Consulting children and young people on what makes a good nurse

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Nursing Children and Young People
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Presenter: Clare Davis
Aim of the project:

• To find out what children and young people think makes a good nurse

• “To find a way that was more than a one off consultation to involve children in nursing curriculum development” (pg 14)
Background information

Department of Health documents, ‘Listening, hearing and responding’ (2002) and ‘Patient and Public Involvement in Health’ (2004): state that,

Healthcare providers should be able to show how they have listened to the voices of their service-users

It is obvious that in some healthcare settings, these service users are CHILDREN
Children’s Act 2005 (South Africa)

“Every child that is of such an age, maturity and stage of development as to be able to participate in any matter concerning that child, has the right to participate in an appropriate way, and views expressed by the child must be given due consideration.”

(Chapter 2 (General Principles), Section 10 (Child participation), Children's Act 38 of 2005)
Patient involvement leads to ...

- Increased patient satisfaction
- Reduction in anxiety
- Positive health effects
- Improved trust and better relationships with professionals
- An impact on policies, plans, services AND education

‘Patient and Public Involvement in Health’ (DoH, 2004:pg 2-3)
Q: WHAT MAKES A GOOD NURSE?

Answers could influence the curriculum of undergraduate children’s nursing programmes

Curriculum designed:
• To ensure that nurses emerged with the characteristics expected of the children.
• To ensure that nurses know how to engage with children in the manner in which they wanted.
Considerations to the methodology

• Facilitating participation of children in research...
  – One-off consultations: reduce burden on a child but are they tokenistic? (Randall et al, 2008)
  – Insights come when they have experienced the situation (Christensen, 2004)
  – No need to make children feel different – children living with illness want to feel like their peers
Methodology

Research was incorporated into their personal, social, health and economic education and citizenship (PSHEE) lessons. This resulted in no extra burden on the children similar to the work of their peers.

11 children, aged between 11 – 14 years. Mostly inpatients of a mental health unit. From different ethnic, cultural and religious backgrounds.
# Description of six sessions

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<th>Session 1</th>
<th>Session 2+3</th>
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<tr>
<td>1. Outlined the project to the children</td>
<td>1. Children asked to write on cards words that they thought described a ‘good’ nurse and a ‘not so good’ nurse.</td>
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<td>2. Introduced concept of the ‘ingredients’ of a good nurse.</td>
<td>2. Q: Was the ‘good’ nurse the same for everyone?</td>
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<th>Session 4</th>
<th>Session 5+6</th>
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<td>1. Children given scenarios and asked to identify the actions that a ‘good’ nurse and those that a ‘not so good’ nurse would take</td>
<td>1. Videos played a ‘good’ and ‘not so good’ nursing practice. Children asked to comment</td>
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<td>2. Children asked to place themselves on a continuum of their regards for nurses from negative to positive.</td>
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<td>3. Feedback on what learnt about being a ‘good’ nurse. Used a nurse picture and cards (2nd session) to prompt debate.</td>
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Data collection

• Data collection needed to be flexible
  – Some children did not speak
  – Some ‘spoke’ using communication aids
  – Some had hallucinations
  – Some found it very difficult to contribute

• Nurse educator made notes and the cards and images produced by the children were kept and analysed to produce themes.
Ethics of child participation

- Children are not allowed to withdraw from PSHEE curriculum but are allowed to withdraw from research.
- Difficult to withdraw from research as no other activity available.

→ Participation would be agreed as a group
→ Teachers would advocate for those whom didn’t want to participate (normal role)
→ Teachers would feedback to ward nurses
Findings: General

• Children appeared to enjoy participating in the research
  – Engaged appropriately
  – Appeared to learn (important for PSHEE curriculum)
  – Engaged in constructive debate
  – Appeared mature in their conversation topics

• Sessions ran out of time despite planning
Nurses are curative

- What’s the difference between doctors and nurses? Children replied:
  - ‘Doctors has a stethoscope’
  - ‘They dress differently’
  - ‘Nurses are female’
  - ‘Nurses don’t diagnose you’
  - ‘Nurses look after you’
  - ‘Nurses are there 24/7’
  - Nurses give ‘hand on care’
Professional persona

- Children wanted nurses to be **PROFESSIONALS** – not friends or surrogate family
  - Uniforms clean and smart
  - Able to engage with children and be humorous
  - Insisted that nurses should provide timely informed care in a humane way
  - Children wanted nurses to not just fun or nice BUT also competent
Timely care

• Children spoke about how they wanted care to be provided at the right time
  – Medication should be delivered when they need it
  – Understood that nurses couldn’t always give them what they wanted but should always get what they needed.
  – Analgesics and toileting assistance
Dignity in mental health

- Dignity / privacy / Not being gossiped about / humiliation or embarrassed – all discussed prolifically

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<th>Children understood</th>
<th>Children wanted</th>
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<td>• Their own condition and treatment</td>
<td>• For the rules to be applied universally</td>
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<td>• That nurses made and enforced rules</td>
<td></td>
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<tr>
<td>• That the rules were necessary</td>
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<tr>
<td>• That nurses have to pass on information that the their have given them to co-workers in order to better help them</td>
<td>• Not to be gossiped about or made fun of</td>
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Gender, ethnicity and disability of the nurse

• Gender
  – Boys preferred male nurses for intimate care (increased with age) but overall didn’t mind
  – Girls: ‘Only trust my dad’
  – Younger children described how female nurses were ‘like mums to them’

• Ethnicity + gender – less relevant than nurses competence and ability to be non-judgemental

• Nurse disability or personal hardship increased understanding
Children’s regard for nurses

POSITIVE REGARD

3 boys recorded a positive regard for nurses: ‘nurses were helpful to them’

NEGATIVE REGARD

2 girls and 1 boy recorded themselves in the middle of the continuum

1 girl recorded a negative regard for nurses
Top characteristics, as described by the children, of a ‘GOOD’ nurse

- Gives you what you need when you need it
  - Trustworthy
- Understands you
- Lets you be private
- Makes the bed stuff better
- Kind and thoughtful, cares about you
- Professional looking, smart and clean
- Treats you like a patient, not friend or family
Top characteristics, as described by the children, of a ‘NOT SO GOOD’ nurse:

- Doesn’t know what they are doing
- Leaves you waiting
- Bad tempered
- Tired or stressed
- Too friendly
- Gossips about you
- Humiliates or embarrasses you
- Shouts
- Smelly, messy
Discussion:

How do the findings relate to nursing curriculum?

• Characteristics of a ‘good’ nurse are already included in undergraduate curriculum
• Concerns that education about how to engage with children is not included.
• Findings contradict what was previously thought – less importance placed on being a friend/family and more on being professional.
  – Not related to teaching laws and codes of conduct but on preparing nurses to ‘live’ professionally.
Discussion about child participation

• Facilitating the participation of children is often difficult but this is not to say that this voice shouldn’t be heard.

• Concluded that this method provided a meaningful way of gaining children’s opinions that produced a rich supply of data

• Allowed children in hospital to contribute to the development of their hospital community just as their peers contribute to their communities.
So some questions to consider...

• Would our children here in SA report the same characteristics of a good nurse?
• Do you and your colleagues act in a manner that children perceive as being good nurses?
• Do we facilitate our service users, our children and their mothers to have their voices heard?
THANK YOU!

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