



Effects of an Intervention Program for Promoting Ethical Practices Among Pediatric Nurses

Naomi Matsumori (Irie)
Prefectural University of Hiroshima
Faculty of Health & Welfare
Department of Hiroshima



Background

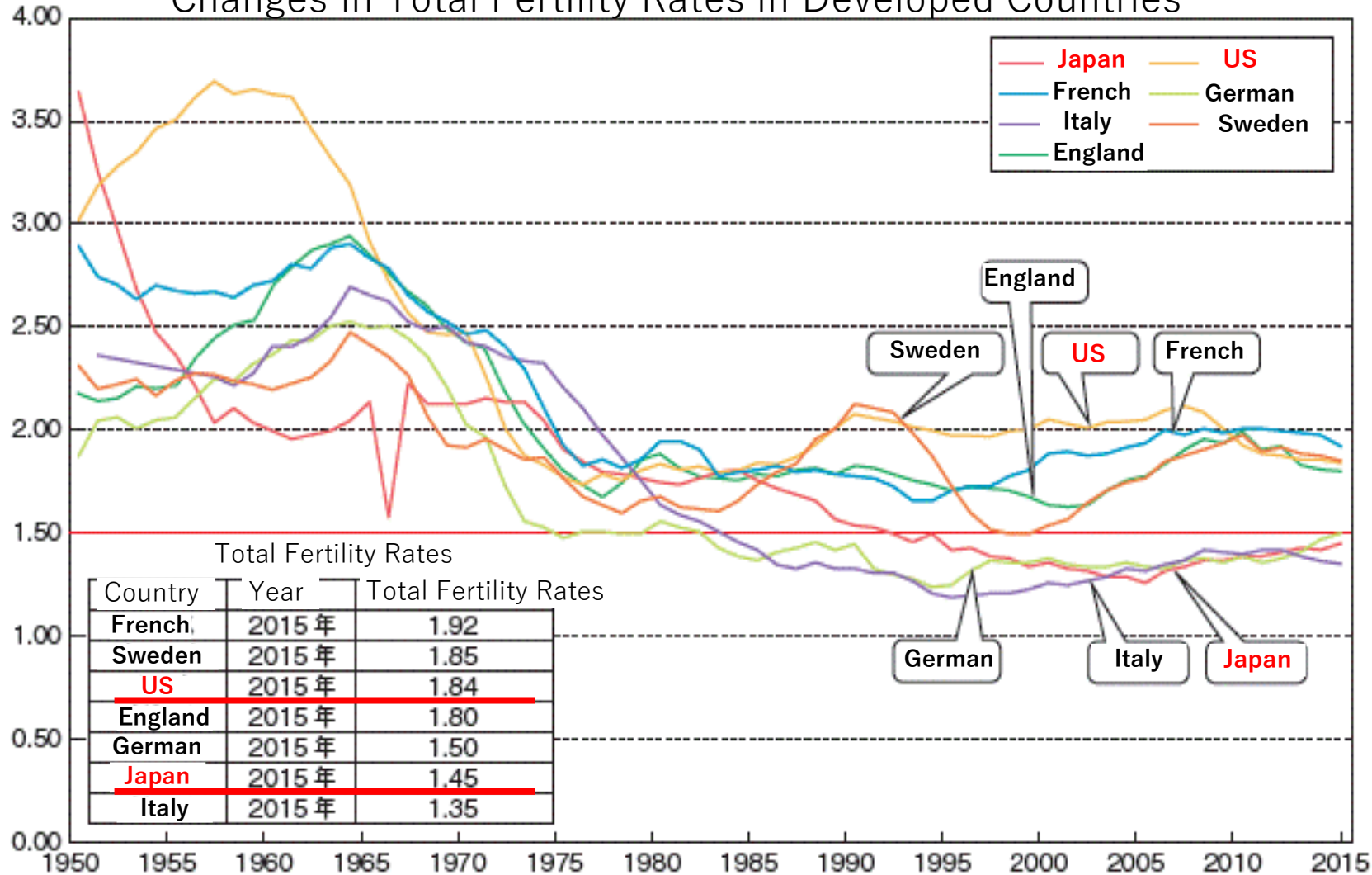
With advances in medicine and a diversified sense of values, the importance of nursing practices for pediatric patients and families is further increasing.

The Japanese nursing education system only requires a general nursing qualification.

After graduation, Japanese nurses who work within pediatric departments receive specialized training in pediatric care each hospital.

We have only small number of Child Life Specialist in Japan.

Changes in Total Fertility Rates in Developed Countries



Japan is facing a declining birth rate and an increasing number of mixed hospital wards with both pediatric and adult patients.

Mixed hospital wards are almost 60% of all hospital with pediatric department in Japan.

It is the problem that it may be difficult to serve the pediatric patients and their family specialized pediatric nursing and ethical daily care in hospital.

資料：1959年までUnited Nations "Demographic Yearbook"等、1960年以降はOECD Family database

(2017年5月更新版) made by Cabinet office based on Annual Health, Labor and Welfare Report

Objectives

An intervention program for promoting ethical nursing practices for pediatric patients and their families was implemented for nurses started working at pediatric department within 5 years.

The objective of this study was to clarify changes in nurses' recognition and behaviors, as well as the intervention's post-initiation durability.

Participants

- Nurses with 0-5 years of pediatric nursing experience were assessed in the present study.
- Among the 32 participants, 22 (68.6%) provided valid responses suitable for data analyses.
- The mean length of nursing experience was 8.1 years, and pediatric nursing experience was 2.8 years.
- Thirteen participants only had experience with pediatric nursing, while the other 9 had experience in other departments.
- The initial intervention and survey sessions were held in our university or their hospital on days selected by the participants.
- During the second and third months, the procedure was conducted by mail.

Mihara city in east of
Hiroshima, Japan



Mihara Campus in Prefectural University of Hiroshima

Materials and Methods

An intervention program

- During the first session
 - ✓ 30-minute mini-lecture was given.
 - ✓ Nurses also described details of approaches previously performed and conducted a peer-review.
 - ✓ Concerning the pediatric nursing care model (PNCM), the frequency of implementing each approach was examined using a 4-point Likert scale both before and at 2-month post-intervention initiation.
 - ✓ Recognition of intervention feasibility was evaluated using a 4-point Likert scale at the end of the first session.
- During the second month
 - ✓ Reflection and outcome content was evaluated by examining approaches the nurses performed and described.
- During the third month
 - ✓ The nurses were asked to describe changes in their behavior in terms of ethical nursing practices, along with those observed by patient and family responses, and any recognition of future challenges.

Ethical Considerations

Beforehand Pediatric nurses working at medical institutions in Japan were given letters of invitation accompanied outlining the research aims and details of the study through each accompanied institution.

They could withdraw at any time and was compliance never a problem.

Participants were informed that their anonymity would be protected and that their participation was voluntary.

Pediatric nursing care model (PNCM)

A model defining 24 nursing approaches was developed to show simple examples of ethical nursing practices for pediatric patients and their families.

The PNCM checklist was developed based on the original version from Matsumori et al. (2006).

Each item, which was rated on a 4-point Likert scale (always to never), was verified for use among pediatric nurses.

(Matsumori, 2016)

Check list Date: () Participation No. ()

1. Experience of working as a nurse: () years
 Experience of providing pediatric nursing care: () years

2. What ethical considerations do you give when you provide nursing care for children and their families? Please describe simply.

()

3. For each statement in the following table, choose the response that best describes you by drawing a circle or checking in one of the right fields:
 (Imagine you are implementing medical procedures that may involve pain, such as an injection, for children.)

Simplified care model check list		Always	Almost always	Rarely	Never	I have no idea
Prior to the implementation of nursing care	(1) You greet children and introduce yourself to them to inform them that you are the nurse in charge.					
	(2) One of the physicians, nurses, or parents provides children with explanations of medical examinations/procedures or confirms them in advance.					
	(3) You ask children in advance when they want to be informed of medical examinations/procedures.					
	(4) You inform children of when medical examinations/procedures are implemented.					
	(5) When deciding whether or not parents should accompany their children (at the time of providing explanations/conducting medical examinations and procedures), you take into consideration the requests of children and their parents.					
	(6) You ensure that parents have informed their children of the place they will wait.					
	(7) You also inform parents of the explanations provided for children and their methods.					
	(8) You explain medical examinations/procedures (including their purposes and methods) to children, using easy-to-understand expressions, even when their parents are present.					
	(9) If children resist, you wait patiently until they change their minds.					
	(10) You do the best you can to prevent children from being fearful.					

During the implementation of care	(11) You provide children with explanations and talk to them in each stage of medical examinations/procedures.					
	(12) You appropriately respond to children's questions and remarks.					
	(13) When children cry, you implement other appropriate measures rather than forcing them to obey.					
	(14) You allow children to bring in their favorite things.					
	(15) You distract children's attention away from medical examinations/procedures.					
	(16) When it is taking longer than expected to conduct medical examinations/procedures, you inform parents of their progress.					
Following the implementation of care	(17) You avoid chatting with other health care professionals about subjects not related to medical examinations/procedures.					
	(18) When examinations/procedures have not yet been completed, you avoid using expressions that may lead children and their parents to mistakenly think that they have been completed.					
	(19) You verbally inform children and their parents that examinations/procedures have been completed.					
	(20) You praise children for having been brave.					
	(21) You consider the feelings of parents, saying: "You must have been worried".					
	(22) You encourage parents to praise their children for having been brave.					
	(23) Following the completion of medical examinations/procedures, you provide children with instructions to be followed.					
	(24) You check the responses of children following the implementation of medical examinations/procedures.					

PNCM checklist items

- (1) You greet children, introduce yourself, and inform them that you are the nurse in charge.
- (2) One of the physicians, nurses, or parents provides children with explanations regarding the medical examinations/procedures or confirms them in advance.
- (3) You ask children in advance when they want to be informed of the medical examinations/procedures.
- (4) You inform children of when medical examinations/procedures will be implemented.
- (5) When deciding whether or not parents should accompany their children (at the time of providing explanations/conducting medical examinations and procedures), you take into consideration the requests of both the children and their parents.
- (6) You ensure that both parents and children know where the parents will wait.
- (7) You also inform parents of the explanations and method content provided for their children.
- (8) You explain medical examinations/procedures (including their purpose and methods) to children, using easy-to-understand expressions, even when their parents are present.
- (9) If children resist, you wait patiently until they change their minds.
- (10) You do the best you can to prevent children from being fearful.
- (11) You provide children with explanations and talk to them during each stage of the examinations/procedures.
- (12) You appropriately respond to children's questions and remarks.

- (13) When children cry, you implement other appropriate measures rather than forcing them to obey.
- (14) You allow children to bring in their favorite things.
- (15) You distract children's attention away from medical examinations/procedures if distress arises.
- (16) When the examinations/procedures take longer than expected, you give parents an update on their progress.
- (17) You avoid chatting with other healthcare professionals about subjects not related to medical examinations/procedures.
- (18) When examinations/procedures have not yet been completed, you avoid using expressions that may lead children and their parents to mistakenly think that they have been completed.
- (19) You verbally inform children and their parents that examinations/procedures have been completed.
- (20) You praise children for having been brave.
- (21) You consider the parents' feelings, saying: "You must have been worried."
- (22) You encourage parents to praise their children for having been brave.
- (23) Following the completion of medical examinations/procedures, you provide children with follow-up instructions.
- (24) You check the children's responses following implementation of the medical examinations/procedures.

Results

- Regarding the care model items, feasible practices were recognized immediately post-intervention, and 18 of 24 items (75.0%) revealed significant improvement.
- Implementation frequency for 10 out of 18 items (55.6%) was higher than before the intervention.
- there was a significant difference among four items.

(1) You greet children, introduce yourself, and inform them that you are the nurse in charge.

(8) You explain medical examinations/procedures (including their purpose and methods) to children, using easy-to-understand expressions, even when their parents are present.

(11) You provide children with explanations and talk to them during each stage of the examinations/procedures.

(12) You appropriately respond to children's questions and remarks.

Intervention Durability (During the Third Month)

Changes in nurses' approaches included **the four components of "child assent"**.

"information provisions for the child and parents"

"supportive care for the child and parents"

"confirmation and follow-up of child and family responses"

"promotion of the child's emotional expressions"

Responses from pediatric patients and their families

"participation in an aggressive decision process"

"promotion of the child's coping ability and sense of control"

"constructing mutual trust between the staff and child/family" and so on

The intervention program led to improvements in highly feasible and basic ethical nursing practices, including

- an increase in greetings, self-introductions for children
- an increase in verbal explanations for children
- quantitative and qualitative alterations in order to improve children's coping behaviors
- changes in nurses' active attitudes for reducing children's fear
- attitudes for feasible future implementation

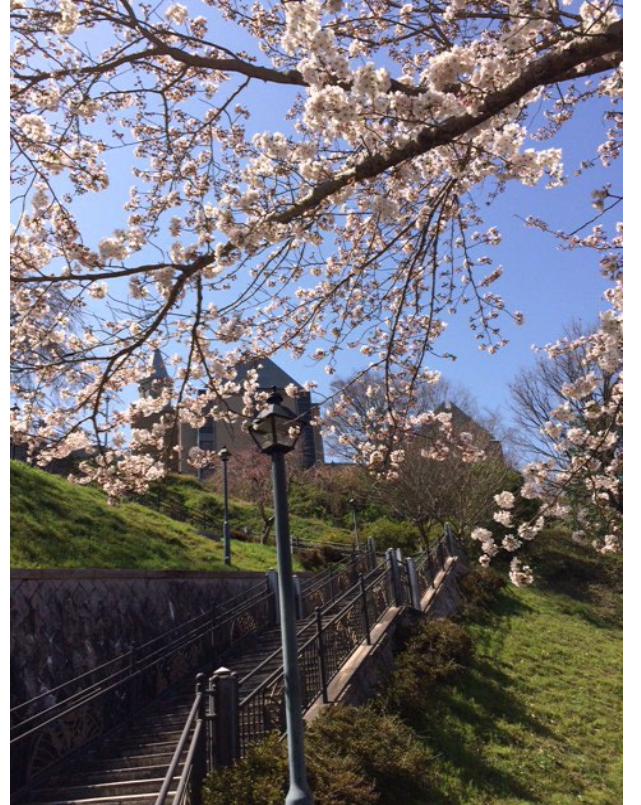
- ◆ I plan to conduct this program again.
- ◆ The program will be applied for seminar among the pediatric nurses working in pediatric oncology hospital department in this October and November with CNS.



Thank you for your attention!



This Paper URL



<https://www.tandfonline.com/doi/full/10.1080/24694193.2018.1470704>