

Category: Child health

Study type: Qualitative- other

Author's declarative title: Implementing preparatory strategies can help children participate in care.

Citation: Sjöberg C, Amhliden H, Nygren JM, et al. The perspective of children on factors influencing their participation in perioperative care. *J Clin Nurs.* 2015; 24(19-20):2945-53.

Commentary

Implications for practice and research

- Nurses should assess the different ways in which children process information as they move through the preadmission and perioperative care process.
- When hearing the voices of children, nurses should understand the context of those voices, not just as children's voices in society, but as the voices of children living with illness.
- Further studies are needed to compare and contrast the experience of children undergoing surgery in children's hospitals with those receiving care in children's units in adult orientated hospitals.

Context

Approximately 150,000 children in Sweden undergo a surgical procedure requiring anaesthesia each year. The views of children undergoing surgical care are different from those of their parents or carers and the nurses delivering care. Understanding children's perspectives of perioperative care could assist developing strategies to enhance their participation in care. Sjöberg and colleagues sought to understand how children attending a Swedish district hospital view perioperative care.

Methods

Sjöberg and her colleagues undertook an interpretative qualitative methodology, using narrative interviews with 10 children aged between 8 and 11 years old. The four boys and six girls who participated had undergone a planned surgical procedure 2 to 8 weeks prior to the interview. The children were either healthy or had minor systematic disease, some children had prior experience of anaesthesia. Interview data were analysed independently by the first two authors using inductive content analysis, the final categories were agreed by all authors.

Findings

The findings were grouped into three overarching themes relating to children's experience of: information provision, interactions with health professionals and the perioperative environment. The sub themes highlighted differences between the children with some feeling informed, others wanting more information, and some wanting less information, some preferring to get the surgery over. Generally the children perceived they were listened to and

involved, at least in part, in decisions about their care. Children appeared to trust the healthcare professionals. Finally, the sub themes about the environment highlighted a lack of activities for children and the general inappropriateness of adult environments to meet the child's needs.

Commentary

Gathering and publishing the views of children is a difficult process in an adult orientated , such as ours¹. The work of Sjöberg and her co-authors is important because it allows nurses an opportunity to understand how children view nurse's work. Although, it is not clear how power issues between adults and children were addressed, making it difficult to determine if children felt they could express their ideas freely.² The role of parents in this study was not discussed in detail and therefore their influence on the data collected from the children is difficult to evaluate. It would be useful to understand if there were significant differences between the 10 recruited participants and the 16 of the 26 eligible children who refused consent. Although a narrative methodology is claimed by the authors the interview methods appear to be more arts based participatory methods, such as write and draw, rather than narrative ones which elicited the child's story of perioperative care.

Despite methodological challenges eliciting information from children, the children in this study clearly articulate why they need healthcare institutions and buildings to be designed, built, and staffed for their needs as children, because they have different needs to adults.

The authors lay claim to a stance in which they suggest that nurses work from a child perspective and from a child's perspective (pg 2946). This stance seems aligned to an emerging view of nursing care for children being focused on the child and on their childhoods^{3,4}. If childhood is both relational and temporal⁵ in that it is shaped by the relationships the child has during a proscribed time. Then nursing care that facilitates children living with illness to live their childhood, is as much about understanding children's positions in societies as it is about children's relationships with their carers, which in the main are mothers. It would be helpful to extend this study to understand how children's carers' perspectives and actions interact with children's own and how nurses can facilitate and strengthen coping and resilience in children undergoing surgical procedures.

Commentator details

Name: Randall Duncan

Affiliation: Faculty of Health Sciences, University of Southampton

Correspondence: University of Southampton, Faculty of Health Sciences, Nightingale Building, Highfield campus, Southampton, SO17 1BJ, UK

Email: d.c.randall@soton.ac.uk

References

1 Christensen P and James A (2008) Introduction: Researching children and childhood cultures of communication. In Christensen P and James A (Eds) Research with children: Perspectives and practices (2nd ed) London. Routledge.

2 Randall D. Revisiting Mandell's "least adult" role and engaging *with* children's voices in research. *Nurse Researcher* 2012;19(3):39-43

3 Randall D. *Pragmatic Children's Nursing: A theory for children and their childhoods*. Abingdon, Routledge; 2016.

4 Carter B, Bray I, Dickinson A, Edwards M and Ford K. Approaches to nursing children, young people and their families in Carter B, Bray I, Dickinson A, Edwards M and Ford K (Eds) *Child- centred nursing: promoting critical thinking*. Sage, London; 2014.

5 Mayall B. *Towards a Sociology for Childhood: Thinking from Children's Lives*. Birmingham. Open University Press; 2002.

Competing interests: None