



PEDIATRIC CARE IN THE LIGHT OF JEAN WATSON'S THEORY: INTEGRATIVE REVIEW¹

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ABSTRACT

Objective: to analyze the scientific evidence on pediatric care in the light of Jean Watson's Theory. **Method:** integrative literature review with a search carried out in December 2022 and updated in October 2023 in the SciELO, LILACS, Scopus, CINAHL, Web of Science, PubMed and EMBASE databases. The findings were analyzed based on the theory employed and presented descriptively. **Results:** twenty publications related to pediatric care were included in the various scenarios such as hospital, home, basic health unit and support home for children with cancer. It was found that love, faith and hope, trust, support for the expression of feelings, creativity and teaching-learning are significant in the care process. **Final considerations:** the scientific evidence showed that, when based on the elements of the *Clinical Caritas-Veritas* Process presented by Jean Watson's theory, care contributes to the child and his family being seen as an integral being with care demands that go beyond those associated only with the physical dimension.

Keywords: Nursing Theory. Child care. Pediatrics.

INTRODUCTION

The universe of pediatric care is broad and challenging for health professionals because it involves children and their families, who are generally weakened due to coping with situations associated with the health-disease process, especially when it comes to pathology that compromises quality of life⁽¹⁾.

Pediatric care draws attention to the necessary understanding of the meaning of care as being able to extrapolate the labels of biological, social, psychological and spiritual, addressed separately⁽²⁾. Thus, understanding the act of caring, from the perspective of the integral and inseparable being, is the starting point to break the paradigms of health care with a predominance of the biomedical model, focused only on the technical aspect and on the treatment of diseases, often without taking into account the true essence

of care⁽³⁾.

In this sense, reflecting on care from a theoretical framework that subsidizes health professionals to see the needs of the children in addition to those associated with the physical dimension is relevant to offer comprehensive care that considers the particularities of childhood. In this sense, Jean Watson's Theory of Human Care stands out for being based on the holistic perspective, the unitary view of being and transpersonal psychology⁽⁴⁾.

Transpersonal care is the main essence of the theory, which means being authentically present at the moment of care through a deep connection between the professional "I" and the "I" that is cared for, which transcends the present moment and influences the life experiences of both⁽⁴⁾. This theory involves the *caritas* consciousness, which consists of recognizing universal love as the highest level of consciousness and which makes it

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possible to restore (healing) the being, even if healing is not a possibility^(4,5).

In a constant process of evolution, the Theory of Human Care continues to advance. Recently, the theorist evolved its paradigm from *Clinical-Caritas* to *Caritas-Veritas Literacy in Unitary Caring Science*, in which the insertion of the term Veritas represents the values that honor and dignify human care, and started to use an evocative word for each of the ten elements of the *Clinical Caritas-Veritas* Process: embrace (loving-kindness), inspire (faith-hope), trust (transpersonal self), nurture (relationship), forgive (all), deepen (self-creative), balance (learning), co-create (*caritas* field), contribute (humanity) and be open (infinite)^(4,6).

Basing the practice of care on the theory in question seems essential to re-signify the care that is provided to the child/family and to support pediatric care. It has been observed that the use of the Theory of Human Care as a methodological framework is still incipient⁽⁷⁾, particularly in scientific investigations that address pediatric care. Thus, this review is justified by contributing to synthesize the scientific evidence on the subject and provide more clarity to health professionals, particularly nurses, on the aspects inherent to care based on a *caritas* conscience.

Based on these considerations, this review aimed to analyze the scientific evidence on pediatric care in the light of Jean Watson's Theory.

METHOD

This is an integrative literature review developed through a bibliographic survey in order to enable the knowledge and critical analysis of available scientific evidence on a given topic. To this end, the following stages were taken:

elaboration of the guiding question; establishment of the inclusion and exclusion criteria and the search in the literature; definition of the information to be extracted from the selected studies; evaluation of the included studies; interpretation of the results and presentation of the review⁽⁸⁾.

To elaborate the research question and assist the search process, the PICO strategy was used, in which P is population (child), I is interest (care guided by Jean Watson's Theory), and Co, context (Pediatrics). Thus, the following guiding question was defined: What is the scientific evidence about pediatric care in the light of Jean Watson's theory?

The search took place on December 5, 2022, through virtual access by the Federated Academic Community (CAFe) of the journal portal of the Coordination for the Improvement of Higher Education Personnel (CAPES) platform, in the following data sources: Scientific Electronic Library Online (SciELO), Latin American and Caribbean Literature in Health Sciences (LILACS), Sci Verse Scopus (Scopus), Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Web of Science (WOS). In order to identify new potentially relevant studies, a new search was made on October 22, 2023 in the previously consulted databases and also in the National Library of Medicine National Institutes (PubMed) and Excerpta Medica Database (EMBASE).

The electronic search strategy was performed by crossing the descriptors controlled and indexed by the Health Sciences Descriptors (DeCS), Medical Subject Headings (MeSH) and CINAHAL, combined with the boolean operators AND and OR, respecting the search characteristics in each database, as shown in Box 1.

Box 1 – Electronic sources and search strategies used in the integrative literature review.

Database	Search Strategy
SciELO	*nursing theory* and *child* and *care* *nursing theory* and *childcare* OR *pediatric*
Lilacs	Nursing theory [Palavras] and child [Palavras] and care [Palavras] Nursing theory [Palavras] and pediatric [Palavras] and care [Palavras] Nursing theory [Palavras] and pediatric [Palavras] andnot adult [Palavras]
SCOPUS	("nursing theory" AND care AND child OR pediatric) (watson's AND nursing theory AND child)
CINAHL/EBSCO	(watson's theory of caring AND pediatrics OR children) (watson's theory of caring AND (pediatric or child or children or infant)

Web of Science	((ALL=(nursing theory)) AND TS=(childcare)) OR TS=(pediatric)
PubMed	((*Nursing Theory*) AND *Pediatric*) (*Child Care*) AND *Nursing Theory*
EMBASE	'child'/exp AND 'watson`s theory of caring'/exp 'pediatrics'/exp AND 'nursing theory'/exp 'child'/exp AND 'nursing theory'/exp AND 'pediatrics'/exp

Source: Prepared by the authors. João Pessoa –Paraíba, 2022.

Studies that included the following eligibility criteria were included in this review: original articles, relating Jean Watson's theory to pediatric care, published in Portuguese, English or Spanish. It is important to emphasize that, although there is a significant number of studies that associate the theory studied with health care, the number of studies that address pediatric care is still scarce, for this reason, no time frame was adopted in order to expand the number of articles to be analyzed. The exclusion criteria consisted of a letter to the editor, monographic works, theses, dissertations, integrative or systematic reviews of the literature and articles repeated in the databases.

The initial selection in each database was performed by reading the titles and abstracts. Those studies with the potential to answer the guiding question of this research were stored and organized with the help of the EndNote bibliographic reference manager software, where duplicates were excluded.

The full reading to extract the data from each of the selected articles took place during the months of January and February 2023. The studies selected from the new search were read in full from October 23 to 25, 2023. This stage was developed by two researchers, independently, and the disagreements were resolved through a third researcher, ensuring consensus on the selection of articles included in the final sample of this review.

To extract the relevant information, a previously prepared form was adopted, with the help of the Excel Microsoft Office 2016 software, composed of the following information: title of the manuscript, authors, year of publication, country where the study was developed, level of evidence, method, participants, study scenario, objective of the study, identification of the elements of Jean Watson's Theory, care

outcomes. It is important to emphasize that all researchers tested, reviewed and discussed the form before starting the data extraction stage.

For the classification of the level of evidence, the one proposed by Melnyk and Fineout-Overholt was adopted, namely: Level 1: meta-analysis of controlled and randomized clinical studies; Level 2: study with experimental design; Level 3: quasi-experimental research; Level 4: cohort and case-control studies; Level 5: systematic review of descriptive and qualitative studies; Level 6: descriptive or qualitative study and; Level 7: expert opinions⁽⁹⁾.

In the final stage, the results were compiled and communicated, with the purpose of presenting the main approaches addressed by each study on pediatric care based on Jean Watson's Theory, making it possible to present the synthesis of the findings in a descriptive way.

As it is a research that involved only scientific texts, there was no need for approval by a Research Ethics Committee, according to Resolution number 510/2016 of the National Health Council.

RESULTS

One thousand and seven hundred and thirty-one (1,731) articles were identified in the searched databases, of which 278 were excluded due to duplication, which resulted in 1,453 studies. Of these, 1,419 were excluded after reading the title and the abstract, as they were not related to Jean Watson's theory in the field of pediatric care. Therefore, 34 articles were read in full, of which 14 were excluded because they did not address the elements of the theory. The sample consisted of 7 articles. Figure 1 shows the flow performed to select the articles inserted in this review.

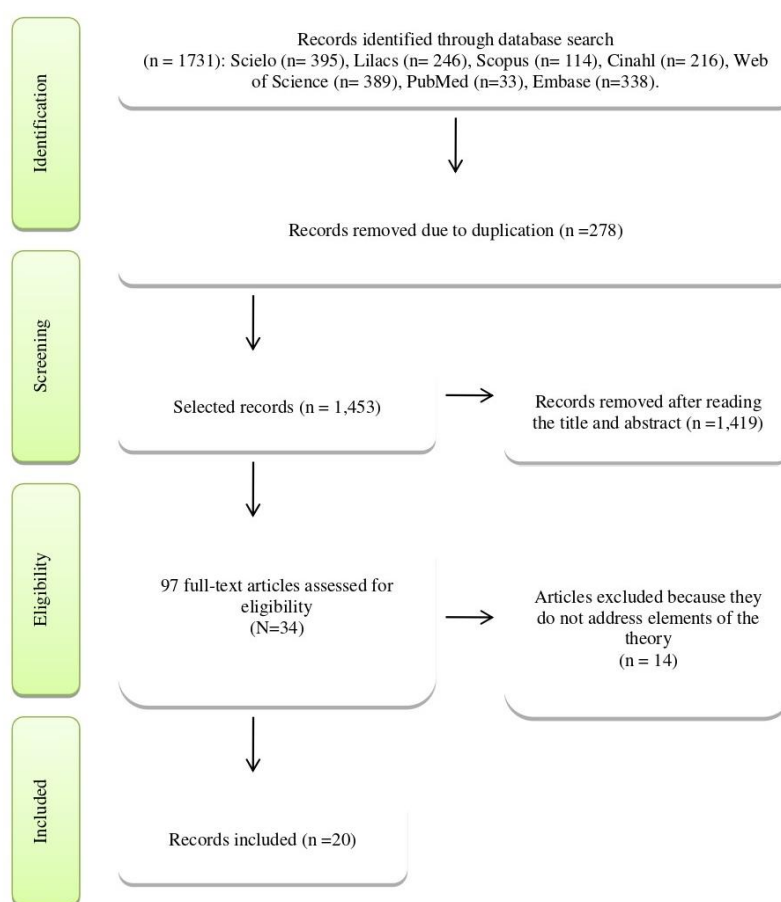


Figure 1. Flowchart of search and selection of review articles, according to the recommendation of the Preferred Reporting Items for Systematic Reviews and Meta Analyses (PRISMA). João Pessoa-PB, Brazil – 2023.

Most of the articles that made up the sample of this study were published after 2019 (n=11), in the following countries: Brazil (n=12), the United States (n=4), Turkey (n=2) and China (n=2). Regarding the level of evidence, 18 refer to qualitative studies (level of evidence 6) and 2 refer to prospective-randomized studies (level of evidence 1).

Jean Watson's theory has been used to analyze pediatric care in various aspects, such as hospital environment (n=14), home environment (n=4),

Basic Health Unit (n=1) and support home for children with cancer (n=1). As for the study participants, it was found that the scientific evidence in the pediatric context involves only children (n=8); only family members (n=4); child and family (n=2) and health professionals (n=6), four of them specifically from Nursing.

Box 2 shows the characteristics of the 20 articles included in this review: country, year of publication, method, level of evidence, participants and study scenario.

Box 2. Description of the studies included in this integrative literature review. João Pessoa-PB, Brazil – 2023.

Study (S)	Country/ Year	Method	LE*	Participant Study scenario
S1(10)	Brazil 2020	Qualitative Exploratory-descriptive	LE 6	12 nurses to the pediatric hospital
S2(11)	Brazil 2017	Qualitative Field study	LE 6	11 children Cancer Child Support House
S3(12)	Brazil 2021	Descriptive with qualitative approach	LE 6	10 Nursing professionals. Basic Health Unit (BHU)

S4(13)	Brazil 2016	Qualitative Exploratory-descriptive	LE 6	20 Children: Pediatric ward.
S5(14)	Brazil 2021	Qualitative Descriptive-exploratory	LE 6	7 mothers Domicile
S6(15)	United States 2021	Quantitative-qualitative Descriptive-exploratory	LE 6	95 health professionals Hospital
S7(16)	United States 2019	Qualitative Descriptive	LE 6	27 health professionals Children's Hospital
S8(17)	Brazil 2023	Qualitative Exploratory Field	LE 6	10 nurses Oncology Hospital
S9(18)	Brazil 2017	Qualitative Exploratory-descriptive	LE 6	20 Children Hospital
S10(19)	Turkey 2021	Qualitative Descriptive	LE 6	12 children with cancer Pediatric Hematology and Oncology Service
S11(20)	Brazil 2014	Qualitative Descriptive	LE 6	12 nurses Hospital Pediatrics
S12(21)	Brazil 2019	Qualitative Intervention Research	LE 6	8 children 12 family caregivers Domicile
S13(22)	Brazil 2021	Qualitative Convergent-assistance	LE 6	7 family members Domicile
S14(23)	United States 2014	Qualitative Case study	LE 6	Pediatric patient Hospital
S15(24)	Brazil 2013	Qualitative Exploratory-descriptive	LE 6	9 nurses Pediatric Oncology Hospital
S16(25)	Brazil 2012	Qualitative Research-Care	LE 6	21 mothers Hospital
S17(26)	Turkey 2022	Qualitative Case report	LE 6	6-year-old girl and her parents Department of Pediatric Surgery
S18(27)	China 2021	Quantitative-qualitative Prospective-randomized	N1	240 children Hospital service
S19(28)	China 2022	Quantitative-qualitative Prospective-randomized	N1	148 children Hospital service
S20(29)	United States 2003	Experience report	N6	7 children Domicile

*LE = Level of evidence.

Source: Prepared by the authors.

During the process of analyzing the data extracted from the articles included in this review, it was possible to identify some of the elements

adopted by the theorist, as well as the main outcomes of pediatric care, as shown in Box 3.

Box 3. Identification of the elements of care emphasized by the theory and outcomes of pediatric care guided by Jean Watson's Theory, in the selected articles. João Pessoa-PB, Brazil – 2023.

Study (S)	Elements of care	Outcomes of care
S1 ⁽¹⁰⁾	Authentic care, respect, compassion, spiritual care.	Relief from pain and suffering of children and their families under palliative care.
S2 ⁽¹¹⁾	Games, expression of feelings, love, affection, authentic relationship, trust, care-healing environment.	Reach of the transpersonal self in children with cancer under palliative care.
S3 ⁽¹²⁾	Sensitivity, love, help-confidence relationship, promotion of teaching-learning, expression of feelings.	Not stereotyping, cultivating sensitivity for oneself and for the child facilitates the achievement of comprehensive care. Even in the face of insecurity when caring for children with Autism Spectrum Disorder.
S4 ⁽¹³⁾	Playful musical activities.	Interaction, distraction and pleasure between hospitalized children and their parents. Improvement in sleep quality.
S5 ⁽¹⁴⁾	Delicacy, authentic relationship, affection, expression of feelings.	Not criticizing or judging fostered trust, facilitating the implementation of educational practices.
S6 ⁽¹⁵⁾	Loving care, kindness, authentic care.	Greater ability to manage stress and increased the ability to care.

S7 ⁽¹⁶⁾	Love, faith, trust, cultivate relationships, forgive, be creative, teach-learning, care-healing environment, respect, miracles.	Enrichment of relationships between human beings (professionals and cared beings), promoting an environment of care and healing.
S8 ⁽¹⁷⁾	Help-confidence, expression of feelings, creativity.	Caring in tune with Watson creates opportunities for the children to be cared for integrally, through a relationship of dialogue and loving attitudes.
S9 ⁽¹⁸⁾	Use of music and other playful activities.	Provides the child with feelings of joy and happiness during hospitalization.
S10 ⁽¹⁹⁾	True, humanistic, compassionate care; love and compassion.	Children demonstrate a need for love and compassion, clear information about treatment, games, and physical improvements in the wards.
S11 ⁽²⁰⁾	Kindness, goodness.	The theory contributes to a culture of care that favors the satisfaction of family members of hospitalized children, but is little known in practice.
S12 ⁽²¹⁾	Authentic presence, spirituality, goodness.	Care may be able to meet the physical and non-physical demands of children, also allowing the mutual exchange of teachings and learning.
S13 ⁽²²⁾	Be creative (use of Reiki).	Better balance between body and mind and improvement of physical and psychic symptoms.
S14 ⁽²³⁾	Authentic and loving care.	It makes it possible to create physical, mental and spiritual connections between nurses and patients.
S15 ⁽²⁴⁾	Caring, love, respect, being creative, spiritual practices.	Care mediated by sincerity, empathy and respect favors trust in the relationship of care.
S16 ⁽²⁵⁾	Authentic care, faith, hope.	Reduction of negative feelings such as anguish and fear.
S17 ⁽²⁶⁾	Authentic relationship.	Harmonious care environment facilitates the recovery of the child as well as reducing distress and suffering.
S18 ⁽²⁷⁾	Harmonious environment and care relationship.	Greater adherence of children to treatment and parental satisfaction in relation to care.
S19 ⁽²⁸⁾	Use of creativity to leave the therapeutic environment.	Sincerity and respect give better satisfaction and help reduce negative feelings.
S20 ⁽²⁹⁾	Teaching-learning	When teaching health to children, nurses experience the opportunity to also learn.

Source: prepared by the authors.

DISCUSSION

According to studies included in this review, Jean Watson's Theory can be considered as a reference to subsidize care regardless of the environment where care action is necessary. It is noted that professionals, particularly nursing professionals, are committed to providing care to children and their families that can go beyond performing technical procedures and relieving symptoms associated with physical needs^(10,16,25). However, the literature reports that the process of training nurses has gaps that tend to a mode of care focused primarily on physiological changes, with little emphasis on humanistic aspects and the spiritual dimension of being cared for⁽³⁰⁾. Added to this aspect is the fact that Watson's theory presents abstract concepts. Thus, it is possible that these are the reasons that some professionals consider a challenge to act in care based on the philosophy of care addressed in Jean Watson's theory⁽³⁾.

When analyzing the characteristics associated with pediatric care, it appears that trust, love and respect for the particularities presented by each child are essential components and should underpin the practice of care⁽²⁴⁾. Thus, it becomes possible to transform a disconnected care relationship into a transpersonal connection, thus generating positive and significant impacts for the children, their families and the caregivers^(14,15,19).

By understanding the essence of the transpersonal, health professionals can give new meanings to the intentionality of care, improving the ability to manage their own emotions and exercise quality care, based on love and compassion⁽¹⁶⁾, and expand their ability to manage stress, as verified in a study conducted in the United States⁽¹⁵⁾.

Transpersonal care is located in the field of Unitary Care science, in which love and care are connected through the Elements of the *Clinical Caritas-VeritasProcess*^(4,6). Some of these elements are emphasized by the studies analyzed

and contribute to giving voice to children and family members who are the focus of care.

Transpersonal care can be achieved when the caregiver establishes a physical, mental and spiritual connection with the being cared for, as demonstrated in a study involving a nurse and a child with cancer⁽²³⁾. Another study, also involving nurses and children with cancer, points out that dialogue and loving attitudes are essential for transpersonal care⁽¹⁷⁾.

The practice of loving-kindness is the first element of the *Caritas* process and involves love, kindness and compassion for oneself and others^(4,5). Such components are perceived by nursing professionals who care for children in palliative care⁽¹⁷⁾. Care in this perspective is revealed through loving attitudes, delicacy and affection^(16,19,20). Thus, the potential to restore the being cared for is achieved even in the face of the impossibility of curing the disease⁽¹¹⁾.

It is observed that, through the assistance offered, health professionals seek to encourage faith and hope, components that refer to the second *Clinical Caritas* element and are significant for the children and their parents in relation to the experiences related to the health-disease process^(21,25). For the theorist, with these elements, it is possible to see life as a mystery to be discovered rather than problems to be solved⁽⁵⁾.

Particularly among family members of children with complex pathologies, faith and hope can reduce negative feelings such as anguish and suffering⁽²⁶⁾. In this regard, a study shows that through faith, spirituality and closeness to God, family members of children with cancer find support to cope with the disease⁽³¹⁾. These same elements are also highlighted by mothers of children affected by congenital malformation as resources capable of helping to overcome the impact suffered by the diagnosis⁽³²⁾.

In pediatrics, the relationship of trust between the professionals, the children and their families is fundamental and tends to arise when sincerity, empathy and respect are part of the act of caring^(24,28). This component is the third element of the *Clinical Caritas-Veritas* Process and involves an intersubjective human-to-human relationship, with the potential to expand the worldview of both and achieve the transpersonal self^(4,6). However, the fast pace and work overload can interfere with the availability of the

professional to establish an authentic and true connection with the patient, which can compromise the relationship based on trust⁽³³⁾. It corroborates the above study that refers to the excess of bureaucratic activities in the daily life of nurses as a factor that interferes with the availability of professionals to authentically connect with patients⁽³²⁾.

It is important to emphasize the fifth element proposed by Jean Watson, which concerns the expression of feelings, should be practiced by everyone involved in the relationship of care, especially in pediatric care. In health professionals, it was found that the repression of feelings, especially negative ones, can affect the involvement with care and trigger emotional dissonance, exhaustion and stress⁽¹²⁾. On the other hand, creating a space for communication open to the expression of doubts, anxieties, suggestions and feelings contributes to feelings such as discomfort and malaise felt by professional caregivers giving way to the feeling of serenity in the face of caring for children in palliative care⁽³¹⁾.

In relation to children, for whom playing is a typical childhood need, it is necessary to consider the sixth element of the *Clinical Caritas-Veritas* Process - being creative - and to use all forms of knowledge as a resource to stimulate the expression of positive and negative feelings in the children. In this regard, it appears that the practice of playful activities such as drawing, painting and music can provide a care environment that enhances healing^(5,6, 11,13,18).

On this subject, a study carried out in Turkey showed that the scarcity of fun activities during hospital stay makes children feel bored⁽¹⁹⁾. On the other hand, musical activities made them feel excited, cheerful and happy⁽¹⁸⁾, which provided a therapeutic, welcoming and pleasant environment, capable of promoting well-being, reducing anxiety levels and improving sleep⁽¹³⁾.

Applying all forms of knowledge, aligning medical sciences, art, ethics and personal experiences, optimizes the process of caring-healing, including family members^(13,24). To exemplify this context, we can mention the repercussions of transpersonal care mediated by Reiki referred to by family members of children with sickle cell disease, such as reducing anxiety and stress, seeking balance and peace, practicing healthy habits, renewing faith, among others⁽²²⁾.

A considerable aspect in pediatrics is the opportunity for teaching-learning from care to be aligned with the *caritas* conscience, originating from a relationship built on trust and far from authoritarian positions^(14,26). In view of this, the theorist considers that teaching is much more than transferring knowledge to the patients⁽⁵⁾.

Regarding the relationship of care and its association with teaching-learning, it can be observed in a nurse's report that the fact of teaching pre-adolescent children about health promotion provided a valuable opportunity to obtain new learning⁽²⁹⁾. Another study also attributes the acquisition of new learning to the model of transpersonal care adopted in nursing care for children with special health needs⁽²¹⁾.

Creating a healing environment in all human dimensions is the eighth element to which the theorist refers⁽⁵⁾. The environment is able to heal when the place provides rest for the body and its soul⁽¹⁶⁾. It should be emphasized that the environment was mentioned as a resource that can enhance healing, even in situations of palliative care⁽¹¹⁾. Research carried out in China showed that being creative and creating a harmonious hospital environment helped in the recovery of children in the postoperative period of strabismus correction because it generated greater adherence to treatment, also resulting in parental satisfaction in relation to care⁽²⁷⁾.

On this subject, it is observed that the influence of the environment to achieve healing has been emphasized since Florence Nightingale, who introduced aspects such as colors, lighting, music, among others in the context of care, in order to make the environment favorable to the healing of the patients' body-mind-spirit⁽³⁴⁾.

It is possible to verify that caring in line with the elements proposed by the theory in question enables the children to be cared for in their entirety⁽¹⁷⁾. It is believed that reflecting on the practice of care mediated by Jean Watson's theory contributes to health professionals, especially nurses, replacing their intuitive actions with intentional attitudes that incorporate the true human essence in the attitude of care⁽³⁰⁾.

In this review, the predominant studies were those with a qualitative approach, with level of evidence 6. Research of this nature is relevant in the investigation of issues involving subjective aspects of human behavior. As for studies with

evidence level 1, it is observed that it is still little explored in research involving pediatric care and Jean Watson's Theory, since only two international studies used the prospective-randomized method^(28,29). However, it should be said that investigations of this nature, which allow us to know the effect of health interventions, constitute an important tool to analyze the practical evidence on pediatric care guided by Jean Watson's Theory.

It is pointed out that Jean Watson's Theory is considered far-reaching and contains abstract concepts that can hinder its application in the practice of care⁽³⁵⁾. Perhaps, this is a reason that justifies the predominance of medium-range theories, to meet the specific care needs of the pediatric public, according to the result obtained in a research carried out considering national and international studies⁽³⁶⁾.

The implications of this review for practice focus on demonstrating that the precepts of the theory presented herein can be incorporated into pediatric care. In addition, it is interesting to raise reflections and discussions in the areas of training, research and care, especially among nurses, on the contributions of Jean Watson's theory to the practice of comprehensive and holistic care aimed at children and their families.

As a limitation, it is pointed out that this review has incorporated few studies that relate pediatric care to Jean Watson's theory, since most publications available in online journals involving the theory address the context of care outside the pediatric context.

FINAL CONSIDERATIONS

The evidence obtained in this review demonstrated that pediatric care, when discussed based on Jean Watson's theory, involves characteristics that contribute to the children and their families being considered as integral beings with care needs that go beyond the physical dimension.

It was possible to perceive that some of the assumptions adopted by the theorist are incorporated into the assistance offered to the children, such as affection, authentic relationship, expression of feelings, use of music and playful activities, among others, all of which are fundamental in coping with the disease by the

children and their families. The results of this review also demonstrate that when approaching the theory, health professionals, particularly nurses, can re-signify the essence of care for the others, as well as for themselves.

However, it is noted that there is a need for

new studies that associate theory with care in the pediatric context, since, of the 1,731 records initially identified in the databases, only 20 address characteristics inherent to care aimed at the children, the families and the professionals involved in pediatric care.

O CUIDADO PEDIÁTRICO À LUZ DA TEORIA DE JEAN WATSON: REVISÃO INTEGRATIVA

RESUMO

Objetivo: analisar as evidências científicas sobre o cuidado pediátrico à luz da Teoria de Jean Watson. **Método:** revisão integrativa de literatura, com busca realizada em dezembro de 2022 e atualizada em outubro de 2023 nas bases SciELO, Lilacs, Scopus, CINAHL, Web of Science, PubMed e EMBASE. Os achados foram analisados com base na teoria empregada e apresentados de modo descritivo. **Resultados:** foram incluídas 20 publicações relacionadas ao cuidado em pediatria nos diversos cenários como ambientes hospitalar, domiciliar, unidade básica de saúde e casa de apoio à criança com câncer. Constatou-se que amor, fé e esperança, confiança, apoio à expressão de sentimentos, criatividade e o ensino-aprendizagem são significativos no processo de cuidado. **Considerações finais:** as evidências científicas demonstraram que, quando alicerçados pelos elementos do Processo *Clinical Caritas-Veritas* apresentados pela teoria de Jean Watson, o cuidado contribui para que a criança e sua família sejam vistas como um ser integral com demandas assistenciais que ultrapassam as associadas apenas a dimensão física.

Palavras-chave: Teoria de Enfermagem. Cuidado da criança. Pediatria.

EL CUIDADO PEDIÁTRICO A LA LUZ DE LA TEORÍA DE JEAN WATSON: REVISIÓN INTEGRADORA

RESUMEN

Objetivo: analizar las evidencias científicas sobre el cuidado pediátrico a la luz de la Teoría de Jean Watson. **Método:** revisión integradora de literatura, con búsqueda realizada en diciembre de 2022 y actualizada en octubre de 2023 en las bases SciELO, Lilacs, Scopus, CINAHL, Web of Science, PubMed y EMBASE. Los hallazgos fueron analizados con base en la teoría empleada y presentados de modo descriptivo. **Resultados:** se incluyen 20 publicaciones relacionadas al cuidado en pediatría en los diversos escenarios como ambientes hospitalario, domiciliario, unidad básica de salud y casa de atención al niño con cáncer. Se constató que amor; fe y esperanza; confianza; apoyo a la expresión de sentimientos; creatividad y enseñanza-aprendizaje son significativos en el proceso de cuidado. **Consideraciones finales:** las evidencias científicas demostraron que, cuando se basan en los elementos del Proceso *Clinical Caritas-Veritas* presentados por la teoría de Jean Watson, el cuidado contribuye para que el niño y su familia sean vistos como un ser integral con demandas asistenciales que superan las asociadas solo a la dimensión física.

Palabras clave: Teoría de Enfermería. Cuidado al niño. Pediatría.

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