Paediatric Care Negotiations: The Case of Nurses and Patients at a Hospital in Ghana

Gloria Ahima Baffoe

Lecturer, University of Education, Winneba, Ghana

Abstract : Care negotiation between nurses and parents of hospitalised children in a paediatric care setting eases anxiety, pain and discomfort. The study assessed paediatric care negotiation in Princess Marie Louise Children's Hospital in Accra, Ghana. The findings from the study revealed that symptomatic care is usually practiced on the emergency ward. Due to a tremendous workload and a staffing deficit, nurses are also unable to strictly establish and stick to care plans, even though they acknowledge that this is the best practice. The study appear to suggest that parents engaged in Activities of Daily Living (ADL) while nurses performed technical duties on the ward. Hopefully, an increase in the number of nurses on the ward will lead to a higher-quality nursing care.

Keywords: Care negotiation, nurses, parents of hospitalised children, emergency ward, Qualitative research.

1.0 Introduction

Being an inpatient in a hospital comes with a lot of physical and psychological anxieties. The fact is no patient, wishes to be in the hospital let alone to overwhelm family members who come to and go from the hospital. Nurses are not left out of the hook. They provide care to a high number of patients, fill out numerous charts including filing whilst they perform other duties. Sometimes, they can lead to challenges in communication between nurses and parents. Creating positive, helpful healthy communication ambiance between nurses and parents can be key to satisfactory care. This reinforces the view of Hopia et al, 2005 that the hospitalisation of a child has impacts upon the family.

Ever since the Platt report in 1959, the presence of parents in hospital has been strongly advocated in Paediatric care. This report recommended that parental visiting should be unrestricted and that parents stayed the in hospital with their child wherever possible to assist in the provision of care. (The Platt Report, 1959, cited in Young et al., 2011). The compulsory maternal presence with the sick child in hospital was referred to as care-by-parent (Darbyshire, 1995). This ensured that parents were admitted together with their sick children to the hospital. The parents were responsible for the care of their sick children, as well as the documentation of activities done daily for the child in the hospital. Nurses acted as supervisors and gave guidance to parents. This model, although praised by some segments of society, nurses held the view that parents were encroaching on their profession (Bruce et al., 2002).

Parents' participation has been defined as the physical, psychological or social activities performed by parents for a child in the hospital setting where they take part in the care of their child across the entire hospital episode (Power & Franck, 2008). Grounded on previous reports, parents generally asked and anticipated to be involved in minding for their rehabilitated child, but the ways in which they want to be involved may differ (Melnyk, 2000 Romaniuk,O'Mara, & Akhtar-Danesh 2014). Casey (1995) advocated that nurses must support parents to give care to a sick child. Partnership or participation observes a level of equality between nurses and parents. This demands equal respect and appreciation. It also gives room for negotiations of care between nurses and parents (Coyne and Cowley, 2007). The extent of parental participation in care of a hospitalized child can be mostly influenced by parent's perceptions of what is expected of them, (Avis & Reardon, 2008) competency to perform technical aspects of care and (Coyne & Cowley, 2007) confidence to ask nurses for help with technical aspect of child's care (Blower & Morgan 2000).

Negotiation of care is essential in paediatric care. Callery and Smith (1991) defined negotiation as the process applied by nurses to agree on the acceptable parental behaviours with parents. Young et al. (2006b) conducted a study among parents in Australia to understand their perspectives on the role of negotiation of care for hospitalised children. They found out that majority of parents in their study were unsure of the care roles expected of them. Although parents commended the idea of negotiation, they reported no evidence of negotiation between clinicians.

STATEMENT OF THE PROBLEM

In Ghana, a study on Parents' perception of family centred care for children hospitalized through road traffic accident: a qualitative study at two tertiary settings stated that efforts towards family centred care in the Ghanaian sociocultural context should consider parental perspectives and participation. In her research she recommended the development of clinical guidelines for active parental participation in hospital care in Ghana but left that of nurses out. It is on this premise that I decided to research into how care is negotiated between parents and nurses at the emergency ward and to gain insight with respect to the perception both nurses and parents have about care negotiation at Princess Marie Louise Children's Hospital in Accra, Ghana.

OBJECTIVES

1. To explore how care is negotiated in the emergency ward at Princess Marie Louise Children's hospital, Accra, Ghana.
2. To explore nurses' and parents' perception about care negotiation in Princess Marie Louise Hospital, Accra, Ghana.

METHOD AND DATA COLLECTION

This was a qualitative study (Creswell, 2013) with a case study design (Yin, 2014). It is a case study because I wanted to gain an in-depth comprehension of the phenomenon under study, in its natural real-life context. The target population in this study included all nurses in the PML hospital and parents of hospitalised children in the PML hospital during the time of research (April to May, 2021). Using a non-probability sampling technique, participants who willingly agreed to participate in the study were selected. Sampling is the selection of a subset of the population of interest in a research study (Turner, 2020) (Creswell 2007) recommends

3–5 participants for a case study and based on this recommendation, five (5) participants, 3 nurses from the PML Children's hospital and 2 parents of hospitalised children from the same hospital, were sampled purposively (Patton, 2015) for the study.
The researcher collected data for analyses through interview. Ethical approval to begin data collection was sought through the Accra Metro Health Directorate to the Acting medical superintendent of Princess Marie Louise Children's Hospital, who also forwarded to the Research committee in the hospital to peruse for approval. Approval was given within the second week of April, 2021 and data collection on the ward began the day after approval. Before the interview began, all Covid-19 protocols were observed and I established a warm rapport with the participants while I asked questions in a balanced, non-threatening and unbiased manner to elicit important responses to the questions. The participants were indeed made to feel as comfortable as possible. No consent forms were signed but the participants willingly gave oral consent to partake in the research. They were assured of confidentiality and anonymity. Interviews with nurses and parents of hospitalised children lasted 10 to 15 minutes. The interviews were conducted with the help of an interview guide and participants were initially, visited once. However, two more visits were subsequently made to the hospital for more clarifications to some earlier responses from the parents.
The interviews which were conducted in English were recorded with the recording application on the mobile phone of the researcher. After, the recording was played back severally before the transcription. The service of a transcriptionist was employed to transcribe responses in the local languages to English since only the nurses preferred responding to questions in English.

DATA ANALYSIS AND PROCEDURE

Pertinent issues or ideas that emerged from the transcription of the recorded interviews were coded according to the consistent similarities of ideas that appeared and various themes drawn out of the responses were developed for discussion.

ETHICAL CONSIDERATIONS

Ethical approval for the study was granted by Accra Metro Directorate of the Ghana Health Service and the Acting Medical Superintendent through the Research committee of the Princess Marie Louise Children's Hospital. All participants who willingly agreed through oral submissions to participate in the study were assured of anonymity and confidentiality.

TRUSTWORTHINESS

Data transcriptions was done by a professional to ensure that the right views of participants during the interview were reported. Member checking to authenticate data obtained was done right after interviewing the parents of the hospitalised children. I went back to the nurses and back again to the parents to find out whether views of care negotiation on the ward from both nurses and parents, represented their opinions.

FINDINGS AND DISCUSSION

SYMPTOMATIC CARE

Findings from the emergency ward indicated that care for patients is usually not negotiated between parents of hospitalised children and nurses when patients are rushed to the ward. Rather nurses take bio data of patients and carry out hair to toe assessment. As proffered by (Hick, 2020) that Proactive planning, in which leaders anticipate and take steps to address worst-case scenarios, is the first link in the chain to reducing morbidity, mortality, and other undesirable effects of an emerging disaster, the nurses explained they carry out assessment on patients to establish the degree of adverse signs that require prompt intervention to prevent further deterioration. When patients are stabilized, they refer to their folders and familiarised themselves with social history, developmental history, family history and presenting complains and administer more care. This what the first nurse said:
When they rush them in, we take their bio data and do hair to toe assessment. If there is any respiratory distress or any other serious ailment, we quickly prioritize and provide care. We don't have time to negotiate care with parents.
(Participant 1)

LOGICAL ASSESSMENT AND CARE PLAN FOR PATIENTS

Leininger's theory of culture care (1950;1995;2001) posits that nurses make logical assessment of patients using the concepts in the Sunrise model to create a nursing care plan that considers the patients' cultural background. During the research, nurses in the emergency ward revealed that they were unable to perform that in practice. They further revealed that the director for nursing in Ghana Health Service recently introduced 'Nurse Med' an assessment form for nurses which incorporates concepts of proper nursing care used to thoroughly assess patients, but it has been very difficult to use in the ward due to low staff strength. Even if they did, they were unable to document it let alone create a care plan. It was revealed in the findings that a nurse take care of thirty (30) patients instead of the usual one to one nurse patient care. They attributed shortage of human resource in the ward due to the government of Ghana's failure to recruit new staff but also admitted that it was important and required in practice to follow procedure even though they are overly stressed. Here what this participant said:

Bed capacity is thirty-five on admission. But here is the case about 50 patients are admitted. How can one nurse alone care for all these patients. The situation is overwhelming. I can't offer technical care taking into consideration all the concepts in 'Nurse Med' or Leininger's theory of culture care. It can't be done in practice here (Participant 2).

NURSE PARTICIPATION IN CARE

According to (Denney, 2003), nurses are in a significant position to support parents as they provide care to their sick child, as they are in regular contact with parents during the child's hospitalization. It was mentioned in the findings that nurses supervise parents to care for their children by assisting them to give medication while on the ward. This is what one of the nurses said:

Parents are not allowed to administer drugs to children without our help. We prepare the right doses of medication for children, store them in the fridge and supervise parents to give them at a particular time (Participants 3).

Regarding critically ill patients, nurses mentioned that they usually perform treatment for parents to observe, and practice under supervision. This is because parents will eventually, assume that role after their children are discharged from the hospital. This is in congruence with a study conducted by (Curley, 1997) on mutuality between nurses and parents of hospitalized children which established that nurses have an important role in assisting parents to define their role in the relationship between them and their

critically ill child. Additionally, Trask et al. (2003) also found that nurses have a crucial role in assisting parents to cope with their child's illness both during hospitalization and discharge.

PARENTS PARTICIPATION IN CARE

Parents' participation has been defined as the physical, psychological or social activities performed by parents for a child in the hospital setting where they take part in the care of their child across the entire hospital episode (Power & Frank, 2008). Based on previous reports, parents generally desire and expect to be involved in caring for their hospitalized child, but the ways in which they want to be involved may differ (Romaniuk et al., 2014). The extent of parents' participation in care of a hospitalized child can be mostly influenced by parent's perceptions of what is expected of them (Avis & Reardon, 2008; Coyne & Cowley (2007) and confidence to ask nurses for help with technical aspect of child's care (Blower & Morgan, 2000). Activities involved in parent' participation were comprehensively reviewed by Power and Frank and it showed that the main activities involved in parents' participation were related to basic childcare and parenting roles. This indeed corroborates with the findings in my research.

In the findings, parents mentioned that though nurses did not negotiate with them their roles in caring and the extent with which they were intended to go, they performed Activities Daily Care (ADL) like feeding the child, bathing, sponging and clothing the child as well as keeping track of how the child eats and reporting to the nurse while the nurses take care of the technical aspect. However, parents intimated that they were happy with the daily activities they performed because they realised the nurses were few and had lots to do on the ward. Hear this:

O yes! Since I came here, I have been bathing the baby, sponging, and feeding my child. I only inform the nurse when I realised my child vomits the food I give. Then the nurse will tell me what I should do and shouldn't do. The other time my child reacted to the milk I gave her and the nurse directed me not to give her milk. As for me I am happy I do all these for my child because the nurses have a lot to do and I can't add these too. (Participant 5).

PERCEPTION OF NURSES AND PARENTS ON CARE NEGOTIATION

A factor of Leininger's Theory of Culture Care (1950; 1995; 2001) explains that in caring for patients, nurses should take cognisance, norms and religious beliefs and religious practices of patients and create a suitable care plan for quality care. However, in the findings, nurses revealed that they had issues practicing this proposition from Leininger in care giving. They explained that most parents who belonged to a certain Christian denomination were uncooperative and opposed blood transfusion to their children even when decision was negotiated. They said in such cases, they gave up and allowed parents to take the final decision. Here this view:

They are mostly uncooperative and refuse blood transfusion. I think they have their own hospitals so in cases like this, they call their opinion leaders who come to the hospital to take patients away to God knows where (Participant 3).

ADAPTABILTY OF PARENTS

Nurses complained some parents were uncooperative on the ward. Some parents were uncomfortable staying on the ward and were always in a hurry to leave. Due to that, when intravenous fluids are given to children, they try to temper with the tubing to ensure quick inflow. Though the nurses are unhappy about this behaviour, they do not absolutely blame parents because of lack of thorough orientation for parents due to the nature of care on the ward.

FEAR TO NEGOTIATE CARE

Parents lauded nurses of care giving on the ward but were quick to contest how sometimes some nurses showed apathy towards duties, especially, when they were supposed to administer medication to children within specific time frame but were found conversing with colleagues at the expense of administering the drugs. Parents found these worrying but were scared to prompt them to focus. This is the view of one of the parents:

Sometimes you see them busily chatting with colleagues. Duties that can be done within two hours, the take four hours. But what power do you have to tell them to concentrate and care for our children. We want to tell them but we are scared they will verbally abuse us so we keep quite and watch (Participant, 5).

High quality family Communication is the backbone of the art and science of nursing (Lind et al., 2011). It has a significant impact on patient well-being as well as the quality and outcome of nursing care (Bailey et al., 2010) and is related to patients' family overall satisfaction with their care (Ramsey, 2012). Adherence to professional nursing standards to derive quality care is the key to patients' well-being and contentment.

CONCLUSION

The study found that it is difficult for nurses to negotiate care due to the rush nature of their work and parents assume roles because they know it is their responsibility to care. Due to a tremendous workload and a staffing deficit, nurses are also unable to strictly establish and stick to care plans, even though they acknowledge that this is the best practice. Hopefully, an increase in the number of nurses on the ward will lead to a higher-quality nursing care. To better comprehend paediatric care negotiation in nursing, more research on inpatient patients on different wards of a private hospital is required.

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