

The Lived Experience of Paediatric Nurses' Caring for Children with Non-Accidental Head Injuries

KRISTY GIBBS RN, MHSC



Our children...

"Our children are our taonga. All children have a right to full emotional, spiritual and physical well-being, to develop their own potential in an environment which is nurturing and protective and in which they feel safe from abuse."



ADHR (2016). Child abuse, neglect, care and protection policy. Auckland: Auckland District Health Board.

Introduction

- ❖ Child abuse has become a significant issue in New Zealand and rates of abuse continue to rise
- ❖ Non-accidental head injury (NAHI) results from abuse to the head, and is a major cause of mortality in the first three years of life with a considerable proportion of survivors consequently living a life with severe developmental and neurological dysfunction
- ❖ NAHI is the term used by participants in this study, however many terms exist to describe this form of abuse (e.g AHT (Abusive head trauma), Shaken baby syndrome...)
- ❖ Perpetrator is usually found to be a family member
- ❖ Nurses generally at the forefront of delivering care to children with NAHI and their families
- ❖ Possibility of evoking strong emotional reactions, attitudes and opinions
- ❖ Only 1 qualitative study found (2008) in Sweden, where nurses' experiences of children admitted with general child abuse were explored.

Purpose of this study

- ❖ This study is devoted primarily to the nursing of children and their families in extremely tense, stressful, and heart-breaking circumstances of a child hospitalised with a non-accidental head injury.
- ❖ How do nurses navigate professional responsibilities, protocols, care plans and family-centred care, when caring for these children and families?
- ❖ How do nurses consider their duty to other patients in their care?
- ❖ The purpose of this study is to use a hermeneutic phenomenological approach to bring light to "The lived experience of paediatric nurses' caring for children with non-accidental head injuries".
- ❖ What exists in the day-to-day routine of caring, that identifies this experience as unique to NAHI?
- ❖ What exists in the interaction between the nurse and family while the *doing* of nursing care happens?

Methodology

- ❖ **Hermeneutic Phenomenology** – guided by philosophical writings of Heidegger and van Manen
- ❖ Lived Experience
- ❖ Uncover meaning
- ❖ 'Being'



Methods/Research Design

- ❖ Non-emergent strategy
- ❖ **Ethics approval:** Granted 20th April 2015
- ❖ **Inclusion criteria** – 2 years clinical experience in an Auckland hospital caring for children with NAHI
- ❖ **Participants:** Six nurses interviewed. Female. Clinical experience from 5-15 years
- ❖ **Data Analysis:** Thematic Analysis (van Manen)



Themes

- ❖ 'This is different'
 - Protocol
 - Complexity in the relationship
 - Social complexity
 - The unspoken
 - Dissociation
 - Non-judgemental approach
- ❖ 'Shield of protection'
 - "It's not my job"
 - The professional 'hat'
 - Shifting the focus

THIS IS DIFFERENT

- ❖ Protocol
- ❖ Complexity in the relationship
 - Social complexity
 - The unspoken
 - Dissociation
- ❖ Non-judgemental approach



Image: <http://www.bibliberession.net/wp-content/uploads/2011/10/Compare-2-300x243.jpg>

THIS IS DIFFERENT: Protocol

- ❖ The protocol that is followed when a child is admitted with NAHI means 'this is different' ...

"This is a legal document and this will be held up in court. If something happens to that child and the watch isn't there because of that, it will be on you because you took it [the HCA] away."

(Claire)

THIS IS DIFFERENT

- ❖ Protocol
- ❖ Complexity in the relationship
 - Social complexity
 - The unspoken
 - Dissociation
- ❖ Non-judgemental approach



Image: <http://www.bibliberession.net/wp-content/uploads/2011/10/Compare-2-300x243.jpg>

THIS IS DIFFERENT: Complexity in the relationship

- ❖ The relationship between the nurses and families 'is different' ...

- ❖ The 'social complexity'

"I guess the child's care is not that much different, but definitely the complexity around the social situation, that's the more challenging part with the children that come in with these injuries." (Diane)

THIS IS DIFFERENT: Complexity in the relationship

- ❖ The 'unspoken':



"It's the unspoken thing in the room. Sometimes, if a kid's broken their arm, [you ask] "Oh, how did they break their arm?" But in these cases, it's not talked about...Yeah because, [you ask] "How did your child get their injury?" They wouldn't tell you anyway. So yeah, you can't talk about it." (Emily)

Image: <https://20.vic.gov.au/files/userfiles/2015/04/14/ncy-qa/ncy-class-redit-460x315.jpg>

THIS IS DIFFERENT: *Complexity in the relationship*

❖ **Dissociation:**



"... some families... they just kind of feel closed off. Sometimes people can be shy; they don't want to open up. Others, they don't want you to find out what's going on with them so they close off as well." (Brenda)

THIS IS DIFFERENT: *Non-judgemental approach*

❖ The difference lies in the complexity and sensitive nature of NAHI

"I find it really difficult because it's very hard to be able to shut that part off and be kind of like OK, you're going to have to carry on with the job and talk to them like normal without coming across as being a mean nurse, because they've done that – hurt their child..." (Brenda)

"...it is hard to be non-judgmental of a child that's got a fracture in every bone of his body, even his small toe. How is that possible?"

(Alice)



SHIELD OF PROTECTION



❖ "It's not my job"

❖ The professional 'hat'

❖ Shifting the focus

The shield is:
 a protective mechanism that will protect both the nurse and family from possible emotional turmoil from the act of abuse towards the child, possible legal issues related to sharing information, and preserve the relationship between nurse and family.

SHIELD OF PROTECTION: "It's not my job"

❖ Role awareness is a protective stance the nurses in this study adopt to maintain stability in the nurse-family relationship, so that the child may receive the best possible care.

"But then it's not my position to say [anything about] the social issues, what's happening, what CVFs are doing. That's none of my business. Because I'm the nurse looking after the child and the child is like my main focus, like I can't involve the parents that much realistically... That's the social issues, social workers will deal with them." (Fiona)



SHIELD OF PROTECTION: The professional hat

❖ The nurses talk about professionalism in a way that suggests it is used as a shield between themselves and the child/family.

"So, you don't actually deal with them [the perpetrator], so that part's easy, that's fine. I don't think I've ever actually had to deal with that, but just with the other family members, [I] just keep my professional hat on and work with them, because working with them will better the child." (Alice)



SHIELD OF PROTECTION: Shifting the focus

❖ The nurses adopted a self-protective mechanism of shifting the focus from the perpetrator, to the child and other family members

"When he was in the room, I said hello but concentrated more on talking to the other family and the child... That was what I was there for, at the end of the day, anyway. Not to be nice to him or just think about who's in the room but I'm there for the child. Yeah and that helps me a lot." (Claire)

SUMMARY OF THEMES

The nature of inquiry in this study can be answered in broad terms by two statements:

- ❖ 'The lived experiences of nurses caring for children with NAHI is *different*'
- ❖ 'The lived experiences of nurses caring for children with NAHI is *protective*'.

DISCUSSION POINTS

- ❖ *Being Emotionally laboured*
- ❖ *Being Family-centred in care*

Emotional labour

- ❖ Terms used by participants: emotional distress, emotional turmoil & emotional tension
- ❖ **Emotional labour (Mazotta, 2016):**
 - the requirement of one to induce or suppress feelings to uphold an outward countenance that produces the proper state of mind in others
 - obliges the nurse to suppress or significantly change their emotions to conform to organisationally defined rules and regulations to display feelings and behaviour that express to others a sense of being cared for
- ❖ Lack of acknowledgment
- ❖ An invisible skill
- ❖ Problems arise and the nurse adopts strategies to cope:
 - Dissociation
 - Role awareness ("It's not my job")
 - Maintaining professional boundaries (the professional hat)
 - Shifting the focus of care



Emotional labour: Recommendations

- ❖ Training & support
 - Undergraduate level
 - Organisational level
- ❖ Recognition as a skill contributing the acuity level
- ❖ Debriefing and professional supervision
- ❖ Open discussion between colleagues & nurse managers



Family-centred care

- ❖ Family-centred care is fundamental to paediatric nursing as it reflects the respect for and partnership with the child and family when delivering care to the child
- ❖ Family-centred care supports the integrity of the family, endorsing individual health outcomes and normal family functioning while the child is hospitalised
- ❖ Principles of Family-centred care challenged in this study
- ❖ Difficulties with implementation considering legal restrictions of key family members not being allowed at the bedside and unrealistic expectations
- ❖ Dilemma and confusion leading nurses to adopt individual strategies
- ❖ Family-centred care is a framework for practice that does not cater to these care situations

image: <http://www.educat.ca/blog/wp-content/uploads/2012/03/fmhhs.jpg>

Family-centred care: Recommendations

- ❖ Need clear definition and exploration of how family-centred care is implemented
- ❖ Open and honest discussion (the absolute first step)
- ❖ Specific guidelines for unique care situations, especially those such as NAHI
- ❖ Further research into this area: the uniqueness experienced in the nursing of children who have been abused lies particularly in the interactions and management of the *family*

Conclusion

❖ **Limitations:**

- Number of participants
- Small sample size

❖ **Implications for nurses**

- Findings of the study may 'speak' to other nurses and encourage open communication about difficult practice situations
- More focussed discussion surrounding implementation of family-centred care to address confusion
- With open discussion between colleagues and managers, there is a possibility of challenging the 'usual' ways of practice

❖ **Further research needed**

∞ The end ∞