



## Nursing Staff's Perceptions of Quality of Care for Children in Emergency Departments—High Respect, Low Resources



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### ABSTRACT

**Purpose:** To describe the quality of care for children in emergency departments (ED) as perceived by the nursing staff, and to compare the quality of care for children in a pediatric ED and in a general ED and to identify care quality factors that predict nursing staff's satisfaction with pediatric care in an ED.

**Design and Methods:** A cross-sectional survey study was performed using the 41-item Children Revised Humane Caring Scale (CRHCS) to collect data ( $n = 147$ ) from acute hospitals' pediatric EDs and general EDs in November 2015. The data were analyzed using descriptive statistics and multiple linear regression.

**Results:** Nurses evaluated the quality of professional practice to be high. Children were treated in a respectful and friendly fashion, and received help when needed. The nurses perceived a lack of human resources in the studied EDs. Nurses in pediatric EDs gave more positive evaluations of the quality of care for children than nurses in general EDs. Positive assessments of professional practice, interdisciplinary collaboration and human resources by nursing staff predicted higher satisfaction with the quality of ED care for children.

**Conclusions:** The quality of children's care seemed to be higher in the pediatric ED than in the general ED. Key predictors of quality in children's care are professional practices of nursing staff, interdisciplinary collaboration and adequate human resources.

**Practice Implications:** In EDs, children should be treated by nursing staff and facilities designated for them. Pediatric nursing and teamwork skills should be maintained in the training of nurses.

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Children under 15 years of age represent a significant share of emergency department (ED) patients, and most of those patients are over five years old (IOM, 2007). In 2013, children under 15 years old represented nearly one fifth (18.2%) of all US ED patients (Rui, Kang, & Albert, 2013). In Canada during 2014, pediatric patients accounted for almost 17% of all patients (Canadian Institute in Health Information, 2014), and in Europe, children below the age of 15 accounted for 19% of all injured patients treated in hospitals between 2008 and 2010 (EuroSafe, 2013).

The American Association of Pediatrics (AAP) has published guidelines (AAP, 2009) for children's emergency care. These guidelines highlight the importance of personnel with education in and experience of caring for children of all ages. It also emphasizes the need to consider the characteristics of child patients, such as their age and weight or level of development, and identifies supplies and equipment that are essential for providing high quality care for

children in an ED (AAP, 2009). There are six key quality criteria that must be satisfied to provide a high quality of care for children in an ED: health care must be safe, effective, patient-centered, timely, efficient, and equitable (IOM, 2001). The quality of care can be assessed by considering medical records, or by the perspectives of patients or practitioners (Donabedian, 1997). ED nurses play a vital role in providing care for children, but their perspectives on the quality of care for children in EDs is lacking.

Studies published in recent decades have shown that hospitalized children's participation in their own care tends to be limited when their parents or other responsible adults are present, and that they have little involvement in decision-making (Coyne, 2008). According to Grahn, Olsson, and Mansson (2016), nurses tend to emphasize the importance of communication between ED staff, child patients, and their families and to highlight opportunities to increase the involvement of children in their own care. In addition, they appreciate opportunities to listen to proposals made by children and their parents, to give child patients time for communication during treatment, and to work with child patients to find effective ways of handling the child's pain (Grahn et al., 2016). Earlier studies showed that children and their parents appreciate timely, safe, and family-centered care, and that children

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were particularly satisfied with the care they received (Locke, Stefano, Koster, Taylor, & Greenspan, 2011; Magaret, Clark, Warden, Magnusson, & Hedges, 2002). In general, nurses' perceptions of care quality are less positive than those of patients, and are closely related to the nursing staff's opinions about the meaningfulness of their work and their high values (Kvist, Vehviläinen-Julkunen, & Jokela, 2007).

The quality of emergency care for children is variable, partly because children's emergency services are provided in different ways (IOM, 2007). In general, emergency care for children is provided in either a general ED, where is treated both children and adults or in a pediatric ED where care is provided only for children, typically age under 16 (e.g. Bourgeois & Shannon, 2007, Peeler, Fulbrook, Edward, & Kinnear, 2016). The influence of this structural element on the quality of care for child patients has not been investigated in detail. Bourgeois and Shannon (2007) showed that in the USA, the reasons for pediatric visits to general EDs differ from those for pediatric EDs: patients to general EDs were more likely to be suffering from injuries and other musculoskeletal complaints, whereas those admitted to pediatric EDs more commonly had medical problems. In addition, the average length of stay in pediatric EDs was greater than in the general EDs, partly because the patients admitted to the pediatric ED were sicker (Bourgeois & Shannon, 2007).

The main differences between the general ED and the pediatric ED relate to the provision of private space for pediatric patients, the availability of dedicated facilities and equipment, and staff who specialize in pediatric care. Judkins (2003) showed that the provision of dedicated spaces for pediatric patients increased the satisfaction of both patients and staff. ED nursing staff appreciated the need for special skills in caring for children, and the need to develop or maintain such skills themselves. According to Peeler et al. (2016), nursing staff felt that the provision of a dedicated space for pediatric patients within an ED increased the quality of care and meant that nursing staff did not have to worry about children being exposed to the potentially harmful behaviors of adult patients. A study on preparedness for pediatric care identified a high pediatric volume and the availability of a separate space for pediatric patients as predictors of high preparedness (Gausche-Hill, Schmitz, & Lewis, 2007).

Overcrowding is a problem that threatens to reduce quality of care in EDs around the world. Previous studies have shown that overcrowding reduced the quality of care for children who attended an ED because of asthma or long-bone fracture (Sills, Fairclough, Ranade, & Kahn, 2011). Overcrowding also affects the duration of pediatric patients' visits to EDs. According to Timm, Ho, and Luria (2008) the processing time from door to triage, length of stay, and time to physician all increased with the daily ED census. Graham, Aitken, and Shirm (2011) found that patient acuity and the hospital's admission rate were positive predictors of overcrowding in pediatric EDs (Graham et al., 2011). The overcrowding of EDs has negative effects for both patients and staff. Bond et al. (2007) research has shown that, according to directors of ED's, overcrowding increases nurses' stress and reduces their satisfaction with their work (Bond et al., 2007).

## Purpose

The purpose of this work was to evaluate the quality of care for children in EDs as perceived by nursing staff, to compare the quality of care in a pediatric and a general ED, and to identify factors that predict nursing staff's satisfaction with the quality of pediatric care in an ED. The research questions addressed are:

1. What are the nursing staff's perceptions about the quality of care for children in EDs?
2. How does the quality of care for children as perceived by the nursing staff differ between a pediatric ED and a general ED?
3. What factors predict nursing staff satisfaction with the quality of care for children in an ED?

## Method

### Study Design

This was a cross-sectional descriptive survey study conducted in the EDs of four public Finnish hospitals (henceforth referred to as hospitals A–D). Hospital A is a university hospital that had 40,000 visits by children (bed capacity for pediatric patients 217) to its pediatric ED in 2015 and 30 nursing staff assigned to the ED. Hospital B is a central hospital whose pediatric ED had 23,000 visits by children (bed capacity for pediatric patients 49) in 2015 and 18 nursing staff. Hospital C is a university hospital whose adult and pediatric ED had 34,600 visits of which 3200 were visits by children, and 72 nursing staff (bed capacity for pediatric patients 60, total capacity 613) in 2015. Hospital D is a central hospital whose adult and pediatric ED had 61,300 visits of which 5900 were visits by children (bed capacity for pediatric patients 29, total capacity 509) in 2015 and 93 nursing staff.

### Instrument

The Revised Humane Caring Scale (RHCS), an instrument created in the 21st century, was applied in this study. The scale has been used in several fields of nursing to measure both patients' and staff's perceptions of quality of care (Kvist et al., 2007; Kvist et al., 2013; Tervo-Heikkinen, Kvist, Partanen, Vehviläinen-Julkunen, & Aalto, 2008). The RHCS includes 42 items on six sub-scales: professional practice (17 items), information and participation in own care (11 items), cognition of physical needs (4 items), human resources (4 items), pain and apprehension management (4 items) and interdisciplinary collaboration (3 items). The subscales were divided using exploratory factor analysis (Kvist et al., 2013). In addition, it includes four outcome variables, demographic questions, and overall grades for the physicians, nursing staff, and assistant personnel. All items use the 5-point Likert-scale (Kvist et al., 2013).

The RHCS instrument was slightly modified by the authors for use in this study, and the modified version was labeled Children Revised Humane Care Scale (CRHCS). Specifically, one item belonging to the information and participation in their own care sub-scale was removed because it did not relate to emergency care, and the Likert-scale was replaced with the Visual Analogic Scale (VAS), with 10 cm long lines. The VAS-scale shows no numbers or anchors, but the left and right ends of the line are labeled "strongly disagree" and "strongly agree", respectively (Voutilainen, Pitkääho, Kvist, & Vehviläinen-Julkunen, 2016).

A pilot study was conducted in the general ED of one Finnish central hospital. Pediatric patients ( $n = 8$ ), their parents ( $n = 8$ ), and members of staff ( $n = 10$ ) aged 7–60 years participated in the pilot study, and 21 (81%) respondents returned the completed instrument evaluation form. Two-thirds of the respondents (76%,  $n = 16$ ) estimated that the number of questions included in the instrument was appropriate and 86% ( $n = 18$ ) considered the questions easy to understand. 11 respondents of 15 (73%) considered the questions to be related to pediatric emergency care, while four respondents (27%) found that some of the questions were not related to emergency care. Respondents thought that the non-related items included children's ability to have enough food and drink during their visit in the ED. Nonetheless, considering the fact that children stay in the ED for several hours (e.g. Magaret et al., 2002), the variable was deemed relevant and no variables were removed. Additionally, in pilot study the Cronbach's alpha was used to measure the reliability of the instrument. The alpha value for the whole scale was 0.939.

The CRHCS used in this work included 41 VAS-scaled items and four outcome variables: "I am satisfied with pediatric patients' care", "I am satisfied with the outcome of pediatric patients' care", "The goals for pediatric patient care are achieved" and "Pediatric patients are set a clear goal for their care together with the staff". In addition, there were six demographic questions and three questions

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