



Caring for the Acutely, Severely Ill Child—A Multifaceted Situation with Paradoxical Elements: Swedish Healthcare Professionals' Experiences

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Purpose The aim of this study was to describe healthcare professionals' experience of caring for acutely, severely ill children in hospital in Sweden.

Design and Methods: Five focus group interviews were conducted with nurses, nurse assistants and physicians comprising a total of 20 participants. Data were analyzed using qualitative content analysis.

Results: An overall theme emerged that describes healthcare professionals' experiences as: "being in a multifaceted area of tension with paradoxical elements". The theme is based on three categories: proficiency of the individuals and the team is the fundamental base; interactions are crucial in an area of tension; and wellbeing of the individual is a balance of contradictory emotions. With maintained focus on the ill child, proficiency is the fundamental base, interactions are crucial, and moreover contradictory emotions are described.

Conclusions: The interplay based on proficiency may influence the assessments and treatments of acutely, severely ill children.

Practice Implications: Recognizing the multifaceted area of tension with paradoxical elements, practical teamwork exercises, a structured approach, and assessment tools could be a possible way to develop interprofessional team collaboration to improve the care of acutely, severely ill children in order to increase patient safety.

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CHILDREN WITH A variety of health conditions are treated in pediatric inpatient care. This study focuses on the acutely, severely ill children. In Swedish health care, the term "acutely, severely ill children" refers to children who require immediate treatment (The National Board of Health and Welfare, 2015). Every year, approximately 150,000 children are admitted to hospital in Sweden. Injury, intoxication, and respiratory disease are the most common causes of hospital admission of children (The National Board of Health and Welfare, 2013). Up to 3% of inpatient children require immediate medical assistance for the treatment of impending or actual cardiopulmonary arrest (Monaghan, 2005). It has been reported that of those, about 26–27% survive (Kleinman et al., 2010).

Healthcare professionals handle advanced medical treatments, and, in some cases, have to deal with decisions to terminate life support (O'Malley, Barata, & Snow, 2014; O'Malley, Brown, & Krug, 2008). Pediatricians and nurses have different skills and often work together in a team to meet a child's needs, and together deliver high quality care. Taking care of severely ill children may have emotional impact. Feelings of anger, sadness, and helplessness may occur in nurses during critical incidents involving children (Maloney, 2012). Nurses caring for severely ill or dying children have described that even when they adopt a purely professional approach, these situations still have an emotional impact to varying degrees. With experience, most nurses acquire coping strategies to handle these situations (Cook et al., 2012). Pediatric healthcare professionals working with children with severe acquired brain or burn injuries were reported to experience more

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symptoms of stress, and show less resilience, compared to the general population. Furthermore, non-productive coping strategies were more often used among younger compared to older professionals (McGarry et al., 2013).

Healthcare professionals strive to involve the family members in the care. Good communication ensures the best care for the child and, according to parents, most nurses have good insight into their knowledge and the nurses and parents respect each other's skills (Giambra, Sabourin, Broome, & Buelow, 2014). Parents have been reported to describe valuable qualities when a pediatrician was communicating bad news to patients and parents, such as empathy, availability, treating the child as an individual, and respecting parents' knowledge of their child (Orioles, Miller, Kersun, Ingram, & Morrison, 2013).

The interprofessional team has to be able to address the physiological and emotional needs of severely ill children, to cooperate adequately with each other and with the parents to manage the situation and perform appropriate actions. Interprofessional team collaboration has been defined as an activity in which healthcare professionals from different professions learn together with, from and about each other (Sargeant, Loney, & Murphy, 2008). It is imperative to gain more knowledge from the perspective of several professions on how they manage to care acutely, severely ill children by working together to provide high quality care for children and their families. The aim of this study was to describe healthcare professionals' experiences of caring for acutely, severely ill children in hospital in Sweden.

Methods

The present study is part of a larger research project to increase patient safety. The interviews were made 2 months ahead of the implementation of an Early Treatment and Detection Program for Children (ETD-C). This program consists of structured models of detection, communication and teamwork, the implementation of which was decided by the Head of the Children's University Hospital. To capture the experiences of healthcare professionals at baseline, interviews were made before the introduction of the program. Focus group interviews (Peek & Fothergill, 2009) were conducted with participants representing different professions and experiences in pediatric care.

Sample

The team includes physicians responsible for the medical care involved in medical rounds twice daily and being on call for consulting or emergency situations; registered nurses responsible for nursing, including medical prescriptions; and nurse assistants who participate in the care, monitoring equipment, and carrying out routine tasks. Nurses and nurse assistants work closely together. All three professions are trained in cardiopulmonary resuscitation.

A strategic sampling technique was used. The selection was done to obtain a mixed group in terms of gender, age, education, and experience. Five focus groups were formed

consisting of a total of 20 respondents (16 women and four men). The respondents included nine nurse assistants (NA) and five registered nurses (RN). Three of these RNs had specialist training in pediatric care. The professional experience of the RN/NAs in pediatric care ranged from 1 to 38 years. Six physicians participated, four pediatricians (P) and two pediatric surgeons (P). The pediatric experience of the pediatricians ranged from 0.6 to 13 years. The age of all respondents ranged from 27 to 60 years.

Procedure

The respondents were invited to participate from three wards at the University Children's Hospital. One ward consists of general pediatrics and emergency care with 9 beds and approximately 30 employees, one has both planned and emergency care for neurology and surgery patients with 22 beds and approximately 65 employees, and finally one ward is for blood and tumor diseases with 12 beds and approximately 35 employees. Emergency conditions occur in all units, such as bleeding and infection after surgery, seizures, meningitis and serious brain conditions, life-threatening sepsis and serious respiratory problems. The hospital has a neonatal care unit and an intensive care unit for children, which is not included in this study. Department heads at three pediatric wards invited RNs (9) and NAs (9) to participate in a focus group interview on dates suggested by the interviewer. Four of the 9 invited RNs declined. The section chief of medicine and of surgery suggested physicians, who were invited to participate. Of seven physicians invited, one declined to participate. The participants received an information letter by email, stating the aim of the interviews, that participation was voluntary, and that they were free to withdraw from the interviews at any time, in line with the declaration of Helsinki (World Medical Association, 2013). The study was approved by the Regional Ethical Review Board, Uppsala, Sweden (Ref. no: 2012/407).

RNs and NAs formed three groups; one from each ward, and the physicians formed two groups. The groups consisted of two to seven participants. The interviews were recorded and notes were taken. The first author led the interview and the last author took notes. The participants were first asked an open-ended question to get them to share their experiences and thoughts: "Can you please tell us about your experiences of caring for acutely, severely ill children?" Follow-up questions were posed. The interviews covered impeding and facilitating factors. The interviews lasted 36–65 minutes (median 57 minutes). Data were collected from November 2012 to January 2013.

Data Analysis

Data were analyzed using qualitative content analysis (Hsieh & Shannon, 2005; Schreier, 2012) described by Graneheim and Lundman (2004). The transcribed interviews were read and listened to several times by the first author to grasp a sense of the whole. Meaning units related to the aim of the study were identified. Thereafter, they were condensed, abstracted, and

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