

HOW HOSPITALIZED CHILDREN IMAGINE A GOOD PAEDIATRIC NURSE?

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Objective The research was conducted with the aim of examining how hospitalized children imagine a good paediatric nurse (PN) as well as to check if there is a difference about that imagined picture among children with acute and chronic diseases.

Subjects and methods The research was conducted through study section and it included 80 children hospitalized at the Department of Paediatrics in Tuzla, from April 17, 2009 to January 8, 2010, aged from 8 to 15 of both genders, and who were chosen randomly. The children were divided into two groups. The first group consisted of 40 children who were hospitalized because of an acute disease and the other group consisted of 40 children with a chronic disease. Using a self structured questionnaire the authors of the study interviewed the children in the presence of their parents. In the statistical processing of data the results were presented in absolute and relative numbers, and the statistical significance of differences was tested with the χ^2 test. The difference among the examined groups was considered significant if $P < 0.05$.

Results The difference in answers among children with acute and chronic disease about addressing a PN, a bad mood or impatience of a PN and about the most important characteristics of a PN was statistically significant, while the answers to questions about the facial expression of a PN and about previous experiences with a PN, parents did not find significant.

Conclusion Children in both examined groups imagine a good PN as a person who should have a happy and kind facial expression, as well as the characteristics of a good person and an expert and a person who will provide security and support for children and their parents.

Key words: Child's opinion ■ Character of a paediatric nurse

Introduction

According to the Convention on the Rights of the Child, the right to health is one of the basic rights which ensures the maximum extent of health protection, health prevention and nursing care (1). Providing this elementary right to a sick child in some cases also includes hospitalization. Although from the point of view of a sick child's physical health, hospitalization is sometimes necessary, it is still an experience for the child connected to stressful situations (2) and it can lead to some psychological problems, which has been noticed at our hospital since the middle of the last century (3). Psychological problems are especially expressed in cases when separation from the parents is sudden and when the child is not prepared for hospitalization (4).

Holistic medicine that advocates a comprehensive approach to a sick child as a person, directs today's efforts to treat the body and soul as a whole, the use of the highest available standards in diagnostics and treatment, in order to ease the period of illness and the exceeding unfavorable situation (5).

During an acute disease it is sometimes necessary to hospitalize the child. Although hospitalization is usually short, the child is unexpectedly in a special situation which is characterized, in most cases, by separation from parents, that is, from his normal environment, exposure to diagnostic tests, therapeutic procedures and all the other procedures that are necessary for recovery and recuperation. This does not exclude the negative influence of hospitalization on the child's psychological development. On the other hand, a child with a chronic disease, as a child with special health needs over a long period of time, or sometimes his entire childhood and even later in life, is often in a situation where he needs to be hospitalized, especially at the beginning of his disease. This leads to frequent stressful situations caused by separation from his family and everyday

environment. In that way the child becomes a child at higher risk, or a child that is possibly at risk of chronic physical, developmental and emotional disorders, as well as behavioral disorders (6).

A pediatric nurse (PN) cannot directly cause a reduction in the duration or number of hospitalizations, but she has a significant and multiple role in the treatment of a sick child. With good organization of planned testing, providing adequate health care, conscientious implementation of the planned therapy and health education of parents and the child him self she can indirectly cause the child to recuperate more quickly and in that way she reduces the time the child spends in hospital. Realizing this successfully mostly depends on her approach to the hospitalized child as well as on the acceptance of the PN by the child. Pediatric nurse should respect the hospitalized child as a person, a person who has his own rights and who should be acquainted with them. In the case of hospitalization, health rights do not only mean "free treatment" which the parents of the sick child can prove by means of a "verified or not verified health-insurance card" but much more than that. One of his rights is to have a PN who would, according to his own criteria, be the most acceptable person that he will, during hospitalization, cooperate with most.

Research (7) on the topic "What should a good pediatric nurse be like – a child's view" was conducted in England. The children were asked "Can anyone be a pediatric nurse or it has to be a special person?" one girl answered: "It is very important for a pediatric nurse to be interesting. She needs to play with children and know how to cheer them up. She needs to find the time to talk and treat children with respect" (7). Describing a pediatric nurse in this way, the child speaks of a person who is professional in her work, careful, patient, calm and always ready to defend children's rights. However, the di-

sadvantage of this study is the small number of subjects (ten), the age structure is not noted, the length of the illnesses are missing, and the topics included aimed to show how children see a good pediatric nurse without any accent on the child's experience in relationship with her.

In answer to the question what should a PN be like, while accepting the child as a person, it is impossible to leave out his opinion. For that reason, we consider that it is inevitable to put the child's experiences in relation to the PN at the time of hospitalization into focus and then from the results conclude what a PN should really be like.

This research was conducted in order to test how hospitalized children imagine a good PN and to check if there is a difference in the imagined picture among children with acute and chronic diseases.

Subjects and methods

The research was conducted through a cross section study and it included 80 children aged from 8 to 15 of both sexes, chosen randomly, who were hospitalized at the Department of Pediatrics in Tuzla, in the period from April 17, 2009 to January 8, 2010. They were divided into two groups according to their illness.

The first group consisted of 40 children who were hospitalized for an acute disease (hereinafter: the first group) and the other group consisted of 40 children hospitalized

for a chronic disease (hereinafter: the second group). The distribution of subjects according to their sex and age is shown in Table 1.

For the purpose of this study, and on the basis of personal experience in work with hospitalized children, a self structured questionnaire was used (Attachment). Prior to filling out the questionnaire the children and their parents were asked to participate in the research, and after they had given their consent they were informed about where the data was going to be used and that they had given their consent to participate in the research by filling out the questionnaire. The authors of the study interviewed the children in the presence of their parents. The average time for filling out the questionnaire, including the explanation of unknown terms, was 20 minutes.

Statistical analysis

The results are presented in absolute and relative numbers, and the statistical significance of differences was tested with the χ^2 test in which the null hypothesis of proportion was 0.5. The difference among samples was considered significant if $p < 0.05$. The results were tested using the Arcus QuickStat Biomedical statistical program (8).

Results

The answers of the hospitalized children about their view of the pediatric nurse they would like to have are shown in Tables 2, 3, 4, 5 and 6.

Table 1 Distribution of subjects according to sex and age

Sex	Subjects			
	First group (n=40)		Second group (n=40)	
	n	Age (\pm SD)	n	Age (\pm SD)
Female	21	10.9 \pm 2.1	20	11.8 \pm 1.4
Male	19	10.4 \pm 2.4	20	12.1 \pm 1.8

Table 2 Answers given by hospitalized children to the question: »What would you like to call the paediatric nurse?«

Address	Subjects	
	First group (n=40) n (%)	Second group (n=40) n (%)
Nurse	11 (27.5)	27 (67.5)
Aunt	25 (62.5)	6 (15.0)
By name	4 (10.5%)	7 (17.5)

The difference in answers about how to address a pediatric nurse was statistically significant ($\chi^2=19.200$; $p=0.0001$) between the children in the first and second groups. There was a statistically significant difference ($\chi^2=17.150$; $p=0.0002$) in the answers of children within the first group and children within the second group ($\chi^2=21.050$; $p<0.0001$).

Table 3 Hospitalized children's answers to the question, »What kind of expression should the paediatric nurse have?«

Expression	Subjects	
	First group (n=40) n (%)	Second group (n=40) n (%)
Smiling-Heartly	34 (85)	37 (92.5)
Serious	6 (15)	3 (7.5)
Sad	-	-
Angry	-	-

The difference in answers to the question What kind of facial expression should a pediatric nurse have? among children in the first and second group was not statistically significant ($\chi^2=0.501$; $p=0.48$). However, a significant difference was evident among children in the first group ($\chi^2=18.225$; $p=0.0001$) as well as among children within the second group ($\chi^2=27.225$; $p<0.0001$).

Table 4 Hospitalized children's answers to the question: »Do you think it is justified for a paediatric nurse to be sometimes in a bad mood or impatient?«

Answer	Subjects	
	First group (n=40) n (%)	Second group (n=40) n (%)
Affirmative	9 (22.5)	25 (62.5)
Negative	31 (77.5)	15 (37.5)

The difference in answers to the question Do you think it is justified for a pediatric nurse to sometimes be in a bad mood or impatient? among children in the first and second group was statistically significant ($\chi^2=11.509$; $p=0.0007$). The difference in answers to this question among children in the first group was also statistically significant ($\chi^2=11.0259$; $p=0.0009$), while the difference was not statistically significant among children in the second group ($\chi^2 = 2.025$; $p=0,1547$).

Table 5 Hospitalized children's answers to the question, »What in your opinion is the most important characteristic of a paediatric nurse?«

Answer	Subjects	
	First group (n=40) n (%)	Second group (n=40) n (%)
Good person	5 (12.5)	4 (10)
Good expert	7 (17.5)	-
Both	28 (70)	36 (90)

The the difference in answers to the question What is, in your opinion, the most important characteristic of a pediatric nurse? among children in the first and second group was statistically significant ($\chi^2=8.111$; $p=0.0173$). A statistically significant difference ($\chi^2=24.350$; $p<0.0001$) was also evident in the answers among children within the first group and children within the second group ($\chi^2=24.025$; $p<0.0001$).

Table 6 Hospitalized children's answers to the question, »When you talk to your parents about your stay in hospital, do you mention the paediatric nurses?«

Answer	Subjects	
	First group (n=40) n (%)	Second group (n=40) n (%)
Yes		
Constantly	6 (15)	3 (7.5)
Sometimes	27 (67.5)	33 (82.5)
No		
Because they frightened me	1 (2.5)	-
Because they are not important to me	6 (15)	4 (10)

The difference in answers to the question Do you mention the pediatric nurses while talking to your parents about your stay in hospital? among children in the first and second group was not statistically significant ($\chi^2=3.00$; $p=0.39$). However, a significant difference was evident among children in the first group ($\chi^2=40.200$; $p<0.0001$) as well as within the second group ($\chi^2=24.029$; $p<0.0001$).

Discussion

In reply to the question What would you like to call the pediatric nurse?, in the sense of the verbal contact of the hospitalized child with the pediatric nurse, the greatest number (62.5%) of patients with an acute illness answered "aunty", while in the group with chronic diseases as many as 67.5% of patients answered "nurse". None of the examined children stated that this way of addressing the pediatric nurse was im-

posed by request, but that it was reasonable in itself. This can be explained by the fact that children with an acute disease are led by the usual way of addressing people in their everyday lives, while patients with a chronic illness, who often stay in hospital, and are better integrated and led by the positive experience of non-forced communication, had accepted the usual way of addressing pediatric nurses.

In the group of questions about the desired character of a pediatric nurse, children were given the choice to answer the question "What kind of facial expression should a pediatric nurse have?", as one of the crucial aspects of nonverbal communication among people. The children answered in a significant percentage (85% acute and 92.5% chronic disease patients) that they want a pediatric nurse who is smiling / kind. They expressed this opinion in their answers to the question about the most important characteristics of a good pediatric nurse, where even 70% of acute and 90% of chronic subjects considered that she should be "a good person and an expert".

In this way the children are speaking of the complete character of a good pediatric nurse. She has to be a good person, an expert and do her job responsibly, have a right moral orientation, love children with all her heart and soul and be able to show it, and in that way be a decent guide in this traumatic process brought about by illness and hospitalization (7, 9). Besides that, our results showing that 67.5% of children with an acute illness and 82.5% with a chronic illness sometimes while they are in hospital mention the pediatric nurse while talking to their parents, show that a PN must never forget that hospitalized children are an inseparable part of the family they constitute together with their parents and that by her actions she should be recognized as part of the relationship: child – family – pediatric nurse, to demonstrate the comprehensiveness of her actions. Very few health care centers in the world have developed standards and guidelines for the health care of children, and within the development of this orientation a significant place should be given to guidelines for giving psycho-social support to the child and his parents over the entire course of the illness (10).

Most children with acute illnesses (77.5%) gave a negative answer, while patients with

chronic illnesses (62.5%) gave a positive answer to the question "Do you think it is justified for a pediatric nurse to sometimes be in a bad mood or impatient?". With these answers the emotional connection of the first and second groups of subjects with the pediatric nurse is clearly illustrated. For children with an acute disease, who rarely stay in hospital, the pediatric nurse is kind or not kind and considering the fact that they hardly know her, this group of children see her in that way. Chronically ill patients achieve a deeper emotional connection with the pediatric nurse, they get to know her better and have more understanding for her as a person.

Traditionally, nowhere in the world have children been asked to comment on their experience of a good pediatric nurse (7). In contrast to what has been mentioned previously, in this study we made an effort to find out from hospitalized children their image of a good pediatric nurse, because we thought that what they feel most clearly illustrates her character. For a pediatric nurse to "satisfy" the children's requirements she needs to have the positive qualities and predisposition for this kind of professional choice, she should work on building of her own character (be fun, patient, smart and intelligent, and know how to respect herself and other people, above all children) and constantly obtain new knowledge in the field of pediatric nursing in different ways, and one of them is acquiring knowledge directly from sick children.

Conclusion

Children from both groups imagine a good PN as a person who should have a smiling or kind facial expression, who has the characteristics of a good person and an expert and who gives support and security to children and their parents. The difference between the experiences of a good PN among hospitalized children with acute illnesses in com-

parison with children with chronic illnesses is in the form of address, as “aunty” for acutely ill patients and “nurse” for chronically ill patients. Besides that, unlike chronically ill subjects, the subjects with acute illnesses think that a PN must never be in a bad mood or impatient. Namely, the chronically ill patients consider it normal for a pediatric nurse to sometimes be in a bad mood or impatient, as any adult person in their environment can be. That

is understandable, because the frequent stays in hospital by chronically ill children make a PN a constituent part of their childhood.

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Attachment

Name and surname:-----

Date of birth:-----

Date of filling out questionnaire:-----

Gender: Female Male

ISSUES FOR CHILDREN

1. What would you like to call the paediatric nurse?
Nurse
Aunty
By name
2. What kind of expression should the paediatric nurse have?
Smiling-Sincere
Serious
Sad
Angry
3. Do you think it is justified for a paediatric nurse to be in a bad mood or impatient sometimes?
Yes
No
4. What in your opinion is the most important characteristic of a paediatric nurse?
A good person
Good at her job
Both
5. When you talk to your parents about your stay in hospital, do you mention the paediatric nurses?
Yes, constantly
Yes, sometimes
No, because they frightened me
No, because they are not important to me

Tuzla, _____

Signature of Parent