Journal of Pediatric Nursing xxx (2018) xxx–xxx

Contents lists available at ScienceDirect

Journal of Pediatric Nursing

"But Perhaps they could Reduce the Suffering?" Parents' Ambivalence toward Participating in Forced Peripheral Vein Cannulation Performed on their Preschool-Aged Children

Edel Jannecke Svendsen [a,*], Anne Moen [a], Reidar Pedersen [b], Ida Torunn Bjørk [a]

[a] Department of Nursing, Institute of Health and Society, Faculty of Medicine, University of Oslo, Postboks 1130 Blindern, 0318 Oslo, Norway
[b] Centre for Medical Ethics, Institute of Health and Society, Faculty of Medicine, University of Oslo, Postboks 1130 Blindern, 0318 Oslo, Norway

ARTICLE INFO

Article history:
Received 26 July 2017
Revised 6 March 2018
Accepted 7 March 2018
Available online xxxx

Keywords:
Child
Coercion
Hospital, pediatric
Parents
Restraint

ABSTRACT

Purpose: The purpose of this study was to provide a better understanding of how parents experience the use of restraint during the performance of peripheral vein cannulation (PVC) on their child.
Design/Methods: Qualitative, semi-structured interviews were performed with seven parents and one close relative who had accompanied their 3–5-year-old child while the child resisted the medical procedure of PVC. The analysis was guided by symbolic interactionism and resulted in two themes.
Results: The first theme that emerged, "Negotiating What Quality of Performance Should be Expected", was based on 1) Parents expected child-friendly encounters, 2) Performance of PVC caused unexpected and unnecessary suffering for the child, and 3) Parents explained and excused the performance of PVC. The second theme: "Negotiating One's Own Role and Participation in a Child's Suffering During the Procedure", was based on 1) Parents desired to be acknowledged and approached for suggestions regarding ways to ease the trauma surrounding the procedure, 2) Parents expressed uncertainty regarding the consequences that the procedure would have for the children, and 3) Parents desired to play a protective role, and they tended to engage in self-criticism.
Conclusion: When the PVC was less child-friendly, poorly planned and chaotic or performed with lacking skills, the parents became unwilling partners in the unnecessary suffering of the child. A practical implication is that if pediatric health care providers are aiming for the reduction of restraint, they must better understand parents' expectations and experiences and ensure that the use of restraint is used as the last resort.

Introduction

During a young patient's hospital stay, a child's parents will often be present during the performance of various medical procedures, such as naso-gastric tube insertion, blood sampling, or peripheral vein cannulation (PVC) (Corlett & Twycross, 2006; Crellin et al., 2011). When a child exhibits resistance to a particular medical procedure, parents often assist health care providers in restraining the child (Corlett & Twycross, 2006); parents may even perform most of the restraining while the health care provider completes the procedure (Graham & Hardy, 2004; Homer & Bass, 2010; McGrath, Forrester, Fox-Young, & Huff, 2002). Physical holding is one of the most common types of restraint performed on young patients and is a typical coercive measure that is used in the realm of children's health care (Hull & Clarke, 2010).

Even if the use of restraint can be justified, the matter of which activities parents should be allowed to assist with or perform themselves remains debatable. The use of restraint may result in an emotional burden or feelings of distress on the part of parents (Karlsson, Rydstrom, Enskar, & Englund, 2014). Furthermore, being restrained during medical procedures can be frightening, unpleasant, and harmful to the child patient (Brenner, 2007; Brenner et al., 2013; McGrath et al., 2002). However, parents' presence and participation (i.e., holding their children during medical procedures) has also been linked to reduced levels of distress and decreases in upset feelings on the part of children (Cavender, Goff, Hollon, & Guzzetta, 2004; Matsumori et al., 2006; Smith, Murray, McBride, & McBride-Henry, 2011; Snyder, 2004).

Studies have shown that parents who were present during their children's medical procedures exhibited either more favorable or similar levels of distress and satisfaction as compared to parents who were absent (Piira, Champion, Bustos, Donnelly, & Lui, 2007; Piira, Sugiura, Champion, Donnelly, & Cole, 2005). However, fathers who were involved in restraining their children during oncologic treatments, including both witnessing and assisting in the procedure itself, found the experience to be emotionally traumatic and challenging (McGrath &

* Corresponding author at: Department of Nursing, Institute of Health and Society, Faculty of Medicine, University of Oslo, Postboks 1130 Blindern, 0318 Oslo, Norway.
E-mail addresses: e.j.svendsen@medisin.uio.no, @EdelSvendsen (E.J. Svendsen), anne.moen@medisin.uio.no, @annemoen_oslo (A. Moen), reidar.pedersen@medisin.uio.no (R. Pedersen), i.t.bjork@medisin.uio.no (I.T. Bjørk).

https://doi.org/10.1016/j.pedn.2018.03.004
0882-5963/

Huff, 2003). The use of restraint can be difficult for many parents (McGrath et al., 2002), as it can result in conflicting feelings or emotional difficulties (Alexander, Murphy, & Crowe, 2010; Idvall, Holm, & Runeson, 2005; Lam, Chang, & Morrissey, 2006; McGrath et al., 2002; McGrath & Huff, 2003; Swallow, Lambert, Santacroce, & Macfadyen, 2011). Recent research suggests that parents often feel as though they are "letting their children down" when they participate in the use of restraint, and such experiences may result in feelings of regret, guilt, and even anger toward health care providers (Karlsson, Rydstrom, et al., 2014). However, some parents have reported feelings of comfort and satisfaction resulting from their inclusion in the holding of their children during PVC (Sparks, Setlik, & Luhman, 2007).

The use of restraint during medical procedures often elicits mixed experiences for parents, and a nuanced understanding of parents' roles is lacking. Parents may not have advance knowledge that restraint will be required, and therefore they may not consider holding or other simple procedures to be part of their child's daily routine. Thus, there is a need to further explore parents' reflections and experiences regarding those medical procedures that involve restraint.

Aim

The purpose of this study was to provide a better understanding of how parents experience the use of restraint during the performance of PVC on their child. The parents interviewed for this study had previously participated in the performance of this procedure on their children. The included parental reflections can therefore enhance our understanding of restraint and its implications. Since this study is part of a larger project that explores the use of restraint during PVC performed on preschool-aged children admitted sub-acutely to hospitals, the research questions were developed according to the results of this project's various sub-studies. These sub-studies showed that some children protested, attempted to escape, and otherwise suffered while enduring PVC (Svendsen, Moen, Pedersen, & Bjørk, 2015), that parents withdrew their participation when restraint and child suffering was prolonged (Svendsen, Moen, Pedersen, & Bjørk, 2016), and that health care providers have suggested that parental behavior partly contributes to the use of restraint (Svendsen, Pedersen, Moen, & Bjørk, 2017). The following research questions were therefore developed for the present study:

1. How do parents experience the performance of PVC on their preschool-aged children when restraint is used?
2. What forms of conduct do parents expect from health care providers and from themselves during the performance of PVC on their preschool-aged children?

Analytical Perspective

In this paper, parents' reflections were obtained by analyzing how they established meaning in situations wherein PVC administration required the use of restraint. Symbolic interactionism (SI) allows for the interpretation of participants' own meanings and facilitates a determination of how these meanings lead to the establishment of different priorities during an interaction; this is notable, as actions are based on meanings that are derived through interactions with one's self and with others (Blumer, 1969; Burbank & Martins, 2010). Thus, one tenet of SI is that humans act toward people, symbols, or things according to how they assign meaning to those items or figures. People attach certain common meanings to social positions or roles (e.g., nurse or parent); thus, people expect a specific type of conduct and behavior from individuals who occupy these positions. However, this ascribed meaning can change and evolve during an interaction, and a new meaning (which is, in turn, subject to redefinition itself) can be formed (Blumer, 1969).

Methods

Design

This study utilized an explorative, qualitative, and naturalistic design. Naturalistic studies yield rich, in-depth information that can elucidate the varied dimensions of a complicated phenomenon (Polit & Beck, 2016)—such as the multilevel phenomenon, that is use of restraint during a medical procedure.

Participants and Setting

Seven parents and one otherwise-connected relative participated in this study. These individuals were recruited as part of the larger research project. Participant characteristics are shown in Table 1.

The participants had recently consented to and participated in video-recorded PVC sessions performed on their preschool-aged children (aged between three and five years old). Detailed information about how this treatment was performed is included in earlier studies (Svendsen, Moen, Pedersen, & Bjørk, 2015, 2016; Svendsen, Pedersen, Moen, & Bjørk, 2017). All parents of the six children who participated in the larger study took part in these interviews. The recruitment period ran from May 2012 to May 2013, and a staff nurse was responsible for recruiting the participants. Initially, only parents were recruited; in one case, however, a close relative was invited to participate, as she had accompanied one mother during the patient's PVC session and because both she and the mother considered her to play a "parenting role" for the child. Although this participant was not a parent, the use of the term "parents" throughout this paper will include this close relative. Parents had a range of previous hospital experiences; however, none had prior experience with long-term child hospitalization. In addition to participating in PVC sessions, most of the participants had accompanied their children to other medical procedures as well. For two parents, however, the analyzed PVC sessions constituted their child's first contact with inpatient health care. Since most children resist PVC, it was anticipated that restraint would be used in most instances.

The study's setting was a medical unit for inpatient children situated in a larger university hospital in the southern part of Norway. The unit treats children from 0 to 18 years of age who are admitted for the treatment of various medical conditions. During PVC, four children sat on their parents' laps, while two children were positioned on a bed. Apart from one interview, which was conducted in the home of the parent, the interviews took place within a room at the hospital.

Data Generation

Seven face-to-face, semi-structured interviews were performed in order to generate data for analysis. The first author conducted the interviews. As a learning experience, the recruitment nurse participated as an observer in five interviews. Semi-structured interviews are used to ensure that a specific set of topics is covered (Polit & Beck, 2016). An interview guide, which outlined themes and questions to be addressed, was developed based on previous articles published as part of the larger study and on other relevant research. The included themes were parents': 1) experience of PVC and their cooperation (or lack thereof); 2) perspectives and expected consequences for the child following PVC; 3) experience and understanding of their own participation; and 4) understanding of health care providers' actions during the medical

Table 1
Participants characteristics.

Participants	7
Age	23–54
Gender (men/women)	3/4
Family relation to the patient	7 parents and 1 close relative

Please cite this article as: Svendsen, E.J., et al., "But Perhaps they could Reduce the Suffering?" Parents' Ambivalence toward Participating in Forced Peripheral Vein Cannulation..., *Journal of Pediatric Nursing* (2018), https://doi.org/10.1016/j.pedn.2018.03.004