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# Younger children's nursing students are uniquely placed to provide emotional care for young people in hospital and promote for them a sense of normalcy☆,☆☆

Jean M. Shepherd *

*School of Health & Social Care, Department of Family Care and Mental Health, University of Greenwich, Avery Hill Campus, Avery Hill Road, London SE9 2UG, England*

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SUMMARY

*Objectives:* To highlight the emotional impact of being in the hospital for young people and to explore the impact of the care by younger student nurses on promoting a sense of "normalcy" for them.
*Background:* Adolescence is strongly influenced by peer relationships and is a unique period in life that requires the achievement of many developmental tasks. An important task of adolescent is developing relationships with peers and feeling part of a recognised peer group. Young people prefer engaging in conversation with people of their own age because they feel less likely to be judged by their peers.
*Design:* Heideggerian hermeneutic phenomenological study.
*Method:* A Heideggerian phenomenological study was undertaken. Individual unstructured interviews were conducted with eleven younger student nurses (aged l7 years and 5 months–l8 years and 11 months) and nine young people with a chronic illness (aged 13 years and 7 months–18 years and 1 month). The data was collected in 2009.
*Results:* Young people in the hospital with a chronic illness experienced moments in time when they had nothing to think about but the business of getting better. During unique caring interactions, younger children's nursing students were able to help them temporarily forget about their illness and promote for them a sense of normalcy.
*Conclusions:* Younger children's nursing students are in a unique position to engage in ontological caring interactions with the young people due to their similarity in age and stage of development. They are uniquely placed to help the young people reintegrate back into their known "lifeworlds" and promote for them a sense of "normalcy".
*Relevance to Clinical Practice:* Clinical staff need to be alerted to the emotional distress caused to young people during long periods of time in the hospital. Practitioners and nurse educators should be facilitating younger student nurses to interact with the young people in a therapeutic way and the care delivered to young people in the hospital should promote a sense of normalcy for them.

## Introduction

This paper will focus on some of the issues faced by young people with a chronic illness when they are required to spend extended periods of time in the hospital and the extent to which younger children's nursing students can bring about a sense of normalcy for them during caring interactions. These findings are drawn from a research study into the lived experience of younger children's nursing students caring for young people.

The student nurses in this study appeared to be in a unique position, due to their age and similar stage of development, to engage in real caring interactions with young people in the hospital. Caring, for the young people, relates to the range of connectedness and concerns that the younger students can experience in their "lifeworlds". By understanding what is likely to constitute "lifeworld" for the young people, because they are experiencing a similar "lifeworld" to them, they are able to engage in ontic care giving, in a nurturing and supportive way, because they are attuned to the young people's ontological concerns that shape their being-in-the-world (Lewis, 2003). It is important, therefore, to consider how caring interactions during hospital admissions could significantly improve outcomes for these young people.

## Background

The World Health Organisation defines adolescence as the period of life between 10 and 19 years; youth as between 15 and 24 years and young people, as those between 10 and 24 years.

Adolescent is a time of great change, encompassing physical, social/emotional and cognitive dimensions. Viner (2003) provides a more inclusive definition of adolescence as being that period between the

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* Tel.: +44 208 331 8078.
*E-mail address:* j.m.shepherd@gre.ac.uk.

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ages of ten and twenty-five years when bio-psychosocial maturation leads to functional independence in adult life.

Adolescent care in hospitals and communities continues to be of concern and is failing to meet the needs of young people (House of Commons Select Committee, 1997). Viner (2001) conducted a national survey of the use of hospital beds by adolescents which found that hospital bed usage by adolescents increased rather than decreased through adolescence.

More recent research undertaken by Viner (2007) involving secondary analyses of the National English Young Patient Survey 2004 (Healthcare Commission 2005) comprising 8855 subjects aged 12 to 17 years, highlights the fact that only 10% of 12–14 year-olds and 18% of 15–17 year-olds were nursed in an adolescent ward; the majority of 12–15 year-olds were nursed in children's wards and 16% of 15–17 year olds nursed in adult wards. He concluded that dedicated adolescent in-patient wards improve the aspects of quality of care for young people compared with child or adult wards particularly for older adolescents.

Berntsson et al. (2007) conducted a qualitative study of young Swedish people with long-term chronic illness and disability to determine factors influencing their wellbeing. Whilst they concluded that adolescents with long term illness generally experienced episodes of wellbeing like other young people, three themes were found to be important in order for them to feel good. These were feelings of acceptance of the illness, feelings of support and feelings of personal growth. Essential for these feelings of wellbeing was being allowed to live as normal a life as possible and being integrated into society.

Taylor et al.'s (2008) systematic review of the literature exploring the lived experience of adolescents with a chronic illness concurred with this notion. They determined that whilst young people with a chronic illness faced the same developmental issues as their healthy peers, they were subjected to disruptions of constant treatments and hospital admissions. From the twenty studies reviewed which were rated as good to fair, seven main themes evolved: developing and maintaining friendships; being normal and getting on with life; the importance of family; attitude to treatment; experiences of school; relationship with the healthcare professions; and the future. They also determined from this review that whilst young people's aspirations are constrained by their illness and treatment, the relationship between their illness and life cannot be viewed in isolation of their development. The constraints imposed by the illness can have an effect on the dynamics and relationships with friends and family. One of the main concerns for the young people is that of striving for normalcy and the need for healthcare professionals to focus on their wellness rather than their illness.

Younger student nurses appear to be ideally placed to engage in caring interactions with young people in the hospital allowing them to experience times of normalcy and real connectedness with them. In nursing, from an ontological perspective, 'being' is the lived experience of nurses in the nurse/patient relationship, the lived experience of caring in the nursing context. Caring is manifested as nurses and people interact together (Lewis, 2003). Lewis (2003) further states that all humans have a choice about caring as 'being', and it is through everyday choices that caring as 'being' becomes uniquely lived in present moments in time and space.

Friendships and social support are also important buffers for young people with chronic life threatening illnesses. Empathetic engagements, validation of opinions about oneself and current life experiences are seen as salient characteristics of friendships during adolescence that promote the development of self-worth (Bigelow, 1977; Youniss and Smollar, 1985).

## Aims and Objectives of the Study

The aim of the study was to investigate the lived experience of younger children's nursing students when they were required to care for young people as well as the experiences of young people themselves, and explore any perceived benefits and concerns. This paper will focus specifically on the perceived emotional benefit experienced by young patients during caring interactions with the younger student nurses.

## Research Design

A Heideggerian, hermeneutic phenomenological study was undertaken.

### *Sample/participants*

In line with this methodology purposive sampling was employed in order to involve student participants who, i) met the age criterion of being under 20 years when starting the programme, ii) had experienced the phenomenon and iii) provided written consent (Cohen et al., 2006). Eleven students, who were attending the Case Study University, were purposively selected as participants. Ten of the students were females and one male. The students ranged in age from 17 years and 5 months to 18 years and 11 months. Nine young people, who met the age criterion of being over the age of 12 years, had experienced at least three hospital admissions and people who were attending the outpatient department at a local Trust, were selected. Six of the young people were female and three were male. The age range of the young people was between 13 years and 7 months and 18 years and 1 month. Coincidentally, all of the young people had long term health problems.

### *Data Collection*

To allow the participants to tell the story of their lived experience of the phenomenon being investigated, and in line with the methodology, unstructured individual interviews were conducted. The aim of the interview was to explore their individual and collective understandings of their ontological experiences, at that particular time in their existence. Participants were asked to describe in detail their experience of the caring interactions they had experienced. To facilitate this, the questions asked were open in nature, for example, “tell me about what it was like for you when….” and “can you expand upon this a little more…”, with follow-up discussion being led not so much by the researcher, but by the participant, an approach which is supported by Koch (1996) who proposes that the exchange should be entirely open, with few direct questions asked. The reason for this is to encourage the interview process to stay as close to the lived experience as possible. The interviews were conducted and data collected between March 2009 and December 2009.

### *Ethical Issues*

Ethical approval was gained through the NRES ethics committee and the Trust R & D department prior to undertaking the research. Participants were given information relating to the study and were advised of their right to withdraw at any time. In keeping with the principles of research ethics (Polit and Beck, 2006), the nursing students and the people who took part in the study were selected through voluntary informed consent and in the case of people under 16 years the consent of their parents was also obtained. Participants were also assured of anonymity and that they would only be referred to as a participant number. All data were kept secured by being kept in a locked cabinet and the memory stick used to store data was password protected.

### *Data Analysis*

Based on the Heideggerian interpretive tradition, Diekelmann et al. (1989) produced a framework for analysis of narrative texts (see Table 1). This process was adapted to analyse and gain a greater understanding and interpretation of the meaning behind the lived experience of the participants. The data were uploaded to QSR NViVo 7 to help