



ORIGINAL ARTICLE

Has the presence of parents during invasive procedures in the emergency department increased in the last few years?^{☆,☆☆}



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KEYWORDS

Parent presence;
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Abstract

Introduction: In recent years, parents have been playing an important role in the Pediatric Emergency Department (PED), and wish to be present when invasive procedures (IP) are performed.

Objectives: (1) To compare the presence of parents during IP in PED in Spain between 2008 and 2012; (2) to compare the arguments to restrict the presence and problems arising from this; and (3) to determine whether the views of health personnel have changed on this subject.

Methodology: A descriptive multicenter comparative study was conducted in 2008 and 2012. A total of 42 questionnaires were sent by email to PED managers, with the responding hospitals being included in the 2 periods of the study.

Results: A total of 22 hospitals participated in the study. The presence of parents in the PED increased between 2008 and 2012 for all IP, significantly in the blood test and urine catheterization. In 2012, managers stated that children are not so nervous, anxiety of the parents, and fear of a poorer staff performance, as an argument to restrict family presence. There were few problems during the 2 periods, with the poor behaviour of the children decreasing. According to managers, the opinion of health personnel has not changed in the last four years.

Conclusions: The presence of parents during the IP in the PED has increased in the last four years, although the presence is low for more invasive procedures. Managers argue the presence of fewer behaviour problems to restrict family presence. The opinion of the staff has not changed in the last four years, although more studies are required on this issue.

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PALABRAS CLAVE

Presencia padres;
Urgencias;
Procedimientos
invasivos

¿Ha aumentado la presencia de los padres durante los procedimientos invasivos en urgencias en los últimos años?

Resumen

Introducción: En los últimos años los padres están adquiriendo un protagonismo cada vez mayor en los servicios de urgencias pediátricos (SUP), manifestando su deseo de presenciar los procedimientos invasivos (PI) realizados a sus hijos.

Objetivos: 1) Comparar la presencia de los padres durante los PI en SUP españoles entre 2008 y 2012; 2) comparar los argumentos para restringir la presencia y los problemas derivados; y 3) conocer si ha cambiado la opinión del personal sanitario.

Metodología: Estudio descriptivo multicéntrico comparativo. En 2008 y 2012 se envían 42 encuestas vía correo electrónico a los responsables de SUP españoles, incluyéndose en el estudio los que responden en ambos periodos.

Resultados: Veintidós hospitales participan en el estudio. La presencia de los padres en los SUP españoles aumenta entre 2008 y 2012 para todos los PI, significativamente en la analítica sanguínea y en el sondaje vesical. En 2012 los responsables argumentan menos frecuentemente el nerviosismo de los niños, la ansiedad de los padres y el temor del personal a un peor rendimiento para restringir la presencia. En ambos periodos los problemas son ocasionales, disminuyendo el peor comportamiento de los niños. Según los responsables el acuerdo del personal sanitario no ha cambiado en estos años.

Conclusiones: La presencia de los padres durante los PI en los SUP ha aumentado en los últimos 4 años, aunque es aún escasa durante los procedimientos más invasivos. Los responsables argumentan menos problemas conductuales, aunque el grado de acuerdo del personal no ha cambiado, siendo necesario continuar trabajando en el tema.

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Introduction

Over recent decades health care has been moving away from a paternalistic model of medicine towards one of family-centred care.¹⁻⁴ This change is particularly important in the paediatric field, since children's parents and/or carers are responsible for their health and well-being. Studies carried out in the last few years on the presence of parents during invasive procedures (IPs) in paediatric emergency departments (PEDs), such as taking samples for blood tests, lumbar punctures, suturing and even cardiopulmonary resuscitation procedures (CPR), have shown that parents want to be present, and moreover many of them believe it is a right both for the child and for the parents.⁵⁻⁹

Health care staff, for their part, are increasingly convinced that the presence of parents can be beneficial, and some authors have drawn attention to an increase in family presence in PEDs.^{3,4,10}

Indeed, a multicentre descriptive study² was carried out in our department in 2008, based on questionnaires sent to the managers of various PEDs in Spain, with the main object of ascertaining whether parents were given the option of being present at various IPs. The conclusions of this study showed that family presence was still rare in Spanish PEDs and that health care staff were largely opposed to it, especially during the most invasive procedures. In 2012 it was proposed that the study be repeated, comparing the results with those obtained in 2008, with the following objectives: (1) to compare the presence of parents during IPs in Spanish

PEDs in 2008 and 2012; (2) to examine the arguments for restricting family presence and the problems arising from it; and (3) to find out whether the opinion of health care staff on this subject had changed in the previous four years.

Methods

A multicentre comparative descriptive study was carried out based on questionnaires sent to the managers of Spanish PEDs affiliated to the Spanish Society of Paediatric Emergency Medicine (SEUP).

We used the same questionnaire that was sent in the study carried out in 2008. It was formulated for the first study, based on the published literature on the subject,² and consisted of 13 multiple-response questions. In 2012 a further question was added on the managers' perception of whether the presence of parents had increased in the previous four years. A copy of the questionnaire is included in [Appendix 1](#).

In November 2012 the questionnaire was sent by email to the managers of the various Spanish PEDs that had taken part in the 2008 study, and two reminder emails were sent during the following three months. No remuneration was offered for completing the questionnaire; the managers who responded in both periods were included in the study.

The procedures were classified, according to their invasiveness, as low (blood sampling, intravenous (IV) line placement, bladder and gastric intubation), moderate

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