

NURSES' PERCEPTIONS OF UNACCOMPANIED HOSPITALIZED CHILDREN

Cristy Roberts, PhD RN
University of Missouri-Kansas City
Children's Mercy Hospitals and Clinics, Kansas City, MO

Devin Bowers, MSN, RN, NE-BC
Children's Mercy Hospitals and Clinics, Kansas City, MO

Funded by Dee Lyons Research Grant at Children's Mercy Hospitals and Clinics



Historical Perspectives on Hospitalized Children

- Florence Nightingale
 - Affection and nurturance
- WWI and Industrialization
 - Fear of infectious disease
 - Wards were orderly and child un-friendly
 - Parents not welcome
- WWII
 - Limited visiting hours; families suffered from separation
- Family-Centered Care (FCC) – beginnings in the 1950's
 - Citizens Committee on Children of New York City
 - Committee on the Welfare of Children in England



Historical Perspective

- The core concepts of FCC:
 - dignity and respect
 - information sharing
 - participation
 - collaboration



(Institute for Family-Centered Care, ¶ 2).



Review of the Literature

- Livesley, J. (2005). Telling tales: A qualitative exploration of how children's nurses interpret work with unaccompanied hospitalized children. *Journal of Clinical Nursing*, 14, 43-50.
- Munhall, P.L. (2007). *Nursing research: A qualitative perspective*. Jones & Barlett, Sudbury, MA.
- Roberts, C. A. (2010 accepted ePub). Unaccompanied hospitalized children: A review of the literature and incidence study. *Journal of Pediatric Nursing*. doi:10.1016/j.pedn.2009.12.070.
- Zengerle-Levy, K. (2006). Nursing the child who is alone in the hospital. *Pediatric Nursing*, 32(3), 226-231.



Qualitative Study

- IRB approval
- Participants
 - All nurses at the children's hospitals were contacted via Web-RN
 - Purposive sampling used after 6 participants
 - To gain a broader perspective
- Methodology
 - Tape recorded interviews, follow-up interview
 - Qualitative descriptive study informed by phenomenology as described by Patricia L. Munhall (2007)



Participant Demographics

Workplace	Experience	Gender	Parental status	Age group	Race/ethnicity
ED	28 years	Female	Y	50-55	White
OR	32 years	Female	Y	50-55	White
Suburban Hospital	3 years	Female	N	26-31	White
PICU	3.5 years	Female	Y	26-31	White
Surgical Unit	5 years	Female	Y	26-31	White
Suburban Hospital	3 years	Female	Y	20-25	White
Medical Unit	2.5 years	Male	Y/Child died	26-31	White
Float Pool	16 years	Male	N	38-43	White
Medical Unit	1.5 years	Female	Y	20-25	Hispanic
Float Pool	26 years	Female	Y	44-49	Black
NICU	4.5 years	Female	N	26-31	White
Medical Unit	8 months	Female	N	20-25	Black



Participant Demographics

- Pediatric workplaces:
 - Urban hospital (PICU, NICU, ED, OR, med/surg units)
 - Suburban hospital (med/surg units)
- Gender:
 - 10 female, 2 male
- Parental status:
 - 7 have children, 4 do not, 1 had child that died as newborn
- Race/Ethnicity:
 - 9 White, 2 Black, 1 Hispanic



Participant Demographics

- Age groups:

Age in Years	20-25	26-31	32-37	38-43	44-49	50-55
Number of nurses	3	5	0	1	1	2

- Years of experience:
 - 8 nurses had 5 years of experience or less
 - 4 nurses had 16-32 years of experience



Stories

- 3 year-old with no attachment to parents, wanted to go home with nurse
- 3 year-old with CF and in isolation, nurses drew line outside her door so that she could interact with people walking by



Common reasons for parents' absence

- Economics, need to work
- Transportation, distance, no car
- Other children at home
- NICU graduates – some parents are very attentive, some are used to leaving them with nurses
- Chronic illness, in hospital for a long time
- Health of parent, guardian
- Age of parent
- Trust nurses to care for child, best option for family



Special circumstances

- H1N1 epidemic, isolation
- Neglect, abuse, ward of court, foster care
- Trauma, emergency, child home alone
- Sickle cell (chronic, older children)



Unaccompanied status impacted by:

- Age of child
 - Infants
 - Toddlers
 - Preschoolers
 - School age
 - Adolescent
 - Older



Variations

- By nurse's workplace
- By experience and/or age of nurse or gender or race
- By nurses' parental status



Differences in care of those accompanied vs. unaccompanied

- Some nurses indicated there were no differences in the care.
- Unaccompanied children get more attention
 - Staff play with unaccompanied child, bring to desk
- Medical needs – care is the same
 - Differences with emotional needs
 - Differences with physical needs



Differences in care of those accompanied vs. unaccompanied

- Nursing assignments
- Difficulty in establishing pain level
- Night time, sleep issues
- Parents advocate



Helpers:

- Child Life
- Care Assistants
- Volunteers
- Social Workers



Differences in safety

- Child can't give accurate history
- Cage beds, big beds for preschoolers
- Parents can notice changes that nurses might not see



Differences in safety

- More sedation in PICU, could extubate
- Heart babies – crying compromises health
- Legal issues – sign for selves, consent
 - Fear that social services will take child away



Teaching

- Nurses empower families through education
- Time frame
- Education overload
- Parents need to understand how important it is to be at hospital learning their role at home



Differences in child outcomes

- Developmental delays
- Lack of bonding
- Parents aren't available to make decisions
- More work for nurses, greater expense



Feelings of Pediatric Nurses

- Children are scared, difficult to calm
- Physiological differences
- Feelings toward child
 - Sad, feel sorry
 - Compassion
 - Worry about long term effect
 - It is what it is, do your job



Feelings of Pediatric Nurses

- Stories
 - 6 year-old, non-accidental trauma, whose parents were taken away
 - 2 year-old, mom left during admission labs
 - 5 year-old, respiratory illness, parents left to take a break. Child became critically ill, transferred to PICU, parents couldn't be found.



Feelings of Pediatric Nurses

- Feelings towards parents
 - Angry, bitter
 - Feelings vary by child's age
 - Sad for the parents – what is their understanding?
 - Hard for parents to stay
 - Raises "red flags"
 - ? Parents' addictions
 - Parents need time away
 - Feel differently if parents tell nurse why they are absent
 - Sometimes, it is a relief not to have parents around



Feelings of Pediatric Nurses

- Stories
 - Emergency Dept stories
 - Lawnmower accident
 - Mother of quadruplets
 - NICU stories
 - Protect themselves from the inevitable
 - Uninvolved mom, baby died at home
 - PICU stories
 - End of life
 - Best she can



Feelings of Pediatric Nurses

- Feelings of nursing judgment
 - Treat us like the babysitter
 - Know their children are safe in our hands
 - Some parents are afraid to do the treatments
 - “Parents who leave their children may be the strongest of them all”
- Feelings of doctors
- Feelings of other parents



Judgment

- No excuse for absences
- Try to understand extenuating circumstances
- Nurses stereotype, label parents
- Parents are aware of nurses' feelings toward them
 - Comments in suggestion box
 - Nurses get fired by parents
- Nurses gossip
 - Negative comments during report
- Many nurses try to understand parents' situation



Stories of Judgment

- Family identified as a problem, needed some TLC
- Mom who gave her infant away to foster care
- Mom who was told she could never leave the bedside



Feelings of Pediatric Nurses

- Perceived feelings of children
 - Story about child, non-accidental trauma, no consistency in care
 - Story of young child lying in a crib



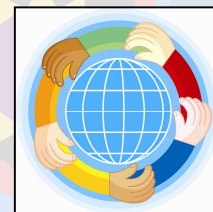
Perceived feelings of children

- Wonder what they think?
 - Age differences
 - Under 7 years
 - School age
 - Adolescent
 - Chronic vs. acute
 - Chronic – become friends, family
 - Depends on first experience



Racial/Ethnic concerns

- Caucasian
- Black
- Hispanic
- Hmong



Definition of Unaccompanied Hospitalized Children

- Timeframes – are unaccompanied if:
 - Depends on child's age
 - Toddler age
 - Less than 7 years
 - OR – if parent not available when take child to surgery
 - PICU – come less than once in 24 hours
 - ED – child comes and leaves without parents
 - NICU – never, because staff is present



Definition of Unaccompanied Hospitalized Children

Timeframes:

- Med/surg units –
 - Either gone all day or all night
 - Gone most of the shift
 - Here all the time, can leave for an hour up to 3 times/day
 - Exception – can leave during procedures
- Depends on parents' circumstances
- Never unaccompanied, because staff is available



Meaning of the Phenomena

- How generations of people have viewed health care for children = leave their children with those who they can trust and can provide care
 - Many parents do the best they can do
 - Age of parents
 - Parents may not have resources, knowledge-base
- It is best for everybody to have parents with their sick children
 - Multi-complex problem
 - Child may be in the hospital longer
 - No easy solution



Meaning of the Phenomena

- Makes providing care more difficult for the nurse
 - Could increase the cost of care
 - Can be emotionally & physically draining for nurse
 - Examine one's own perceptions of the parents
 - Be mindful of diversity
 - Focus on giving equal care



Limitations

- Number of Participants
 - Perspectives of 12 nurses
- Context
 - Interviews were conducted in different places; hospital or researcher's university office
- Generalizability
 - Are the attitudes specific to this hospital and Midwestern culture and values?



So what & what next?

- Discover parents' perspectives
- Discover children's perspectives
- Work to find what is in family's best interest
- Disseminate results to pediatric nurses



Questions?



Thank you!

Acknowledgments:

Patricia L. Munhall, EdD, ARNP, NCPsyA, FAAN

Patricia R. Messmer, PhD, RN-BC, FAAN &
CMHC nurses

