



Children's and parents' perceptions of care during the peri-radiographic process when the child is seen for a suspected fracture



B. Björkman ^{a,*}, K. Enskär ^a, S. Nilsson ^b

^a CHILD Research Group, School of Health Sciences, Jönköping University, P.O. Box 1026, 551 11 Jönköping, Sweden

^b CHILD Research Group, The Sahlgrenska Academy, Institute of Health and Care Sciences, University of Gothenburg, P.O. Box 457, 405 30 Gothenburg, Sweden

ARTICLE INFO

Article history:

Received 9 April 2015

Received in revised form

20 July 2015

Accepted 23 July 2015

Available online 8 August 2015

Keywords:

Children

Care

Pain

Distress

Radiography

ABSTRACT

Background: Visiting a Radiology department may elicit both positive and negative feelings for children and parents alike. This study investigated children's and parents' perceptions of care during the peri-radiographic process and whether these perceptions correlated with the child's perceptions of pain and distress.

Methods: This study utilized a quantitative descriptive design. Its data was collected in five Radiology departments, two where examinations are performed exclusively on children and three that treat both children and adults. Data collection contained questionnaires from children ($n = 110$) and their parent ($n = 110$) as well as children's self-reports of pain and distress.

Results: The findings illustrated that the children and their parent were satisfied with the care provided throughout the peri-radiographic process, unrelated to the child's self-reported levels of pain and distress or examination setting (i.e. children's department or general department). The highest scores of satisfaction were ascribed to "the radiographer's kindness and ability to help in a sufficient way," whereas "available time to ask questions and to meet the child's emotional needs" received the lowest scores.

Conclusions: Parents and children alike perceived the radiographers as skilled and sensitive throughout the examination, while radiographers' time allocated to interacting with the child was not perceived to be sufficiently covered.

© 2015 The College of Radiographers. Published by Elsevier Ltd. All rights reserved.

Introduction

Visiting a hospital may elicit both positive and negative feelings. For some children, the visit could be associated with relief, satisfying expectations of receiving aid when ill or injured. For other children, however, the hospital may constitute a more threatening place, exacerbating the child's anxiety due to fear of the unknown in a foreign, seemingly ominous location.¹ The latter description of the hospital may be especially applicable to children examined within a Radiology department,² a location characterized as a high technological environment and, most often, not specially designed to meet the particular needs of children.³ Furthermore, given that a suspected fracture is the most common reason for a child's referral to a radiographic examination,⁴ the visit itself would imply both pain and emotional distress throughout the procedure.⁵ Having a fracture or dislocated bone has been associated with intense pain,⁶ and within the first 48 h after an injury, the child's pain would likely

be the most excruciating.⁷ This is typically the same timeframe in which the child is seen for an examination, which could potentially cause additional pain through the procedure.⁸

Any painful medical procedure, including a radiographic examination, may be distressing for a child, resulting in negative emotions and behaviours.⁹ In the short term, there may be consequences within the actual examination itself, e.g. the child crying and not cooperating during the examination.¹⁰ In the long term, however, the consequences may be more deeply-rooted within the child's mind; a painful procedure could be cognized in a way that changes the child's reactions to medical procedures in later life, e.g. a lower tolerance to pain, greater emotional distress, and the avoidance of potentially painful situations.¹¹

When first meeting a child suffering from pain and distress, communication throughout the peri-radiographic process is especially important.¹² Furthermore, since most radiographic examinations are characterized by short encounters, the radiographers' communication skills play a paramount role in ensuring a positive outcome for the examination, requiring both good patient care and the ability to procure high-quality images.⁸ The simple

* Corresponding author. Tel.: +46 36 101297.

E-mail address: berit.bjorkman@ju.se (B. Björkman).

dissemination of information about the examination, adjusted to the individual child's level of understanding, can greatly aid the child throughout the medical procedure.¹³ Radiographers, not surprisingly, play an important role in breaking down relevant information for the children, and it has been shown that radiographers frequently employ various strategies in their interactions with children during an examination, tailoring information to the child's developmental stage.¹⁴ These strategies serve as an effective means for facilitating the child's comfort with the radiographer and ensuring his or her confidence within the Radiology department.²

At present, however, there appears to be an absence in relevant research on the subject. To the best of our knowledge, children's and their parents' perceptions of care within the context of a Radiology department has not been previously published.

Aim

This study aimed to investigate children's and their parents' perceptions of care during the peri-radiographic process. Its guiding questions included:

What are the children's and parents' perceptions of the radiographer's ability to meet the needs of the child in the examination-situation (i.e. the peri-radiographic process)?

How do the child's and parent's perceptions of care correlate with each other?

How is the child's perception of care related to his or her perception of pain and distress?

Methods

Design

This study utilizes a quantitative descriptive design.

Sample and setting

Data collection was undertaken in five Radiology departments throughout Sweden; two departments perform examinations exclusively with children, and three serve both children as well as adults.

Inclusion criteria targeted children between 5 and 15 years of age, evaluated in one of the aforementioned Radiology departments for a suspected fracture via an acute radiographic examination. Children matching these criteria (as well as their escorting parents) were subsequently included in this study, provided both understood and spoke Swedish. Demographic data about participating children can be found in Table 1. No demographic data was collected about the participating parents.

Procedure

Appointed radiographers in each Radiology department were informed of the procedure for data collection, which was compiled across four months. The participants within this study constituted a consecutive sample, matching the aforementioned inclusion criteria.

Upon arrival at one of the departments, the children and parents were informed about the study, both verbally and in writing, and asked to participate. This information was conveyed by one of the appointed radiographers, but, preferably, not the same radiographer who would perform the imminent examination (lest the results become biased). Upon consenting, the participating child was asked to rank his or her pain via a Coloured Analogue Scale (CAS) (Fig. 1), and his or her distress via a Facial Affective Scale (FAS) (Fig. 2). These rankings occurred at three predetermined intervals

Table 1
Demographic data of participants.

Participants	n = 110 (5–15 years, mean age: 10.6 years)
Boys	56 (51%)
Girls	54 (49%)
First time visit	47 (43%)
Parent present during examination	95 (86%)
Pain relief ^a at emergency room	62 (56%)
Pain relief ^b at home	29 (26%)
No pain relief	32 (29%)
Examined in general department	40 (36%)
Examined in children's department	70 (64%)

^a Paracetamol/Acetaminophen (Alvedon[®], Panodil[®]), Cyclooxygenase inhibitors (Ipre[®], Diklofenak[®], Voltaren[®]).

^b Paracetamol/Acetaminophen (Alvedon[®]), Cyclooxygenase inhibitors (Ipre[®]).

during the peri-radiographic process: before, during and after the examination. Subsequently, following the examination, the child and parent were each asked to complete a questionnaire, consisting of 12 questions about their respective perceptions of care provided to the child throughout the peri-radiographic process.

Instruments for data collection

The **questionnaire**, used for both children and their respective parents, is an adjusted version of the “Healthcare Satisfaction Module specific for Hematology/Oncology”,¹⁵ also used within Radiology departments during MRI examinations.¹²

The questionnaire, given to children and parents following the procedure, contains 12 questions about the perception of care received by the child (Table 2), and its answers are ranked on a Likert scale from 1 (very dissatisfied) to 5 (very satisfied).

The **CAS**, is a visual self-reporting scale, validated to measure the pain intensity in children of five years and older. The scale runs from light pink and narrow in width (indicating no pain) to deep red and wide in width (indicating intense pain). The child is asked to move a marker along the scale to the place best representing his or her pain intensity. On the reverse side of the CAS instrument, corresponding numerical values are shown from 0 (no pain) to 10 (intense pain).¹⁶



Figure 1. Swedish version of the Coloured Analogue Scale (CAS).

Download English Version:

<https://daneshyari.com/en/article/2737290>

Download Persian Version:

<https://daneshyari.com/article/2737290>

[Daneshyari.com](https://daneshyari.com)