







Promotion of safe care in critical pediatric areas: participation and attribution of the companions

Promoção do cuidado seguro em áreas críticas pediátricas: participação e atribuição dos acompanhantes

Promoción de la atención segura en áreas pediátricas críticas: participación y atribución de los acompañantes

Marina Scherer Silveira¹ ; Gabrielli de Oliveira Lima¹ ; Fernanda Stroehrer Pereira¹ ;
Michele Nogueira do Amaral¹ ; Márcia Koja Breigeiron¹ ; William Wegner¹ 

¹Universidade Federal do Rio Grande do Sul, Porto Alegre, Rio Grande do Sul, Brazil

ABSTRACT

Objective: to analyze the participation and role of caregivers of hospitalized children in promoting safe care in critical areas. **Method:** qualitative exploratory-descriptive study conducted in critical areas of three hospitals in Porto Alegre, RS, from November to December of 2017. The sample selection was intentional and with the participation of 34 companions of children hospitalized for at least seven days. Semi-structured interviews were audio-recorded and transcribed for thematic content analysis. **Results:** the process of analyzing the interviews generated two major categories: Participation of the companion for safe care, assisting in risky situations, and Attribution of companions in promoting the safety of pediatric patients, collaborating with a safe environment. **Conclusion:** the caregivers perceive that their presence and collaboration in the care of children hospitalized in critical areas, as well as their trust and interaction with the health team, are supporting factors in promoting safe care.

Descriptors: Patient Safety; Child, Hospitalized; Family; Caregivers.

RESUMO

Objetivo: analisar a participação e a atribuição dos acompanhantes de criança hospitalizada na promoção do cuidado seguro em áreas críticas. **Método:** estudo qualitativo exploratório-descritivo realizado em áreas críticas de três hospitais de Porto Alegre, RS, no período de novembro a dezembro de 2017. A seleção da amostra foi intencional e com participação de 34 acompanhantes de crianças hospitalizadas há pelo menos sete dias. Entrevistas semiestruturadas foram gravadas em áudio e transcritas para análise de conteúdo do tipo temática. **Resultados:** o processo de análise das entrevistas gerou duas grandes categorias: Participação do acompanhante para o cuidado seguro, auxiliando em situações de risco e Atribuição dos acompanhantes na promoção da segurança do paciente pediátrico, colaborando com um ambiente seguro. **Conclusão:** os acompanhantes percebem que sua presença e colaboração no cuidado de crianças hospitalizadas em áreas críticas, bem como a confiança e interação deles com a equipe de saúde são fatores coadjuvantes na promoção do cuidado seguro.

Descritores: Segurança do Paciente; Criança Hospitalizada; Família; Cuidadores.

RESUMEN

Objetivo: analizar la participación y la atribución de los cuidadores de niños hospitalizados en promover un cuidado seguro en áreas críticas. **Método:** estudio cualitativo exploratorio-descriptivo, realizado en áreas críticas de tres hospitales de Porto Alegre, Rio Grande do Sul, de noviembre a diciembre de 2017. La selección de la muestra fue intencional, participaron 34 acompañantes de niños hospitalizados durante al menos siete días. Las entrevistas semiestructuradas se grabaron en audio y se transcribieron para el análisis de contenido temático. **Resultados:** el proceso de análisis de las entrevistas obtuvo dos grandes categorías: Participación del acompañante en el cuidado seguro, auxiliando en situaciones de riesgo, y Atribución de los acompañantes en la promoción de la seguridad de los pacientes pediátricos, colaborando con un ambiente seguro. **Conclusión:** los acompañantes advierten que su presencia y colaboración en el cuidado de los niños hospitalizados en áreas críticas, así como su confianza y seguridad respecto al equipo de salud, son factores coadyuvantes en la promoción de una atención segura.

Descritores: Seguridad del Paciente; Niño Hospitalizado; Familia; Cuidadores.

INTRODUCTION

Pediatric patient safety in critical areas requires plenty of attention and work from a meticulous and focused multiprofessional team to follow safe care protocols and, together with the companions, this care can become even safer for hospitalized children. Pediatric critical areas comprise the pediatric intensive care unit and pediatric emergency care.

Patient safety is defined as absence of avoidable harm to a patient and reduction of the risk of unnecessary harm associated with health care to an acceptable minimum. Acceptable minimum refers to the collective notions of certain

Acknowledgements to the *Conselho Nacional de Desenvolvimento Científico e Tecnológico* (CNPq, Brazil)/Institutional Scientific Initiation Scholarship Program [*Programa Institucional de Bolsas de Iniciação Científica*, PIBIC]

Corresponding author: Marina Scherer Silveira. Email: scherermario7@gmail.com

Scientific Editor: Cristiane Helena Gallasch; Associate Editor: Cintia Silva Fassarella

current knowledge, available resources and the context in which care was provided¹. In the pediatric setting, dependence for self-care and the different stages of the patients' development can interfere with their safety, turning it into a challenge for the multiprofessional team².

An incident that leads to harm is classified as an adverse event, although it is not considered intentional most of the times. Occurrence of adverse events (AEs) in pediatric critical areas is common, varying from 27 to 97 AEs/1,000 patients-day³. The high rate of adverse events in Pediatrics is related to the particularities of these patients during hospitalization, especially in critical areas, associated with the care complexity in this setting.

A study carried out with Internal Medicine patients from five Finnish university hospitals highlighted the importance of communication between the health team and the patient, encouraging them to self-care in the face of information that is clearly and safely conveyed⁴. According to another study carried out in the Brazilian Southeast region, on the companion's participation in patient safety in neonatal units, the participants reported that the presence of a companion helps detect errors and prevents the occurrence of adverse events, as well as it assists in reducing the hospitalization time, helping to implement pediatric patient safety strategies⁵.

The context of critical pediatric areas requires greater attention for the care provided to the children, as they are in constant development and demand participation of their companions in the care, with presence of the family with the patient being indispensable⁶.

The importance of the companion's awareness in actively participating in the care of pediatric patients has been gradually increasing, as the care bond between the professional and the companion increases the patient's safety and ensures better results regarding the disease. A study carried out in the critical pediatric and neonatal areas of a Chilean hospital evidenced the need to involve companions in the care of hospitalized pediatric patients, as it is fundamental for a sound recovery of the hospitalized child^{7,8}.

Thus, the research question that guided the study was as follows: Which is the participation and duty of the companions in promoting safe care for children hospitalized in critical areas? From it, in this context, the objective was to analyze the participation and duty of the companions of hospitalized children in the promotion of safe care in critical areas.

METHOD

This study refers to a research with a qualitative approach with an exploratory-descriptive design, following the Consolidated Criteria for Reporting Qualitative Research (COREQ): A 32-item checklist for interviews and focus groups. The study is part of the matrix research project entitled "Patient safety in hospital children's care services in the city of Porto Alegre/RS", which aims at analyzing patient safety in children's health care from the perspective of managers, health professionals and companions of hospitalized children. The data were collected in critical areas of three hospitals in the city of Porto Alegre, RS, from November to December 2017.

The study sample consisted of 34 companions of children and adolescents hospitalized in critical areas of the participating institutions. Family members, legal guardians or main caregivers of children hospitalized for at least seven days were included. Occasional family members and minors were excluded. The empirical information saturation criterion was adopted in the three institutions surveyed to define the total number of participants.

Selection of the participants was intentional, assisted by nurses from the health care areas. The companions were approached by the researchers, at the patients' bedside, where they were offered a brief explanation about the research topic and invited to participate in the research. Upon accepting, they were individually taken to a reserved environment within the research locus, with the intention of preserving privacy and guaranteeing free expression of opinions. During the interviews, the children were accompanied by a nursing technician or a visitor present at the time.

The semi-structured interviews with the companions of the hospitalized children took place in a private room, through scheduled appointments and lasting approximately 30 minutes, performed by previously trained researchers and recorded in a digital audio device, with the participants selected based on the inclusion criteria. The 34 interviews were recorded and then transcribed and analyzed, generating 136 text pages (*times new roman*, size 12, 1.5 line spacing) from the 572 minutes of the companions' testimonies. The participants will be cited throughout the paper using letters and numbers to preserve their identity.

Thematic content analysis was used to analyze the information⁹. The QSR Nvivo software, version 12.0, was used to organize the information in the exploration of the material stage.

The project followed the ethical principles set forth in CNS Resolution 466\2012. The matrix project was approved by the Research Ethics Committee and the participants signed the consent form.

RESULTS

The analysis process of interviews with the companions resulted in two categories, the first called Companion's participation for safe care, comprising three subcategories, and the second called Companions' duty to promote pediatric patient safety, comprising five subcategories.

Companion's participation for safe care

Pediatric hospitalization in critical areas is generally prolonged due to the patient's health-disease status, and the companions' participation throughout hospitalization is indispensable, as the children are exposed to risks for incidents due to their clinical condition. In this category, three subcategories described below are addressed.

In the joint stay in the pediatric ICU and Emergency unit, the companions highlighted that, when they are with the patient during hospitalization, they reinforce promotion of safe care:

Being there with her, watching over, following the procedures because she's not able to answer by herself, checking with the nurses the medications and everything [...] P12US10.

The companions brought up the question of being at the bedside 24 hours a day, as stated below:

Because I'm her mother. It's important that I'm with her at all times, for me every second is valid with her and I wouldn't let anyone else be with her but me. P26US18.

Children in critical areas are generally sedated or on powerful drugs for pain, and the presence of a companion is indispensable to keep them calmer in the face of countless procedures and people who are not part of these patients' life cycle.

It's to calm him down, because he's on strong medications and needs to stay calm so he doesn't take any more medications [...] P32US12.

The companions highlighted that communication with the patients keeps them calm, assisting in recovery, as they provide safety for the children:

Yes, just being at his side he's improved, not 100%, but he's already out of oxygen, he's already breathing by himself [...] P14US3.

The Nursing team is responsible for several patients, most of the times with many medications and specific care measures; therefore, the companions' collaboration is essential for the safe care of pediatric patients, contributing to surveillance by the team.

[...] we stay alert, that there's not always one sitting watching, regardless of if I go out there's always one, that there are even other parents who don't stay...they have other children to take care of, then there's the father it's easier, we call anything. P1US1.

Many companions did not have the opportunity to take care of the child at home; therefore, during hospitalization they are always willing to carry out the care actions together with the Nursing team:

[...] it took me almost three months to pick him up, so everything I can keep up with my son, change a diaper, I sometimes bother, "can I take a bath?", then they're watching. So, every detail, everything you take advantage of, you enjoy that moment [...] P22US8.

Another point highlighted by the companions is the fact that they only have one child to take care of, while the Nursing team is responsible for a group of patients, help being fundamental for a lesser burden on the team's work:

I think that taking care of the baby and helping the nurses is good because there are a lot of children, take care, play our role, calm down, take care of what's happening, see what will be managed for all that care, as they have a lot of children and you only have yours, remember the medication, ask for aspiration, make a control. P7US2.

Companions' duty to promote pediatric patient safety

Co-participating with the multiprofessional team in the care of hospitalized children, the companion has been shown to be effective in promoting the safety of pediatric patients, mainly in critical areas. The following subcategories detail the duties that the companions cited as promoting safe care.

Communication between the multiprofessional team and the companion is fundamental for the children's hospitalization to proceed smoothly, always aiming at the best for them and at assertiveness in conveying information.

Many companions have questions during the treatment that need to be answered for a better understanding of the disease and the care provided, mainly when it is the first hospitalization and a recent diagnosis:

Yes, it's like now, as he did the tracheo, my doubts were huge and then they're here, so as I'm caring for the him and they're together, they go clearing up the doubts and this prepares me for going home. P18US5.

Another factor highlighted refers to the explanation of doubts and double checking with the companions, thus increasing the safety of pediatric patients and avoiding safety incidents:

I think that when there's more than one person involved, more than one head thinking always increases the probability of reducing errors. P19US3.

The process of safe communication between the multiprofessional team and the children's companions allows for a dialog that favors elaborating questions, solving doubts, reinforcing the guidelines and explaining the situation and evolution, in addition to introducing new issues related to comprehensive care. The companions highlighted examples of this safe communication process in the following statements:

[...] everyone can make mistakes because we're human, [...] we'll never want it to happen to our child, but it can happen [...] we don't know if it's being done right or not. So we always ask to see [...] P17US4.

Communication with the patient and the health care team is impaired in most cases since, in critical areas, the patients are in a severe or advanced state of the disease. Another condition that hinders this communication is the patient's age, and it is indispensable that the companion be the spokesperson for this child, as reported in the following family member's statement:

The companion is the patient's spokesperson [...] P11US1.

Pediatric critical areas are units where health professionals need plenty of attention and concentration with patient care, as they are complex patients and have their specificities. In these units, the companions are always alert to what is being administered or about the procedures performed on the children and, when necessary, they help the professionals not to make mistakes during the care process, according to the statements:

Just yesterday one of them went to wash his hand with serum, and he brought alcohol. Then I asked what he was going to give him, he said it was serum, then he said no, he'd go back for the serum because this is alcohol [...] P29US18.

An aspect highlighted by the companions was the professionals' attention to the number of medications for each patient and the number of patients for each professional:

I thought it was wrong because it had my son's name, the name of another patient of another child, it was all on top of the other [...] I thought it was very wrong, it could happen that I took a medication that was supposed to be given to another patient and give it to my son. P14US1.

Hospitalization of a child is already frightening and stressful for a family and, in critical areas, it generates greater commotion in the parents, intensifying these feelings. Many of these companions deposit their full trust on the multiprofessional team.

[...] they're always measuring the tube that can go in a little [...] they're careful when you have to aspirate so as not to keep pulling, the nose tube, they're also always taking care of it, and so am I. P21US6.

The companions highlighted the care that the professionals have with them in difficult situations, not focusing only on the hospitalized child, but on everyone's well-being:

They take care of the child and the mother as a companion. [...] I got an attack when he had to go for the second time for urgent surgery, I collapsed. It was the nurses putting me up. I thought it was cool, because you're in a bad situation and they're taking care of your child and of you at the same time. P21US5.

Another aspect highlighted by the interviewees is the trust deposited on the professionals during the administration of medications when they are not present:

[...] The girls are very punctual, they look straight, they're late by not more than 10 minutes and look there, so this gives us confidence because we're going home, we have to know what they're doing. P18US4.

One participant explained that the companion's knowledge about the child helps to understand what is happening, even more in a setting outside of everyday life and with strangers in the child's routine.

[...] because nothing better than a family member who knows the problems the child must report to the professional. P9US1.

The companions highlighted their importance to recognize any changes in the children, as they have lived longer with them and know their health-disease status of the family member, and can help the team in the actions they will adopt in a given situation:

[...] in this case I'm the mother, I know my daughter, the way she breathes, I know when there's something strange, I think that's the importance, both she and the monitors, sometimes even better than them in this way, to know her. P35US9.

Patients in critical areas are susceptible to infections by microorganisms, hence the importance of thorough hand and surface hygiene before, during and after touching the patient. The companions of hospitalized children are aware of this risk; therefore, they observe and signal the professional when necessary, according to the answers given during the interviews:

[...] I watch the cleaning, the glove, these things like that, the syringes are opened right there, I watch such things, but whether it's right or not I don't know how to say it, but I'm always alert, I trust that this works. P17US1.

DISCUSSION

The process of analyzing the results allowed understanding the companions' perception about their participation in safe care and their duties together with the multiprofessional team, in addition to exploring their feelings during the children's hospitalization.

Interpersonal dialog allows assisting the care provided during the hospitalization. The relationships that the multiprofessional team establishes with the companions of hospitalized children are aimed at sharing basic information about care in the hospital environment, and it is necessary to be involved with the companions in decision-making regarding the patient's treatment¹⁰. The partnership between the companions and the health team is essential in Pediatrics since, in most the cases, the children are unable to report symptoms due to deterioration of their health status. Thus, it is up to the parents and/or guardians to communicate on behalf of the children, and it is important to include them together in the children's care¹¹.

One of the most important aspects of communication between the health team and the companions is the use of more understandable language. According to the companions, language for "normal people" favors understanding, making it more viable for both¹¹. This viable understanding becomes easier during the children's first hospitalization since, for the companions, it is a new situation characterized by great uncertainty.

When a child is hospitalized, this hospital environment can be considered a hostile place, both for the child and for the companions, experiencing periods of insecurity in relation to the child's clinical condition and possible deterioration of the health condition. Permanence of the companions represents the facilitating agent of care in the relationship with the child, promoting safe conditions for the evolution of the clinical condition and protection for the patient¹⁰.

Unpleasant feelings such as fear, anguish and anxiety become part of the children's daily life and the presence of a companion is important for them to overcome these emotional changes and to become more collaborative, as well as to adapt to the situation experienced¹². According to a systematic review study, companions of hospitalized children can suffer a traumatic experience during hospitalization, which can exert an impact on physical and mental health, even on family functioning¹³.

As reported by the companions in an integrative review study, the support and trust of the professionals, through words or actions, regardless of the child's age or clinical condition, has proved to be satisfactory for healthier coping during the hospitalization¹². A study carried out in Colombia showed that effective communication between family members and health team increases learning about the patient's clinical condition, leading to greater understanding of the care provided¹⁴.

Since early 1990s, the Brazilian legislation already foresees that the health services are to provide conditions for the full and joint permanence of parents or guardians when there is a need for hospitalization, even in critical areas¹⁵. Despite identifying advances, it is necessary to resume this right and discuss with the multiprofessional team the importance and meaning of the companion and of joint permanence in different sectors. The presence of a companion with the hospitalized child provides emotional and affective safety for both the patient and the health team¹⁶. Children depend on the adults' help when they receive medical care, as the latter are the mediators of the children's entire communication relationship with the team. Companions usually deal with immediate issues of the problems, including the child's pain and suffering, becoming necessary at the times when the children need attention and comfort¹⁷.

During hospitalization in critical environments, the companion's responsibility increases because of the children's high dependence level. In the routine of pediatric wards, Nursing often shares with the family the performance of various types of care actions, with the companion being considered an extension of the health team, observing physical changes in the child, requesting the presence of a professional and, in this way, facilitating the child's adherence to the treatment^{10,11}.

As hospitalization extends in time, the companions acquire technical knowledge that collaborates with the health team, becoming an aggregating element, with the presence of a professional being unnecessary at some times to provide care. In order for care to become safe, minimizing the occurrence of incidents, the companions must be knowledgeable about patient safety actions and commitment during hospitalization¹⁸.

The moment the companions are included in the children's care, they want to participate in the discussions with the health team and in decision-making; therefore, interaction with the health team becomes positive¹⁶. A number of studies focusing on patient safety and companions' participation emphasize that companions can act as barriers at any phase of the care process, becoming possible when there is active listening and partnership between professionals and companions for the children's comfort and safety. Companions are recognized as barriers that prevent adverse events and, when actively included in the care process, they assist in the early detection of incidents, such as in the observation of the medications administered and the procedures provided for the child¹⁹.

Hand hygiene in the hospital environment is still a problem for the health system. The first global challenge on this theme was referred to as "Clean Care is Safe Care", aiming to promote the hand hygiene practice in the prevention of infections²⁰. Adherence to hand hygiene by the health professionals and companions is unsatisfactory in the hospital environment, where care to prevent infection is greater. The factors that negatively affect adherence are diverse, such as lack of motivation, absence or inadequacy of infrastructure, forgetfulness, skin dryness and lesions, and excessive activities^{21,22}.

Study limitations

The limitation of this study was the companions' lack of knowledge about the pediatric patient safety theme; therefore, it is necessary to reinforce with the companions the duties assigned to them and strategies that help to disseminate the patient safety culture.

FINAL CONSIDERATIONS

The study allowed analyzing the companions' participation close to the health team in promoting safe care for hospitalized children. It pointed out the joint permanence during hospitalization as essential, thus ensuring a safer and more peaceful environment for the patients, assisting in recovery and in evolution of the clinical condition. They highlighted the importance of a companion being active and participative in the care provided, with interaction in the multiprofessional team and the trust that can be built for safe care.

The development of actions to include the companions in the care provided to hospitalized children should be encouraged by the health managers, as shared care can offer good results with regard to the prevention of adverse events and pediatric patient safety. It is up to health professionals to provide guidelines on protective measures in children's care and on the protocols recommended by the institution. Thus, education in health is an essential tool for the companions' engagement and for strengthening the patient safety culture.

The results of this study reinforce that inclusion of the companions in pediatric patient care has been increasingly recognized by the health team as a collaborative strategy in the daily hospital routine.

REFERENCES

1. World Health Organization (WHO). Global Alliance for Patient Safety. Forward Programme. [Internet]. 2008-2009 [cited 2020 May 25]; Geneva (SZ): World Health Organization. Available from: https://www.paho.org/bra/index.php?option=com_content&view=article&id=931:aliancamundial-para-seguranca-do-paciente&Itemid=685.
2. Alves DFS, Guirardello EB. Nursing work environment, patient safety and quality of care in pediatric hospital. *Rev. Gaúcha Enferm* [Internet]. 2016 [cited 2020 Dec 15]; 37(2):e58817. DOI: <http://dx.doi.org/10.1590/1983-1447.2016.02.58817>.
3. Martins LS, Ferreira AR, Kakehasi FM. Adverse events related to mechanical ventilation in a Pediatric Intensive Care Unit. *Rev. Paul. Pediatr* [Internet]. 2021 [cited 2021 Apr 14]; 39:e2019180. DOI: <https://dx.doi.org/10.1590%2F1984-0462%2F2021%2F39%2F2019180>.
4. Sahlström M, Partanen P, Azimirad M, Selander T, Turunen H. Patient participation in patient safety – An exploration of promoting factors. *J. Nurs. Manag* [Internet]. 2018 [cited 2021 Apr 13]; 27: 84-92. DOI: <https://doi.org/10.1111/jonm.12651>.

5. Sousa FCP, Montenegro LC, Goveia VR, Corrêa AR, Rocha PK, Manzo BF. Family participation in patient safety in neonatal units from the nursing perspective. *Texto-Contexto Enferm* [Internet]. 2017 [cited 2020 Nov 15]; 26(3):e1180016. DOI: <https://doi.org/10.1590/0104-07072017001180016>.
6. Pinho AAA, Nascimento IRC, Ramos IWS, Alencar VO. Repercussions of pediatric palliative care: an integrative review. *Rev. Bioét* [Internet]. 2020 [cited 2021 Apr 14]; 28(4):710-7. DOI: <https://doi.org/10.1590/1983-80422020284435>.
7. Davidson JE, et al. Guidelines for Family-Centered Care in the Neonatal, Pediatric, and Adult ICU. *Crit. Care Med* [Internet]. 2017 [cited 2021 Apr 14]; 45(1):103-28. DOI: <https://doi.org/10.1097/ccm.0000000000002169>.
8. Araya AA, Pacheco PS, Sepúlveda JD. Stress level in parents of hospitalized children in pediatric and neonatal critical care units. *Cienc. Enferm* [Internet]. 2019 [cited 2020 Oct 10]; 25:18. DOI: <https://doi.org/10.4067/s0717-95532019000100214>.
9. Minayo, MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. [Livro]. 2014; 14 ed. São Paulo: HUCITEC.
10. Azevedo AVS, Júnior ACL, Crepaldi MA. Nursing team, family and hospitalized child interaction: an integrative review. *Ciê. Saúde Coletiva* [Internet]. 2017 [cited 2021 Jan 8]; 22(11):3653-66. DOI: <https://doi.org/10.1590/1413-812320172211.26362015>.
11. Hill C, Knafl AK, Santacroce SJ. Family-Centered Care From the Perspective of Parents of Children Cared for in a Pediatric Intensive Care Unit: an integrative review. *J. Pediatric. Nurs* [Internet]. 2018 [cited 2020 Nov 25]; 41:22-33. DOI: <https://doi.org/10.1016/j.pedn.2017.11.007>.
12. Chagas MCS, Gomes GC, Pereira FW, Diel PKV, Farias DHR. Meaning given by family to care for the hospitalized child. *Avances En Enfermería* [Internet]. 2017 [cited 2021 Jan 9]; 35(1):7-18. DOI: <https://doi.org/10.15446/av.enferm.v35n1.42466>.
13. Yagiela LM, Carlton EF, Meert KL, Odetola FO, Cousino MK. Parent medical traumatic stress and associated family outcomes after pediatric critical illness. *Pediatr. Crit. Care* [Internet]. 2019 [cited 2020 Aug 15]; 20(8):759-68. DOI: <https://doi.org/10.1097/pcc.0000000000001985>.
14. Arango LAZ, Marriaga GAA, Gómez MMG. The family home visit: educational strategy in health of children and their families. *Interface* [Internet]. 2021 [cited 2021 Apr 14]; 25:e220403. DOI: <https://doi.org/10.1590/interface.200403>.
15. Brasil. Lei nº 8.069, de 13 de julho de 1990. Dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências. *Diário Oficial da União*. 2021 Nov 18.
16. Macedo IF, Souza TV, Oliveira ICS, Cibreiros AS, Morais RCM, Vieira RFC. Nursing team's conceptions about the families of hospitalized children. *Rev. Bras. Enferm* [Internet]. 2017 [cited 2020 Dec 10]; 70(5):904-11. DOI: <https://doi.org/10.1590/0034-7167-2016-0233>.
17. Menezes M, Moré CLOO, Barros L. Social networking family of caregivers during hospitalization of children. *Rev. Esc. Enferm. USP*. [Internet]. 2016 [cited 2020 Nov 26]; 50:107-13. DOI: <https://doi.org/10.1590/S0080-623420160000300016>.
18. Souza HX, Sacramento ABAA, Dantas LV, Paranaguá TTB. Surgical patients' perception of safety and their involvement in health care. *Rev. Enferm. UERJ* [Internet]. 2020 [cited 2021 Dez 08]; 28:e51948. DOI: <http://dx.doi.org/10.12957/reuerj.2020.51948>.
19. Gonçalves KMM, Costa MTTCA, Silva DCB, Baggio ME, Corrêa AR, Manzo BF. Ludic strategy for promoting engagement of parents and caregivers in the safety of pediatric patients. *Rev. Gaúcha Enferm* [Internet]. 2020 [cited 2020 Dec 10]; 41:e20190473. DOI: <https://doi.org/10.1590/1983-1447.2020.20190473>.
20. Zottele C, Magnago TSBS, Dullius AIS, Kolankiewicz ACB, Ongaro JD. Hand hygiene compliance of healthcare professionals in an emergency department. *Rev. Esc. Enferm. USP*. [Internet]. 2017 [cited 2021 Apr 6]; 51:e03242. DOI: <https://doi.org/10.1590/S1980-220X2016027303242>.
21. Magnago TSBS, Ongaro JD, Greco PBT, Lanes TC, Zottele C, Gonçalves NG, Andolhe R. Infrastructure for hand hygiene in a teaching hospital. *Rev. Gaúcha. Enferm*. [Internet]. 2019 [cited 2021 Apr 6]; 40:e20180193. DOI: <https://doi.org/10.1590/1983-1447.2019.20180193>.
22. Oliveira AC, Pinto AS. Patient participation in hand hygiene among health professionals. *Rev Bras Enferm* [Internet]. 2018 [cited 2021 Apr 13]; 71(2):259-64. DOI: <https://doi.org/10.1590/0034-7167-2016-0124>.