



Interactions Between Children and Pediatric Nurses at the Emergency Department: A Swedish Interview Study

Malin Grahn RN^b, Emmy Olsson RN^c, Marie Edwinson Mansson PhD, RchN^{a,*}

^aDepartment of Health Sciences Centre, HSC, Medical Faculty, Lund University, Lund, Sweden

^bDepartment of Gynecology, blå stråket, Sahlgrenska Hospital, Gothenburg, Sweden

^cDepartment of Surgery Section 49, Blekinge Hospital, Karlskrona, Sweden

Received 18 January 2015; revised 20 November 2015; accepted 22 November 2015

Key words:

Parents/family;
Nurse's role;
Pediatric nursing;
Children;
Encountering;
Emergency care;
Communication

Admission to an emergency department can be considered a stressful event for both the child and the family. Due to the nature of traumas, illnesses and fatalities it is a chaotic forum in which good communication between child and staff can be difficult to establish.

Purpose: The purpose of the study was to describe nurses' methods when interacting with children aged three to six at a pediatric emergency department and to identify aspects in need of further investigation.

Methods: The study included seven nurses who work with children. The data were collected through semi-structured interviews and analyzed using qualitative content analysis.

Results: The analysis resulted in three main themes; fundamentals for being able to create a good encounter, nurse's adaptations when encountering children and limitations associated with providing child and family-centered care in the pediatric emergency department.

Conclusions: Healthcare organizations must create time to allow important communication to take place between staff and pediatric patients so that children and families feel safe when being treated. The implementation of effective measures to train staff in communication with pediatric patients is important.

Practice implications: The child should participate in his/her care and in procedures as much as possible. By listening to children and their parents proposals, especially before invasive procedures, effective ways to handle pain and discomfort may be developed.

© 2016 Elsevier Inc. All rights reserved.

Children react in very different ways to hospital visits and admission due in part to previous life experiences and also cognitive function and age (Edwinson Månsson & Enskär, 2011). Invasive medical procedures are some of the most distressing aspects of illness and hospitalization both for children and their parents. It is generally agreed that pediatric health care professionals in particular have a crucial obligation to manage pain and relieve suffering (Gozdzialski, Schlutow, & Pittiglio, 2012; Kolcaba & DiMarco, 2005; Stephens, Barkey, & Hall, 1999). Olsson and Jylli (2001) identified the fear of being hurt as a major cause of children's anxiety. Admission to an

emergency department can be considered a stressful event for both the child and his or her family. Due to the nature of traumas, illnesses and fatalities with which staff of the emergency room have to deal with, it is a chaotic forum in which good communication can be difficult to establish (Gozdzialski et al., 2012). Wissow et al. (1998) showed that even when nurses communicate well, children are rarely involved in discussions related to their own care. It has been argued that children who are not involved in their care, might experience loss of control, less feelings of security and are likely to experience more pain and discomfort than children who are involved (Edwinson Månsson & Dykes, 2004; Hemingway & Redsell, 2011; Runeson, Mårtenson, & Enskär, 2007). If the nurse fails to create a feeling of security for a child during a meeting or the child does not

* Corresponding author: Marie Edwinson Mansson, PhD, RchN.
E-mail address: Marie.edwinson_mansson@med.lu.se.

understand what is happening he/she will experience anxiety and fear.

According to the UN charter "Rights of the Child" every child has the right to receive necessary and good health care, information, education and to be involved in their own care (UNICEF, 2009). Gozdziński et al. (2012) described how misuse of the emergency department (ED) for non-urgent conditions has increased over the past decade. Lack of resources, access to care and knowledge can all contribute to the inappropriate use of the ED, which increases the number of patients and adds to the waiting time for those who need urgent treatment.

Nurses' Management of Children in the ED

All nurses and professionals working with children know that information, preparation and different methods of distraction prior to examinations and treatments can reduce pain and discomfort, which can make the situation less uncomfortable (Coyne, 2006a, 2006b; Coyne & Harder, 2011; Edwinston Månsson & Dykes, 2004; Perry, Hooper, & Masiongale, 2012; Stephens et al., 1999). Norena Pena and Cibanal Juan (2011) emphasize the need to respond to children as individuals and see to their needs. They also point out that it is of great importance that the nurse establishes a well-functioning relationship with pediatric patients as children have different needs than adults. Children's ability to adapt to the hospital environment and understand what is happening around them is more limited than it is for adults. Dealing with children is thus often challenging for the nurse. The nurse's response may be important for children's experiences of care. Furthermore, Norena Pena and Cibanal Juan (2011) propose that the better treatment a child receives and the more secure they feel, the more likely it is that they will regain their health. Wentz and Richfield (2013) conducted a systematic literature review to examine nonpharmacological interventions used for pain management of children in EDs. Fourteen articles met the inclusion criteria. Findings suggest nonpharmacological interventions such as distraction, positioning, sucrose and cold application may be helpful in pediatric pain management in the ED. Nurses can implement these methods independently when caring for children and their families. Alex and Whitty-Rogers (2012) suggest that nurses adapt their language to suit the needs and values of individual patients and that this may affect patients' experiences of care. The National Society for Pediatric Nurses and the Swedish Nurses' Association (2013) and Phair and Heath (2012) have jointly developed guidelines for the professional conduct of specialist trained pediatric nurses. The competence description proposes that the nurse acts as the child's advocate, talks directly to the child as a patient, is respectful, educational and empathetic and encourages the child to be involved in his/her own care.

Nursing Theoretical Perspective

Kolcaba and DiMarco (2005) discuss the nurse's role when interacting with children and the application of the "comfort

theory", which aims to achieve a sense of comfort and security for a child in care. They also pointed out that when working with children, nurses ought always to individualize care and apply a holistic philosophy. The nurse needs to be able to identify and eliminate factors that can possibly make the child feel insecure. By optimizing physical, social and environmental factors, the desired results defined in the comfort theory can be achieved and thus the child's chances to recover health can be increased (Kolcaba & DiMarco, 2005). Stephens et al. (1999) listed several interventions to comfort children and families during stressful procedures. Among them are (a) preparing the child and parent, avoiding the word "pain" in all explanations (social comfort); (b) inviting the parent/caregiver to be present (social and psycho-spiritual comfort); (c) utilizing the treatment room for stressful procedures instead of the child's hospital room (environmental comfort); (d) positioning the child in a comforting manner (physical comfort); and (e) maintaining a calm and positive atmosphere (environmental comfort). Locke, Stefano, Koster, Taylor, and Greenspan (2011) show that the lower the quality of interaction and communication is in a children's emergency room, the more dissatisfied are the patients. They further describe that, at present, research on factors that optimize interactions with children in an emergency department is limited which also Hemingway and Redsell (2011) point out. There are few studies conducted with the aim of exploring how children can become more confident and involved in their own health care. However, it is known that if nurses treat children in a way that induces a feeling of security and being involved, the children will experience a better understanding and control over their illness (Gozdziński et al., 2012; Hemingway & Redsell, 2011; Stephens et al., 1999). Therefore, it was considered of interest to conduct a study to describe interactions between nurses and children in emergency care and to identify important aspects that might arise and need to be addressed. The aim of this study was to describe nurses' methods when interacting with children aged three to six at a pediatric emergency department and to identify aspects in need of further investigation.

Methods

Design

This is an interview study using content analysis as described by Graneheim and Lundman (2004) with an inductive approach to the analysis. Before beginning the interview process, a pilot study was conducted in order to assess questions in the interview guide, in accordance with Polit and Beck (2012). The pilot study illustrated that the interview guide was sufficient and therefore no changes were made. Interesting and relevant information was revealed from the pilot study and was therefore included in the analyses.

Ethical Considerations

Before the data collection was initiated the authors applied to the Advisory Committee for Research Ethics in

Download English Version:

<https://daneshyari.com/en/article/5870607>

Download Persian Version:

<https://daneshyari.com/article/5870607>

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