

# The humanization of nursing care to children hospitalized in the maternal look

## A humanização da assistência de enfermagem à criança hospitalizada no olhar materno

## La humanización de la atención de enfermería al niño hospitalizado en la mirada materna

Isabela Barros Cordeiro dos Santos<sup>1</sup>, Pollyana Flausino Caixeta dos Santos<sup>2</sup>, Leila Batista Ribeiro<sup>3</sup>, Danielle Ferreira Silva<sup>4</sup>

**How to cite:** Santos PFC, Santos IBC, Ribeiro LB, Silva DF. The humanization of nursing care to children hospitalized in the maternal look. *REVISA*. 2021; 10(2): 358-67. Doi: <https://doi.org/10.36239/revisa.v10.n2.p358a367>

# REVISA

1. Centro Universitário Planalto do Distrito Federal. Águas Claras, Federal District, Brazil.  
<https://orcid.org/0000-0002-7252-5581>

2. Centro Universitário Planalto do Distrito Federal. Águas Claras, Federal District, Brazil.  
<https://orcid.org/0000-0002-5257-3906>

3. Centro Universitário Planalto do Distrito Federal. Águas Claras, Federal District, Brazil.  
<https://orcid.org/0000-0001-6399-6966>

4. FIBRA Faculty. Anápolis, Goiás, Brazil.  
<https://orcid.org/0000-0001-5211-346X>

Received: 12/01/2021  
Accepted: 22/03/2021

### RESUMO

**Objetivo:** Descrever o olhar materno em relação ao caráter humanizado da assistência de enfermagem à criança hospitalizada. **Método:** Trata-se de um estudo de abordagem qualitativa, seguindo o método de história oral. A coleta de dados foi realizada com um número de 8 participantes que atenderam aos critérios de inclusão da pesquisa, por meio de entrevista virtual no grupo do Facebook chamado "Mães e Filhas do Guará - Brasília DF". **Resultados:** A discussão apresentou-se por meio de 7 categorias, sendo elas: sobre a compreensão do que é humanização da assistência; sobre a presença ou ausência de uma assistência humanizada durante a hospitalização; sobre a importância de um ambiente recreativo para a criança hospitalizada; sobre ações essenciais no atendimento à criança hospitalizada; sobre a influência de uma assistência humanizada no estado geral da criança; sobre o conhecimento acerca da existência da pedagogia hospitalar. **Conclusão:** O presente estudo atendeu aos objetivos da pesquisa, pois através das histórias relatadas pelas mães participantes, foi provado o impacto da humanização na assistência sob o estado da criança, assim como, apesar de ter tido exceções em algumas situações acerca do atendimento, ainda assim, foi salientado como a humanização é necessária e deve ser colocada em prática.

**Descritores:** Assistência de Enfermagem; Humanização; Internação Pediátrica.

### ABSTRACT

**Objective:** To describe the maternal view in relation to the humanized character of nursing care to hospitalized children. **Method:** This is a qualitative study, following the method of oral history. Data collection was carried out with a number of 8 participants who met the inclusion criteria of the survey, through a virtual interview in the Facebook group called "Mães e Filhas do Guará - Brasília DF". **Results:** The discussion was presented through 7 categories, being them: on the understanding of what is humanization of care; on the presence or absence of a humanized assistance during hospitalization; on the importance of a recreational environment for the hospitalized child; on essential actions in the care of the hospitalized child; on the influence of a humanized assistance in the general state of the child; on the knowledge about the existence of hospital pedagogy. **Conclusion:** The present study met the objectives of the research, because through the stories reported by the participating mothers, the impact of humanization on child care was proven, as well as, despite having had exceptions in some situations regarding care. Nevertheless, it was stressed that humanization is necessary and must be put into practice.

**Descriptors:** Nursing Assistance; Humanization; Pediatric Hospitalization.

### RESUMEN

**Objetivo:** Describir la mirada materna en relación al carácter humanizado de la asistencia de enfermería al niño hospitalizado. **Método:** Se trata de un estudio de abordaje cualitativo, siguiendo el método de historia oral. La recolección de datos fue realizada con un número de 8 participantes que atendieron a los criterios de inclusión de la investigación, por medio de entrevista virtual en el grupo de Facebook llamado "Madres e Hijas de Guará - Brasília DF". **Resultados:** La discusión se presentó por medio de 7 categorías, siendo ellas: sobre la comprensión de lo que es humanización de la asistencia; sobre la presencia o ausencia de una asistencia humanizada durante la hospitalización; sobre la importancia de un ambiente recreativo para el niño hospitalizado; sobre acciones esenciales en la atención al niño hospitalizado; sobre la influencia de una asistencia humanizada en el estado general del niño; sobre el conocimiento acerca de la existencia de la pedagogía hospitalaria. **Conclusión:** El presente estudio atendió a los objetivos de la investigación, pues através de las historias relatadas por las madres participantes, fue probado el impacto de la humanización en la atención bajo el estado del niño, así como, a pesar de haber tenido excepciones en algunas situaciones acerca de la atención, Sin embargo, se ha puesto de relieve que la humanización es necesaria y debe ponerse en práctica.

**Descritores:** Asistencia de Enfermería; Humanización; Internación Pediátrica.

ORIGINAL

## Introduction

It becomes increasingly noticeable the existence of a significant impact of humanization in nursing care, especially with regard to the care of children, since from the moment a child is admitted to hospital, the environment appears as cause of a fear, due to the image that the child has about him and the sudden change of routine. Thus, the creation of a humanized character on the part of the health professional promotes an environment where the patient feels welcomed, consequently, collaborating in the healing process.<sup>1</sup>

Humanization can be conceptualized as a set of strategies that aim to achieve the qualification of health care and management in HUS, establishing itself as the construction / activation of ethical-aesthetic-political attitudes in line with a project of co-responsibility and training of inter-professional bonds and between these and users in health production. Ethics for the reason of taking the defense of life as the axis of their actions. Aesthetic because they are directed towards the invention of the rules that regulate life, in addition to the creation of processes that constitute the most specific of man related to other living beings. Policies because it is in the polis, that is, in the union between men that social and power relations operate, that the world is made.<sup>2</sup>

Children who are under care during hospitalization due to cases of medium or high complexity, postoperative or some pathology, need careful monitoring and treatments that count on the involvement of users, guardians, managers and health professionals at all stages. Such moments also have resources and instruments from the hospital environment, in addition to a highly specialized professional multidisciplinary team.<sup>3</sup>

On July 13, 1990, Law No. 8069, the Child and Adolescent Statute (CAS), was decreed, having stipulated in Article 12 that health care establishments in cases of hospitalization, must provide conditions for the permanence in full time of the child's guardian. Furthermore, in 2003, the National Humanization Policy (PNH) was created, with the purpose of impacting other health policies, influencing the qualification of HUS care and management.<sup>2;4</sup>

One way to minimize or avoid the trauma of hospitalization can be done through a pediatric unit that provides conditions that meet all the child's needs, including physical, cultural, emotional, educational, social, and developmental needs. There is an indispensability to invest in a recreational environment, in which it contains safe games, books and toys to stimulate the child's self expression. In addition, it is necessary that the professionals who care for these children are satisfied with the conditions of the hospital and the work itself, providing humanized care to the children and their companions, in order to reduce the hospitalization period and the traumas resulting from the same.<sup>5</sup>

It is also worth explaining the right of all to education established by the Constitution of the Federative Republic of Brazil of 1988. Linked to this and concomitantly with the CAS, it is essential that even hospitalized children have this right.<sup>4</sup>

Hospital pedagogy is a teaching method that demonstrates the integrated action of the teacher in the hospital environment, helping educationally in the education of the child so that it does not cause loss in the educational process and its development. This pedagogical performance applies to assist children with special educational needs, as they are in a different school environment.<sup>6</sup>

This perspective guides the idea that the professionals' way of acting, the games played as a form of distraction and the humanization itself culminate in undeniably positive effects in the nursing care process, especially with regard to the child's satisfaction.<sup>5</sup>

The service focused on the user and the creation of humanized spaces, centered on the patient, collaborate for their autonomy and establish adequate psychological relationships with the space that welcomes them, resulting in a response to the health crisis evidenced in the last decades.<sup>7</sup>

That said, the present study focused on the following research question: how does the humanization of nursing care to hospitalized children take place, in the mother's eyes?

This study is fundamental with regard to the various aspects related to the cure of a child, not only including the existing treatments for each purpose, but also how the coexistence with health professionals and the conditions of the hospital environment become influential in this process. , so there is a need to understand that nursing care goes beyond science and technologies in the health field.

In this sense, the objective of this study was to describe the maternal view in relation to the humanized character of nursing care for hospitalized children, by the members of the Group "Mothers and Daughters of Guara - Brasılia DF" of the social network Facebook.

## Method

This study had a qualitative approach, following the Oral History method following the assumptions of the Maurice Halbwachs.<sup>8</sup>

The place for the study was a Facebook group called "Mothers and Daughters of Guara- Brasılia DF", which is visible where anyone can find it, but it is a private group in which only members can see who is in the group and what is published in it. It was created on January 7, 2014, having more than 44000 members recently, and has two administrators.

The participants in this study were mothers inserted in the context of the experience of children who were in hospital. These mothers, called participants in this research, are women who for different reasons were or are part of the routine experienced in the hospital, encompassing the integrality of care by health professionals and coping in this period, consequently, directly participating in the care process by nursing.

Mothers who met the following inclusion criteria were able to participate in the research:

Mothers who agreed to participate in the research and signed the informed consent form;

- Mothers aged 18 or over;
- Mothers who have experienced and or are experiencing their child's hospitalization;
- Mothers who have been in good mental health.

Women who met any of the following exclusion criteria could not participate in the survey:

- Mothers who did not authorize to be part of this study;

- Mothers under the age of 18;
- Mothers who have not experienced their child's hospitalization;
- They were unable to participate in the study.

There was no exclusion factor for any criteria related to race, color, ethnicity, religion, culture, belief, values, social class or gender.

The interview took place with a number of 8 participants from the Facebook group called “Mothers and Daughters of Guar - Braslia DF”. This was carried out and recorded through Zoom, which is a remote conference service that combines video conferencing, online meetings, chat and mobile collaboration by cell phone or computer.

For this study, the collection instrument was a questionnaire composed of 07 questions, offering ways for participants to express their feelings and perceptions from their experience. The situations of interest that arose during the interview could be explored and deepened by the researcher.

Resolution 510 of April 7, 2016 incorporates, under the perspective of the individual and collectivities, references of bioethics, following the principles of recognition of the freedom and autonomy of those involved, respect for individual values and customs, without discrimination or prejudice, not maleficence, justice and equity, ensuring the consent of participants, in addition to the confidentiality of information.<sup>9</sup>

For data analysis, the interviews were organized, read and grouped by affinity, thus originating the categories for the study's discussion.

## Results

The participants in this study were 08 women who were given fictitious names of flowers, as shown in the table below:

**Table 1.** Profile of study participants

N	Fictitious Name	Number of children	Age	Marital Status
1	Azalia	1	44	Married
2	Begnia	1	31	Single
3	Rosa	3	53	Married
4	Gardnia	1	41	Married
5	ris	1	19	Single
6	Tulipa	2	43	Divorced
7	Hortnsia	2	41	Married
8	Penia	2	36	Single

## Discussion

For the discussion of the theme, the data found were organized in the form of categories. Thus, there were 7 categories, as follows:

## **On the understanding of what is humanization of assistance**

Regarding the understanding of the meaning of humanization, all participants emphasized the “human look”, in addition to the concepts that mainly involve empathy, care and affection.

It is for people to see as a human being, and not for example “oh, a special child was born”, you have to see a human being, and not a disability, see a mother who will live many new things ahead, see with her heart . So humanization is not only seeing as a patient, but as a being, it is knowing that he suffers, that he has limitations or not, the professional has to be prepared for that [...] P3

I understand that it is doing the job in a more humane way, seeing the patient's real need, analyzing whether he is sad or happy, seeing if he needs something besides the medication and meal that is offered at the hospital, helping emotionally too, [...] finally treating as human, even if it is a child, asking her if she is okay and if she needs something, I think that is it. P6

It is necessary to understand that the humanization of hospital care for children and family members is a strategy that demands the rescue of respect for human life, considering the specific differences to each being - social, ethical, educational and psychological aspects - and is materialized in the construction of a therapeutic project that promotes changes in the hospital environment, respecting the binomial as citizens, with the right to quality humanized health care that meets their needs.<sup>10</sup>

Since the concept in question is largely polysemic, in the field of health, it is officially assumed through the National Humanization Policy (NHP), launched in 2003 as a proposal aimed at a new relationship between users and health professionals , mainly with regard to welcoming and resolute work within the scope of the Unified Health System (HUS). The NHP has some of its guiding principles - welcoming, autonomy, protagonism and co-responsibility - which should serve as a basis for these changes in relationships.<sup>11</sup>

## **About the presence or absence of humanized assistance during hospitalization**

There were disagreements regarding humanized assistance during hospitalization, the participants stated that they depended on the professional for this to happen, while some emanated tranquility and love, others played the role in the automatic.

I think so, looking at the team as a whole, yes, but some or others could see that they did it automatically, and not out of love, doing it just because it was an opportunity, unlike other people who did it because they liked being there, and they were very human and empathetic people, not only with the child, but with the mother as well, they gave a lot of assistance and support. P5

In part, it depended on the person, you know? There were some who even gave us peace of mind, now others were not like that, they arrived stressed, nor spoke to us properly, it seems that everything was done automatically. P6

Nursing as a profession deals with people and technological devices in this nosocomial period, meanwhile, the care for human beings must be a priority to the detriment of technological issues. The technological situation versus humanization in nursing care constitutes an ethical dilemma and makes it imperative that the nursing team reports on bioethical principles that make them think and become aware of the consequences of their actions.<sup>12</sup>

A conscientious professional is needed to deal with a child, since the assistance provided to him goes beyond the care focused on the pathology itself, since his emotional needs during hospitalization must also be visualized. All children need explanations about what is happening to them, why the procedure is being performed and who can react effectively if they feel pain. It also includes making them feel comfortable and welcomed, as any unusual element can cause bad reactions, interfering with the treatment; then, the nurse must show that he is also there to play and talk.<sup>13</sup>

During hospitalization, the child is under several stressors, which can generate temporary or permanent trauma, either due to the change in routine or the existing painful procedures. In this sense, the humanization of hospital care is configured in the most significant act in the prevention and / or minimization of such traumas arising from hospitalization. Humanizing is an experiential process that permeates all activity of the people involved, seeking to offer the appropriate treatment, within the circumstances in which each patient is.<sup>14</sup>

### **On the importance of a recreational environment for hospitalized children**

With reference to the importance of a recreational environment, the responses were coincident among the participants, mainly due to the distraction provided by the entertainment and fun on the part of the children, who end up forgetting that they are in a hospital.

Very important! When he was admitted to the hospital, there was a playroom there, and every morning there was a drawing, there were games, and that distracted him. At the second hospital we stayed in, there was nothing for him to play with, so it was quite different. P2

Very important, there was a period when my daughter was released from bed and we went to the playroom, and this interaction with a different place is very good for the child to rejoice a little, to be with other people, to walk and see other environments beyond from that same place on the bed, with a lot of medication, oxygen hoses and people in white, finally go to a more colorful environment. P6

In addition to interacting with the family, some simple yet effective strategies can be adopted in order to stimulate the hospitalized child and minimize the fear arising from the hospital environment. Play becomes a necessity for the child, and must be put into practice during hospitalization, as it is through play that he develops as a whole and expresses his desires. Hospitalization should not be an obstacle for children to continue expanding their capacities, and the hospital must promote conditions for this.<sup>15</sup>

Play is an effective tool in reducing tension, anger, frustration, conflict and anxiety, which usually accompanies the loss of control and self-esteem. It is essential to evoke elements that contribute with their ability to cope with adverse

circumstances, which enhance the adaptation of hospitalized children to the situation in which they find themselves.<sup>12</sup>

### **About essential actions in the care of hospitalized children**

In the case of actions considered essential in the care of pediatric patients, the recreational environment, affection, psychological care, a welcoming environment, and calm were mentioned. Actions that influence both children and mothers.

A playroom with toys, books and a person to play with a little bit, because sometimes the mother is so tired, that during the playtime she just watches the child play, I think it is also important to have a more airy place, like a playground and a environment with music and television, I think these types of recreational places. P6

First is the calm to take care of the child, because the child can cry a lot, nervous and feeling a lot of pain, this happened a lot with my daughter, so I think the first action is to be calm. Another thing that I think has an impact is the comfort [...] P8

The strengthening in the search for humanized actions has as a starting point the construction of joint efforts by the professionals who assist the child, the hospital and the family itself. Therefore, this requires the preparation of a multiprofessional team, which, according to their specificities, will implement holistic assistance, adopting attitudes aimed at good communication and empathy.<sup>16</sup>

In view of these facts, the nurse has a duty to the patients to demonstrate vehemence, to assist and provide the care consistent with each situation, maintaining a relationship of trust and empathy between the health team and the child and the companions, being the feelings recognized. Understanding that a child's healing process involves several aspects is the basic principle for promoting their well-being, in addition to having a broader view and being concerned with the development of this different and so unique patient.<sup>17</sup>

### **On the influence of humanized assistance on the child's general condition**

As for the influence of humanized assistance under the child's general condition, all participants agreed that it has a very significant impact in this context, since from this act in the implementation of care, the change in the child is noticeable, which facilitates the therapeutic process.

Too much! My son seemed to be feeling that good energy, he laughed, even though he needed serum, being punctured, the professional played with him and he laughed, you know? It seems that he felt ... and I a pile, so tense. He was jumping with so much joy just with his diaper, even after the surgery. P1

Without a doubt, both family visits, as well as the medical and nursing staff, everything helps, so much so that there are some professionals who wear clown costumes and this helps a lot, because the child is happy, already improves, well-being, self-esteem and joy, it helps the body to improve in some disease, it is very important even.P6

Too much! My son seemed to be feeling that good energy, he laughed, even though he needed serum, being punctured, the professional played with him and he laughed, you know? It seems that he felt ... and I a pile, so tense. He was jumping with so much joy just with his diaper, even after the surgery. P1

Without a doubt, both family visits, as well as the medical and nursing staff, everything helps, so much so that there are some professionals who wear clown costumes and this helps a lot, because the child is happy, already improves, well-being, self-esteem and joy, it helps the body to improve in some disease, it is very important even.<sup>15</sup>

Like the child, her family is also a victim of trauma resulting from hospitalization, because in a dismal way, she is dealing with the unknown, with insecurity and fear. Thus, once hospitalization is necessary, men and machines come together with the purpose of facilitating the conditions of care for the child, seeking to reduce the length of hospital stay and promote agility in treatment. For this reason, the people involved in the treatment are intensely prepared, while the hospital environment must be safe for both parties.<sup>18</sup>

### **On the knowledge about the existence of hospital pedagogy**

Regarding the knowledge of the existence of hospital pedagogy, the answers were divided into 50% who knew about this teaching modality, and 50% who did not know. However, all responses were complemented with how fundamental continuing education in the hospital environment is.

I did know, it is very important that education continues right there. I am from the area of education and I know the impact and importance on the development of the child, so even if he is hospitalized there, it is necessary to continue education, that he is not lagging behind other students who are not in the same situation, let her feel good about it. It's even a distraction too. P1

No, I don't even know what hospital pedagogy does, I imagine it is something to continue the child's studies and this is very important, my daughter was interned during the literacy period and had no help at the hospital, but if she had it would be very important, I was teaching her, because of what the teacher sent to me. P8

In the current Brazilian context, the 1988 Federal Constitution is seen as the broadest and most complex law that governs the country. In it, the rights of children and adolescents are defended from different perspectives. It is in this context that, in 1994, the Ministry of Education, through the National Secretariat for Special Education, determined responsibilities regarding the fulfillment of the right of this group while hospitalized regarding education, through the formulation of the National Special Education Policy, which it legally instituted hospital class service.<sup>19</sup>

This teaching modality, regulated by specific legislation, aims to enable the continuity of schooling for children and adolescents who are inserted in the hospital environment, so that they are not harmed in the sense of the risk of school failure and possible developmental disorders. . Teachers have the responsibility to program content consistent with the current environment that the student is in, helping them later in school reintegration after hospital discharge.<sup>20</sup>

## Conclusion

The present study met the research objectives, because through the stories reported by the participating mothers, the impact of humanization in care under the child's condition and its importance was proved, as well as, despite having exceptions in some situations regarding care, even so, it was emphasized in these cases that humanization is necessary and must be put into practice.

It is expected that through reading this study together with the participants' testimonies, a cognoscentive subject will be conceived about the importance of humanization in the context of pediatric hospitalization, and how this reflects in undeniably positive effects on patients.

That it is evidenced as a humanized care creates consequences in addition to a good relationship between professionals and users of the health service - including in this case the pediatric patient and the companion - but also in how it helps in the healing process and provides the continuous development of child despite the situation experienced.

In view of the results found, it is necessary that nurses understand the importance of implementing a humanized character during the care provided, and that patients know the complexity of the concept of this term.

And finally, it becomes significant in stimulating new studies in the area, and for increasing humanization in health during the nursing care process.

## References

1. Bergan C, Santos M.C.O, Bursztyn I. Humanização nos espaços hospitalares pediátricos: a qualidade do espaço construído e sua influência na recuperação da criança hospitalizada. ABDEH. 2004.
2. Brasil. Política Nacional de Humanização. Biblioteca Virtual em Saúde MS, Brasília, DF. 2013; (1).
3. Gomes, G.C.; Oliveira, P.K. Vivências da família no hospital durante a internação da criança. *Rev Gaúcha Enferm.* 2006; 33(4):165-171.
4. Brasil. Estatuto da Criança e do Adolescente. Ministério da Saúde, Brasília, DF. 2008; (3).
5. Lima F.E.T, Jorge M.S.B, Moreira T.M.M. Humanização hospitalar: satisfação dos profissionais de um hospital pediátrico. *Revista Brasileira de Enfermagem: REBEn.* 2006 maio/junho; 59(3):291-6.
6. Fiorot, A.C; Pontelli, B.P.B. A criança hospitalizada e a garantia de acesso à educação pela classe hospitalar. *Cadernos de Educação: Ensino e Sociedade, São Paulo.* 2017; 4(1): 100-113.
7. Bergan C, et al. Humanização: representações sociais do hospital pediátrico. *Revista Gaúcha de Enfermagem.* 2009 b, dezembro; 30(4):656-61.
8. Halbwachs, M. A memória coletiva. 2. ed. atual. São Paulo, Brasil: Revista dos Tribunais LTDA, 1990. 189 p..
9. Brasil. Resolução nº 510, de 7 de abril de 2016. Pesquisas em Ciências Humanas e Sociais. Resolução nº 510, de 7 de abril de 2016, Ministério da Saúde. 7 abr. 2016 e. Disponível em: [https://bvsms.saude.gov.br/bvs/saudelegis/cns/2016/res0510\\_07\\_04\\_2016.html](https://bvsms.saude.gov.br/bvs/saudelegis/cns/2016/res0510_07_04_2016.html). Acesso em: 2 jun. 2020.
10. Marques, I.R.; Souza, A.R. Tecnologia e humanização em ambientes intensivos. *Rev Bras EnferM, Brasília, DF.* Janeiro-fevereiro 2010; 63(1): 141-4.
11. Brasil. HumanizaSUS: política nacional de humanização – humanização como eixo norteador das práticas de atuação e gestão em todas as esferas do SUS. Brasília, Ministério da Saúde, 2003.

12. Pessalacia, J.D.R. et al. Atuação da equipe de enfermagem em uti pediátrica: um enfoque na humanização. *Revista de Enfermagem do Centro Oeste Mineiro, Minas Gerais, Brasil*, setembro/dezembro 2012; 2(3): 410-418.
13. Ortiz, L.C.M. Classe hospitalar: reflexões sobre suas práxis educativas. Dissertação (Mestrado em Educação), Universidade Federal de Santa Maria, Santa Maria, 2002.
14. Cruz, D.S; Costa, S.F; Nóbrega, M.M. Assistência humanizada à criança hospitalizada. *Revista da Rede de Enfermagem do Nordeste, Fortaleza, Brasil*, setembro/dezembro 2006; 7(3):98-104.
15. Miranda, R.L; Begnis, J.G; Carvalho, A.M. Brincar e Humanização: Avaliando um Programa de Suporte na Internação Pediátrica. *Revista Interinstitucional de Psicologia, Belo Horizonte, Brasil*, 2010; 3(2):160-174.
16. Pauli, M.C; Bousso, R.S. Crenças que permeiam a humanização da assistência em unidade de terapia intensiva pediátrica. *Rev Latino-am Enfermagem, São Paulo*, maio-junho 2003; 11(3):280-6.
17. Alves, C.A; Deslandes, S.F; Mitre, R.M.A. Desafios da humanização no contexto do cuidado da enfermagem pediátrica de média e alta complexidade. *Interface: comunicação, saúde, educação, Rio de Janeiro, Brasil*, 2009; 13(1):581-94.
18. Oliveira BRG, et al. Causas de hospitalização no SUS de crianças de zero a quatro anos no Brasil. *Rev Bras Epidemiol, Mato Grosso*, 2010; 13(2):268-77.
19. Brasil. Ministério da Educação e do Desporto. Secretaria de Educação Especial. Política Nacional de Educação Especial. Brasília, MEC, SEESP, p. 66, 1994.
20. Holanda, E. R.; Collet, N. As dificuldades da escolarização da criança com doença crônica no contexto hospitalar. *Rev. esc. enferm. USP, São Paulo*, 2011; 45(2).

**Correspondent Author**

Leila Batista Ribeiro  
Alameda das Alpinias residencial Sun Flower  
Square 09 Lot 16 Anápolis, Goiás, Brazil.  
[profaleilaribeiro@gmail.com](mailto:profaleilaribeiro@gmail.com)