

SECTION 10: STAFFING

SUMMARY OF CONCEPTS

Changes in the philosophy of caring for children in hospital since the Platt Report (Great Britain, Ministry of Health, 1959) together with alterations in the pattern of hospital admissions, require a whole range of new skills from nurses working in paediatrics. Not only are nurses involved in increasingly more complex and technologically advanced procedures, they are also required to understand normal child development and how to respond to the varied special needs of hospitalised children based on their age and development. They need specific skills in play, preparation and communication. They need to understand the importance of the family to the child, especially at the time of hospitalisation, and be able to co-ordinate and support parents in their role. Often they may have to respond to the needs of healthy siblings who form part of ward life.

Personal interactions between staff and patients in the hospital environment are typically brief, goal orientated, and revolve around tasks related to patient care (Grant, 1983). Even when nurses make a special effort, shortage of staff and busy ward routines often prevent them from spending enough uninterrupted time with the child to form a supportive personal relationship.

Systems of personalised and individualised nursing care may reduce some of the barriers preventing nurses from building more consistent and mutually satisfying relationships with their patients.

Primary Nursing Care provides the needed consistency of one nurse who is responsible for planning and implementing most aspects of care throughout the child's stay. This type of nursing provides an ideal situation for nurses 'to get close to' their patients and 'to work in partnership with them and their families' (McMahon, 1990, p.66). However, in practice it is often virtually impossible to fit a clear definition of nursing care to a particular ward, as many combine features of several methods of nursing (Mead, 1991).

During their stay in hospital children frequently come in contact with non-paediatric staff. These members of different departments are often involved in procedures and tests that can cause considerable distress to children, such as taking blood, X-rays, removing plaster casts etc.

All staff dealing with children should be aware of their special needs and have the skills required to respond appropriately to their child patients. Not only will this help the child to cope better, but it also will make working with children less problematic, much more effective and pleasant for the personnel involved.

Hospital in-service programmes encompassing relevant aspects of the social and emotional needs of children should be available to all staff working with children. These programmes should be made available to a range of services such as accident and emergency, outpatient staff, pathology, radiology, admission clerks etc., as well as being part of orientation for new employees.

Volunteers and support staff should also be included in any training programmes covering the psychosocial needs of children in hospital. A handbook on the social and emotional needs of children and their families in hospital may be used to complement their training programme (e.g. Schneider Children's Hospital, New York).

Regular inter-disciplinary meetings, with a holistic approach to health care, will help to raise staff awareness of the psychosocial needs of children and families.

An internal member of the interdisciplinary team is the paediatric social worker, whose role may encompass a variety of tasks, ranging from family counselling to assisting with transport or accommodation, or organising substitute care.

Another important feature affecting the quality of care in a multi-cultural society, is the availability of interpreters and the necessity of providing hospital staff with knowledge of cultural norms related to health care issues, so that serious misunderstandings or potential conflicts due to language problems can be avoided.

SURVEY RESULTS

Whilst team nursing was found to be the most common model of nursing care provided for paediatric patients (61.3%), survey results suggest that there is some confusion about definitions of nursing systems and that often aspects of several methods are combined.

- ✦ The proportion of registered nurses, with postgraduate paediatric training working permanently in children's wards, varies greatly between individual hospitals.

In-service Education

- ✦ 52.2% (N=132) of the surveyed hospitals reported that topics on psychosocial aspects of the hospitalised child and/or family are included in their in-service staff education programme.

- ✦ These programmes are mainly provided for medical and paramedical staff:

19 of the above 132 hospitals (14.4%) also support non-medical personnel, e.g. housekeeping staff, in these training programmes.

17 hospitals (12.9%) provide the above training for volunteers who are directly involved with paediatric patients.

In total 6 hospitals (4.5%), including 2 paediatric hospitals, provide in-service training on psychosocial topics for all relevant staff members who are involved with paediatric patients – professional, support personnel and volunteers.

- ✦ Regular inter-disciplinary team meetings, in addition to ward rounds and ward team meetings, were reported to be held in 113 hospitals (44.7%) including all paediatric hospitals.

- ✦ 41.6% of the 113 above hospitals hold these inter-disciplinary team meetings on a weekly basis, 34.5% on a monthly basis and 23.9% at various intervals, including daily, fortnightly, quarterly or as required.

Social Worker

- ✦ 68.4% of the surveyed hospitals (N=173) reported that a social worker is available to families of paediatric patients. This applies to 77.2% of all public hospitals (including all paediatric hospitals) and to 18.4% of all private hospitals surveyed.

Families with limited English language skills

- ✦ 136 participants (53.8%) indicated that families with limited command of the English language attend the hospital.
- ✦ In 77 of these hospitals (56.6%) interpreter facilities, other than a telephone interpreter service, were reported to be available.
- ✦ Three main areas in need of improvement were identified by 50 respondents who did not consider ethnic services adequate:
 - access to interpreters of community languages
 - more appropriate staff to provide information regarding various cultural norms and practices relevant to health and child care issues, e.g. cultural advisers
 - availability of written material for family members, including signs within the hospital