

Section 7

Parent Participation in Patient Care

Over the years, parents have been encouraged to play a more significant role in their child's hospital experience. Greater involvement by parents reduces the negative emotional impact of hospitalisation on children (Schepp, 1992). At home, parents have a primary role in the health care of their children, and are usually the first to recognise or identify a problem. Parents, especially of young children, have particular knowledge of their child (Bristol Inquiry, 2001). This knowledge must be recognised and the parents acknowledged and included in the health care needs of their child, both in and out of hospital.

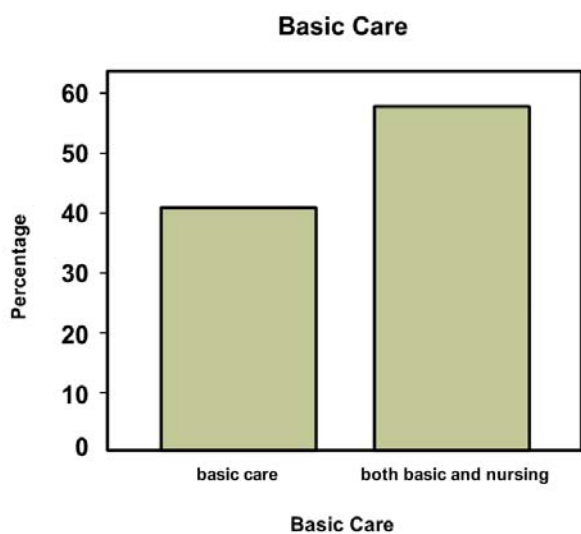
Hospital staff trained in child development needs should explain to parents (without pressure or guilt) the importance to their child of their presence on the ward (Connell & Bradley, 2000). However, participating in a child's care is about more than being present on the ward and performing basic care functions (Johnson, 1992). Parents must be made to feel welcome and a valued and integral part of their child's care. Many hospitals now encourage parents to participate as partners in their child's care, and have formalised programs to support this process. Programs such as Parents-In-Partnership (Lau, 1993) were developed to encourage parents to share in the care of their child, with guidance and support from

nursing staff. Recently, some Australian hospitals have repositioned their approach, becoming more family oriented than individually oriented. Some hospitals have also designed and implemented 'care by parent' units, where the parents are the child's primary caregiver and health care professionals provide support (Johnson, 1992).

Parents express greater trust and confidence in the hospital staff and greater satisfaction with the hospital experience when they are involved in caring for their child in hospital (Wolfer & Visintainer, 1975). Health care guidelines encourage hospitals to assist parents to undertake tasks helpful in the care of their child (e.g. dressing) and, where appropriate, to learn clinical procedures that will enable them to care for their child at home, after discharge. This can mean a blurring of the lines between nursing staff and parents, and requires communication and flexibility on both sides. The nurse is the professional and the parent the visitor, and this can be a difficult hurdle to overcome (Taylor, 1996). Without assistance and emotional support, some parents may feel out of place or disoriented, and consequently will be of less support for their child (Terry, 1987). For parents to become true partners in the care of their child, these barriers must be addressed and overcome.

Survey results

All hospitals surveyed indicated that parents are able to participate in the basic care of their children.



Parental involvement in nursing care, such as taking temperatures and giving medications, is practised in 57.8% of hospitals. All hospitals that allowed parents to be involved in nursing care also allowed their participation in basic care. Public hospitals are more likely than private hospitals to encourage parents to be involved in the nursing care of their child, with 58.3% and 44.8% respectively allowing parents to participate.

Other ways of caring for children in hospital include parents accompanying their child to procedures such as X-rays, participating in entertaining their child, 'partnership in care' or 'any way they feel comfortable'. Other ways of caring for their child are encouraged by 21% of hospitals.

substantial improvements in attitudes towards children's rights and parents' responsibilities (Glasper & Powell, 2000). The formation of the National Association for the Welfare of Children in Hospital (NAWCH) in 1961 in the United Kingdom and the Association for the Welfare of Children in Hospital (AWCH) in 1973 in Australia ensured that increasing attention was paid to the emotional needs of children in hospital. These organisations promoted the rights of parents to be with their child at all times during their hospital stay (Glasper & Powell, 2000).

The benefits of parents accompanying their child into the operating theatre, being present during the induction of anaesthesia, and in attendance in the recovery room, have been demonstrated

Comparison table

Parent participation in basic and nursing care	1992	2004	Difference	% change
Participate in basic care	100	100	0	0.00
Participate in nursing care	64.4	57.8	-6.6	-10.25
Both basic and nursing care	No data	57.8	N/A	
Other ways of caring	No data	21.4	N/A	
Nursing care private hospitals	57.9	44.8	-13.1	-22.63
Nursing care public hospitals	65.6	58.3	-7.3	-11.13

Medical procedures, induction of anaesthesia and recovery

Parents' rights to comfort and support their children should extend to all hospital situations, including medical procedures, induction of anaesthesia and in recovery. Parental absence on the day of an operation can be unnecessarily traumatic for a child, resulting in feelings of fear and isolation. The subject of parents accompanying their child during medical procedures, throughout anaesthesia and in recovery has been an emotive one for many years.

Medical and nursing staff may perceive parents as passive bystanders having little, if any, part to play in the complex medical procedures associated with the child's illness — as hospital visitors rather than as active partners in care. At such times, parents often report feeling 'in the way', unwelcome and unnecessary.

Since the Platt Report in 1959, there have been

in many instances (Bush, 1990; Diniaco & Ingoldsby, 1983; Donnelly, 1990; Glover, 1990; Schulman et al., 1967). Despite evidence of the beneficial effects of parental presence during medical procedures, there is additional evidence that parents are still being excluded at a time when their reassuring presence may be fundamentally important to minimising the trauma of the hospital experience for their child (Turner, 1997). Researchers, Schulman et al., (1967) indicated that parental presence was beneficial for the child, and indeed that the emotional and psychological factors associated with anaesthesia and surgery may be even more important than the child's medical condition.

Reasons for not allowing parental presence during medical procedures include: increased risk of infection; the fear that parental anxiety will cause child anxiety (parental contagion); current hospital regulations; the parent as critic; staffing issues; and coping with an additional person (Glasper & Powell, 2000). Fears of increased anxiety seem unfounded. Research by Hannallah

and Rosales (1983) demonstrated that parental presence during the induction of anaesthesia significantly reduced the number of upset or turbulent children undergoing surgery, compared with unaccompanied children. Roman (1993) demonstrated that the majority of anaesthetists expressed a preference for parents to accompany their children during anaesthesia, and it has been found that parental presence during medical procedures does not increase the risk of cross-infection (Brown, 1995).

Glasper and Powell (2000) argue that there is compelling evidence that parental exclusion from medical procedures is not only harmful to the child but also may be considered a form of child abuse. They define abuse as '... anything which individuals, institutions, or processes do or fail to do which directly or indirectly harms children or damages their prospects of safe and healthy development into adulthood'. They state that the reluctance by some health care professionals to allow parental presence during medical procedures is of concern, and recommend reappraisal of the practice.

important that parents are sufficiently prepared for their role, including the opportunity to visit the operating theatre, so that they can give maximum support to their child. Parents should never feel pressured to go beyond what they wish to do, as this is likely to increase anxiety in both parent and child. Parents have the right to be involved as much as they wish, at an appropriate level (Bush, 1990; Glasper, 1990). The psychological benefits of parental presence are evident, and parents agree that having a familiar face present throughout distressing procedures is valuable to and less frightening for their child. While parents are often denied access to the operating theatre, gains in this area are being made.

Survey results

Medical procedures

In 99.5% of hospitals, parents are able to stay with their children during actual treatments and medical procedures when the child is conscious. The remaining 5% of hospitals indicated that parents ask not to be present during medical procedures.

Comparison table

Medical procedures	1992	2004	Difference	% change
Can stay with child	96.4	99.5	3.1	3.22
Can't stay with child	3.6	0	-3.6	-100.00

Hospitals that allow parental presence provide a model of successful teamwork between surgeons, anaesthetists, theatre and nursing staff, orderlies, management and families. However, it is

Induction of anaesthesia

In 69% of cases, parents are able to be with their child during induction of anaesthesia, if they wish. This was the case with all paediatric hospitals. Some hospitals indicated that this question

Comparison table

Induction of anaesthesia	1992	2004	Difference	% change
Parents are allowed to stay	26.6	69	42.4	159.4
% who do stay	N/A	77.4	77.4	N/A
Not allowed - induction of anaesthesia	73.4	17.9	-55.5	-75.61
Not applicable to the facility	N/A	13		N/A
Paediatric hospitals - allow parents to stay	28.6	100	71.4	249.65

Reasons parents are not allowed during induction of anaesthesia	1992	2004	Difference	% change
Lack of staff support	74.7	22.4	-52.3	-70.01
Inadequacy of facilities	63.8	4.5	-59.3	-92.95
Parents don't ask	48.3	32.8	-15.5	-32.09

did not apply to them as they did not carry out procedures requiring anaesthesia (13%), and the remainder specified lack of staff support (22.4% of cases), inadequacy of facilities (4.5%), or lack of a parental request (32.8%) as reasons that parents do not stay. Where parents are permitted to stay during the induction of anaesthesia, 77.4% choose to do so. Reasons given by hospitals for parents not staying with their child include: 'parents choose not to be present'; 'parents can't stay'; and parents are 'afraid' or 'too nervous'.

Recovery

Parental presence in the recovery room is permitted in 81% of hospitals with operating theatres. Public hospitals are many times more likely to permit parents into the recovery room (76.3%) than are private hospitals (18%). Those

hospitals that are both public and private only permit parents into the recovery room in 5.7% of cases. Reasons cited for not allowing parents into the recovery room include inadequate resources (25.6%), privacy issues (especially when there are no separate paediatric recovery areas), lack of staff support (2.3%), and parents have not asked to be in recovery (32.6%). It is not clear whether parents are aware that they are allowed in the recovery room, and therefore don't ask to be in the room, or whether this information is not communicated to parents.

Comprehensive parental involvement in the child's medical experiences whilst in hospital — including being present during medical procedures and the induction of anaesthesia, and being permitted to be in the recovery room with the child — is possible in 66.7% of cases.

Comparison table

Parents permitted in recovery	1992	2004	Difference	% change
All hospitals	51.9	81	29.1	56.07
Public	54.8	76.3	21.5	39.23
Private	36.8	18	-18.8	-51.09
Both		5.7		

Reasons parents not permitted in recovery	1992	2004	Difference	% change
Inadequate resources	75.4	25.6	-49.8	-66.05
Privacy issues	Frequently cited			
Lack of staff support	54.4	2.3	-52.1	-95.77
Parents don't ask	38.6	32.6	-6	-15.54

Section 7 Recommendations

- Parent participation in all aspects of their child's care should be considered best practice and become the norm
- Opportunities must be made available for parents to be present during anaesthesia induction and in recovery
- More support should be provided for parents whose children are undergoing surgery e.g. using volunteers as support people.



I had to go to the children's hospital for an operation. Mum, Dad and I went to the ward and met a nurse. She showed me where I would be sleeping. The chair next to my bed folds out so that mum or dad can stay with me.

On the day of the operation, I was not allowed to eat or drink anything because it would make me sick when I had medicine for my operation. The operation I had was a skin graft. Sometimes the nurse puts cream on your hand. This is so it doesn't hurt as much when they put a drip in. This is called Emla cream.

A man came down to wheel me in my bed to the operating theatre. Mum and dad and my nurse came with me. I have a green hospital name tag around my ankle. It shows my name and my age. Everyone who stays in hospital wears one.

Before I went into the operating theatre, Mum and the nurses had to put special clothes on to stop infection. I wanted to wear one too so they let me put one on until the doctors were ready for me.

The anaesthetist is the doctor who gave me a mask to make me sleep so I didn't feel anything during the operation. I had to lie still while the anaesthetist put the mask over my face. Mum held the black balloon and I watched it get pumped up, then fell asleep.

After the operation I went to a place called recovery. When I woke up Mum was there. I wasn't feeling well and I had a drip in my arm. The drip was giving me medicine to help the pain.

After recovery I went back to my ward. A nurse checked my temperature and medication. I was very tired and spent most of the day asleep. Mum and Dad stayed with me but sometimes they had to go and have a drink or something to eat. When I was feeling a bit better, I had a chance to play. I got out of bed and went to the playroom.

My doctor visited me in the ward and finally said I was well enough to go home. I packed all my things, said goodbye to the nurses and went home with my family.

Lachlan Goes to Hospital

Compiled by Tania Dalzell, Tamela Blocker and Alison Stokes

Play Therapy

The Children's Hospital at Westmead