Caring For Sick Kids: A Review for Pediatric Nurse Retention

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Abstract: This review presents a narrative overview of the existing literature relating to the child's experience of being admitted to hospital from the perspectives of children in hospital and children's nurses who provide the majority of their care. A narrative review of the literature was undertaken-relevant work was identified through a process of selection using a broad time period, key search terms and a number of appropriate data bases. Data was initially extracted from each study using a data extraction sheet which identified the author(s), date and source of publication, study design, key findings, limitations and recommendations. The extracted data was then added to a summary table and based on this key dominant theme were identified. These provided the foundation for the formulation and the synthesis of a coherent narrative. There were some papers included in the review. The review therefore presents the views of two groups- children who stayed overnight and children's nurses. The main findings of the narrative review are organized thematically. The views of nurses caring for the child in hospital suggest challenges exist within time restraints, communication skills and an environment which may isolate and separate the child from their family and other children. The main themes emerging in respect of the hospital experience of children are represented as relating to communication, environment, ward design, play, isolation, separation and the child's relationship with family and children's nursing to be particularly important to the child in hospital. Both hospital ward/environment and children's nurse differ greatly to the child's home and family.

Key Words: —*Child care, hospital, experience, training.*

I. INTRODUCTION

Children are significant and unique users of healthcare services. This is reflected in the status of the children's nurse and the nature of the training and education they receive [1]. The education of children's nursing may have consequences such that children may not receive care that takes account of their specific needs. In the context of developments that recognize children as rights holders (UNCRC 1989), including their right to contribute to decision making that affects them, it is important to explore how children experience hospital care, and also the perspectives of those nurses who are charged with delivering that care [2]. Doing so can help inform debates about the nursing profession, and policy decisions that may impact upon the care of children in hospital. The care delivered by the children's nurse may impact on the child's experience of hospital [3]. This review is based on empirical and conceptual work about issues relating to children's experiences of hospital from the perspective of the children and children's nurses.

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In an attempt to uncover a more comprehensive body of evidence this review considered all methodologies across a non-limited time period to ensure all similar studies could be considered. The year 1839 was the earliest start date available to the search engine [4]. The focus of the review was primarily on the child's experience of hospital between the ages six and 12 years old with an overnight stay in hospital. The children's nurse perspective of caring for the child in hospital was also sought, retrieved and reviewed [6]. Empirical studies, systematic and integrated reviews in addition to unpublished theses, service evaluations were all deemed relevant to this review. A retrospective extract by a children's nurse caring for a child undergoing tonsillectomy aged five or six years during the 1960's, not only provides evidence of the traumatized child in hospital but also the emotional distress and frustration the nurse endured due to the child's experience [7]. Blood everywhere, and then the next poor child was brought onto that table. And the child that had had its Tonsils out with its big, red, plastic piny, rubber apron thing, blood running everywhere, going past that child because the child that had been operated on was taken into the recovery area and I don't know why they could not have taken the returning child another way [8]. It was a total nightmare and it could have been done so much nicer. Jolley's study was a very significant time period in relation to the historical evolution of children's nursing in the UK.

It captured an understanding of what it was like to be a nurse caring for children in hospital and what the experience was like for the child during the period 1920-1970 [9]. Although of value, it does not provide a contemporary perspective of the children's nurse caring for children in hospital today. The findings of Coyne whose study sought the view of 12 children's nurses, 11 children and 10 parents about the child's participation in hospital (two hospitals/four wards) complement Jolley's findings. That said, no demographic details were provided. Even though the 12 children's nurse participants were the slighter larger group, only two extracts were used to support the nurse perspective. Coyne published this particular study as two papers the second, solely reports the child respondents' perspective [10]. The nurses in Coyne's study valued the child's involvement in their own care and respected the child as an individual and wanted them to speak out. That said there was a noted lack of agreement on how to determine what that level should be. For instance, according to Coyne, the children's nurse may treat children differently when they present with a mental health related condition or lack capacity. Therefore, the child with physical ill health may be more likely to be involved in the decision making about their own care. Koller et al provides a rare insight from children's healthcare providers when caring for children hospitalized in a single room space due to a serious infectious respiratory condition and as a result under extreme infection control procedures [11]. The respondents recounted the negative impact the experience had on them as a professional and on the child. The single room design allowed strict infectious disease measures to be imposed.

II. Child Staying In Hospital

Traditionally parents and professionals were asked what they understood about the child's hospital experience. Both UK and International literature suggest a change occurred at the turn of the century, with healthcare providers trying to 'prevent' or 'reduce' the length of hospital stay for children whilst at the same time, improving the environment, communication between the child and health professional, along with parental access. Child participation in decision making may have been 'over sold' by other studies as children actually prefer less involvement [3]. Disquiet was also reported around children's experiences of pain, immobility, disfigurement, separation from significant others, loss of control and disruption to their lives as being all potentially stressful whilst in hospital. It was established even short periods of hospitalization can have negative effects on the child, their siblings and family. Although a general consensus of existing studies reports the child's experience of hospital as stressful, the child's position appears fluid in reporting both negative and positive views of their experience in hospital [6]. Not dissimilar to the insights of nurses caring for the child in hospital, four broad themes from the child's perspective of hospital emerged from this review. A data extraction sheet was used to identify the dominant themes which were then distilled to key findings and used to construct the narrative. These relate to the following communication, hospital ward condition, isolation, child relation with nursing and family.

III. Communication Level

Communication relates to written, verbal and non-verbal, inclusive of the child's right to be silent. A critique of studies and reviews found communication to be pivotal to the child's experience of hospital. Using a critical incident technique, data was collected from 30 children aged between eight and 14 years, using participant observation and semi-structured interviews [7]. The analysis yielded three main categories: the children's reaction to the information; nursing staff behaviour as a key aspect in the exchange of information and communication of news as well as children's experience. This study emphasized the need to promote children's consent and participation in nursing interventions. The communication and information provided by the children's nurse during their initial admission to hospital may then have impacted upon the child's experience of hospital [8-10]. Two child extracts demonstrate the positive and negative impact of communication on the child's experience of hospital. All the nurses and doctors explained everything what was happening with my arm and it was a lovely visit and I enjoyed it very much. A unique synthesis of qualitative studies which reported the voice of disabled children when admitted to hospital. Their review reported on the importance of communication between the child, parent and staff in decision-making on matters that affect the disabled child [11]. Notably, Shilling et al found little differences in the responses of able bodied and disabled children, with both reporting negative experiences of staying in hospital. Their findings were based on methods of data extraction and synthesis where each study was independently reviewed by two of the authors, themed and then integrated into a thematic framework and finally reviewed against the framework. In the absence of an adult, the child was reported to receive basic health care from the children's nurse. The child's position also had significant implications for the level and nature of communication a

health care worker had with them. The active participant on the other hand would vigorously seek their health needs being met[8]. The healthcare workers' response was to interact directly with them (either in the presence or absence of their parent), listen to them and give them an opportunity to ask questions. In reality though, children may move from one position to the other. Children again appeared to cope better with hospital when informed. The communication and information provided by the children's nurse during their initial admission to hospital may therefore impact upon the child's experience of hospital [7]. The children who were prepared for hospital were mainly positive, with the younger child reporting they preferred their parent to be with them during their stay in the hospital environment similar to communication, the ward environment was reported as pertinent to the child's hospital experience. The child's personal space within the ward environment includes a bed or cot to sit and sleep in plus a locker in which to keep their personal belongings.

IV. Hospital Environment

Negative physical aspects were reported by the children around the food, their inability to watch television/videos, play games, beds, theatre gowns, equipment, noise, temperature and smell. Their need for having their 'own space' was highlighted by references to the child's own locker, bed and a need for privacy. The social aspect of the environment related to positive interactions with other children [5]. The children were equally aware of their space. Edwards collected their data through unstructured participatory observation and semi-structured interviews alongside a variety of methods and activity-based approaches. This study found the child's experience of hospital to be disruptive and to produce feelings of powerlessness and uncertainty [9]. This was experienced due to a complex variety of factors, situations and people impacting upon their experiences. The children and young people were diverse in terms of age, experience of being in hospital and illness, with some being acutely ill and others having long term chronic illness.

4.1 Isolation

Isolation within the context of the child in hospital relates to the child's separation from their family (parent/guardian), visitors (those dear to them) and the other children admitted to the ward. With isolation/separation presented in a broader sense [2,3]. The 16 papers showed a paucity of child specific studies, therefore a firm conclusion about how children experience isolation could not be drawn. The review did report children appeared more concerned with the separation from their family than the possibility of acquiring an infection.

4.2 Relationship with family and hospital control

Relationships between the hospitalized child and the children's nurse are considered first, followed by an overview of findings relating to the relationship between the child and their family. Jolley's summing up the child's experience during the period 1920-1970 as a negative experience. Jolley stated most of the participants reported the nurses as being busy and associated this with the routine nature of the work [6]. An extract by a child in hospital in 1934 aged four to five years provides an insight into their relationship with a nurse. This qualitative study undertaken in the USA reflects the views of 65 children who all 'reported positive feelings about nurses'. Most indicated that although they were sometimes fearful of their nurses they helped alleviate their fears [9,10]. This study reinforces the power of positive communication in meeting the needs of the child in hospital.

V. Discussion

The quality of clinical care provided in a sick child visit is a function of the provider's knowledge, his/her effort in applying that knowledge, and institutional incentives and constraints to high-quality care, yet few studies have examined the content and duration of care in low-income countries. This weak clinical assessment may in part be responsible for poor diagnostic accuracy and high rates of incorrect treatment identified in some of the study countries [5]. Private facilities performed better for antenatal and sick childcare after adjustment for staff and infrastructure in a study of seven sub-Saharan African countries. Haiti and Nepal were the only study countries where physicians provided a substantial amount of the care; however, physicians did not perform better than associate clinicians and nurses in these countries [7]. Overall differences between physicians and other health care workers were marginal. A concerning finding was that the number of clinical actions was at most only marginally higher in consultations involving very ill children. These children are at high risk for adverse outcomes and require systematic assessment to determine the correct clinical course. Content of care differed little by diagnosis. The limited clinical performance for acute respiratory infection we found may result in failure to detect pneumonia, which in turn contributes to high mortality rates for children

from this disease. The study had several limitations [8,9]. First, the data did not permit us to gauge diagnostic or treatment accuracy or patient outcomes; it is possible to arrive at a correct diagnosis without a thorough examination. Second, it is difficult to separate knowledge from effort and other factors in understanding content of care. However, the assessment of a sick child is relatively formulaic it should be very familiar to health providers in the study countries, and there has been extensive recent training to improve practice in these settings. While we were not able to gauge accuracy of diagnosis or treatment in the consultations, it is unlikely that highly effective care could consistently be delivered with this level of clinical assessment, particularly to severely ill children and those with less common conditions[11]. There is an urgent need for systematic research on the quality of care provided in health care facilities, especially as utilization of health care continues to rise. The reasons for poor quality of care need to be investigated, beginning with the level of clinical preparation and motivation among doctors and nurses [12-14]. As the disease burden shifts to more complex conditions in lower-income countries, mortality is unlikely to decline further without greater attention to issues such as care content.

VI. Conclusion

The review presents the findings of previous empirical studies relating to the child's experience of hospital from the perspectives of hospitalized children and children's nurses who are charged with their care. It notes that whilst most of the work accessed employs qualitative methods, it is for the most part descriptive with very few studies drawing on a conceptual framework to guide their study [5]. Narrative methodology enabled the process of selection using a broad time period, key search terms and a number of appropriate data bases. Child participant research questions and data collection tool were codeveloped with a Child Research Advisory Group of primary school children [9,11].

The main findings of the narrative review are organized thematically and the main themes emerging in respect of the hospital experience of children are represented as relating to communication, environment, ward design, play, isolation, separation and the child's relationship with family and children's nursing to be particularly important to the child in hospital.

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