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Mutual Expectations of Mothers of Hospitalized Children and Pediatric Nurses Who Provided Care: Qualitative Study

Dilek Konuk Şener*, Aysel Karaca

Duzce University, School of Health Sciences, Department of Nursing, Duzce, Turkey

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ABSTRACT

Purpose: This study attempted to identify the mutual expectations of mothers whose children were hospitalized in the pediatric department of a university hospital and nurses who provided care.

Design and Methods: A descriptive phenomenological design has been used in this study. Data were obtained through tape-recorded semi-structured interviews. This study was conducted at a pediatric clinic, at a university hospital in a small city in Turkey. Participants comprised five nurses working in the children's clinic and 24 mothers who accompanied their children to the hospital.

Results: The six major themes that emerged were mothers' feelings and thoughts about the hospital experience, mothers' expectations for attention and support during hospitalization, mothers' expectations for invasive procedures, issues regarding physical comfort and hospital infrastructure, nurses' feelings and thoughts about working in the pediatric clinic, and nurses' expectations of the mothers.

Conclusions: Mothers expected nurses to provide physical support including medication administration, and installing/applying IV and nebulizer treatments; and emotional support in terms of having a friendly, rather than critical attitude, and being approachable and receptive of mothers' questions and anxieties. Nurses stated that they were aware of these expectations but needed mothers to be understanding and tolerant, considering their difficult working conditions.

Practice Implications: Children's hospitalization is a stressful experience for parents. Open and therapeutic communication and relationships between parents and nurses contribute to improving the quality of care provided to children and their families.

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Children's illnesses and the consequent hospitalization involve inconvenient and unpleasant experiences for both children and their families. It leads to significant lifestyle changes for the family (Cavusoglu, 2008; Coyne, 1995, 1996; Er, 2006; Soderback & Christensson, 2008). Parents have to leave their responsibilities at home and/or work in order to stay with their hospitalized child, negatively affecting their work and family life. Adapting to unfamiliar environments, dealing with new people, and learning about procedures for diagnosis and treatment cause familial stress (Cavusoglu, 2008; Ocakci, 2006). Previous hospital experiences, the child's health status, consistency of care, duration of hospitalization, and relationships with healthcare professionals are factors that affect parents' anxiety and fear (Coyne, 1995; Lam, Chang, & Morrissey, 2006; Ocakci, 2006).

Parents' participation and cooperation helps nurses and healthcare professionals provide quality pediatric services (Coyne, 1996; Lam et al., 2006). The family's support of the child affects his/her health status and response to nursing care (Eksi, 2011; Ocakci, 2006). Therefore,

family-centered care necessitates the family's involvement at each phase of childcare, thereby instilling trust in health care providers' abilities, and ultimately lowering parents' stress levels. Nurses in pediatric services are required to attend to the family, address their concerns and issues, and meet their expectations through effective communication (Aykanat & Gozen, 2014; Eksi, 2011; Er, 2006; Ocakci, 2006).

Studies investigating parents' expectations of nurses in pediatric services have found that nurses need to have good interpersonal and communication skills (Coyne, 1995; Kiguli, Mafigiri, Nakigudde, Dalen, & Vleuten, 2011; Shields & King, 2001a; Soderback & Christensson, 2008), skillfully apply diagnostic and treatment methods (Kiguli et al., 2011; Soderback & Christensson, 2008), play an active role in the care of children (Lam et al., 2006; Latta, Dick, Parry, & Tamura, 2008), stay with children during painful procedures (Boztepe & Cavusoglu, 2009; Kiguli et al., 2011; Lam et al., 2006), and be informed about the child's health status (Coyne, 1995; Enarson et al., 2012; Er, 2006; Kiguli et al., 2011; Lam et al., 2006).

Moreover, nurses' desires, needs, and expectations contribute to improving the quality of care. Changing societal needs, medical and technological developments, social awareness, and a better general understanding of children's illnesses have led to higher expectations

* Corresponding author at: Duzce University, School of Health Sciences, Department of Nursing, Konuralp/Duzce, Turkey.

E-mail address: dilekkonuk@duzce.edu.tr (D. Konuk Şener).

of healthcare services. Additionally, improvements in nursing practice are also reflected in the field of child health nursing (Toruner & Buyukgonenc, 2012). Considering that work life affects the individual and vice versa, understanding nurses' expectations can help improve nurses' health and satisfaction as well as benefit the institution. Therefore, health care reforms that address nurses' difficulties and expectations are increasingly gaining importance. However, despite these positive developments, nursing is considered a stressful occupation with demanding workloads and occupational hazards, especially in Turkey (Arcak & Kasimoglu, 2006; Toruner & Buyukgonenc, 2012).

In the literature, it is observed that previous studies have mostly focused on the requirements and expectations of hospitalized children, their parents and families (Boztepe & Çavusoglu, 2009; Coyne, 1995; Enarson et al., 2012; Er, 2006; Kiguli et al., 2011; Lam et al., 2006; Latta et al., 2008; Shields & King, 2001a; Soderback & Christensson, 2008). It was also found that studies which were performed with mothers were limited to newborn unit (Finlayson, Dixon, Smith, Dykes, & Flacking, 2014; Gaucher, Nadeau, Barbier, Janvier, & Payot, 2016; Povedano, Noto, Pinheiro, & Guinsburg, 2011; Punthmatharith, Buddharat, & Kamlangdee, 2007). Also, there are not sufficient studies on the experiences and expectations of the nurses who were working in children's services. Considering that working conditions, social structures, and cultural practices vary between countries, the need for a qualitative Turkish study that examines mutual expectations of mothers of hospitalized children and nurses is apparent. Therefore, this study attempts to identify mothers' feelings, thoughts, and attitudes regarding hospital experiences and investigate mothers and nurses' mutual expectations.

Methods

Design

In this study, a descriptive phenomenological design is used in order to explain parents' and nurses' experiences, feelings and thoughts caring for the hospitalized child in a pediatric unit. In-depth qualitative interviewing not only enable the researchers to obtain rich description of parents' and nurses' feelings, thoughts and perceptions about caring their child during hospitalization but also it provides a high degree of freedom to answer questions, elaborate ideas and feelings and illustrate concepts (Yildirim & Simsek, 2008).

Sample and Setting

Participants in this study were selected using a purposive sampling method (Yildirim & Simsek, 2008). Potential participants comprised mothers who accompanied their children to the pediatric clinic at a university hospital in a small city in Turkey and nurses who provided care for them. Voluntary participants included five nurses working at the 18-bed pediatric clinic and 24 mothers who had stayed at the hospital for at least two days.

Nurses were working during two shifts (including 8 am–4 pm and 4 pm–8 am). Total working hours of a nurse per week were at least 56 h. While two nurses (one was the supervisor nurse) were working during 8 am–4 pm shift, a single nurse was working during 4 pm–8 am. Supervisor nurse did not implement patient care except for emergency cases. Under these circumstances, there were 18 patients per one nurse. A supporting staff was present in the clinic only during 8 am–4 pm shift. This staff performed preparation of patient beds, bringing the patient to ultrasonography, X-ray, etc. and transporting laboratory materials.

There were eight rooms in the clinic. Five standard rooms had three beds and three private rooms had single beds. There were no toilets/bathrooms in the standard rooms. Private rooms fees have to be paid by the parents. Mothers were staying with their children in the same room for 24 h. They were using the chairs next to the beds since there

was no space for them to rest. A total of six people including three children and their mothers were staying within one room. Only in private rooms, were there armchairs for the mothers to sleep. Mothers of critically ill children were excluded from the study considering that their responses were likely to be affected by their high anxiety. Mothers of the children who had a good prognosis were included in the study. Each participant was only interviewed once.

Instruments

Data were obtained using a demographic information form and semi-structured qualitative interview form.

Demographic Information Form

Sociodemographic data including age, education level, number of children and nurses' work hours were obtained using the form based on a literature review (Arcak & Kasimoglu, 2006; Cavusoglu, 2008; Ocakci, 2006).

Qualitative Interview Form

The semi-structured form to guide interviews included open-ended questions to identify participants' feelings, thoughts, perceptions, and attitudes. It was developed based on a thorough review of literature (Arcak & Kasimoglu, 2006; Cavusoglu, 2008; Ocakci, 2006). The content of questions assessed by a panel of experts in the fields of child health, disease nursing, educational sciences, and psychiatry nursing was deemed appropriate. The order of the form was determined by the flow of the interview. Interview questions for the mothers included their emotional responses to the hospitalization of the child and their to expectations of the nurses, their expectations about their participation in care, their expectations about meeting of their information needs, their expectations during diagnosis and treatment, their thoughts about how a competent child nurse should be and their positive and negative experiences with nurses during their hospital experience. Interview questions for the nurses included their thoughts about family-centered care, their feelings and thoughts about working in pediatric service, the situations in which they have difficulty during working with the mothers, their awareness about the emotional needs of the mothers and their skills for coping with the emotional responses of the mothers.

Data Collection

Data were collected in February through June 2015 using in-depth qualitative interviews. Appointments were arranged with the nurses and mothers at an appropriate time and place, convenient and comfortable for the participants. In keeping with mothers' and nurses' preferences, interviews were conducted in the training room at the hospital. For mothers who could not leave their children alone or in the care of a relative, interviews were conducted in the child's room or in any empty room close by.

The purpose of the study was first presented to potential participants. Consent was obtained after stating the approximate duration of the interview, explaining the reason for recording interviews, and providing assurance for the confidentiality of all interview data. Participants were instructed that they could turn off the recorder whenever they wanted during the interview. They were requested to share their thoughts about mutual expectations in the hospital according to interview principles. Observational notes about their behaviors and answers were recorded. Interviews with each participant lasted nearly 60 min. The researchers were women. One of them was a psychiatric nurse and the other was a pediatric nurse with PhDs. All of the interviews were performed by the psychiatric nurse who had experience conducting qualitative studies.

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