

Section 10 Staffing

The structure of hospitals and their systems have changed over the past 40 years. A change in the hospital system involves a comparable change for staff, who need to be educated about the effect these changes will have (Connell & Bradley, 2000). Until recently, paediatric nursing qualifications were not seen as essential for nursing children, and there was a shortage of appropriately trained paediatric nurses on children's wards (Doman, 1998). Now, however, nurses are not only involved in increasingly complex and technologically advanced procedures, but 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.

Most health care professionals are trained in an individually oriented, biomedical, disease-based approach to treating patients (The ACCH Advocate, 1994). The individual's accompanying emotional condition and the family's response to the illness are often not addressed in the training of health care professionals. Increasingly these concepts are being included in the academic curricula although they seldom form part of the clinical, in-service training. To better serve clients, continuing education in the bio-psychosocial factors of health care is essential.

The style of caring for children in hospital is changing, with patients and their families demanding more influence in their care (Kristensson-Hallstrom & Elander, 1997). The skills, knowledge and understanding required in caring for adult patients differ from those required for children. In non-specialised, general hospitals, vigilance is needed to ensure that the particular needs of children are not overlooked (Bristol Inquiry, 2001). Therefore, all health care staff in contact with children during their treatment must have ongoing training in the specific needs of children. This training should involve inter- and intra-departmental cooperations to ensure that all those involved are similarly trained.

During hospitalization, children pass through many sections of the hospital, from admission, to Accident and Emergency (A&E), the ward, anaesthesia, surgery and recovery. While children are in hospital, they are exposed to a variety of health professionals and support personnel (Kristensson-Hallstrom & Elander, 1997). In-house and external training may be provided for all those who regularly come into contact with children.

Many factors influence a child's response to hospital and surgery, including their personality, family, illness and the hospital (Bar-Mor, 1997). Staff can alleviate some of the child's suffering and enhance the hospital experience by eliminating the separation of child and parents; minimising physical pain sensations; reinforcing a child's sense of control over events; building a relationship of affinity and trust between the child and nursing staff; and offering opportunities for the child to express positive and negative emotions (Bar-Mor, 1997).

Hospital in-service training programs that encompass the relevant social and emotional needs of children should be available to all health care, volunteer and support staff working with children, as well as being part of the orientation for new employees. These programs should also be made available to other staff working in a range of services such as Accident and Emergency, outpatients, pathology, radiology and admissions.

The paediatric social worker is an integral member of the interdisciplinary team. Their role may encompass a variety of tasks, ranging from family counselling to assisting with transport or accommodation, or organising substitute care. Community, child-related services must be included to help achieve an integrated, child-centred support service.

Primary nursing care addresses the need for consistency, with one nurse being responsible for planning and implementing the majority of a child's care throughout their stay. Green (1986) advocates primary nursing in paediatrics as a means of providing continuity of care, security for the child and increased job satisfaction for staff. Systems of personalised and individualised nursing care may reduce some of the barriers that prevent nurses from building more consistent and mutually satisfying relationships with their patients. In practice, however, it is difficult to define one nursing practice used in a particular ward, as many wards combine features of several methods of nursing (e.g. primary plus team) (Mead, 1991).

Australian families differ in terms of their structure, resources, stage of development, racial, religious or cultural background and place of residence. All of these factors shape a family's requirements from health services. Across Australia, hospitals draw their patients from a wide variety of cultures. Health care policies, services and providers must recognise,

understand and respect the diversity of families in order to provide effective health care services (The ACCH Advocate, 1994).

Health care training seldom includes important information about the many ways in which families from diverse cultures respond to illness and treatment. This lack of culturally sensitive training can result in incorrect diagnoses and ineffective treatment (The ACCH Advocate, 1994). In-service education in line with the composition of the hospital's catchment demographic means greater response to the needs of the health care consumer, and enhanced satisfaction with the service provided. Feedback solicited from users of the health care system can serve to provide regular planning and quality assurance, and contribute to the content of staff training programs.

Families with limited English skills are often at a disadvantage when it comes to being involved in their child's health care process (The ACCH Advocate, 1994). Another important feature affecting the quality of care in a multicultural 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 can be avoided.

In industrialised countries like Australia, many diseases result from lifestyle behaviours. Parents and other family members can help promote healthy behaviours through health education and modelling healthy lifestyles. Family involvement has consistently been shown to improve levels of adherence to medical regimens (The ACCH Advocate, 1994). The health care system's failure to acknowledge the role of the family in the use of health services, and a lack of knowledge of the various customs and beliefs of cultural and racial groups, have led to the under-utilisation of available medical services and ineffective treatment of those seeking treatment (The ACCH Advocate, 1994).

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

Training in child development is required, along with competence in family dynamics, interpersonal and communicative skills, and a good understanding of a child's reaction to illness and hospitalisation (Casey & Mobbs,

1988). Greater priority should be given to the non-clinical aspects of care, training and continuing professional development of health care professionals, including the development of teamwork; shared learning across professional boundaries; education in communication skills; and more opportunities for multi-disciplinary professional and support teams to learn, train and develop together. Continued professional development, supported by the workplace, should be provided to maintain and develop staff skills (Bristol Inquiry, 2001).

Survey results

Nursing

Team nursing was the most common form of staffing allocation (59.4%). Also popular was primary nursing (36.5%), where an individual nurse is responsible for identifying patient-care needs, and for the planning and coordination of care throughout a patient's stay. Around 9% of surveyed hospitals used a combination of team and primary nursing care.

The average percentage of registered nurses with postgraduate paediatric training working permanently in each paediatric area was 23.5%. However, the most common (mode) answer was 0%, with the figure varying greatly across hospitals (0–100%).

Section 10 Recommendations

- Suitably qualified staff must be available to provide safe and effective care to children and their families
- Hospitals should promote workforce learning about the psychosocial needs of children, young people and their families
- Hospitals should develop and implement policies that ensure staff are aware of cultural diversity and become culturally sensitive.



Children shall be cared for by staff whose training and skills enable them to respond to the physical, emotional and developmental needs of children and families.

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