



Parents' experience confronting child burning situation*

Vivência dos pais no enfrentamento da situação de queimaduras em um filho

Experiencia de padres en el enfrentamiento de la situación de quemaduras en un hijo

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Objective: to understand experiences of parents in a child burning situation during the hospitalization process. **Methods:** phenomenological research in view of Martin Heidegger, held with seven assisting parents at a pediatrics unit of a general hospital in Montes Claros. The information was obtained by phenomenological interview, containing the question guide: "What does it mean to you being with a son who is suffering with burns?". **Results:** during the experience, parents revealed anguish, fear, helplessness, concerns and expectations of "being-in-the-world". **Conclusion:** respect, understanding and care from the health team were fundamental for the adaptation and the confrontation demanded by the consequent suffering of the event.

Descriptors: Parents; Child; Burns; Hospitalization; Nursing.

Objetivo: compreender vivências de pais na situação de queimadura de um filho durante o processo de hospitalização. **Métodos:** pesquisa fenomenológica na perspectiva de Martin Heidegger, realizada com sete pais acompanhantes em unidade de pediatria de um hospital geral em Montes Claros. As informações foram obtidas por entrevista fenomenológica, contendo a pergunta-guia: "O que significa para você estar com seu filho que sofre com queimaduras?". **Resultados:** nas vivências, os pais revelaram angústia, medo, impotência, preocupações e expectativas de ser no mundo. **Conclusão:** respeito, compreensão e cuidado da equipe de saúde foram fundamentais para a adaptação e o enfrentamento demandados pelo sofrimento consequente deste evento.

Descritores: Pais; Criança; Queimaduras; Hospitalização; Enfermagem.

Objetivo: comprender experiencias de padres en la situación de quemadura de un hijo durante el proceso de hospitalización. **Métodos:** investigación fenomenológica, basada en Martin Heidegger, llevada a cabo con siete padres acompañantes en unidad pediátrica de un hospital general en Montes Claros. Informaciones obtenidas mediante entrevista fenomenológica, con la pregunta guía: "¿Qué significa para usted estar con su hijo que sufre de quemaduras?". **Resultados:** en las experiencias, los padres revelaron angustia, miedo, impotencia, preocupaciones y expectativas de estar en el mundo. **Conclusión:** respeto, comprensión y cuidado del personal de salud fueron fundamentales en la adaptación y afrontamiento exigidos por el sufrimiento consequente del evento.

Descriptor: Padres; Niño; Quemaduras; Hospitalización; Enfermería.

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Introduction

The intent of this study took place from reflections and practices regarding the experience of parents who go through the situation of being with a child affected by burns during the hospitalization process, considering that it is a thermal trauma that mutilates, defaces, causes pain, feelings and varied sensations by those who suffer and those who follow the manifestations of this suffering.

Burning is considered one of the most devastating aggressions that can affect humans. Its importance comes not only from the high incidence, but mainly its ability to produce functional, aesthetic and psychological sequelae, and the high mortality rate⁽¹⁾.

Its injuries are one of the main causes of hospitalization in the world, and children are the main victims. Higher rates of burned children can be noticed due to age, once in this age range, they become more observant and curious about things that happen around them, becoming exposed to more frequent risks. This is explained by the child's own characteristics: restless, inexperienced, very active and unaware of the danger⁽²⁻³⁾.

To treat the burn, it takes several days of hospitalization and it becomes part of the growth and development of the child, who starts experiencing intense psychosocial and emotional alterations from thermal trauma⁽⁴⁾. This makes them feel twice weakened by exposure to therapeutic procedures and removal of your usual routine.

Thus, hospitalization may be considered an unpleasant experience, once it determines changes not only in the child's life but also in the parents', requiring several daily adjustments. The stay in the hospital environment does not affect them just by the fact that there is a disease, but also by all the aspects of a whole family context involved in the situation. This makes parents need the use of strategies in order to cope with child's hospitalization⁽⁵⁾.

Parents are a key element in the process of rehabilitation and adaptation of the child suffering with burns and it is expected, by the health professionals that they adapt positively to the new condition of the child⁽⁶⁾. Such fact is not always accompanied by comprehension attitudes, once it is heard, for example, "these parents are negligent," "they do not know not to care" and "if they cared, the child would not have been burned."

Negative feelings often expressed by the health team and the obvious difficulty of parents in dealing with burning situation observed in clinical practice with graduate students in nursing, arouse the need for this study. Understanding and interpreting the reality experienced by them can be done in different ways by health professionals.

Searching for the understanding of the meaning that parents attribute to the phenomenon of having a child affected by burns, enriches the experience of health professionals in the care to the burned children and their families. It is highlighted that the nurse plays a fundamental role in this process and must render care based on the principles of humanization, completeness and individuality.

The objective of this study was to understand experiences of parents in a child burning situation during the hospitalization process.

Method

The qualitative research, in Heideggerian existential phenomenological approach was chosen. The Heideggerian phenomenology⁽⁷⁾ has an ontological sense once it focuses on the very question of "being". The essence of men lies in their existence and only by the existence of the "entity" it is possible to direct to the "being" in order to unveil its mysteries. It enables the nursing professionals to provide sense to their experiences and activities, making them more attentive and reflective on the reality and the way of being of others⁽⁸⁾.

Phenomenology has been an approach used in

studies made by the nursing professionals, reflecting unrest to understand the phenomena experienced in the daily life, providing the obtaining of necessary subsidies to the knowledge of the dimensions of care⁽⁹⁾.

The researcher involved in phenomenological investigation must establish a relation of empathy and going along with the participants of the research, which should be propitious to their demonstrations, spoken or silent, taking advantage of an attentive look at that person, to be able to grasp their ways of thinking, feeling and seeing⁽¹⁰⁾.

Under such perspective, the survey region, or ontic-ontological region, consisted of the situation in which the phenomenon occurred, that is, the experiences of fathers and/or mothers who go through the burn situation in the life of a child. Therefore, the present study was held in a general hospital in the city of Montes Claros, Minas Gerais, Brazil, in a pediatric unit that is a benchmark for treatment of child victims of burns.

Initially, the ambience in the unit was made, attempting to develop the empathy with parents; and then, after that, tried to know the characteristics of each accident involving the child, its causative agent, the severity of the injury, according to the extent and depth of the burn. Later on, the invitation to participate in the study was sent, as a criterion for inclusion, to be a father or a mother assisting the child victim of burns.

Data were collected in November and December 2010, using as instruments semi-structured interviews and the statements recorded. For such, the best day and time for the meetings was agreed upon with the participants, respecting the hours of surgery and other therapeutic procedures. The toy room was the venue chosen for the meetings. Interviews were guided by the following question: "How is it for you to be with your child affected by burns?". For the data collection on burn injury characteristics, a form was used containing questions identified in medical records.

Six mothers and a father participated in the

study. Seven statements were collected, with which the repetition of unveiling the phenomenon was reached. These statements were numbered and identified as interviewee 1 to 7, fully transcript in order to maintain the original statement.

To capture the fullness expressed by the subjects, at first, careful readings of each statement was performed, separating the parts or units of meaning that, for the researchers, appeared to be fundamental structures of the existence. Later on, the analysis was made, having a phenomenological selection of language of each subject, once a unit of sense is generally made of feelings revealed by the interviewees who contemplated the ontic-ontological question⁽¹¹⁾. Finally, the senses that were mostly unveiled in every statement were highlighted, from which the ontological themes emerged, which were interpreted under the light of Heideggerian perspective.

Results

The ontological themes that emerged from the statements were: Fear of the possibility of complications during treatment; Grief and pain with the child's suffering; Emotional imbalance; Family dynamics: changes; guilt; and expressing care for the child.

Fear of the possibility of complications during treatment

The parents faced the fear of complications that could come from the procedures to who which their child was submitted and, consequently, with fear of the unpredictable, of the unacceptable, that is, of an anaphylactic reaction, pain in unbearable thresholds, or even death itself. *I was very afraid she would not wake up from anesthesia; I wondered what they were doing, if she was in pain (E4). I also got scared, did he receive anesthesia? (E7). Err ... when the nurse said he had to undergo surgery to clean the skin, I was afraid he would die (E7).*

Many aspects of treatment have passed unnoticed, and parents could not capture everything that happened at the same time but gathered information for the preparation of hypotheses that fed their fears. *While she was there in the surgery room, I was here praying, scared to death that she would not come back (E4). What we feel is fear of something bad happening ... to pick up an infection and be difficult to treat (E7).*

For the parents, being informed about the necessary conduct to the treatment and rehabilitation of children became vital. The misinformation meant not knowing how to guide their thoughts regarding the prognosis of the situation of burn of the child.

Grief and pain with the suffering of the child

When they place themselves in the condition of being with a child victim of burns and realize that this could take longer to restore, parents assisted, with grief and sadness, the everyday care that their child was submitted to. *I have never lived such a terrible situation in my life, the first feeling is that our hearts are being taken out. My God ...it is bad even to remember (E5). It is so difficult ... because you know you have to go on living, he needs you. If I could, I would have stayed in his position, burned myself in his place, only not to see my child suffering (E2).*

Even though they would have to face the pain, because of therapeutic procedures, it was difficult to accept that the child could feel it. *It's been over six months that we have been here until this day, every day that she will have the dressing applied in the unit, I cry with her screams (E6). There was a day they tried to get his vein about eight times, only in the foot. That to me ... I cried so much that the tears have dried up. I asked the nurses, for God's sake, to stop; it was a lot of suffering together (E5). The worst was still watching my son without breakfast to have the dressing applied, they take long to call, and there is desperation because he does not accept being hungry, starts crying, screaming and we can do nothing (E3).*

Parents also had difficulties maintaining their role as caregivers, because the child had behavioral

and emotional changes that left them confused and nervous. *...So he does not accept, he wants to turn, he starts screaming, sometimes I even hurt him trying to hold him by force, because if the graft does not hold on it is worse (E8). But it is difficult for him who is feeling the pain, it is difficult for him ... who has to go through all this, healing, fasting, having to stay inside the hospital without room for him to play ... (E5).*

Being in a hospital environment for a prolonged and indefinite period, having to live with the discomfort of the child witnessing scenes of suffering and monitoring the continuous performance of therapeutic procedures led to great suffering, so that the parents felt the very pain of children. *Her burn is serious, I change her clothes and then I see the raw flesh ... it hurts more in me ... (E6).*

Going through emotional imbalance

Parents have shown a sad and discouraging existence, while experiencing the son burn situation. *My head gets dizzy, light ... there are days when I feel better, I have more strength, I keep on thinking he's getting better (E2). It's because I'm already getting depressed (tears in the eyes), seeing him all bandaged, feeling pain (E3).*

Some descriptions revealed important aspects related to changes in the emotional condition, which is reflected in the behavior and attitude of some parents. *Now that I saw my daughter like that I could not stand it, my head was bad again ... there were days when I cried too long, other days I did not have much patience with her ... I think that they, here in the hospital, thought I was crazy and said I could not stay here with her anymore (E6).*

According to the evidence, the lack of interaction between parents and the nursing team was noticed, in a moment of notorious emotional weakness when it was necessary to have sensitivity and a special look to understand the singularities of each subject, expressing their weaknesses generated by the child's hospitalization process.

Besides that, it has also been identified as

causing suffering, the fact that parents going through not only their experiences, but also the other's, once they lived side by side with other situations, thus evaluating, noticing and listening to what was happening with the other. They participated in all the movement that was going on inside the hospital unit. *We keep seeing the suffering of others here in the room, children getting sick, even dying ... it affects us* (E5).

Experiencing health changes of the other contributed to change the emotional condition. Adding to this fact and generating more conflicts, fatigue was seen as a condition resulted from inadequate accommodation and exacerbating the physical and psychological discomfort, exposing the wear by which parents went through. *We already sleep badly, these chairs are horrible and together with his screams, it just makes us feel worse* (E3).

Family dynamics: changes

Having a child hospitalized made parents need to be absent physically from other family members, which led them to experience moments of ambiguity, as they had the need to assist the child during hospitalization, which was usually long, and at the same time, felt the lack of the spouse worried about them, and the other children who stayed at home. This fact was configured as a critical and delicate situation, which required adaptation of the whole family.

Most interviewees showed that they would like to have someone to share the responsibility of staying in the hospital while they could follow the routine at home. However, at the same time, they did not want to leave the child without their presence. *...The father cannot stay ... because he works, I don't know what to do because I don't want to leave him alone* (E3).

The parents showed how difficult it was to be absent from home, both because of the distance from other family members, as well as by the financial difficulties facing the temporary condition of

interruption of daily work. *Look, it's not easy ... no, we let go of all ... we are living out of the good will of others* (E6).

The memory of continuous interaction and the need to leave the family in their counties of origin brought difficulties through which they had already passed and that aggravated the situation of being with the hospitalized child. *I keep thinking of the others, my mother is there, but I feel anguish to stay away* (E8).

Encouraging the replacement of parents by another relative for a short term, for those who needed to stay for a very long time, can become a way to alleviate the suffering and concern, because of the distance that was established due to prolonged hospitalization.

Feeling of guilt

When facing the child's burn, in addition to feelings of sadness, grief and anguish, the feeling of guilt immersed.

The parents experienced this guilt in the form of coercion and reproach themselves for the inability, as caregivers, to assist the physical trauma of the child. *At first I thought it was worthless, that I did not take care of my children in the proper way and I was very afraid she would die* (E6). *When we have to work and leave our child with another person, it is like, thinking that it is all our fault* (E1). *I was thinking, my God, am I not a good mother, should he have gone to another mother?* (E5).

In that statement, the mother felt misunderstood and judged by the people and by the family concerning their feelings and attitudes about the child's burn. *...It also hurts because my husband said that I let him get burned because I wanted to* (E6). *Then people come, keep looking, asking ... we feel bad... it is very difficult* (E1). *I know my fault, I should not have put hot water first and then put cold water, but we think that nothing will happen* (E4).

They realized they cannot share their feelings about their experience and suffered with the incomprehension of those around them, because they also noticed the look of others reproaching for not having prevented the physical trauma of the child.

Expressing care with the child

This subcategory describes how, in spite of all difficulty and suffering, parents faced the situation of hospitalization due to the child's burn: cultivating hope in recovery, providing care and being happy with each improvement the child presented. *Today I have hope that she'll be fine ... I'll go with her wherever she needs ..., her doctor has said she can go to Sao Paulo or Goiás to have skin transplant, and I will always be near her (E6). The priority now is the health of my daughter ... I cannot imagine the world without her ... I struggle with great pleasure for her health (E4).*

Struggling for authentic existence, revealed in these reports shows parental care of the child, transposing their limits and offering the their best to get the best for the child, even in times of great difficulty.

Discussion

Watching the child without being able to support him or help him, makes parents feel sad, and their senses become ineffective to protect themselves from the pain. Taking on suffering due to the inherent condition of "being-in-the-world," having a child with skin torn by fire, water or any other substance, it is a generator of great anxiety, especially when the child needs to undergo painful and invasive procedures, as in the case of surgery for debridement or grafting. The Fear of complications from anesthesia, the possibility of pain and even death itself has always been present in the statements of the subjects in this study.

The preparation and the support for hospitalization / surgeries are essential to help both the child and their parents to overcome anxiety, fear and anguish, helping them to build strategies that minimize the stressing effects of the situation⁽¹²⁾. Thus, the treatment of burns can become more tolerable and less traumatic, because the therapeutic procedures that the children is exposed to make them even more vulnerable.

In this study, the parents clearly show that they are informed about the necessary behavior for the treatment; it is vital to have security and tranquility during the therapeutic process. The misinformation means not knowing how to guide their thoughts regarding the prognosis, which leads them to experience feelings of mistrust and fear.

The restriction for the son to perform activities that once were routine, such as eating at regular times, walk and play, becomes painful, especially when the desired collaboration is not present. Often, the child reacts aggressively and, in turn, has the same reaction from parents. However, it is known that, for have a dialogue with the children, you need to enter into their imaginary world of "make-believe"⁽¹³⁾, and not always the parents are emotionally prepared to do it due to anxiety and stress caused by long period of hospitalization and physical fatigue.

Exposed to a new reality, parents have different reactions facing adverse situations they find, which put them under the judgment, not always favorable, with dubious interpretation, of the health team as to the care of the child. The image of a difficult and ill-behaved child is transmitted, resulting in wear, contributing to the isolation of both.

It is known, however, that the hospitalization of the burned child is long and intense, depending on the location and the affected body area, which makes it necessary to acquire a deep knowledge of the history of life, the bond of trust and the emotional support to the patients and their families⁽¹⁴⁾. This can be done through listening, parental participation in support groups, and supply and encouraging child participation in recreational activities within the unit.

In the Heideggerian meditation, man, as "being-in-the-world", establishes relationships, being mostly absorbed in the reality in which he is living⁽⁷⁾. Concerning this fact, Heidegger establishes factuality as: "Existing is always factual". Existentiality is essentially determined by facticity"^(15: 259). In its factuality of being placed in world of the hospital

with a child suffering with burns, different from his surrounding world, living with physical discomfort due to the prolonged hospitalization, the emotional distress of parents increases, due to the intensity, length, routine to everything the child is exposed as well as the isolation of other family members.

Living through these experiences, often negative, due to the hostile environment, to the real and imagined threats, family breakdown or loss/reduction of autonomy concerning the child, contributes to intensify the feeling of frailty⁽¹⁶⁾.

For the parents, watching their children in vulnerable situations in a hospital bed, tied with crepe bandages, having to be submitted to prolonged fasts for surgical debridement, unable to run or play, dilutes the sense of competence and care for the son, often emerging the feeling of guilt.

For society in general, parents should be the major protectors of their children, so that when the burning occurs in the presence of one of them, they feel they are not playing their role properly or they feel incapable for such function⁽¹⁴⁾ especially when they find the reproachful look of his family and the health team.

The nursing team, in that particular situation and in others, assumes great responsibility to promote guide and clarify the conditions of prevention of accidents, contributing to ease tensions, shame and concerns that affect parents. The authentic care represents help and concern with the other.

As professionals, we are "being in the world" by sharing with others what we know and what we experience. The basis of this "being in the world" is determined by "with": the world is always the world shared with others. As "being in the world," nursing must seek dialogue with parents to know them in their simplicity, character, way of being and acting, worrying to guide them and prepare them to assist the treatment of burn, which, in most cases, is long and painful.

It is understood that the care does not end in an act that has a beginning, middle and end, as it refers the attitude that derives from the nature of the human beings. It is the permanent source of acts of caring, concern, attention and diligence⁽¹⁷⁾, causing the opportunity to look at the other in a caring way and not only within the technical and biological standards.

Thus, the relation with a caring and committed team in child care makes parents feel secure and accepted, which positively influences the child's recovery once knowing that there are health professionals willing to offer the support they need, makes them feel more strengthened⁽¹⁸⁾.

Conclusion

Interacting with the statements, it was noticed that the assisting parents needed support and help to express their fears, difficulties and conflicts, once they understand the sudden trauma of the child's burn as something unexpected and frightening.

Their testimonies make them envision how much this experience was permeated by conflicting feelings, starting with moving from home to an environment full of surprises while they took to themselves the responsibility of the recovery of their children. Such situation has been worsened in the absence of important information on the treatment and rehabilitation of the child.

In order to guide them, at such a disruptive moment, required room where they could express their feelings so they felt respected, without value judgment, considering their social and cultural context. It is known that there is a direct relation of the burn with the living conditions of the parents, with social inequality, working conditions and education, thus influencing in the subjective evaluation of the caregivers and this evaluation reinforced when one hears, for example, that "these parents are not good" or "they are not fit to take care of the children."

It is believed that, for nursing, dialogue can be the first action in building a shared care, extensive to the parents, preventing mental illness, providing respect and understanding the uniqueness of those who experience this phenomenon and at the same time, transmitting trust and confidence in the child's recovery, which becomes an important factor for a good bio-psychosocial condition of "being-there-in-the-world" with a child suffering with burns.

Collaborations

Oliveira VV, Fonseca AS, Leite MTS and Ohara CVS contributed for the design, guidance, critical revision and the final approval of the version to be published. Santos LS and Fonseca ADG contributed for the organization, analysis and interpretation of the data and writing the article.

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