Parental Presence During Pediatric Care

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BACKGROUND

As nursing students interested in a career in pediatric nursing, we wanted to understand the implications and evidence-based research before having parents present during their child’s invasive procedures and how it corresponds to safe nursing practice and improved patient-parent satisfaction. Our initial thoughts on this topic mirrored the same reservations expressed by clinicians. These included the possibility of parental interference, clinician distraction and increased parental stress due to confusion about the planned procedure. We chose this area of interest after speaking with parents who wanted opportunities to do more for their chronically ill child. For example, one group member had the opportunity to see the parent’s desire to be present during a procedure for their child with cancer. The child was going to have a bone marrow procedure, and the parent wanted to be present to spend every moment possible with their child. This experience was inspiring and made her wonder if there are or should be protocols set in place for circumstances like this.

This topic is a priority because many hospitals do not have a written policy that states the level of involvement allowed for parents or visitors. This results in confusion and, many times, parents being shut out of procedures because the clinicians were unsure of the official rules and policies. The lack of official policy leads to different rules for different floors and even different clinicians and nurses. This results in increased parental stress and frustration and decreased parental satisfaction, trust and communication between the clinician and parent. With increased education to the families provided by hospitals, there will be better “smoothness” to patient care delivery, which leads to better safety measures and satisfaction to the staff, family members and, most importantly, the patient.

OBJECTIVE

During invasive procedures involving pediatric patients, how does parental presence compare with parental absence affect the emotional state of the patient?

METHOD

We narrowed our search to focus primarily on the parent’s feelings.

4. Our search criteria included the following terms: “pediatric presence,” “family presence,” “pediatric parents,” “parental presence,” “children,” “families,” and invasive procedures. We searched for both published and scholarly publications related to our topic.

5. Databases were expanded to include CINAHL, Medline, PubMed, Google Scholar, PsychInfo and Conference Databases.

6. We looked for different types of articles, such as randomized controlled trials, literature reviews and qualitative-descriptive studies written within the last 5 years.

7. The research articles we found complemented each other, used similar themes and drew to describe parental feelings and supported the main themes.
8. All articles found supported the main theme; none presented any conflicting evidence.

RESEARCH FINDINGS

The experience of having a child in the hospital is terrifying. As parents, the ability to comfort a child is a priority. Meert, Clark and Eggy (2013) describe this phenomenon as parental role incongruence. Parents, who are the natural caregivers for their child, experience stress because they must transfer their caregiving role to the doctors and nurses involved with their child. Parents want to assist in their child’s care and be an active participant in their care. One way for parents to participate, reduce their role incongruence, and know their stress levels is to be present during their child’s invasive procedures.

Research shows that parental presence during invasive procedures moves parents from a primarily bystander role into a more active one. Parental presence affects parental stress levels and improves the clinician's comfort level with present parents.

Research themes that support parental presence:
1. Being there for my child (parental duty)
2. Making a difference in my child’s pain experience
3. Feeling comfortable and confident participating in my child’s care

STRONGER OF EVIDENCE

Based on our findings, we feel there is enough evidence to change practice. The level of evidence is moderate. Included in our literature review were:

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<thead>
<tr>
<th>Type of article</th>
<th>Number of articles used</th>
<th>Level of evidence</th>
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<tbody>
<tr>
<td>Randomized Control Trial</td>
<td>3</td>
<td>Strong, but not unambiguous</td>
</tr>
<tr>
<td>Literature review</td>
<td>1</td>
<td>Moderate</td>
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<tr>
<td>Qualitative descriptive study</td>
<td>1</td>
<td>Weak</td>
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<tr>
<td>Reports of expert consensus</td>
<td>5</td>
<td>Weak</td>
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Table 3

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<th>Best practices for parent presence</th>
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<td>Family should be removed from the clinical area if behaviors becomes disruptive or obstructive.</td>
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This table shows evidence-based practice for the best ways to practice having parents present for procedures (McAmin & Carew-Lyons, 2014).

RESULTS

For parents, choice equates to higher satisfaction levels with their child’s care (Curley, 2015). According to Wini et al. (2012) hospitals are embracing parental presence and are striving to make it an important element in their clinical practice. Written guidelines are needed and should include:
1. The use of a trained parent liaison or facilitator
2. The facilitator’s job is to remain with the parents before, during and after the procedure, educating the parents on realistic expectations and how best to help their child through the procedure. Hospitals that have integrated a parent facilitator have experienced higher levels of parent and clinician satisfaction.


3. Increased education for nursing and other staff
Education helps to improve attitudes and beliefs regarding parental presence.


4. Written policy
The policy should include the benefits of family involvement, present family involvement an option and not a requirement or expectation and instances where family involvement is not an option (certain types of procedures, violent patients, uncooperative parents).


5. Plan for compliance
A rate of compliance less than 50% needs a plan for improvement.


BEST PRACTICES

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2. Establish the facilitator before the patient’s arrival.

3. Facilities should provide no direct patient care.

4. All health care provider should be aware that the parent’s family is present.

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9. Parents should be allowed to leave and return as necessary.

REFERENCES


