three professionals there with the child* [...]. *They saw the difficulty and each one did something, and it usually doesn't work that way with adults, but with children, generally it's what happens* (NT Isthmus).

Once again, the idea of integration and partnership emerges in the team, with the purpose to make the children's hospitalization a period as comfortable as possible, facilitating the care and the relationships between the team and the child. There are evident challenges, particularly when it is considered that it involves situations that are not always predictable and, for this reason, cannot (and should not) be pre-established, with a view to consider the singularity of each patient; especially being a child.

Nonetheless, this is one more reason why the nursing team in the CD sector seeks facilitating strategies for establishing a relationship with the children, which sometimes is not successful when it results from improvisation, though founded on goodwill. From this perspective,[9] it is considered that people develop care behaviors and the way they are expressed depends on cultural patterns. Furthermore, knowing the habits, patterns, and care behaviors affect how the care process will develop, and the nursing team strategies (symbolic action) point to a specific care behavior in view of the child with CD, i.e., a flow of behavior in which the forms of culture are associated.

One subject mentioned the easy aspects in the relationship between the nursing team and the relative/companion of the child with CD, pointing to the mobilization in healthcare and solving doubts: *the whole team mobilizes to provide the care*

and clarify the doubts of the relative, their worries. It is a good relationship (N Altitude).

The relationship between he nursing team and the relative/companion is affected by the behavior of both sides, operating as a two-way street. This reveals that, just as in many similar situations, team members as well as relatives/companions are responsible for establishing a good relationship.

However, the care does not necessarily imply reciprocity. The latter is conditioned to the contexts and the particular conditions of who is being cared for, patient or family, in which can involve receptiveness or resistance. In the care process and in the assessment of the outcomes, nursing professionals can rethink their attitudes in view of the ethical and esthetical commitment of care.[9]

The receptiveness of the nursing team towards the children and their family favors the expression of the demands from the vulnerable aspect, which allows for the team to provide help and support. Culture[2] is a context in which social relationships occur and emerge as the meaning of a symbolic system formed by the interactions between the individuals involved, i.e., the public response to the social relationship.

On the other hand, regarding the difficulties in the relationship between the nursing team and the relative/companion, one subject mentioned aggressiveness and intolerance, among others: [...] *some mothers won't agree with anything, they don't allow us to bring toys, in fact we gave toys and the mother did not accept them, she said it wasn't allowed. Some mothers want to abuse of us verbally.* (NT Longitude).

The difficulties are associated with the disease situation and the child's hospitalization *per se*; the lack of knowledge regarding the technical procedures demanded by the therapy and the threat to their autonomy. Besides the rupture of the family routine, caused by the disease and hospitalization, some difficulties occur in the interaction with the team, characterized by a lack of dialogue between the family and the team, and by the family's understanding that they are being pushed away from their role, as well as being disrespected.[15]

In this sense, culture is also a shared transmission of knwoledge.[2] Therefore, the culture in the CD sector, as a social space, must be understood as a context that takes into consideration, on the one hand, the culture of the people being cared for, and, on the other, the dominant values among nursing professionals, which would explain the conflicts and disputes. In other words: the attitudes of the team towards the children and their relatives reveal characteristics impregnated by the forms of doing, the habits and beliefs of the space where they stand. Therefore, interaction between the team, child, and family is often (im)possible.

FINAL CONSIDERATIONS

The results show that the care provided by the nursing team to children with CD is a (im)possible challenge, because the team uses strategies to deal with and solve the tensions of this reality.

The nursing team interacts with the child during the procedures breaks with or changes rules, observes the child, values the affective dimension of care, and, among other attitudes, uses toys as a for of approximation.

Therefore, it appears that the nursing team strategies in view of children with CD reveal the defining and determining cultural patterns of the behavior adopted by the team. The nursing team, when taking care of children with CD, exhibit a system of meanings constructed based on the strategies.

The culture involved provided a discussion about the symbolic dimension of the social thought and the ideas that meaning always occurs within a context. In the context of the CD sector, precision, security, and responsibility are highly valued, translating into the existence of formal rules and standardized procedures that aim at managing the uncertainty and unpredictability. Within this context, the network of relationships and social interactions between the nursing team members and patients is continuously constructed, developed and transformed as individuals experience new situations. When this network is broken with the hospitalization of a child, which is an unusual situation in this particular space, each individuals begins reconstructing that network by adopting several strategies. Hence, the context changes, as do the strategies. Those strategies consider that that space is not rules exclusively by techniques, i.e., it is not neutral; rather, it is sociologically and anthropologically permeated by culture and meanings.

In this sense, the culture present in this space is generated based on the formulation of control mechanisms that rule the behavior of the nursing team members. Each member can act differently from the others, but using specific strategies regarding the children with CD.

The search to approximate the interpretations made by the CD sector nursing team about

the studied phenomenon revealed being a dynamic process that does not exhaust in itself. The present study results point to the importance of the care model used by the team, which aggregates the specificities of the CD and the demands of the children and their families.

REFERENCES

1. Boehs AE, Monticelli M, Wosny AM, Heidemann IBS, Grisotti M. A interface necessária entre enfermagem, educação em saúde e o conceito de cultura. Texto Contexto Enferm. 2007 Abr-Jun; 16(2):307-14.
2. Geertz C. A interpretação das culturas. Rio de Janeiro (RJ): Livros Técnicos Científicos; 1989.
3. Geertz C. A mitologia de um antropólogo [entrevista a Victor Aiello Tsu]. Rev Estud Religião [online]. 2001 [acesso 2007 Fev 16]; 3(8). Disponível em: http://www.pucsp.br/rever/rv3_2001/p_geertz.pdf
4. Ministério da Saúde (BR), Conselho Nacional de Saúde, Comissão Nacional de Ética em Pesquisa. Resolução nº 196 de 10 de outubro de 1996: diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Brasília (DF): MS; 1996.
5. Yin RK. Estudo de caso: planejamento e métodos. Porto Alegre (RS): Bookman; 2005.
6. Santos M. Por uma geografia nova: da crítica da geografia a uma geografia crítica. São Paulo (SP): EDUSP; 2002.
7. Minayo MCS. Pesquisa social: teoria, método e criatividade. Petrópolis (RJ): Vozes; 2007.
8. Torres MM, Andrade D, Santos CB. Punção venosa periférica: avaliação do desempenho dos profissionais de enfermagem. Rev Latino-am Enferm. 2005 Mai-Jun; 13(3):299-304.
9. Waldow VR. Cuidado humano: o resgate necessário. Porto Alegre (RS): Sagra Luzzatto; 2009.
10. Silva AEBC, Cassiani SHB. Administração de medicamentos: uma visão sistêmica para o desenvolvimento de medidas preventivas dos erros na medicação. Rev Eletr Enferm [online]. 2004 [acesso 2008 Mai 10]; 6(2). Disponível em http://www.fen.ufg.br/revista/revista6_2/administra.html
11. Ayres JRCM. Sujeito, intersubjetividade e práticas de saúde. Ciênc Saúde Coletiva. 2001 Mai-Jun; 6(1):63-72.
12. Bustamante V, Trad LAB. Cuidando da saúde de crianças pequenas no contexto familiar: um estudo etnográfico com famílias de camadas populares. Ciênc Saúde Coletiva. 2007 Set-Out; 12(5):1175-84.
13. Kakehashi YT, Silva VC. O cuidar da criança e da família, das reflexões teóricas à sua aplicação na prática profissional do cotidiano. Fam Saúde Desenv. 2001 Set-Dez; 3(1):15-20.
14. Oriá MOB, Moraes LMP, Victor JF. A comunicação como instrumento do enfermeiro para o cuidado emocional do cliente hospitalizado. Rev Eletr Enferm [online]. 2004 [acesso 2008 Mai 10]; 6(2). Disponível em http://www.fen.ufg.br/revista/revista6_2/pdf/R4_comunica.pdf
15. Pettengill MAM, Ângelo M. Vulnerabilidade da família: desenvolvimento do conceito. Rev Latino-am Enferm. 2005 Nov-Dez; 13(6): 982-8.

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