Original Research Article

The experience of mothers in the Makiso commune in Kisangani (DR Congo) in the administration of care to children hospitalised in paediatrics

ABSTRACT

The study concerns the experience of mothers in the Makiso commune of Kisangani (DR Congo) with regard to the administration of care for children hospitalised in paediatrics, carried out over a period from 15 August to 31 December 2022. It aimed to identify the daily experience of mothers during the administration of care to children, to determine the representation of mothers during the administration of care to children, to demonstrate the satisfaction of mothers during the administration of care to children and to determine the expectation of mothers regarding the administration of care to children.

This is a qualitative phenomenological study in which the study population is made up of parents of children hospitalised in the paediatric department of the General Reference Hospital in Makiso/Kisangani and the sample is made up of four mothers of hospitalised children. The technique of choice for data collection was the unstructured, individual, face-to-face interview.

It was found that the mothers were satisfied with the administration of care on their children by the nurses of the paediatric department and that they naturally expected the recovery of their children's health condition after effective administration of care.

Mothers' experience of child care was positive, as they were actively involved in the smooth and successful care of their hospitalised children.

Key words: Experience, Mothers, Administration, Care, Inpatient children

1. INTRODUCTION

The quality of care provided by both medical and paramedical staff in hospitals affects the health and lives of millions of children worldwide [1].

Advance care planning in paediatrics is largely limited to intensive care and disease-specific populations. The discussion often originates in the anticipation of impending death, where the anticipated outcomes of the discussion include 'do not resuscitate' (DNR) orders and palliative care consultations. An abrupt transition from curative to palliative care can be made to avoid prolonging the time to death and to limit treatments that are not beneficial or may even be harmful [2].

There is a growing global awareness that quality care is essential to keep children and their mothers alive and healthy. Today, each year 303,000 women die in pregnancy or

childbirth; 2.6 million babies are stillborn and 2.7 million newborns die in the first 28 days of life. Many of these deaths can be prevented by improving care. More children are being born in health facilities [3].

Every year, some 11 million children worldwide die before their fifth birthday, mostly from diseases such as pneumonia, diarrhoea, malaria, measles and malnutrition. Over 99% of these deaths occur in developing countries. Prevention and management strategies exist to address this problem. The services offered for case management follow a pyramid structure of primary health care with the district hospital at the top. Of the sick children, 12-34% are referred to hospital [4, 5].

The clinical course of children is related to the severity of the disease but also to the quality of care in the hospital. In the hospital setting, inadequate referral, emergency care associated with the use of non-standardised protocols, and poor management of malnutrition can contribute substantially to avoidable mortality. Improvements in patient triage, diagnosis, application of treatment guidelines, surveillance and case follow-up are therefore needed to reduce mortality and iatrogenic complications [6].

According to a recent US study, 80% of public school districts have policies, regulations or protocols to respond to the administration of quality paediatric care, of which about 89% of children reportedly complied with them, and 11% reportedly did not comply or were unsure whether they could comply. The same situation may apply in Canada, not only in schools, but also in hospitals, walk-in clinics and emergency medical services [7].

In Canada, one study found that it takes at least two meetings to reach consensus in 46% of cases requiring a decision to withdraw life-sustaining therapy. Effective communication requires openness and willingness to listen to feedback, ongoing discussions, and reassessment of treatment goals [8].

In France, this photo essay illustrates some of the WHO's recommendations for countries to improve the quality of care in their health facilities and avoid maternal and newborn deaths based on the standards for improving the quality of maternal and newborn care in health facilities [9]. WHO estimates that 84% of children receive emergency care before referral to the relevant department (paediatrics or surgery). In the afternoon (from 3pm) and at night, the nurse administers first aid and calls the doctor on duty for the initial assessment of the child. After the consultation, the doctor decides whether the child should be admitted to hospital depending on the severity [10].

In Algeria, a retrospective study of parents whose children died in the paediatric intensive care unit revealed that although it was the doctor who initiated the discussion in 90% of cases, almost half of the parents had considered withdrawal of treatment before the person raised the possibility. In intensive care (paediatric or neonatal), these discussions take place when the patient is expected to die. The health care team is then motivated by a desire to ensure that the family agrees not to subject the child to treatment that the team considers "futile" [11].

In the Democratic Republic of Congo, although the possibility of premature death related to certain diseases (paediatric cancers, cystic fibrosis and Duchenne muscular dystrophy) is widely recognised, it is notable that the health care team does not preferably ask about refusal of treatment if they think that the patient and family want active treatment. According to an international survey, 45% of Congolese paediatricians do not undertake this discussion. They may be even rarer with paediatric patients with chronic disease, for whom the time of death is difficult to predict (e.g. severe cerebral palsy, neurodegenerative disorders, palliative cyanogenic congenital heart disease and short bowel syndrome [12].

In a study in Kisangani, 12% of admissions to quality care are still difficult. The reasons given were lack of financial means (70%), the mother had no one to look after the other children left at home (18%), the mother preferred outpatient treatment despite the seriousness of the disease since she lived not far from the hospital (12%), and the average time for sorting was 10 minutes [13].

All official texts encourage the presence of parents during the care or examination of their child and the majority of parents wish to stay with their child. However, parents do not always spontaneously know what they can do to best help their child during the administration of care in the hospital room.

It is possible to organise and anticipate the child's pain and to ensure that everyone is comfortable and finds their place during the care.

In undertaking this study, we set ourselves the following objectives

- To identify the daily experience of mothers during the administration of care to children;
- To determine the representation of mothers during childcare;
- Demonstrate mothers' satisfaction with childcare
- To determine mothers' expectations of child care.

2. METHODOLOGY

2.1 Presentation of the research field

This study was carried out at the Hôpital Général de Référence de Makiso/Kisangani, which is the provincial hospital of Tshopo located in Kisangani.

2.2 Study population and sample

In this research, the study population consisted of 32 mothers of children hospitalised in the paediatric department of the Hôpital Général de Référence de Makiso/Kisangani.

Omanyondo [14] points out that in qualitative studies, the sample is not representative. Despite this, the small sample size does not mean a limited study. This author points out that, although the sample is not representative in statistical terms, it is representative of all the everyday knowledge of the participants.

In the qualitative approach, the number of participants is not determined a priori, it is usually dictated by data saturation (redundancy) and the search for different points of view or negative cases; i.e. a saturation in which the data from the interview and even from the analysed questionnaire did not give any more new information, as this was done progressively at the same time as the data collection took place.

Thus, our sample is composed of four mothers of children hospitalised at the Department of Paediatrics of the General Reference Hospital of Makiso/Kisangani during the study period from 15 August to 31 December 2022.

2.2.1 Inclusion criteria

The inclusion criteria are defined according to the characteristics to be taken into account in the constitution of the sample. To be included in this study, the subject should meet the following conditions

- be the parent (mother or father) of the child hospitalised at the General Reference Hospital of Makiso/Kisangani ;
- be present at the time of the survey
- to have voluntarily agreed to participate in the survey.

2.2.2 Criteria for non-inclusion

The following are considered not to be included in this study

- Any parent of a hospitalised child who was absent during the survey;
- Not voluntarily agreeing to participate in the survey.

2.3 Method and technique of data collection

2.3.1 Method used

We used the phenomenological qualitative survey method. The choice of this method is justified by the fact that our work is based on subjective knowledge. Indeed, we are studying the significance and meaning of certain human experiences through the descriptive analysis that parents make of them or not.

2.3.2 Data collection technique

The technique of choice for data collection is the unstructured, individual, face-to-face interview. It enabled us to collect data on parents' experiences of childcare.

In the remainder of the study, we used the unstructured interview, which is the preferred technique in qualitative research. In this process, the wording and order of the questions are not determined in advance, but are left entirely to the discretion of the interviewee. These were open-ended questions, which do not impose any response categories. The respondent is free to answer as he/she wishes, thus allowing for data collection.

2.3.3 Data collection instrument

In order to reconcile the technique with the instrument of this study and thus enable us to collect and store the information necessary for analysis, the interview guide served as a data collection tool.

The interview guide consists of two main parts: the first concerns information on the socio-demographic characteristics of the respondents, and the second is devoted to the parents' experience of childcare by paediatric health care staff.

2.4 Conduct of the survey

The actual data collection took place in the commune of Makiso, in the city of Kisangani, precisely at the General Reference Hospital of the same name, which was considered to be our site of investigation.

Using phenomenology, which is characterised by the small size of the sample, our survey was conducted among mothers living in the Makiso commune during the above-mentioned period. The sample size was constituted as we collected the data.

Before each interview, the interviewer would introduce himself or herself to the parents, stating his or her full identity, the purpose of the study, and the data collection procedure. The interviewer would then verify that the respondent met the inclusion criteria for the study. Finally, the investigator would collect data from these preconditions, beginning with sociodemographic data, before recording information about the parents' experiences with child care.

It is understood that the subjective paradigm of the researcher faces his or her framework and influences by his or her sociological historical background, and simply by his or her presence as a human being entering into the experience.

We showed humility, kindness and respect towards the interviewed subjects. The duration of the interview was 30 to 45 minutes for one respondent. During the interview, the researcher recorded information concerning socio-demographic characteristics and everything related to the parents' experience of the administration of care for children hospitalized in pediatrics. Everything was recorded with the help of a dictaphone.

We can thus say that, within the framework of this study, the situation was reached after having interviewed the parents in front of the administration of care to the children hospitalized in pediatrics.

The saturation of the sample, known as theoretical saturation, is reached when the researcher no longer obtains new data. The data collection procedure was the same as the interview.

2.5 Data Analysis Plan

The analysis was done as the data were collected, particularly because of the theoretical sampling procedure. We proceeded by the floating reading of the materials (interviews), then the application of the codes qualified as in vivo codes.

The in vivo codes are named using the respondent's language, so that they are as close as possible to the raw data. Also, the analysis of the data collected during this study is done in a systematic way, linked to the phenomenological reduction, which aims to emerge the hidden meanings inherent in the descriptions that the investigated

subjects make of the studied phenomena. From the selected themes, we have identified the sub-themes and categories that we have supported with verbatim.

The truth, here must be put in quotation marks, because the understanding produces a phenomenon that is valid only in the context in which it is articulated. Once the information was collected in the field, the data was manually processed, taking into account the variables studied.

In this process, we performed categorical analysis. The following procedure was adopted:

- Listen to the entire recording;
- Transcribe the interviews in the form of verbatim;
- Carefully read each of the descriptions to develop an anti of the data;
- Extract from the interviews significant statements and phrases that relate directly to the parents' experience;
- Formulate meanings for each of the statements or phrases selected;
- Eliminate word repetition (when redundant) and formulate themes and sub-themes;
- Group all meanings into themes;
- Analyze the central themes according to the specific objectives sought;
- Integrate the results of the analysis into a comprehensive description of the phenomenon;
- Corroborate the results with theoretical elements from the literature review.

3. RESULTS

3.1 Identification of respondents

Table 1: Distribution of respondents in relation to the identification elements

Legend: R (Respondent)
M (male)
F (female)

Respondent	**Age**	**Sexe**	**Marital status**	**Activities**	**Educational level**	**No. of children**
1st respondent	29 ans	F	Maried	Housewife	D6	5
2nd respondent	35 ans	F	Maried	Saleswoman	L2	4
3rd respondent	39 ans	F	Maried	Housewife	D6	4
4th respondent	45 ans	F	Maried	Teacher	G3	3

Coding:

- R129F1Nb5: Respondent 1, age 29; married with 5 children
- R235F2Nb4: Respondent 2, 35 years old; married with 4 children
- R339 F3Nb4: Respondent 3, 39 years old; married and mother of 4 children
- R445 f1Nb3: Respondent 4, 45 years old; married and mother of 3 children.

As we can see in the table above, the 4 respondents are all married women, the first of whom is 29 years old with a State Diploma, a housewife and has 5 children. The 2nd is 35 years old with a Bachelor's degree, a saleswoman and has 4 children. The third is 39 years old, a state graduate, a housewife with 4 children and the fourth is 45 years old, a teacher with 5 children.

3.2 Comparison of the variables with the objectives of the study

Let us recall that the theme of this research is the experience of mothers in the administration of their children's care. The analysis of this main theme reveals four sub-topics, namely :

- Subtopic 1: Daily experience of mothers during the administration of care for their children;
- Subtopic 2: Mothers' representations of childcare;
- Subtopic 3: Level of satisfaction of mothers during the administration of care to children;
- Subtopic 4: Mothers' expectations of child care;

The first subtopic has 4 categories, namely:
- Category 1: Caregivers' behavior;
- Category 2: impressions of nurses' attitudes;
- Category 3: the person holding the child during care;
- Category 4: the care practice.

The second subtopic has the following three categories:
- Category 1: positively;
- Category 2: negatively;
- Category 3: my concern or contribution.

The third subtopic has three categories
- Category 1: in terms of care administration
- Category 2: in terms of reception;
- Category 3: my concern or contribution.

The fourth subtopic also has the following three categories:
- Category 1: in terms of administration of care
- Category 2: in terms of reception;
- Category 3: my concern or contribution.

Table 2: Daily experience of mothers during child care

Subtopic	Category	Verbatim report
Daily experience of mothers during the administration of care to children	Behaviour of health care personnel	"... In this structure, the children are very well cared for, I am from the East and, following the insecurity that is experienced on that side, my husband had asked me to come to Kisangani. When I arrived here, they always

		spoke Lingala, although I don't listen to this language. In this hospital, I was not well received, we did not get along because of the difference in languages. That is why I decided to change hospitals; I went to the General Hospital of Reference of Kabondo where Swahili and Lingala are spoken since I started attending this hospital, there is a good reception, the doctors and nurses welcome us very well; a good interview with the patients; I was very happy with their welcome and; since then, I have remained a subscriber at the General Hospital of Kabondo.... " R129 F1Nb5
		"... I went to the General Reference Hospital in Kabondo and there they speak Swahili and Lingala. Since I started going to this hospital, there is a good welcome, the doctors and nurses welcome us very well; there is a good interview with the patients and I was very happy with their welcome. That is why I have remained a subscriber at the HGR of Kabondo.... " R235F2Nb4
	Impressions of the nurses' attitude	"... It's like I told you before that, in this hospital, there is a good reception and they work well, because even when I leave with the child for the care and they start to get agitated, they themselves take care to control the child to administer the care and then they bring him back to me every morning, the doctors and nurses come by to ask about the evolution, if it's going well or if it's not going well, how is the child doing. So, at the Kabondo HGR, we live very well with the medical staff ... " R129 F1Nb5
		"... For me, when I arrive with my child at the hospital, I always hope that I will find the solution, My impressions are good following, first, their reception which already gives me hope that my child will heal. I don't get angry at the nurse who looks after my child before administering care, because I know that this will help the child to calculate and allow him to do his job well. When we are in the hospital, it is the nurse who gives the child

		medication and not me, the mother. When he wants to give the child medication, the nurse asks me to hold the child properly and I do it..." R235F2Nb4
		"... During this moment, I will feel the pain, but this pain does not make me angry at the nurse or at my child. Because, when the child is not sick, it does not bother us and if the nurse also finds the vein easily, he will not be able to look for it several times either. All this is because he does not find the vein that he looks for it several times. In short, all the maneuvers performed on my child tell me absolutely nothing. I am only looking for my child's recovery...". R339 F3Nb4
	Person holding the child during care	"... I'm the one who holds the child when we want to inject him, because the child already knows the caregivers through their clothes and he is afraid of them. That's why I hold him myself, but we help each other to hold the child. In short, we work together..." R129 F1Nb5
		"... If I find two nurses, they are the ones who will take care of everything, but if I find one nurse, that's when I intervene at the request of the latter to allow him to administer the care to the child... " R235F2Nb4
		"... If it's about the injection, the nurse asks me to prepare the child because we have to inject him. If the nurse is alone, I will help him and if they are in a group, they will take care of it to do it..." R339 F3Nb4

This table shows how each of the subjects in the study demonstrated their daily experience during the administration of care to children and the majority had cited some problems that are related During this moment, they feel pain, but this pain does not make them angry against the nurse or against the child.

Table 3: Mothers' representations during child care

Subtopic	Category	Verbatim report
Mothers' representations during the	Positively	"... For me, as a mother, the care on my child represents healing. I will first start with self-medication at home and when I don't find a

administration of care to children Positively		good result, I take my child to the hospital and they take care of him and the child resumes his usual movements, he eats. That's why I end up concluding that for me, care is healing..." R129 F1Nb5
		"...Student mom, the question you are asking me about what care is in the child, it is a very good question. We moms when we are at home with our children and one of them gets sick, we also become nurses by giving them the medicine, not knowing what the child is suffering from. It's enough that he has a fever, you give him paracetamol, sometimes it's not even the illness you're referring to, you go to the neighbor's house and explain to her that my child is not feeling well. In turn, she'll tell you: "give him this", "give him that", "purge him". When we realize that the situation is complicated, we quickly run to the hospital. Once the nurse touches the child and gives him care, we already say that the child is cured and after two or three days in the hospital, you see the child who was not playing starts to play; he was not eating, he starts to eat. That's why you nurses, when we bring the children to the hospital, you take care of them and they recover their health; it's a joy for us parents. That's why I say, in a nutshell, that caring for the child is healing for me...".R235F2Nb4
		"...but once you arrive at the hospital and are greeted by the pediatric nurse, already you have hope that your child is going to get well, because I know that the nurse is going to take good care of my child. If the case requires looking for the vein in the child, you pediatric nurses, it is your job and we, as parents, by seeing this already hope for the healing of the child... " R339 F3Nb4
	Negatively	"... During this moment I will feel the pain, but this pain will not make me angry at the nurse or at my child, because when the child is not sick, he does not bother us and if the nurse

		also finds the vein easily, he will not be able to look for it several times either. All this is because he does not find the vein that he looks for it several times. In short, all the maneuvers performed on my child tell me absolutely nothing. I am only looking for my child's recovery...". R129 F1Nb5
		"... like us moms, when the child is sick, we are always agitated. But once you arrive at the hospital and the pediatric nurse welcomes you, you already have the hope that your child will get better, because I know that the nurse will take good care of my child if the case requires looking for the vein in the child, you pediatric nurses, it's your job and we, as parents, seeing this, already hope for the healing of the child... " R235F2Nb4
		"... During this moment, I am afraid when I see that they have blocked my child, my heart is writhing in pain I tell myself that my child will die. Some nurses are too arrogant in their speech and brutal with the children. I don't appreciate this behavior. When I meet these kinds of nurses, I decide to change structure. That's why there are some hospitals, even if they don't have quality care, but their welcome only makes you want to stay with the child in the hospital. In pediatrics, children like to be played with, but some nurses who don't understand that and they are mean to the children..." R339 F3Nb4
	My concern or contribution	"...My contribution is that the nurses can take care of our sick children, whatever their whims during the administration of care and that the Congolese state can pay the nurses well to allow them to meet their needs..." R129 F1Nb5

This table shows us that each study subject presented her representation during the administration of child care in the pediatric department.

Table 4: Mothers' Satisfaction with child care

Subtopic	Category	Verbatim report

Mothers' satisfaction with the care of their children	In terms of the administration of care	"... it's according to their findings; if they find that they need to place the infusion, they do, if they need to give other molecules, they give. So, it depends on the nursing staff. Because since I started giving birth, the nurses always explain to me what they want to do on the child and ask me to breastfeed the child so that it is distracted, in order to allow them to do their job well. That's why I'm telling you that we work together..." R129 F1Nb5
		"... What I expect from the nurse is the instructions that I have to follow, the injections to allow him to do his job well or that he doesn't say that the child has a high fever, go give him a wet bath. This is what I expect from him. In short, I am waiting for my child to get well or to get well..." R235F2Nb4
		"...I can breastfeed the child to calm him down; if he keeps crying, I will play even music in my phone to calm him down and the nurse will do his job well. We can put toys at his disposal that will allow him to fall asleep and allow the nurse to do his job well... "R339 F3Nb4
	On the welcome plan	"The doctors and nurses welcomed us very well, and I was very happy with their welcome. Since then, I have remained a subscriber at the HGR of Kabondo..." R129 F1Nb5
		"... I generally don't like it when I go to the hospital with my child, I don't like it when I'm not there; I don't like to be absent when my child is being treated..." R235F2Nb4
	Concerning my	"... I don't like to be absent; that's why we always have problems with

	contribution	the nurses at the hospital, because my children are already used to me and I think that if I leave my child alone, he won't be well looked after. That's why I don't like to leave the ward and leave my child..." R129 F1Nb5
		"...Frankly, I don't like my child to be traumatized during the transfusion or infusion. My heart hurts a lot and I often think that they are still adding the disease to my child. But after a while, I also tell myself that we are doing this so that my child will get healthy again..." R235F2Nb4
		"...For me, when the nurse wants to give my child the injection in the buttock, it is not a problem, because the example, it is the one of my child here that you see. it is a child too brutal, but if the nurse blocks him to give him an injection, I cannot get upset, because, it is part of the strategies of the nurse and we are looking for my child to recover his good health. So, I can't get upset..." R339 F3Nb4

Mothers' satisfaction with child care is the focus of this last table.

Table 5: Mothers' Expectations of child care

Subtopic	Category	Verbatim report
Mothers' expectations of caregiving in children	In terms of the administration of care	"... What I expect from the nurse is an instruction that I have to respect, the injunctions to allow him to do his job well or that he tells me when the child has a high fever: ... go give him a wet bath... That's what I expect from him. In short, I expect my child to get well or to get well..." R129 F1Nb5

		"...When I take my child to the hospital, I hope that he or she will recover his or her health and I wait for the nurses' advice so that my child will not suffer from the same illness again..." R235F2Nb4
	On the welcome plan	"...What I am waiting for after bringing the child to the hospital is that he regains his health. That is, I want to see my child be healed. And I also expect the advice that the nurse will give me so that my child does not suffer from the same disease and this advice of the nurse pleases us, the mothers, very much...".
	Mothers' expectations of caregiving in children	"... You asked me a question that reminds me of a story I once experienced in a local hospital. I arrived with my child in the emergency room and there was a need for him to be transfused, so the nurse who had received us started to look for the vein several times and she could not find it. So, I got mad at her and I even told her that if you don't know how to look for the vein, you can leave it and this created serious problems between her and me, because she didn't take my reaction well. Fortunately, another nurse who was also on duty came in and quickly found the vein on my child, which allowed the infusion. So I'm wondering how it is that you, as a pediatric nurse, are not able to find the venous edge once and for all? Please answer my question..." R129 F1Nb5

This table shows us how mothers expressed their expectations of the children's care.

4. DISCUSSION

4.1 Mothers' daily experiences during child care

In this situation, each mother presented her attitude during the administration of care to children hospitalized in the pediatric department. Thus, we present some words of the subjects under study:

" … I am from the East and, following the insecurity that is rampant on that side, my husband had asked me to come to Kisangani. When I arrived here, they always spoke Lingala, although I don't listen to this language. In this hospital, I was not well received, we did not get along because of the difference in languages. That is why I decided to change hospitals; I went to the General Hospital of Reference of Kabondo where Swahili and Lingala are spoken since I started attending this hospital, there is a good welcome, the doctors and nurses welcome us very well; a good interview with the patients; I was very happy with their welcome and; since then, I have remained a subscriber at the HGR of Kabondo.... "

Still on the daily experience of de moms during the administration of care in hospitalized children, another mother expressed herself in these terms:

"... I went to the General Reference Hospital of Kabondo and there they speak Swahili and Lingala. Since I started going to this hospital, there is a good welcome, the doctors and nurses welcome us very well; there is a good interview with the patients and I was very happy with their welcome. That's why I remained a subscriber at the HGR of Kabondo.... " R235F2Nb4

Combeau et al [15] reported that biological causes can be detected in a child with medical learning difficulties.

For Gauthier et al [16], the vast majority of parents wish to accompany their child during care, even if it is painful, but not all of them. The important thing is to offer this possibility to parents without judging them or making them feel guilty if they cannot or do not feel capable of doing so. It is often because of a lack of knowledge of the gesture and fear of seeing the gesture that parents are reluctant to stay present. Reassurance (you won't see the procedure) and clarification of the role expected of them (the nurse will be able to reassure and distract them) may be enough to change their minds. Depending on the layout of the place or space and the furniture available, the nurse may of course decide to allow one or both parents to be present. This can be noted in the reception booklet of the service [17].

We believe that the problems related to the administration of child care must be analyzed with caution, because children are very fragile, and mothers often express concern towards the nursing staff when administering care to their children.

When care is scheduled, it is important to inform the child and parents in advance so that they understand what is going to happen, what is planned to limit pain and promote comfort. This information can be provided using various tools. It is true that

this information may cause some concern at the time, but the child will not be surprised and will not feel "betrayed" when he or she experiences the treatment.

4.2 Representation of mothers during the administration of care to children

With regard to the representation of mothers during the administration of care to children, we recorded the following statements

"... As a mother, the care of my child represents healing. I will first start with self-medication at home and when I don't find a good result, I bring my child to the hospital and they take care of him; then the child resumes his usual movements, he eats. That's why I end up concluding that for me, care is healing...".

It is important to give parents a role during care. Otherwise, they may feel "lost, abandoned, incompetent..." and it can be very trying to watch helplessly their child's possible fear or pain. What parents can do is reassure the child, especially the youngest ones who may be disturbed by this unknown universe, distract the child, you can explain to them that this method is very effective to limit the painful sensation in addition to adapted analgesic means, help them to understand the child's needs to interpret the child's reactions, especially if he or she is small, has difficulty expressing himself or herself or has a disability, and to help hold the child, but make it clear to the parent that this should be done in a flexible way, and only when you are going to provide care, so that the child does not feel "held" more than necessary [18]. Do not require a parent to restrain their child strongly if the child is too agitated. Finally, help hold the child's mask when aerosolizing or inhaling Meopa (even if the parent is holding the mask, it is still the caregivers' responsibility to check that the balloon is properly inflated) [19].

For some mothers, care automatically represents healing for their children, but very often they practice self-medication at home. This is expressed by the other respondent in these terms:

"...We moms, when we are at home with our children and one of them gets sick, we also become nurses by giving the medicine, without knowing what the child is suffering from. It's enough that he has a fever, you give him paracetamol, sometimes it's not even the illness you're referring to, you go to the neighbor's house and explain to her that my child is not feeling well. In turn, she will say, "give him this", "give him that", "purge him". When we realize that the situation is getting complicated, we quickly run to the hospital. Once the nurse touches the child and administers care, we already think that the child is cured and after two or three days in the hospital, you see the child who was not playing, starts playing; he was not eating, he starts eating. That's why you nurses, when we bring the children to the hospital, you take care of them and they recover their health; it's a joy for us parents. That is why I say, in a nutshell, that caring for the child is healing for me...".R235F2Nb4

Greenall, et al [20] on epidemiological studies hardly show an increase in hearing loss in youth.

We dare to believe that in our hospital environment, it is understood that most mothers with hospitalized children refuse to allow nurse trainees to administer care to their children. This is why they often start by self-medicating at home before returning to the hospital if the child's health deteriorates.

The vast majority of mothers wish to accompany their children during a treatment, even a painful one, but not all of them. The important thing is to offer this possibility to mothers without judging them or making them feel guilty if they cannot or do not feel capable of doing so. It is often because of a lack of knowledge of the gesture and fear of seeing the gesture that parents are reluctant to stay present.

Reassuring them (you won't see the gesture) and clarifying the role they are expected to play (you will be able to reassure and distract them) may be enough to change their minds.

4.3 Mothers' expectations of child care

With regard to the expectations of the mothers concerning the administration of care to the children, we have collected divergent comments:

"... What I expect from the nurse is an instruction that I have to respect, the injunctions to allow him to do his job well or that he tells me when the child has a high fever; go give him a wet bath. This is what I expect from him. In short, I expect my child to get well or to get better..." R129 F1Nb5

In relation to waiting, another mother expressed herself in these terms: "... When I bring my child to the hospital, I hope that he will recover his health and I wait for the nurses' advice so that my child does not suffer from the same illness again..." R235F2Nb4

According to Fontan, Combeau, Brion et al [21], in the majority of situations you find yourself in today's world, it can be increasingly complicated to isolate yourself in the health structure and avoid noise in the health environment for the smooth running of the different services.

This situation shows that mothers, with regard to the administration of care to their children, expect to respect the recommendations of the nursing staff to enable them to do their job well and/or to master the right 5 to avoid accidents due to the administration of care.

Depending on the type of care, the protocol of the service, the parents need to have precise information and instructions on their dress; if it is necessary to put on sterile clothes or accessories (cap, gown, mask) or if it depends on the place where the parent settles (far enough from the care). For example, when changing a central line dressing, the child may not wear a bib if he or she turns his or her head the other way. Also, it is important to emphasize what not to do (them or their child). Indeed, these prohibitions are obvious to the caregivers but not to the parents or the child! For

example, do not put your hand on the sterile field, do not move such and such equipment, do not move at such and such a time, wait until... before... [17].

In this last question devoted to the expectation of mothers towards the administration of care in children, some reactions of the subjects of the study recorded:

The wearing of medical gowns in the hospital has always been a favorable response in the service that the work and administration of care is in progress for the recovery of the health condition of the child [22].

This would be explained by the fact that the expectation of mothers regarding the administration of care in children is summarized in that they want the child to leave the hospital healed and healthy.

Galland et al [20] stress that it is important to give parents a role during care. Otherwise, they may feel "lost, abandoned, incompetent..." and it can be very distressing to watch, powerless, their child's possible fear or pain. What parents can do: reassure the child, especially the youngest ones who may be disturbed by this unknown universe; distract the child, you can explain to them that this method is very effective in limiting the painful sensation in addition to adapted analgesic means and help them to understand the needs of the child, to interpret his reactions, especially if he is small, if he has difficulties in expressing himself or if he is in a situation of handicap.

In relation to the advice to be given to pediatric nurses, we present some words:

"... I would ask the pediatric nurses to work with a lot of awareness for the best care of the children..."

"... I would ask the mothers who bring their children to the hospital to have confidence in the nursing staff..."

In our opinion, we believe that mothers have an important role to play in improving the health of their children. The main role of the parent is not to hold the child but to distract him. But in some cases, the parent can eventually help hold the child, especially if they do it in a flexible way and only when you are doing the care, so that the child doesn't feel "held" more than necessary.

CONCLUSION

At the end of this study, which focused on the daily experience of mothers during the administration of care to their children, it was found that the mothers were satisfied with the administration of care to their children by the nurses in the pediatric department and that they naturally expected their children's state of health to be restored following effective administration of care, while actively participating in the process of treating them.

Our involvement in conducting this study is threefold, namely scientific, practical and social.

On the scientific level, this work provides researchers with a data and knowledge base on the administration of care to children, in order to further inform their theories in this area.

On the practical level, this study is intended to be a guide or better a reminder for caregivers during the administration of care to children, but it also contributes to raising awareness among caregivers on good practices in child care in Kisangani.

Finally, at the social level, the study will help parents to take the necessary precautions of keeping a watchful eye during the administration of care to their children by the health care workers in the pediatric department.

Mothers' experience of child care was positive, as they were actively involved in the smooth and successful care of their hospitalised children.

Consent :

From an ethical point of view, the approach consisted in seeking the free and informed consent of the parents to the care of their children who were the subject of our study.

In this regard, the form and consent was read to them for some or submitted to them for others, read for the latter or not read for the former. At the time of collection, we took the option of explaining the aims and objectives of the work defining what was expected from the survey. We tried to answer any questions they might have, while explaining the data collection procedures and choosing a quiet place, away from noise.

To ensure the confidentiality of the information obtained and to guarantee anonymity, each subject was identified without his or her name being mentioned in the recorder containing information from the survey and after the analysis of the contents, we erased them for security reasons.

Finally, the respondent had the right to refuse to answer any question deemed sensitive and to interrupt our interview at any time.

Ethical Approval:

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

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APPENDIX 1:

CONSENT FORM OF THE MOTHERS SURVEYED

The study focuses on the experiences of mothers in the Makiso commune of Kisangani (DR Congo) with regard to the administration of care to children hospitalized in pediatrics

Name of the respondent: .....
Address: .....

We declare that we have received the information note concerning this study. We were informed of the nature, purpose and duration of the research. We have also been informed that we are free to accept or refuse.

If we wish, we are free at any time to discontinue our participation without affecting the course of the survey.

We agree that the data recorded during this study may be processed by computer and that they may be communicated to us if we so wish. These data will remain confidential.

- Agree to participate in this study
- Refuse to participate in this study

Done in Kisangani, on ...../...../2022

Signature of respondent **Signature of interviewer**