Children and Adolescents Health Advocacy: Nursing Contributions

Jaqueline Silva Santos^{1,*}, Marina Sayuri Yakuwa¹, Raquel Dully Andrade², Carla Aparecida Arena Ventura³ and Débora Falleiros de Mello⁴

Abstract: Health advocacy actions are relevant as they seek to guarantee the right to health. The aim of this paper was to identify inherent aspects of nursing care contributions in the defense of the right to health of children and adolescents. This is an integrative literature review performed on LILACS and PubMed data bases, in journals that were published between 2010 to 2015 in Portuguese, English or Spanish languages, using the keywords: child and adolescent's defense and nursing. Ten scientific published papers were selected and analyzed. The results point the importance of identifying situations on vulnerabilities and violations of the rights and the actions for child and adolescent's defenses. Studies indicate that nurses have possibilities and potentialities to perform health advocacy actions. Therefore, nurses should take a professional practice with responsibility, attention, and positive communication, promoting the empowerment of individuals and family as well as intersectorial actions, in order to defend and guarantee children and adolescents right to health.

Keywords: Child Advocacy, Nursing, Right to Health.

1. INTRODUCTION

Children and adolescents are rights holder's subjects who are in a peculiar stage of development. Regarding the process of recognition of their rights, only in the twentieth century, international instruments such as the Geneva Declarations of the Rights of the Child (1924 and 1948) and the UNICEF Declaration of the Rights of the Child (1959) were approved [1]. Those recommendations emphasized the need for special care and protection for the child [1]. In this scenario, in 1989, the Convention on the Rights of the Child (CRC) [2], a document on human rights of extremely importance [1], granted all the rights and freedoms present in the Universal Declaration of Human Rights to children and adolescents [3].

Children and adolescents' rights are addressed from different perspectives by the scientific technical literature [4]. Within children and adolescents' health care context, the health professional limited knowledge on the rights of children and adolescents can contribute to non-compliance in clinical practice [5]. Therefore, the responsibility of health care professionals to assure the

Thus, seeking to guarantee the right to health, nurses can exert health advocacy, taking into account that they are figures that play an important role in the health care and health promotion of children and adolescents. It is a complex activity that can be developed by different people, seeking the defense and guarantee of the right to health [7]. In order to act in defense of health, nurses must have a sensitive way of looking at patients, provide a committed and adequate assistance to their health care needs, seeking to identify the situations and vulnerabilities experienced, guarantee access to health care and create spaces for dialogue favoring empowerment [8]. In this context, empowerment must be understood as a process that is sustained by collective construction and a relevant element for the autonomy and overcoming inequalities

Considering that the existence of rights and legal mechanisms is still unknown by significant population segments [8] and that nurses have a potential role in dignified care promotion for children and adolescents [10], this study was based on the question: What is the produced scientific knowledge on the contributions of

¹Graduate Program in Nursing Public Health, Nursing School of Ribeirão Preto, University of São Paulo, Brazil

²Faculty of Nursing, University of Minas Gerais State - Passos Unit, Brazil

³Psychiatric Nursing and Human Sciences Department, Nursing School of Ribeirão Preto, University of São Paulo. Brazil

⁴Maternal Infant and Public Health Nursing Department, Nursing School of Ribeirão Preto, University of São Paulo, Brazil

rights of children and adolescents should be stressed [2], as well as the role of nurses in the management of health care in favor of social inclusion and respect for human rights [6].

^{*}Address correspondence to this author at the Avenida dos Bandeirantes, 3900, Campus Universitário, Bairro Monte Alegre, Ribeirão Preto, SP, CEP: 14040-902, Brazil; E-mail: jaque_fesp@hotmail.com

nursing to the defense of the right to health to children and adolescents? Thus, this study aimed at identifying inherent aspects of nursing care contributions to the defense of the right to health of children and adolescents.

2. METHODS

This is an integrative literature review, a method that enables the search, analysis and synthesis of available evidences on the subject under study [11], as well as allows diverse sources of data to be encompassed, providing support for a broader understanding of the subject studied, and favoring initiatives that are based on scientific evidence [12].

The following steps have been taken: issue identification, definition of the research question, inclusion and exclusion criteria, search for the selected databases, definition and extraction of information from the selected studies, categorization and evaluation, interpretation of the results and synthesis of the knowledge [11].

The scientific searches were conducted at LILACS (Latin American and Caribbean Health Sciences Literature) and PubMed (National Center for Biotechnology Information), in November 2015, using the following descriptors listed in Health Sciences Descriptors (DeCS): children and adolescents' defense and nursing, and in Medical Subject Headings (MeSH): child advocacy and nursing. The inclusion criteria were the following: scientific papers that were published in the period from 2010 to 2015, available in Portuguese, English or Spanish languages, referred to the topic under study. Publications such as literature reviews, editorials, comments, letters, thesis and dissertations were excluded.

From the descriptors intersection in the selected databases, 469 publications were found, one of them from LILACS and 468 publications from PubMed. After a careful reading of the titles and abstracts, 10 scientific papers were selected, all of them taken from PubMed, which met inclusion and exclusion criteria and guiding question of the study. A guide for characterization of the selected papers was built, according to the title of journal, year of publication, the title of the paper and the nurse health area that have practiced advocacy for child and/or adolescent's health.

The results were descriptively analyzed and organized in thematic units [13].

3. RESULTS

Figure **1** shows the analyzed references in this integrative literature review.

From the 10 selected papers, 06 are from the USA, 01 from Sweden, 01 from Scotland, 01 from West Ireland and 01 from Canada. Only two of the papers were not published in nursing journals. As for the children and/or adolescents people defenders, nurses working in various environments such as schools, primary care services, hospital care and ambulatory care services were found.

Results were organized into two themes: Identification of situations of vulnerability and rights violation; Actions on advocacy of child and adolescent health care.

Identification of Situations of Vulnerability and Rights Violation

Situations of vulnerability for children and adolescents, such as exposure to health-damaging compounds [16], negligence [17], abuse [19], stressful events that cause suffering and anxiety [14-15, 20, 22] are present in different scenarios of nursing work. Identification of demands for proper care [21] was also relevant.

In a school context, in the field of child health care, nurses are at the forefront [21]. Frequently, when students wish to discuss symptoms and health-related concerns, the first person they are looking for is the school nurse [14]. Thus, this professional must be prepared to identify vulnerabilities that compromise healthy development in childhood and adolescence.

Exposure to diesel smoke from school buses is one of the causes for many respiratory and immunological damages to the child's health [16]. Then, it becomes part of the school nurse role to act for the children protection against their exposure to a harmful environment [16].

Neglect and abuse issues, as well as the nurse's role in identifying them were also addressed. With regard to negligence, authors [17] believe that child dental neglect can be an indicator of a wider neglect. However, nurses rarely make that connection [17]. With regard to cases of abuse, it is pointed out that, at the Pediatric Intensive Care Unit, nurse supervision is an opportunity to identify those situations [19].

In addition, some stressful events are: to present Postural Orthostatic Tachycardia Syndrome and

Figure 1: Distribution of References Highlighting Authors, Journal, Year of Publication, Title, Defender Person and **Major Findings**

Authors	Journal	Year	Title	Defender Person	Major findings
Uhrich; Hartung [14]	NASN Sch Nurse	2015	"Doesn't Anyone Believe How I Feel?" Postural Orthostatic Tachycardia Syndrome (POTS)	School Nurses	School nurses can use important skills, such as physical assessment and documentation, teaching students to track the symptoms. Leadership skills assist the school nurses in student advocacy.
Karlsson <i>et al.</i> [15]	Int J Qual Stud Health Well- being	2014	Nurses' perspectives on supporting children during needle-related medical procedures	Nurses from infant health care services, Primary pediatric care services, pediatric hospitalization or pediatric ambulatory care	Nurses should support children during needle-related procedures, with attitudes that emphasize dialogue, sensitivity, balance, advocacy, timing, and belief management.
Mazer <i>et al.</i> [16]	J Sch Nurs	2014	Reducing Children's Exposure to School Bus Diesel Exhaust in One School District in North Carolina	School Nurses	School nurses' role is directed to leadership, participation and support to the implementation of initiatives of defense and protection of children from harmful environmental exposures.
Bradbury- Jones <i>et al</i> . [17]	BMC Public Health	2013	Dental neglect as a marker of broader neglect: a qualitative investigation of public health nurses' assessments of oral health in preschool children	Public Health Nurses	Dental neglect can be "unseen" and "unspoken", which functions as an obstacle to intervention.
Cawley; McNamara [18]	Public Health Nurs	2011	Public health nurse perceptions of empowerment and advocacy in child health surveillance in West Ireland	Public Health Nurses	The public health nurses did not perceive themselves as empowered in their work, pointing out the need for access to resources and information, autonomy and continuous management support.
Lyden [19]	Nurs Manage	2011	Uncovering child abuse	Pediatric Intensive Care Unit Nurses	When the case has health legal implications, forensic role is part of the patient's advocacy role. Surveillance, evaluation and accurate documentation are required.
Olmstead; Scott; Austin [20]	Nurs Ethics	2010	Unresolved pain in children: a relational ethics perspective	Clinical Nurses	Nurses need to base their practice on research evidence, with evaluation and effective management of children's pain.
Buerlein [21]	NASN Sch Nurse	2010	Promoting children's oral health. A role for school nurses in prevention, education, and coordination	School Nurses	School nurses' role in promoting children's oral health is focused on education, advocacy, prevention and coordination.
Regan [22]	Issues Ment Health Nurs	2010	Trauma informed care on an inpatient pediatric psychiatric unit and the emergence of ethical dilemmas as nurses evolved their practice	Child Inpatient Psychiatric Unit Nurses	Nurses have experienced ethical dilemmas by striving for improvements in the practice of patient care.
Galehouse; Herrick; Raphel [23]	J Child Adolesc Psychiatr Nurs	2010	on Foster Care International Society of Psychiatric-Mental Health Nurses	Children Psychiatric Nurses	Children in foster care are identified as a population that needs immediate and maximum advocacy looking for possibilities for a better life.

anxiety symptoms [14]; to be exposed to medical procedures related to needles, one of the great fears of children [15]; to experience unresolved pain [20] and the possibility of trauma or re-traumatization [22]. These events also emerge as a potential ground for nurses work with respect to children and adolescents, in order to provide a safe and protected care to them.

In this scenario, results of a study suggest that the professional's empowerment facilitates their users' empowerment [18]. Therefore, nurse needs continuous support and opportunities to think about empowerment and advocacy, in the context of professional practice [18].

Actions on Advocacy of Child and Adolescent Health Care

In order to be able to defend vulnerable populations such as children and adolescents, nurses need a diversity of attitudes and behaviors.

With respect to certain diseases, such as Postural Orthostatic Tachycardia Syndrome, the defense role played by the school nurse becomes extremely important [14]. To play this role is necessary that nurses are aware of the signs and symptoms of this syndrome, in the sense of building subsidies to alleviate the student's anxiety [14]. Then, nurses must have attitudes of compassion and support, and seek to develop a health and safety plan within the school environment [14].

Considering toxic exposures, actions directed to the support and advocacy for policies that seek to protect children can be performed by school nurses [16] for advocacy of childhood health.

During children's oral health evaluation, public health nurses play a central role, with the potential to stimulate child protection measures [17]. To promote oral health, nurses should seek to form partnerships with families and community, and to establish communication channels for the defense of oral health importance in the state together with leaders and legislators [21].

Proper management of pain is considered a child right, and nurses may play a significant role to assure that [20]. Faced with a child's fear, such as the medical procedures related to needles, nurses should help this child to deal with that fear, applying some actions such as dialogue, sensitivity and defense [15].

In the establishment of communication mechanisms to fill gaps in care [17], nurse's involvement in authentic relationships with the subjects [20, 22] and interdisciplinary [23] also emerge as attitudes that promote children and adolescents defense in vulnerable situations and rights violation.

4. DISCUSSION

Considering that children and adolescents are considered as segments of the population who are most vulnerable, experiencing specific realities, it becomes relevant that health actions have a broader scope, be creative and efficient [24], seeking to guarantee rights and promote healthy development.

In view of the need to exercise rights, human rights advocacy strategies for children and adolescents appear to be necessary [4]. Thus, health advocacy, which makes possible the wide and plural debate, has the potential to increase health promotion [7] and the guarantee of rights [25].

Health professionals are able to identify and understand vulnerabilities [26], for the defense of children and adolescents' rights [8].

Dealing with violence, a multicausal problem, demands an expanded view of health professionals [27]. Facing the complexity of cases of violence against children and adolescents, nursing professionals need a constant reassessment of their habits, and to establish partnerships with other individuals and sectors [27], in a way that it could be consonant with the health advocacy principles.

Recognizing the importance of advocacy actions, especially directed to patients who need protection due to vulnerability was observed in one of the studies [28] developed with nurses working in hospitals. Advocacy actions for the rights of vulnerable segments can be developed by nurses in different scenarios, such as on their bed sides, meetings and discussions, and in the public arena [29].

School nurses' performance was identified as relevant to the protection of children's health [30], emphasizing the important role played by school nurses in care, management and health improvement of students [31].

From these notes, advocacy should be emphasized as a key and ideal role in nursing practice to identify interests, address needs and promote patient's well-

being [29]. In the context of health advocacy in childhood and adolescence, nurses, after identifying situations of vulnerability or deprivation, should seek alternative potentials to solve the detected problems [26, 32]. Thus, in health care and the protection process nurses play the mediation between different actors [32] and services.

It is inferred that to enhance health advocacy, strengthening of health surveillance is needed, with emphasis on identifying situations of vulnerability and deprivation, and developing of network actions [25] for the protection of children and adolescents.

In different environments and cultures, there may be variations in health advocacy exercised by nurses [33]. Health advocacy requires responsibility and nurses' involvement in practices [32]. As found in this review, sensitivity and communication skills for nursing care are pointed out as foundations to effective health advocacy [32]. In addition, to play the role of advocacy for the health of assisted segments, a proactive approach with family and community partnership is necessary [26]. Also it is important to practice interdisciplinary and intersectorial actions, valuing the governmental and nongovernmental organizations [26].

Despite of partnership and responsibility networks relevance, the study [8] emphasizes a limited contribution of attitudes of defense carried out by health professionals to these networks construction. Thus, in everyday practice, nurse may face limitations for exercise of autonomy and advocacy of user assisted [6].

On health advocacy exercise, nurses may face barriers [33]. It should be stressed that some barriers found in different healthcare environments may be related to gaps, ambiguities and difficulties in interpreting the concept of advocacy in nursing [29, 33].

In this scenario, authors [34] highlight that besides prevention, identification and facing cases of rights violation, strengthening the rights assurance system for an adequate response is relevant, as well as joint efforts to combat violations of children and adolescents rights. In view of the above-mentioned, to have more recognition and strengthening for health advocacy by nurses is necessary [33].

The results of this literature review showed that nurses' working in different scenarios potentialities and possibilities to act on behalf of children and adolescents, and nursing practice can

contribute to promote the defense of health rights. Therefore, nursing care has responsibilities and challenges for the early detection of vulnerable situations and problems that involve children and adolescents' lives and their families. The importance of their protection and safety practice, looking for positive impact to ensure the survival and strengthening of potential health and human development is focused.

Whereas actions to defend the right to health are complex and multidimensional, covering many health determinants. Then, nurses should be prepared and vigilant to identify situations of vulnerability and right violations, and take a professional practice, in which responsibility. attention, building links communication mechanisms prevail. Those practices can facilitate empowerment of individuals and families, as well as interdisciplinary and intersectorial actions to defend and guarantee the right to health of children and adolescents.

REFERENCES

- Arantes EMM. Direitos da criança e do adolescente: um debate necessário. Psicol Clin 2012; 24(1): 45-56. https://doi.org/10.1590/S0103-56652012000100004
- Söderbäck M, Coyne I, Harder M. The importance of [2] including both a child perspective and the child's perspective within health care settings to provide truly child-centred care. J Child Health Care 2011; 15(2): 99-106. https://doi.org/10.1177/1367493510397624
- Rosemberg F, Mariano CLS. A convenção internacional [3] sobre os direitos da criança: debates e tensões. Cad Pesqui 2010; 40(141): 693-728. https://doi.org/10.1590/S0100-15742010000300003
- [4] Fuziwara AS. Lutas Sociais e Direitos Humanos da criança e do adolescente: uma necessária articulação. Serv Soc Soc 2013; (115): 527-43. https://doi.org/10.1590/S0101-66282013000300007
- [5] Gomes ILV, Caetano R, Jorge MSB. Conhecimento dos profissionais de saúde sobre os direitos da crianca hospitalizada: um estudo exploratório. Cien Saude Colet 2010; 15(2): 463-70. https://doi.org/10.1590/S1413-81232010000200023
- Barlem ELD, Lunardi VL, Tomaschewski JG, Lunardi GL, [6] Lunardi Filho WD, Schwonke CRGB. Moral distress: challenges for an autonomous nursing professional practice. Rev Esc Enferm USP 2013; 47(2): 506-10. https://doi.org/10.1590/S0080-62342013000200033
- Germani ACCG, Aith F. Advocacia em promoção da saúde: [7] conceitos, fundamentos e estratégias para a defesa da equidade em saúde. Rev Direito Sanit 2013; 14(1): 34-59. https://doi.org/10.11606/issn.2316-9044.v14i1p34-59
- Santos JS, Andrade RD, Pina JC, Veríssimo MLOR, Chiesa AM, Mello DF. O cuidado da criança e o direito à saúde: perspectivas de mães adolescentes. Rev Esc Enferm USP 2015; 49(5): 733-40. https://doi.org/10.1590/S0080-623420150000500004
- Marinho PAS, Gonçalves HS. Práticas de empoderamento [9] feminino na América Latina. Rev Estud Soc 2016; (56): 80https://doi.org/10.7440/res56.2016.06

- [10] Baillie L, Ford P, Gallagher A, Wainwright P. Dignified care for children and young people: nurses' perspectives. Paediatr Nurs 2009; 21(2): 24-8. https://doi.org/10.7748/paed.21.2.24.s27
- [11] Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. Texto & Contexto Enferm 2008; 17(4): 758-64. https://doi.org/10.1590/S0104-07072008000400018
- [12] Whittemore R, Knafl K. The integrative review: updated methodology. J Adv Nurs 2005; 52(5): 546-53. https://doi.org/10.1111/j.1365-2648.2005.03621.x
- [13] Liamputtong P. Qualitative data analysis: conceptual and practical considerations. Health Promot J Austr 2009; 20(2): 133-9.
- [14] Uhrich AE, Hartung SQ."Doesn't Anyone Believe How I Feel?": Postural Orthostatic Tachycardia Syndrome (POTS). NASN Sch Nurse 2015; 30(2): 106-15. https://doi.org/10.1177/1942602X14563801
- [15] Karlsson K, Rydström I, Enskär K, Englund ACD. Nurses' perspectives on supporting children during needle-related medical procedures. Int J Qual Stud Health Well-being 2014; 9: 23063. https://doi.org/10.3402/qhw.v9.23063
- [16] Mazer ME, Vann JCJ, Lamanna BF, Davison J. Reducing children's exposure to school bus diesel exhaust in one school district in North Carolina. J Sch Nurs 2014; 30(2): 88-96. https://doi.org/10.1177/1059840513496429
- [17] Bradbury-Jones C, Innes N, Evans D, Ballantyne F, Taylor J. Dental neglect as a marker of broader neglect: a qualitative investigation of public health nurses' assessments of oral health in preschool children. BMC Public Health 2013; 13: 370. https://doi.org/10.1186/1471-2458-13-370
- [18] Cawley T, McNamara PM. Public health nurse perceptions of empowerment and advocacy in child health surveillance in West Ireland. Public Health Nurs 2011; 28(2): 150-8. https://doi.org/10.1111/j.1525-1446.2010.00921.x
- [19] Lyden C. Uncovering child abuse. Nurs Manage 2011; 42(Suppl): 1-5. https://doi.org/10.1097/01.NURSE.0000396601.75497.26
- [20] Olmstead DL, Scott SD, Austin WJ. Unresolved pain in children: a relational ethics perspective. Nurs Ethics 2010; 17(6): 695-704. https://doi.org/10.1177/0969733010378932
- [21] Buerlein J. Promoting children's oral health. A role for school nurses in prevention, education, and coordination. NASN Sch Nurse 2010; 25(1): 26-9. https://doi.org/10.1177/1942602X09353053
- [22] Regan K. Trauma informed care on an inpatient pediatric psychiatric unit and the emergence of ethical dilemmas as nurses evolved their practice. Issues Ment Health Nurs 2010; 31(3): 216-22. https://doi.org/10.3109/01612840903315841

- [23] Galehouse P, Herrick C, Raphel S. ...on Foster Care International Society of Psychiatric-Mental Health Nurses. J Child Adolesc Psychiatr Nurs 2010; 23(1): 36-9. https://doi.org/10.1111/j.1744-6171.2009.00215.x
- [24] Costa MCO, Bigras M. Mecanismos pessoais e coletivos de proteção e promoção da qualidade de vida para a infância e adolescência. Cien Saude Colet 2007; 12(5): 1101-9. https://doi.org/10.1590/S1413-81232007000500002
- [25] Andrade RD, Santos JS, Maia MAC, Silva MAI, Veríssimo MLOR, Mello DF. Visita domiciliária: tecnologia de cuidado utilizada pelo enfermeiro na defesa da saúde da criança. Texto & Contexto Enferm 2015; 24(4): 1130-8. https://doi.org/10.1590/0104-0707201500000120015
- [26] Andrade RD, Mello DF, Silva MAI, Ventura CAA. Advocacia em saúde na atenção à criança: revisão de literatura. Rev Bras Enferm 2011; 64(4): 738-44. https://doi.org/10.1590/S0034-71672011000400017
- [27] Aragão AS, Ferriani MGC, Vendruscollo TS, Souza SL, Gomes R. Abordagem dos casos de violência à criança pela enfermagem na atenção básica. Rev Lat Am Enfermagem 2013; 21(Spec): 172-9. https://doi.org/10.1590/S0104-11692013000700022
- [28] Tomaschewski-Barlem JG, Lunardi VL, Barlem ELD, Ramos AM, Figueira AB, Fornari NC. Crenças e ações de enfermeiros no exercício da advocacia do paciente no contexto hospitalar. Rev Esc Enferm USP 2015; 49(5): 811-8. https://doi.org/10.1590/S0080-623420150000500015
- [29] Spence K. Ethical advocacy based on caring: a model for neonatal and paediatric nurses. J Paediatr Child Health 2011; 47(9): 642-5. https://doi.org/10.1111/j.1440-1754.2011.02178.x
- [30] Kosiorowski D. The art and science of political advocacy. NASN Sch Nurse 2014; 29(1): 24-8. https://doi.org/10.1177/1942602X13513926
- [31] Baisch MJ, Lundeen SP, Murphy MK. Evidence-based research on the value of school nurses in an urban school system. J Sch Health 2011; 81(2): 74-80. https://doi.org/10.1111/j.1746-1561.2010.00563.x
- [32] Andrade RD, Santos JS, Pina JC, Silva MAI, Mello DF. A puericultura como momento de defesa do direito à saúde da criança. Cienc Cuid Saude 2013; 12(4): 719-27.
- [33] Tomaschewski-Barlem JG, Lunardi VL, Barlem ELD, Silveira RS, Dalmolin GL, Ramos AM. Adaptação transcultural e validação do instrumento Protective Nursing Advocacy Scale para enfermeiros brasileiros. Rev Lat Am Enfermagem 2015; 23(4): 669-76. https://doi.org/10.1590/0104-1169.0214.2602
- [34] Siqueira AC, Alves CF, Leão FE. A violação dos direitos da criança e do adolescente na perspectiva de professores. Psicol Teor Prat 2012; 14(3): 62-71.

Received on 21-04-2017 Accepted on 25-06-2017 Published on 12-10-2017

DOI: https://doi.org/10.12974/2311-8687.2017.05.01.3

© 2017 Santos et al.; Licensee Savvy Science Publisher.

This is an open access article licensed under the terms of the Creative Commons Attribution Non-Commercial License (http://creativecommons.org/licenses/by-nc/3.0/) which permits unrestricted, non-commercial use, distribution and reproduction in any medium, provided the work is properly cited.