



EXPERIENCES OF MOTHERS WITH CHILDREN IN EMERGENCY SITUATIONS IN A PORTUGUESE PEDIATRIC EMERGENCY DEPARTMENT

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ABSTRACT

Objective: To describe the experiences of mothers accompanying their children in critical condition; to identify the advantages and disadvantages of the presence/absence of parents in the emergency department accompanying their children in critical condition; and to identify the needs felt by the mothers accompanying their children in critical condition. **Methods:** A qualitative, phenomenological study. Seven semi-structured interviews were carried out with mothers of children/adolescents in critical condition who required emergency care in a pediatric emergency department. **Results:** Four main themes emerged from data analysis: 'Me: Mother' (the mother's feelings and experiences), 'A Part of Me: My child' (experiences related to the interaction with the child), 'Me and the Others: Professionals' (needs, positive and negative aspects), and 'Me in here: In the Emergency Department' (presence or absence and other factors). **Final considerations:** Most mothers accompanied their children during their stay in the emergency department and reported experiencing feelings such as anguish, helplessness, despair, sorrow, and sadness. The mothers described strategies for coping with the critical situation and identified the need for the presence of a professional dedicated to passing on information. They also identified positive and negative aspects of the performance of health professionals.

Keywords: Emergency Nursing. Parents. Critical Care. Feelings. Pediatrics.

INTRODUCTION

Caring for children in hospital settings has been a topic of discussion to humanize care and improve the well-being of children and their families⁽¹⁾. Recognizing the role of the family in the child's life is essential, so supporting the child and their family through involvement, participation, partnership, and training should be a priority⁽²⁾.

This premise can be understood in light of the Family-Centered Care model.⁽²⁾ This construct is constantly evolving. Initially, children admitted to the hospital were prevented from having their parents present and caring for them and were restricted to short visits. However, later on, parents began to be gradually integrated into the provision of care⁽³⁾.

The main characteristics of person- and family-centered care are partnership, communication, respect, and compassion. This

philosophy of care aims to improve health outcomes, the child's quality of life, safety, and the family's satisfaction. It also helps to reduce hospitalization costs and parents' negative feelings towards their child's hospitalization⁽²⁾.

The evolution of pediatric care has also had an impact on emergency situations, a subject that still generates different opinions. During resuscitation situations, the presence of parents or their substitutes was not allowed or was strongly discouraged. However, the presence of family members began to be discussed in the 1980s, starting with studies on parental anxiety and the parents' ability to comfort their children during certain procedures^(4,5).

The presence of parents during invasive procedures is still a controversial issue and its benefits remain poorly investigated. However, a study on the impact of parental presence during invasive procedures concluded that it contributed to the success of the procedure, increased the

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child's sense of security, reduced feelings of anxiety among family members, and increased parental satisfaction⁽⁶⁾. However, it is known that stressful situations, such as an emergency situation, can be perceived differently by family members depending on their individual and social context⁽⁷⁾.

It is therefore a topic that arouses research interest due to the few available studies, particularly in an emergency context. Therefore, this study focuses on the experiences of mothers with children in emergency situations in a pediatric emergency department. The study of this topic is intended to contribute to a reflection on whether or not mothers are given the choice to remain in the emergency department with their children.

In order to understand this phenomenon of interest, the following objectives were defined: to describe the experiences of parents accompanying their children in critical condition (whether they were present or absent in the emergency department); to identify the advantages and disadvantages of the presence/absence of parents accompanying their children in critical condition in the emergency department; to identify the needs felt by parents accompanying their children in critical condition.

METHODS

This is a qualitative, phenomenological study⁽⁸⁾ guided by the following research questions: What are the experiences of parents accompanying their children in a critical condition in the emergency department; What are the contextual and situational aspects, namely the advantages and disadvantages of the presence/absence of parents accompanying their children in a critical condition in the emergency department, and What support is given to parents accompanying their children in a critical condition in and out of the emergency department? The research report was prepared based on the guidelines proposed by the Consolidated Criteria for Reporting Qualitative Research (COREQ).

The selection of participants was purposeful and based on convenience (ease of access). The inclusion criteria included parents of children

and adolescents who had experienced a critical situation requiring emergency care in the emergency department of a general hospital in central Portugal between March and June 2022. The exclusion criteria included parents of children who had already been treated in an emergency department, emergency cases from another hospital in which there had already been previous stabilization, and cases in which the outcome was death.

Data were collected through semi-structured interviews, using a guide with questions relating to sociodemographic characterization and the following topics: accompanying the child in the emergency department, experiences during this period, memories and marks from the experience, needs felt, and positive or negative aspects. The following questions were posed: Your child was in the emergency department... can you tell me what it was like for you to accompany your child in the emergency department? How did you experience those moments? What do you remember and what affected you or left a mark on you? Were you able to accompany your child? Were you offered that opportunity? What needs did you have during the time your child was in the emergency department? What aspects of the experience do you feel were missing or made a positive or negative difference?

The interviews lasted an average of 25 minutes. Four interviews were conducted in-person (in the emergency department), while three were conducted by telephone because the researcher was not working when the child was admitted to the emergency department. The interviews were audio recorded. The audio recordings were kept by the main researcher and destroyed after transcription.

Data were analyzed based on the following five steps⁽⁸⁾: 1) intuitive and global reading of the information; 2) creation of a constitutive profile in search of the essence in the experience (units of meaning, attribution of meaning, central themes, constitutive profiles); 3) validation; 4) creation of a thematic index; and 5) work on the thematic index, synthesis, and description of the findings and validation⁽⁸⁾.

The research project was approved by the Ethics Committee of the hospital under analysis (Opinion No. OBS.SF.244-2021). Throughout

the study, the participants were provided with all the information about the research and its objectives and ensured their anonymity, confidentiality, and the right to refuse to participate. They were asked to give their informed written consent. In the presentation of the results, each unit of meaning was identified by the number of the interview previously coded with the letter 'I' and the assigned number.

RESULTS AND DISCUSSION

The seven participants were mothers of children in an emergency situation. All participants remained in the emergency department while their children were being cared for. Table 1 shows some characteristics of the mothers and children.

Table1. Sample characterization

| D | MOTHER | | | | | CHILD | |
|---|--------|---------|------------------------|-----------------|--------------|-------|--|
| | Age | Partner | Education level | Profession | No. Children | Age | Illnesses |
| 1 | 41 | Absent | Postgraduate education | Gastronome | 1 | 4 | Severe dyspnea after airway obstruction |
| 2 | 39 | Present | Bachelor's degree | Psychologist | 3 | 2 | Febrile seizure |
| 3 | 36 | Absent | 9th grade | Waitress | 3 | 17 | Respiratory arrest |
| 4 | 36 | Absent | 12th grade | Administrative | 2 | 10 | Consciousness and respiratory disorders after COVID-19 infection |
| 5 | 29 | Absent | 12th grade | Hairdresser | 2 | 1 | Febrile seizure |
| 6 | 38 | Absent | 8th grade | Domestic worker | 5 | 1 | Facial burn with airway involvement |
| 7 | 36 | Present | 12th grade | Shop assistant | 1 | 1 | Severe dyspnea |

The analysis showed that the findings are divided into the following four main themes related to the phenomenon: 'Me: Mother'; 'A Part of Me: My Child'; 'Me and the Others: Professionals'; and 'Me in Here: In the Emergency Department'. Figure 1 represents the

phenomenon, displaying these themes, the sub-themes, and the main meanings found. The following diagram shows the dyad of 'Me: Mother' and 'A Part of Me: My Child', with the interdependence of health professionals and the context (in the emergency department).

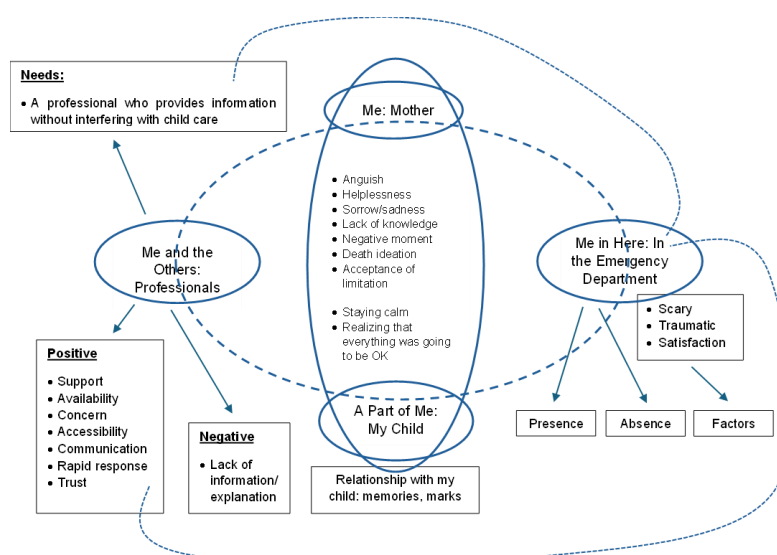


Figure 1. Schematic representation of the phenomenon under analysis

The themes, their meanings, and a selection of the most representative natural units of

meaning are presented below.

Me: Mother

With regard to the main theme, 'Me: Mother', seeing a child or adolescent with a life-threatening condition in an unfamiliar environment, surrounded by several health professionals focused on stabilizing them, is usually an experience that brings out a range of emotions in mothers, such as anguish, sadness, and sorrow:

Look... it was anguish. I felt like I was fainting. It was like a faint, it was strange (I5).

It was hard, especially when she was decompensating and starting to desaturate. (I4).

[...] As a mother, I was hurt... I was sad and hurt because I also suffer with him. [...] There was a lot of pain. Because I've had five children and these things had never happen. Now, with my son, I felt a lot of pain [...]. A feeling I'd never had before... something I didn't expect [...] (I6)

Given that some parents are unfamiliar with the health sector, it is easy to understand the feeling of helplessness and lack of knowledge mentioned by the mothers:

I felt completely lost. It's logical that all the care had to be for her... I don't question that, but for us parents, who don't understand what's going on, it's very distressing because we can't help or understand. [...] It got to the point where I was becoming desperate [...] (I7).

She's very well looked after, there's no doubt about that. No... I don't even question anything, but it's that feeling of helplessness (...) (I4).

She looks at me with her eyes saying "help me" and I can't do anything about it [...] (I7).

Fortunately, it's an environment with which I'm not familiar about [...] (I4).

In these emergency situations, mothers feared the death of their children and experienced a very negative and uncertain moment in their lives:

Everything. I thought the worst. Then when I saw him with the tube, it was even worse [...] All the movement was inside and I was there. When I started to see more people going in, I always thought that he was... that he was gone... That he was... (I3).

At this moment, the mothers recognized and accepted their limitations:

[...]I can't do anything else ... She is there completely...(I4).

Given these difficulties and circumstances that are extremely difficult to overcome, the mothers used mechanisms and strategies to navigate these challenges. Some reports show that they remained calm and believed that everything would be fine:

I always try to stay calm and that's what I did [...] I stayed calm, and I knew you'd handle the rest. (I2).

Given the situation, how I saw her, I think I was quite calm, and... I don't know. It was a situation I'd never seen before, I was completely out of it [...] but I think I managed to stay calm, but it started when we found her at home. It was... in the ambulance she was calm and then here it seems like she lost it completely." (I4).

[...] I think it was probably an adrenaline rush because I was in the ambulance the whole time trying to stay as calm as possible, I was carrying her and I was trying to think that everything was going to be OK [...] (I7).

In line with these findings, parents experience a high level of stress and emotional distress in the hospital environment⁽⁹⁾. A child's illness and hospitalization is a difficult and unpredictable event in the child's life cycle⁽⁹⁾. Parents' stress levels can be influenced by several factors, including the psychological characteristics of the child and the parents, the child's health status, and the support provided to the family by health professionals⁽⁹⁾.

The results of a study conducted in Brazil with mothers of newborns admitted to the Neonatal Intensive Care Unit reinforce the importance of professional support in facilitating family restructuring and acceptance and enhancing their performance as companions of the child in the hospital environment, which applies to different sectors. This study also highlighted that the quality of the welcoming process and the communication between the professionals and the families is an important tool because it encourages family members to be more present and participate more actively. Moreover, it also promotes autonomy, training, and the acquisition of skills and competencies for care delivery, especially after the critical phase in the child's health condition⁽¹⁰⁾.

Other authors also report that not being able to be by the child's side can contribute to the parents' emotional trauma in an emergency situation⁽¹¹⁾. Nevertheless, this study found that most mothers were given the opportunity to accompany their children in the resuscitation room, which is a positive factor.

A Part of Me: My Child

The 'A Part of Me: My Child' theme includes the relational component between mothers and children/adolescents, which give rise to the feelings already described. The purpose was to highlight the origin of these emotions based on the interactions between mothers and children, the mothers' observations and feelings, and the memories and marks that emerged in that context:

It was... traumatic. Seeing him like that [...] (I3).

Yes, apart from her getting sick, it was everything, yes. [...] (I5).

It's always scary for us. Seeing her like that and not being able to do anything about it [...] (I7).

The admission of a child to an emergency department is a highly stressful experience for parents. A study that aimed to assess the anxiety levels of parents accompanying children to the emergency department found that their anxiety on arrival was significantly higher than expected, indicating the need for appropriate interventions⁽¹²⁾.

Me and the Others: Professionals

With regard to the 'Me and the Others: Professionals' theme, the mothers had different perspectives on the performance of health professionals. Thus, the mothers' experiences were divided into two subthemes: positive and negative aspects. Regarding the positive aspects, the mothers reported that the health professionals provided them with support, including expressions of concern, availability, accessibility, and rapid response, and had their trust:

[...] but everything, everyone always supported me. Yes (I felt supported), everyone was by my side. [...] I had all the support, the assistants, the security guards, the firemen who brought him,

everyone. I don't think they could have done more. Even the support they gave me and everything. I felt supported. I always had support. The support was fundamental... (I3).

[...] I think they were tireless. In everything! In availability, in understanding, in being on top of things [...]. I think that, in the past, all professionals, not just health professionals, had a different approach... it was different. There was a differentiation, [...] and now, I think that more and more of them, whether they're doctors or nurses, are much more accessible. [...] (I4).

It was very quick, the service was excellent, and they even let us both (mother and father) be with him. (I2).

It was... immediate. It was immediate. [...] (I5).

The positive thing was the rapid provision of help [...] they tried to understand what wasn't working and chose another route. (I7).

Communication is also an important and valuable intervention for mothers, as it allows them to have access to information about their child's health status and to minimize the suffering caused by the anxiety of the unknown and uncertainty:

[...] they always told me what they were doing. Always, always. (I3).

They responded to everything, everything was quick, and they let them both (mother and father) be there. (I2).

She's very well looked after, there's no doubt about that. Yes, yes, there's no doubt. (helpless but trusting in the professionals) [...] We can easily talk to anyone [...] (I4).

On the other hand, with regard to the negative aspects, some participants reported lack of information from the professionals, although they expressed understanding of the situation:

Yes, the only thing I asked, and they didn't answer me straight away was about its saturation. If it was ok. But I understand because he was working as part of a team. And there was no immediate answer. His saturation was very low, and I asked about it but they wouldn't tell me. (I1).

I mean, no... yes. But at the same time, it's not a criticism because I didn't want them to stop caring for her to tell me things, to explain me, right? Now, yes, I felt that I didn't know what was going on, yes. (I7).

The subtheme of maternal needs emerged from this theme. In an emergency situation, professionals are required to focus on their clinical responsibilities, unconsciously devaluing the needs of the parents or other significant persons accompanying the child. One mother identified the need for a professional to inform her of the developments in the emergency department, while ensuring that her child's critical care is not compromised:

Look, maybe I needed someone to explain me what was going on. As a mother, [...] I don't have any knowledge, you see? Seeing all that, their concern, at the same time I didn't want to interrupt, they were doing their job, but maybe I needed someone to say: look, this is to be expected, or given her condition, this is normal, we're going to do this and we expect it to happen like this, or... (I7).

Conversely, when health professionals explained the procedures as they were performed and offered clarification to the mothers, this intervention enabled them to perceive that their needs had been met and that the care provided was not flawed:

There was nothing missing. Both the doctors and the nurses were all great(I2).

I honestly didn't miss anything, they were always explaining what they were doing and what they were going to do to him, and they were always by his side, so I didn't feel any lack of communication from anyone (I3).

No! No. I think they did everything. [...] (I4).

No, I didn't even think about it (mother's needs). Not at all (took second place) [...] No, it was really just about her being well (I5).

It is crucial to inform health professionals of the advantages of family presence in the emergency department. A literature review revealed the benefits of parents being present during their children's resuscitation, with three common themes emerging: need to be present, communication, and seeing to believe. Both parents and health professionals benefit from being present. Specifically, parents report more positive experiences when they are allowed to choose whether or not to be present⁽⁵⁾.

This is corroborated by other authors who argue that the family should be informed during hospitalization and should be present during the

child's treatment. The presence of a professional with responsibility and training is essential for assisting family members in this context. This allows them to be welcomed, comforted, given answers to their questions, and be informed about the procedures. It also ensures the safety of both the child or adolescent and the professionals⁽¹¹⁾.

Me in here: In the Emergency Department

Concerning the 'Me in here: In the Emergency Department' theme, the participants described the environment where the traumatic and frightening experience took place:

It was...traumatic. [...] (I3).

It is always scary for us. [...] (I7).

Parents often accompany their children when they visit the emergency department for non-urgent medical care. However, this is not always allowed in emergency situations. All participants were present in the emergency department:

"Yes. Yes. Always present.(I4); Yes, I was always with him.(I6)."

However, they were absent from the emergency department during endotracheal intubation:

Yes (I accompanied him). They didn't let me in when he was being intubated.(I3).

Despite the traumatic and stressful experience, the mothers were satisfied with various aspects of the service, including the overall quality of care:

[...] I think the assistance itself was extraordinary (I4).

[...] But talking about everyone, I think everyone always assisted us, and it was, it was...fantastic. (I4); It was excellent. It was excellent. Very good. (I1).

It was very positive. I have nothing bad to say. (I2).

The assistance was good, and then they talked to me, they talked to him, I have nothing to complain about. [...] (I6).

I think it was the right assistance. She recovered. (I7).

Some studies have highlighted the importance

of health professionals supporting, educating, and involving families in decisions about care, particularly the termination of resuscitation⁽¹³⁾.

These findings are corroborated by an analysis of the reports of several participants, which indicate that the observation of health professionals' efforts and concern improved their satisfaction with the care provided in the emergency department.

Additionally, other reports indicated satisfaction with being able to be with their children at all times, having two people present in the emergency department, being accompanied by professionals at all times, having samples taken for analysis, being offered food and hygiene care, and the health professionals' concern and efforts:

I was never alone, and she was always with someone, I was always there, exactly. It was positive, no doubt about it. [...] Now the condition in which I found her and how she remained, it did worry me, but just as it worried me, it worried a lot of people, that's it, it was the whole group, it was the whole nucleus and I think that's a very strong point. (I4).

It was very quick, the assistance was excellent, and they even let us both (mother and father) be with him. (I2).

Yes. Yes, yes, yes. They even sent for my husband who was outside and allowed him in too. (I7).

Yes, apart from the fact that she was ill, that was all. The fact that they do tests to check, don't they? Sometimes they say it's this or that, but they don't do any tests to find out for sure. That's all I don't like. But otherwise they did blood and urine tests... (I5).

They assisted him well. They looked after him, gave him food and water. Since he doesn't have the Foley catheter anymore, they're changing his diaper [...] Yeah, yeah. I think it all went well. They asked about me, if I was feeling well, things like that, I asked for water and they gave me water. That was fine with me. Yeah, they were worried about me [...] (I6).

[...] I think it was the efforts that were quickly made to make things go smoothly, yes. (I7).

Other factors may influence the intensity of the experience, either in a reassuring or disturbing manner. For example, prior knowledge of the illness can be a reassuring factor:

"What's more, in my son's situation, I already knew that he could have a seizure, even though it had never happened, and I've seen it in many other children too." (I2).

The lack of a similar previous experience proved to be a disturbing factor:

There was a lot of pain. Because I've had five children and never had these things. Now, with my son, I felt a lot of pain [...]. A feeling that I'd never... something I hadn't expected. I didn't expect it, I've already had five children, it had never happened, because I try to look after my children, but that day [...] then he got close to me and I didn't even feel him behind me! [...] (I6).

Some issues were also mentioned in relation to the circumstances, namely the COVID-19 pandemic or experiences prior to arriving at the emergency department. Although they were not directly related to the emergency department under analysis, they contributed to the experience of this critical episode:

The only thing I thought was bad was that when you go into the emergency room, you have to stand in line. So, I called the security guard and told him that it didn't make sense. The child arrives choking or hurt, whatever it is, and you have to stand in line. And there must be another type of assistance for cases like this, a warning: extreme cases. Something like that. Then you can go in and there's someone to help you. This is it. Because my son was fainting. Yes, that was before he went to the emergency room. And then he (the security guard) told me I could talk to the nurse. (I1).

It was very positive because I was able to be there, always present, which I think is very important, whether you have COVID-19 or not. (I4).

Yes, yes. I think this COVID thing has left us in certain situations that are already bad, it leaves us extremely fragile because we're alone and we can't, I don't know... (I7).

Finally, although this study has been conducted in accordance with the systematization and rigor recommended for qualitative phenomenological research, it does have some limitations. Some interviews were conducted by telephone, and only mothers were included because they were the only population available during the data collection period.

FINAL CONSIDERATIONS

This study aimed to gain insight into the experiences of mothers with children in emergency situations, with a focus on the description of their experiences and the identification of their needs. The participants' reports showed that they were present with their children in the emergency department and that this experience was perceived as a negative and traumatic moment, during which feelings such as anguish, despair, sadness, and helplessness were prominent. On the other hand, the findings revealed that the mothers

were satisfied with the overall assistance and the professionals' efforts and concern. Additionally, the study identified several factors that contribute to the characterization of the experience in the emergency department, as well as the needs experienced by the mothers.

This study has implications and contributions for nursing practice. It can potentially enhance the delivery of care, with a focus on the best interests of the child and their family members, while drawing attention to practices based on the Family-Centered Care model.

VIVÊNCIAS DE MÃES COM FILHOS EM SITUAÇÃO DE EMERGÊNCIA NUM SERVIÇO PORTUGUÊS DE URGÊNCIA PEDIÁTRICA

RESUMO

Objetivo: Descrever as vivências de mães no acompanhamento dos filhos em situação crítica; identificar os ganhos e limitações da presença/ ausência dos pais na sala de emergência, no acompanhamento dos filhos em situação crítica; e identificar as necessidades sentidas no acompanhamento dos filhos em situação crítica. **Métodos:** Estudo qualitativo, fenomenológico. Foram realizadas sete entrevistas semiestruturadas a mães das crianças/ adolescentes vítimas de uma situação crítica, que necessitaram de cuidados de saúde emergentes num serviço de urgência pediátrica. **Resultados:** Da análise dos achados emergiram quatro temas centrais, "Eu: Mãe" (sentimentos e vivências da mãe), "Parte de mim: O meu filho" (vivências relacionadas com a interação com o filho), "Eu e os Outros: Profissionais" (necessidades, aspetos positivos e negativos) e "Eu aqui: Na sala de Emergência" (presença ou ausência e outros fatores). **Considerações finais:** A maioria das mães esteve junto aos seus filhos na sala de emergência, referindo a vivência de alguns sentimentos como angústia, impotência, desespero, mágoa e tristeza. As mães descreveram algumas estratégias para fazer face à situação crítica, identificou-se também a necessidade parental de ter um profissional dedicado à transmissão de informação. Verificou-se, ainda, a percepção de aspetos positivos e negativos quanto à *performance* dos profissionais de saúde.

Palavras-chave: Enfermagem em Emergência. Pais. Cuidados Críticos. Sentimentos. Pediatria.

VIVENCIAS DE MADRES CON HIJOS EN SITUACIÓN DE URGENCIA EN UN SERVICIO PORTUGUÉS DE URGENCIA PEDIÁTRICA

RESUMEN

Objetivos: describir las vivencias de madres en el acompañamiento de los hijos en situación crítica; identificar los beneficios y las limitaciones de la presencia/ausencia de los padres en la sala de urgencias, en el acompañamiento de los hijos en situación crítica; e identificar las necesidades percibidas en el acompañamiento de los hijos en situación crítica. **Métodos:** estudio cualitativo, fenomenológico. Se realizaron siete entrevistas semiestructuradas con madres de niños/adolescentes víctimas de situaciones críticas y que necesitaron de atención de salud emergente en un servicio de urgencia pediátrica. **Resultados:** del análisis de los hallazgos, surgieron cuatro temas centrales: "Yo: Madre" (sentimientos y experiencias de la madre), "Parte de mí: Mi hijo" (vivencias relacionadas a la interacción con el hijo), "Yo y los Otros: Profesionales" (necesidades, aspectos positivos y negativos) y "Yo aquí: En la sala de urgencias" (presencia o ausencia y otros factores). **Consideraciones finales:** la mayoría de las madres estuvo junto a sus hijos en la sala de urgencias, refiriéndose a la vivencia de sentimientos como angustia, impotencia, desesperación, desamor y tristeza. Las madres describieron algunas estrategias para hacer frente a la situación crítica relacionadas con la necesidad de tener un profesional experto para la transmisión de información pertinente. Se verificó, aun, la percepción de aspectos positivos y negativos en cuanto al desempeño de los profesionales de salud.

Palabras clave: Enfermería de Urgencia. Padres. Cuidados Críticos. Sentimientos. Pediatría.

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