



RIGHTS OF CHILDREN AND TEENAGERS DURING HOSPITALIZATION: SOLUTIONS FOR GUARANTEE BASED ON THE MANAGEMENT OF THE CLINIC

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ABSTRACT

Objective: identifying possible solutions that contribute to the fulfillment of the rights of hospitalized children and teenagers. **Method:** a descriptive and a qualitative approach study conducted in a university hospital in the Central-West region of Brazil in sectors of hospitalization of children and/or teenagers with participation of health professionals and academics. The data production took place in December 2019 through semi-structured interviews, which were analyzed by the content analysis method. The study is anchored in the theoretical context of Clinical Management with compliance with the guidelines for research with human beings. **Results:** twelve participants were interviewed, who highlighted the following solutions ensuring the rights of children/teenagers: informative tools, checklist, implementation of option related to the theme in the on-line system in the hospital, bi-monthly meetings and protocols. **Final notes:** the research made it possible to list possible solutions, as well as providing moments of reflection to respondents, leading them identifying elements that already favor the fulfillment of the rights of children and teenagers in their practice.

Keywords: Problem Solving. Child Advocacy. Child, Hospitalized. Comprehensive Health Care. Hospitals, University. Clinical Governance.

INTRODUCTION

Hospitalization for children and teenagers is a process commonly permeated by pain and suffering, capable of causing high stress and reflecting negatively on the development of these individuals throughout life. Therefore, respecting the fulfillment of children's and youth rights can minimize vulnerability to health problems in these life cycles^(1, 2).

The integral protection of child and adolescent health had its historical milestone in the 1990s, with the creation of the Statute of Children and Teenagers (SCT) through Law 8069/1990⁽³⁾. The rights to hospitalization are described in the 1995 Resolution N 41 of the

National Council for Children and Teenagers (NCCT), which deals with the best conditions of hospitalization, health promotion and protection and access to information, constituting an important advance⁽⁴⁾ for the care of these individuals. Among the rights that must be ensured by this resolution, we highlight the right to comprehensive health protection as an absolute priority, the right to the presence of parents or guardians during hospitalization, the right to breastfeeding, the right not to feel pain and the right to psychological support.

Therefore, during the hospitalization period, health institutions must comply with the rights established by the NCCT Resolution, to ensure the dignity and respect for the particularities of

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children and teenagers. To this end, it is necessary that health professionals are encouraged to know these rights to guide their practices in safe, quality care free of abuse and violations⁽⁵⁾.

The difficulty in implementing these legal norms is due to a lack of adequate knowledge on the part of health professionals⁽⁵⁾, which can lead to errors and infringements, capable of causing biopsychosocial and spiritual damage^(1,5,6) to the patient. A recent study showed how the invisibility of child care is, from the search for care to the period of hospital admission, often associated with the violation of their rights⁽⁷⁾. In addition, it is common situations where their rights are violated, such as the offer of strict schedules for visits that limit interaction with relatives⁽⁸⁾, lack of infrastructure - such as the absence of playrooms⁽⁷⁾ - and lack of preparation of professionals to deal with physical and emotional problems of children in an appropriate way⁽⁹⁾, which assures the violation of child rights and compromises the exercise of health advocacy.

These situations show that, despite legislative advances, there is still a gap in the applicability of these laws in practice in health^(1,2). Therefore, it is necessary to expand the production of studies that address the rights of children and teenagers in health, focusing on how to transform the norms into concrete actions.

It is in this context that ensuring the applicability of rights in practice becomes important, because this is not limited to compliance with standards, but also involves stimulating an expanded health perspective, making professionals encourage children's participation in their hospitalization process and promote interaction with other spheres of the health care network⁽¹⁰⁾. These needs converge with the objective of institutions that employ the clinical management model, a theoretical approach that anchors this study⁽¹¹⁾ and that offers a management model focused on continuous improvement of the quality of care in the hospital context studied.

From the perspective of clinical management, health care should be based on clinical performance standards that ensure

comprehensive, safe and quality care, with a view to humanizing care^(11, 12, 13). Furthermore, this management model provides the necessary support for identifying solutions that contribute to the realization of the rights provided in the NCCT Resolution and the SCT by respecting the needs of children, teenagers and their families during hospitalization⁽¹³⁾. For this, the management of the clinic is guided by the continuous training of health professionals, ensuring practices that implement well-structured solutions and respect the rights of children and young people.

To define the scope of this study, the term "solutions" will be used using the sense of "artifacts", according to the definition of elements built by humans, or artificial objects, created with the purpose of achieving certain purposes, functionalities and adaptations⁽¹⁴⁾. These may involve from the implementation of digital health technologies (eHealth)⁽¹⁵⁾ to patient and family-centered care models in pediatric units⁽¹⁶⁾ that allow the adoption of practices to ensure the protection of their rights, even in challenging hospital contexts.

However, the adoption of these artifacts faces specific challenges, such as the naturalization of institutional violence in care practices, the devaluation of children's autonomy, the precariousness of the hospital structure and the failure to communicate between health professionals and families⁽⁷⁾. These obstacles expose the urgency of changes in care practices and public policies that act to protect the rights of hospitalized children and teenagers.

Considering the above scenario, it is relevant and necessary to identify solutions that improve this context and can ensure respect for the rights of children and teenagers, humanizing their hospitalization. Thus, it is postulated that scientific studies that identify solutions already employed in hospital care can contribute to the transformation of this scenario, making the hospital experience more comfortable and respectful for patients, which favors the advancement of care practices and the development of health science and nursing.

Thus, this study comes from the following research question: What solutions could be identified to ensure compliance with the rights

of hospitalized children and teenagers? It is believed that the offer of comprehensive and quality care is not achieved through specific interventions, but by strategies planned in a systematic, procedural and persevering manner⁽¹⁷⁾. In this sense, the implementation of children's and teenagers' rights in hospital practice depends on adequate management of health services. The management of the clinic, with its emphasis on quality, safety, comprehensiveness and education of people and organization, becomes therefore a strategic tool to promote care that is in line with the fundamental rights of these patients. Thus, the objective of this study is to identify possible solutions that contribute to the fulfillment of the rights of hospitalized children and teenagers.

METHOD

This work is a descriptive study and qualitative approach that is carried out, for the identification of solutions on the object investigated, the interpretation of the dynamics and meanings attributed by the participants about the rights of children and teenagers, considering the context in which they were, and the relations of guarantee of these rights with the principles for the management of the clinic^(11,12,13). To endorse the reliability and validity of this research, we followed the recommendations of the Consolidated Criteria for Reporting Qualitative Research (COREQ), ensuring transparency and quality in conducting the research⁽¹⁸⁾. COREQ guided the stages of planning, data collection and analysis, ensuring methodological rigor, consistency in results and ethical compliance.

The scenario of this study is composed by the hospitalization sectors of children and/or teenagers that integrate a University Hospital in the Central-West region of Brazil, considered an important field of articulation between teaching, research, extension and service. Among the analyzed sectors, the following are included: Pediatric Clinic, Neonatal Intensive Care Unit, Conventional Intermediate Care Unit and Kangaroo Intermediate Neonatal Care Unit.

Professionals and academics from the health

area who developed care for hospitalized children and teenagers were included in the study, under the criterion of being duly enrolled in the educational institution linked to the hospital and/or be professionals of the effective context of the hospital. Participants on vacation or absent from work for any reason were excluded. No refusal to participate in the study was recorded, and convenience sampling was used due to the immediate availability of health professionals directly involved in the care of hospitalized children and teenagers.

Data were collected at the appropriate time and place for participants, in a reserved space of the hospital environment, so that there was greater privacy or minimum interruptions during the interviews. The data collection took place in December 2019, through the registration of the sociodemographic and professional characterization of participants and semi-structured interviews guided by a script with open questions, which allowed the flexibility needed to explore the experiences and solutions proposed by participants. All interviews were conducted individually by the principal researchers - first and second authors -, who were trained and who performed supervised internship in the service.

The interviews were recorded and then transcribed in full and organized in Microsoft Word® 2013, with double verification to ensure greater accuracy and reliability of the answers. The interruption of the interviews occurred when the data saturation was reached, that is, when the data had already been dissected, the information began to be repeated and new contributions became unnecessary. In addition, the relevance and representativeness of the experiences and central perspectives of the data collected for the investigated issue were considered.

The data were examined through thematic content analysis, which corresponds to a systematic way of examining the participants' speeches from exhaustive readings. This analysis is carried out in three stages: a) pre-analysis, established obtaining a global vision and methodical the first identified conceptions; b) exploration of the materials raised, in which the categorization of data is made; and finally, c) treatment of the results⁽¹⁹⁾, interpreted and

articulated based on the principles of clinical management^(11,12).

The manual coding of data was carried out by the main researchers, who worked collaboratively to ensure consistency and accuracy of analysis. After the initial codification, the categories were discussed and refined among all researchers identifying, by consensus, the central themes related to the study objectives.

The present study is linked to the matrix project entitled "Artifacts for implementation of clinical management in university hospital", which respected all ethical guidelines for research with human beings, according to Resolution 466/2012. The project was approved by the Research Ethics Committee of the university hospital chosen for the research, under the Opinion N 3.285.9780. All study participants signed the Informed Consent Form. To preserve the anonymity of the results obtained, the narratives were identified by a code composed of the letter P followed by an ordinal number (example: P1).

RESULTS

Among the twelve participants in the interviews, eight were professionals who directly assisted hospitalized children/teenagers (three nurses, a psychologist, a social worker, a doctor, a technician and a nursing assistant) and four were trainee/interns of the health courses (two of which were nursing, one psychology and one medicine). The age range of participants ranged from 22 to 60 years old, eleven of these participants were female. In addition, all the interviewed academics were in their last year of their respective courses, either as interns or interns.

The analysis of the data collected resulted in the formation of three thematic categories. These categories address different aspects of clinical management in the fulfillment of the rights of hospitalized children and teenagers, present the solutions proposed by the participants, as well as the challenges faced in the fulfillment of these rights. The data is presented in the following table:

Board 1. Systematization of thematic content analysis.

RESEARCH TOPIC:			
Solutions to guarantee children's rights during hospitalization from the perspective of clinical management			
Thematic categories	Cores of meaning	Proposed solutions	Principles for clinic management
Visibility and continuous access to children's rights	Visible and accessible rights	Implementation of informational resources	<ul style="list-style-type: none"> ● Guidance on health needs ● Quality and safety ● Education of people and the organization ● Transparency and responsibility for collective interests
	Continuous access during hospitalization	Continuous access mechanisms	
Institutional and systemic integration to fulfill rights	Incorporation into the records system	Integration of rights into the records system	<ul style="list-style-type: none"> ● Articulation and appreciation of different knowledge and practices ● Power sharing and co-responsibility between social actors ● Transparency and responsibility for collective interests
	Use of existing tools	Optimization of existing tools	
	Institutional engagement	Encouragement for changes in organizational culture	
Training, evaluation and continuous monitoring	Continuous training and periodic assessment	Ongoing training programs	<ul style="list-style-type: none"> ● Education of people and the organization ● Quality and safety ● Orientation to results that add value to health and life
	Assessment of interprofessional actions	Action protocols and evaluation instruments	
	Follow-up and control	Instruments for monitoring and control	

Source: Survey data, 2022.

The first thematic category, called "Visibility and continuous access to children's rights", addresses solutions related to ensuring constant visibility and continuous access to the rights of children and teenagers throughout the entire period of detention, both by health professionals and by parents, family members and the children themselves. The participants of the research reinforce the need for transparency about the rights of hospitalized children and teenagers and the guarantee of access to this information in a facilitated way as one of the possible solutions, the interviewees suggest the use of information resources in areas of great circulation, as well as mechanisms for access to patient rights throughout their journey in the hospital.

Anything [...] that had these rights, glued there on some wall, both for the parents to be informed of these rights they have, and for the professionals to remember that they need to comply with these rights [...], like a poster, something not very big, It has medicine, hand washing, that everyone sees. Also in relation to visits, it would be nice something like this, informative, there in the ICU environment, both for parents and employees (P1).

It would be an innovation and improvement because it would be sure that the child would have access to all scope of care and rights, from hospitalization to discharge (P8).

The second thematic category, named "Institutional and systemic integration for rights fulfillment", concentrates solutions that aim to incorporate children's rights in the management system, processes and hospital flow, including electronic records and protocols. This category proposes institutional integration to ensure that the fulfillment of rights is a shared responsibility and monitored by all those involved in the process of caring in hospital settings.

Can be placed within the MAUH [hospital management system] in the part of diagnoses, interventions. Have some option there to add this (P2).

All visits are recorded in the chart, so in any difficulty, or if parents, authorities, judge, prosecutor request a copy of the record for that

child, there is already registered compliance with rights (P7).

[...] would be more of a role and we have other instruments that is the SNC [Systematization of Nursing Assistance] that allows you to put this, because what we have here is more paper. It would be a role that was not going to be done, [...] is just really use what we already have and apply (P6).

The fulfillment of the resolution goes far beyond professionals, involving the hospital and the structure as a whole (P1).

Finally, the third thematic category, entitled "Training, evaluation and continuous monitoring", focuses on the continuous training of health professionals, which ensures that all those involved in the care have the knowledge necessary to ensure the rights of children and young people. Thus, this category proposes the periodic evaluation of care practices, the creation and implementation of control and monitoring mechanisms that allow the supervision and continuous improvement of rights during hospitalization:

Mandatory bimonthly meetings also involving trainees, addressing protocols of how to act, evaluating what is being done, updating knowledge and approaches (P3).

I think what helps a lot is each area that works always seek ways to establish action protocols and always have data collection evaluation instruments (P12).

Before the interview I had not thought about it, but I think it is interesting that there is an instrument for recording and monitoring (P11).

If the intention is to specifically guarantee all rights, there must be another mechanism. There is no way to check if all rights are being guaranteed only with what I know we have today (P10).

Figure 1 outlines the solutions proposed by participants ensuring compliance with rights during hospitalization of children and teenagers. The solutions are organized according to thematic categories and present practical examples of how they can be implemented, guided by the principles of clinic management.

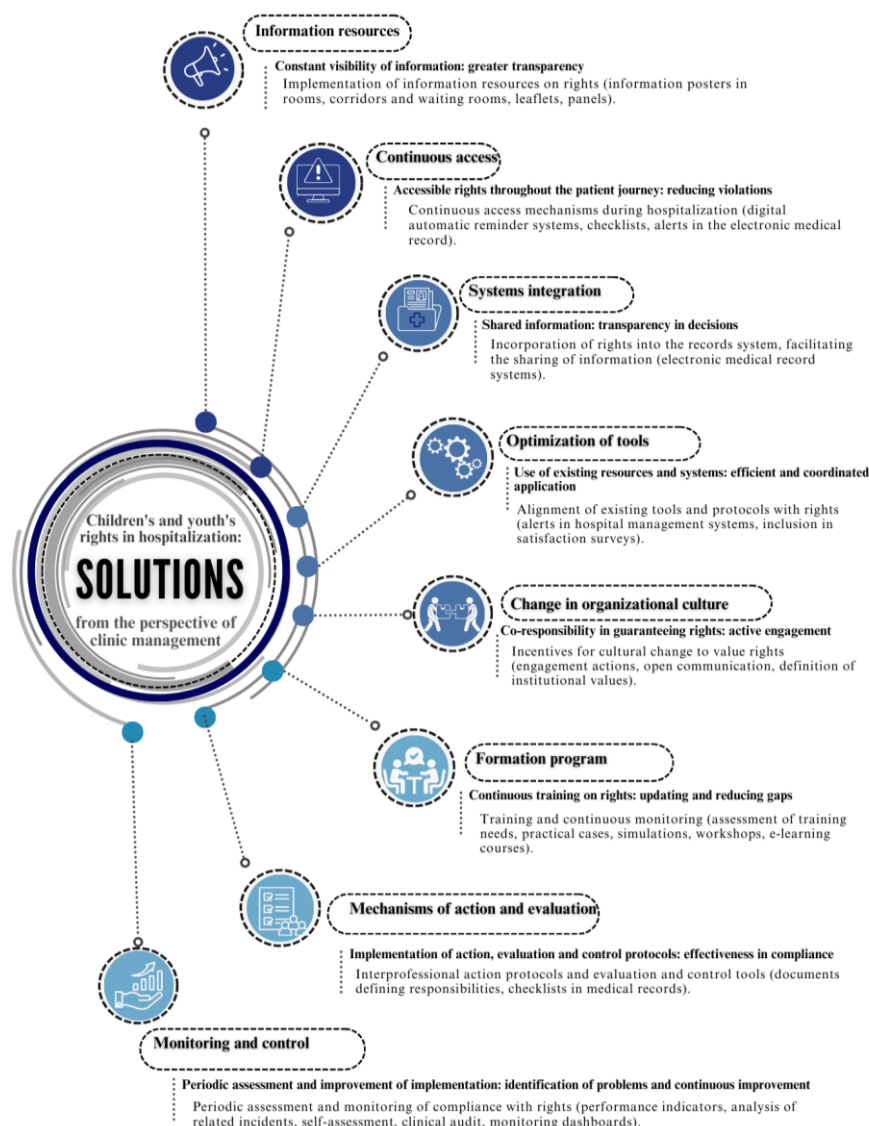


Figure 1. Solutions to guarantee the rights of hospitalized children and teenagers.

Source: Research authors, 2022.

DISCUSSION

Although the participants of the research understand that the fulfillment of children's and youth rights extends the governance, their narratives point to potentializing solutions for the defense of these rights in the hospital context. Therefore, it is extremely important to use strategies to ensure that these rights are not lost during the complexity of health services, promoting critical and reflective awareness of all those involved in health care^(11, 13).

Health organizations should establish comprehensive, safe and quality care, while the multidisciplinary team should advocate for

compliance with the rights of minors, with zeal for physical, psychological, emotional and social well-being^(1, 9). In this sense, there is a harmony between the solutions suggested by the interviewees and the principles for the management of the clinic. Among these principles, there is the appreciation of education of people and the organization, the continuous improvement of performance standards and transparency, and co-responsibility and sharing of knowledge between stakeholders in the production of comprehensive care, quality and safety⁽⁸⁾. Thus, the fundamentals of clinical management, that support this study⁽¹¹⁾, as

well as the integration of practices that enable the application of its principles can be facilitated through the solutions presented by the research participants.

In designing solutions that promote **"continued visibility and access to children's rights"**, participants suggest the creation of visible, accessible and ongoing means to ensure that these rights are widely known and applied. The proposal to use a poster in the hospital environment provides the highlight and greater visibility of these rights, so that they are observed throughout the entire hospitalization of the patient. In addition, the interviewees suggest the adoption of alert systems or checklists in the electronic record with periodic notifications from admission to discharge of the hospitalized patient.

From the perspective of clinic management, the incorporation of practices that value different knowledge and practices in health as an education and awareness strategy ensures that everyone is aware and committed to the implementation of these, while it highlights equity and completeness in care^(11,12,13). This approach reflects the management's commitment to quality of care⁽¹¹⁾, aligning hospital management with the principle of integral health^(11,8).

A study investigated the perception of nursing staff about the rights of hospitalized children and revealed that, although these rights are formally guaranteed by documents and laws, still prevails a fragmented perception and ignorance about them⁽⁵⁾. Such factors may hinder the effective implementation of these rights in health institutions, reinforcing the importance of solutions such as those proposed by participants in this study.

It should be noted that solutions with the intention of disseminating and producing knowledge about children's and teenagers' rights - including outside the hospital context - represent a progress in promoting compliance with case law⁽¹⁾ and highlight the urgent need for educational strategies for health professionals, families and patients, so that all of them can internalize these rights in a practical and daily way. Understanding the child and adolescent as rights holders enables a more qualified, equitable and integral service.

On the other hand, misinformation about children's and youth rights implies their non-compliance and the vulnerability of their patients⁽⁵⁾, disrespecting their needs for care as well as their dignity and that of their families.

In the case of solutions that aim at **"institutional and systemic integration for the fulfillment of rights"**, participants suggest the inclusion of children's juvenile rights in the electronic hospital records. An example is the Management Application for University Hospitals (MAUH), a patient-centered hospital management system adopted as a national model in federal university hospitals of the Brazilian Company of Hospital Services (BCHS). The system aims to standardize care and administrative practices in hospital settings, as well as generating indicators to facilitate the creation of improvement programs⁽²⁰⁾.

The integration of technologies such as MAUH to information systems allows professionals and hospital management to monitor the compliance with patients' rights in an efficient way, as well as represents initiative-taking strategies for clinic management. The application of the Systematization of Nursing Care (SNC) also contributes to this purpose, without burdening the nursing team with new tasks or documents, because, as was pointed out by the participants in this study, the literature highlights that challenges such as work overload and lack of time for adequate records still persist⁽²¹⁾.

Despite the support provided using computerized tools to structured processes⁽²⁰⁾, the need for technological adaptation remains a challenge to be overcome⁽²¹⁾. Thus, it is essential to invest in continuing education, enabling the health team to perform complete and adequate records, ensuring the rights of children and teenagers. The computerization of records not only facilitates access to information aligned with the reality of services and current health policy, but also allows professionals to identify health needs within the scope of patient rights and prescribe care that meets them. For management, the use of these tools makes it possible to monitor compliance with them through records of nursing processes of children and teenagers. This presupposes the formal incorporation of the registration of

rights to clinical documentation, which allows its compliance to be monitored and audited by the various social actors involved in this process.

When treating nursing records in a hospital in the Mountain range in Santa Catarina region, one study highlighted their essentiality in ensuring safe communication, improving the quality of care and fulfilling clinical and legal functions⁽²¹⁾. These aspects are in harmony with the principles for clinical management, since they enable continuous monitoring of care, traceability of clinical actions and patient safety⁽¹³⁾.

In addition, the participants of this study emphasized that responsibility for compliance with children's and youth rights should be institutional, with hospital management actively involved in monitoring and prioritizing actions to ensure them. Thus, it is essential to think about strategies that will promote the effective management of the clinic, as well as the development of solutions that ensure the rights of children and teenagers hospitalized.

A study on the implications of the COVID-19 pandemic in pediatric hospital care revealed that the pandemic challenged the services provided to adapt to a clinical practice culture that was in rapid change⁽¹⁶⁾. In this context, the participants of this study highlight that, to ensure compliance with rights during hospitalization, it is essential to promote movements in favor of an organizational culture that values the humanization of care and respect for the dignity of the patient even in times of crisis, as proposed by the management of the clinic⁽¹¹⁾. This understanding is corroborated by another study⁽²⁾, which emphasizes institutional responsibility and reinforces the need for cultural changes that involve all levels of the institution and promote co-responsibility for results.

However, other studies have pointed to the family's withdrawal from the process of caring, which not only violates fundamental rights of children and teenagers^(5, 9, 16), such as the right to family life, emotional support and participation in decisions about care⁽¹⁶⁾, aggravating the vulnerability of patients and weakening family autonomy^(6,16). At the same time, the emphasis on pathology compromises

integral care, deconstructs the patient-centered care model^(11,16), hinders the engagement of children, teenagers and their caregivers in the care, as well as prevents the implementation of solutions based on principles for clinic management. Therefore, the need for solutions that involve the institution, promote collective responsibility and ensure the continuous compliance with children's rights is taken up again, improving care practices aligned to these.

Finally, by proposing solutions oriented by **"training, evaluation and continuous monitoring"**, the participants highlight the importance of continuous training and periodic assessment of professionals to ensure compliance with the rights of minors. Thus, the interviewees suggest the existence of ongoing training programs and bimonthly meetings to promote multiprofessional work and joint staff updating, including trainees. Systematic interactions between family members, workers and public managers tend to be positive, enabling the promotion of policies that meet the demand of this target audience and highlight existing legal systems⁽²²⁾. Another relevant aspect in this proposal is the possibility of working on the continuing education of professionals to enable them to act for the public concerned⁽²³⁾.

The creation of protocols and monitoring tools to involve all areas of the institution was also suggested by participants. When elaborated from the organizational context, protocols favor the alignment of actions between the health team and the service users, promote a more effective communication, optimize hospital resources and standardize professional behaviors, Fundamental approach to the promotion of qualified and safe care, essential for the promotion of comprehensive care for hospitalized children⁽¹³⁾. These actions reflect in best care practices in the pediatric context, and consequently better clinical outcomes, as proposed by the management model of the clinic. It is suggested that protocols and tools for continuous evaluation be created involving different areas and professionals, ensuring that children's rights are respected in a structured way.

The checklist refers to another tool that can

be used by professionals and help the work of the team⁽²⁴⁾, since it corresponds to an accessible and appropriate way of monitoring and evaluating the execution of actions. The use of this tool presupposes the prior and collective preparation of the material and the training of the professionals involved in the process to ensure its application in a proper and effective manner⁽²¹⁾.

About the implementation of a system that allows the records of compliance with rights, this solution demonstrates to be an important strategy for organizing services in a clearer and more coherent way, by including planning, Record and evaluate the assistance provided. By providing effective communication between team members⁽²¹⁾, this system guarantees the right to assistance based on the user's needs, in a safe, integral and continuous way.

The management of the clinic should invest in continuing education to ensure compliance with the rights of hospitalized children. This implies periodic training and updating of protocols, which involves the constant evaluation of practices and integration of teams. The adoption of technological innovations, such as alert applications, can improve supervision and ensure systematic compliance with patient rights, aligning itself to effective micro-management practice.

Thus, the articulation between management, health care and education are the pillars that support clinic management and should be connected to each other⁽¹¹⁾. In this sense, to value the fulfillment of the rights of hospitalized children and teenagers should start with the individual, professional and health organization as a whole objective, recognizing education as a transformation process that enables the continuous improvement of the quality of care, providing integral, safe and quality care^(11, 25).

The limitation of this study is that the research was conducted in a university hospital in only one region, which makes it impossible to represent other regions of Brazil. It is also worth noting the convenience sampling used, which although practical and efficient for the study, has limitations such as selection bias, which must be considered when interpreting the results.

In addition, given the scarcity of scientific productions related to the theme of children's rights, studies of this nature are necessary to provide safer decision-making, focusing on comprehensive patient care and improved health outcomes.

Therefore, the solutions proposed by the study participants comprise important and guiding strategies that can be studied and improved for the implementation of future interventions in the reality of hospital service.

It is important to emphasize that effective interventions to ensure the rights of children and teenagers necessarily depend on a political context that privileges the safety and health of these individuals⁽⁷⁾. The management of the clinic, as an approach that aims at the transformation of knowledge and practices, values the educational processes through the understanding that learning happens in social interaction between the actors of the processes⁽¹¹⁾.

Strategies that value the importance of ensuring the jurisprudence of a more vulnerable public, such as children and teenagers, can facilitate the creation and/or improvement of solutions that help not only in the fulfillment of these rights, but in offering a better quality service to the population.

It should be noted that, since this is a study conducted in a university hospital, academics approach the presented theme. This contact can help in the improvement of innovative actions and strategies in the practice of the student as a professional, focusing on the achievement of constant transformations and processes of safe and quality assistance, articulating care, management and education of children, parents, family members/workers/teachers in the various levels of training, essential aspects for the management of the clinic.

On the other hand, an integrative review that mapped which SCT guidelines are effective in defending the rights to health of children and teenagers found that although SCT represents a significant advance in health services for children, there are still considerable gaps in the practical implementation of laws aimed at prevention and health promotion of this public. This is because these laws have a greater projection in the legal sector, while their

application in the health sector⁽⁶⁾ is still limited. Thus, the potential contribution of results from studies like this one to scientific advancement in hospital care is highlighted.

FINAL CONSIDERATIONS

The study identified solutions to strengthen the compliance with the rights of hospitalized children and teenagers, evidenced by professionals who know the needs of this target audience. In addition, the research provided moments of reflection to the interviewees about their professional practices, leading them to identify elements that already favor the fulfillment of children's and youth rights, such

as the patient's own medical record and the MAUH system. Other possible solutions that can contribute to this were also pointed out, such as the creation of information tools, the use of checklists, periodic meetings involving all those involved in the process and the implementation of evaluation instruments.

Although they demonstrate the need for improvement, the suggestions presented by professionals can represent an important starting point for the search for solutions that promote, in a more effective way, the fulfillment of children's and teenagers' rights in professional practice, with special attention to the legislation in force in the country.

DIREITOS INFANTOJUVENIS DURANTE A HOSPITALIZAÇÃO: SOLUÇÕES PARA GARANTIA FUNDAMENTADAS NA GESTÃO DA CLÍNICA

RESUMO

Objetivo: identificar possíveis soluções que contribuam para o cumprimento dos direitos da criança e do adolescente hospitalizados. **Método:** estudo descritivo e de abordagem qualitativa realizado em um Hospital Universitário da região Centro-Oeste do Brasil, em setores de hospitalização de crianças e/ou adolescentes, com participação de profissionais e acadêmicos da área da saúde. A produção de dados ocorreu em dezembro de 2019 por meio de entrevistas semiestruturadas, as quais foram analisadas pelo método da análise de conteúdo. O estudo está ancorado no referencial teórico da Gestão da Clínica, com observância às diretrizes de pesquisas com seres humanos. **Resultados:** foram entrevistados doze participantes, que destacaram soluções propulsoras para assegurar os direitos das crianças/adolescentes, a saber: instrumentos informativos; *checklist*; implantação de opção relacionada à temática no sistema *on-line* vigente no hospital; reuniões bimestrais e protocolos. **Considerações finais:** a pesquisa possibilitou a listagem de possíveis soluções, além de proporcionar momentos de reflexão aos entrevistados, levando-os a identificar elementos que já favorecem o cumprimento dos direitos da criança e do adolescente em sua prática.

Palavras-chave: Solução de Problemas. Defesa da Criança e do Adolescente. Criança Hospitalizada. Atenção Integral à Saúde da Criança e do Adolescente. Hospitais Universitários. Gestão Clínica.

DERECHOS DEL INFANTOJUVENIL DURANTE LA HOSPITALIZACIÓN: SOLUCIONES PARA GARANTIZAR LA GESTIÓN DE LA CLÍNICA

RESUMEN

Objetivo: identificar posibles soluciones que contribuyan al cumplimiento de los derechos del niño y adolescente hospitalizados. **Método:** estudio descriptivo y de enfoque cualitativo realizado en un Hospital Universitario de la región Centro-Oeste de Brasil, en sectores de hospitalización de niños y/o adolescentes, con participación de profesionales y académicos del área de la salud. La producción de datos ocurrió en diciembre de 2019 por medio de entrevistas semiestruturadas, que fueron analizadas por el método del análisis de contenido. El estudio se basa en el referencial teórico de la Gestión de la Clínica, con observancia a las directrices de investigaciones con seres humanos. **Resultados:** se entrevistó a doce participantes, que destacaron soluciones impulsoras para asegurar los derechos de los niños/adolescentes, a saber: instrumentos informativos; *check-list*; implantación de opción relacionada con la temática en el sistema *on-line* vigente en el hospital; reuniones bimestrales y protocolos. **Consideraciones finales:** la investigación permitió la enumeración de posibles soluciones, además de proporcionar momentos de reflexión a los entrevistados, llevándolos a identificar elementos que ya favorecen el cumplimiento de los derechos del niño y adolescente en su práctica.

Palabras clave: Solución de Problemas. Defensa del Niño y Adolescente. Niño Hospitalizado. Atención Integral a la Salud del Niño y Adolescente. Hospitales Universitarios. Gestión Clínica.

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