NURSES' PERCEPTIONS OF UNACCOMPANIED HOSPITALIZED CHILDREN

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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


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

<table>
<thead>
<tr>
<th>Workplace</th>
<th>Experience</th>
<th>Gender</th>
<th>Parental status</th>
<th>Age group</th>
<th>Race/ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED</td>
<td>28 years</td>
<td>Female</td>
<td>Y</td>
<td>50-55</td>
<td>White</td>
</tr>
<tr>
<td>OR</td>
<td>32 years</td>
<td>Female</td>
<td>Y</td>
<td>50-55</td>
<td>White</td>
</tr>
<tr>
<td>Suburban Hospital</td>
<td>3 years</td>
<td>Female</td>
<td>N</td>
<td>26-31</td>
<td>White</td>
</tr>
<tr>
<td>PICU</td>
<td>3.5 years</td>
<td>Female</td>
<td>Y</td>
<td>26-31</td>
<td>White</td>
</tr>
<tr>
<td>Surgical Unit</td>
<td>3 years</td>
<td>Female</td>
<td>Y</td>
<td>26-31</td>
<td>White</td>
</tr>
<tr>
<td>Suburban Hospital</td>
<td>3 years</td>
<td>Female</td>
<td>Y</td>
<td>26-31</td>
<td>White</td>
</tr>
<tr>
<td>Medical Unit</td>
<td>2.5 years</td>
<td>Male</td>
<td>Y/Child died</td>
<td>26-31</td>
<td>White</td>
</tr>
<tr>
<td>Float Pool</td>
<td>16 months</td>
<td>Male</td>
<td>N</td>
<td>30-43</td>
<td>White</td>
</tr>
<tr>
<td>Medical Unit</td>
<td>1.5 years</td>
<td>Female</td>
<td>Y</td>
<td>20-25</td>
<td>Hispanic</td>
</tr>
<tr>
<td>Float Pool</td>
<td>26 years</td>
<td>Female</td>
<td>Y</td>
<td>44-49</td>
<td>Black</td>
</tr>
<tr>
<td>NICU</td>
<td>4.5 years</td>
<td>Female</td>
<td>N</td>
<td>26-31</td>
<td>White</td>
</tr>
<tr>
<td>Medical Unit</td>
<td>8 months</td>
<td>Female</td>
<td>N</td>
<td>20-25</td>
<td>Black</td>
</tr>
</tbody>
</table>
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

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

Special circumstances

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

Participant Demographics

- Age groups:

<table>
<thead>
<tr>
<th>Age in Years</th>
<th>20-25</th>
<th>26-31</th>
<th>32-37</th>
<th>38-43</th>
<th>44-49</th>
<th>50-55</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of nurses</td>
<td>3</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

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

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

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

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

Helpers:
• Child Life
• Care Assistants
• Volunteers
• Social Workers
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

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

Racial/Ethnic concerns

- Caucasian
- Black
- Hispanic
- Hmong

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

Stories of 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

Feelings of doctors

- Know their children are safe in our hands

Judgment

- Family identified as a problem, needed some TLC
- Mom who was told she could never leave the bedside
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 available

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!

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