Barncentrerad vård vid nålprocedurer
Betydelsen av att möta barns rädsla och smärta

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Fakultetsopponent:
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Child centered care during needle procedures
The importance of intercepting and meeting children's fear and pain

Background: Children report needle procedures as the worst source of fear and pain during hospital care and treatment. How children communicate their fear and pain varies, which can be challenging for nurses to understand and meet. Nurses need to be able to recognize and acknowledge children’s emotions for needle procedures to be child centered.

Aim: To explore the effects of a child centered intervention on fear and pain during needle procedures.

Methods: Four studies combining qualitative and quantitative approaches, with boys and girls aged 4 – 12 years old undergoing a needle procedure, were conducted. Study I explored child-identified strategies used to manage fear and pain in hospital, with data collected through semi-structured interviews. Data through observations from video recordings were used in Study II to explore children’s expressions of emotional cues and concerns, and nurses’ response to these expressions. To examine whether children experience less fear and pain when receiving standard care with the addition of the intervention iCC compared with the experience of standard care only, self-reported fear and pain before and immediately after a needle procedure were conducted in study III. To further evaluate the effect of the intervention, time required for the procedure, heart rate, success rate for the procedure, behavioral observations, and patient preference to undergo the needle procedure in the same way again, were collected. Study IV evaluated child-nurse emotional communication when using a child centered intervention versus a control group. Data collection consisted of video-observations.

Main results: The opportunity to choose strategy themselves was particularly supportive to children. Unpleasant emotions were commonly expressed through non-verbal communication, but seldom acknowledged by nurses. Less fear and pain were observed in the intervention group and less time required performing the needle procedure. Most children using iCC intervention were positive to the possibility of undergoing a needle procedure in the same way again in the future. Nurses using the intervention acknowledged the child’s expressed unpleasant emotions to a greater extent.

Conclusion: Approaching children as active and competent actors during needle procedures contributes positively to nurses’ involvement, to the time a needle procedure takes, and to children’s experiences and emotional state.