Protocol for study of who owns the child in hospital

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Abstract

Background: When a child is hospitalised, the whole family can be affected. Those caring for the child must consider the impact of the child’s admission on all of the family members. In many hospitals, paediatric health professionals will use family centred care (FCC) during a child’s admission to ensure care is planned around the whole family. This allows for the family to be a focal point in the care delivery of the child. However, it is known that FCC is difficult to implement successfully. Barriers to FCC need investigation and may include conflict between staff’s and parents’ concepts of who holds primary responsibility, or ownership of the child. This paper presents the protocol for such a study.

Aims: The primary aim is to examine the concepts of ownership of the child held by parents of hospitalised children, and by health professionals who care for the children and their family; and to investigate how communication between parents and staff are coloured by these concepts. The secondary aim is to use the data to develop vignettes which can be used to elicit in-depth responses to this sensitive question.

Methods: The sample will consist of a total of twenty participants: eight parents, and four nurses, four allied health staff and four doctors who work in a paediatric ward. This qualitative study using data collected by interviews focuses on one question, “When a child is admitted to hospital, who owns him or her?” Thematic analysis will be used to find themes from which vignettes will be developed, in preparation for a larger study to be undertaken at a later date.

Conclusion: This protocol describes the study’s background, significance, aims, methods and ethical considerations.

Introduction

A well-recognised model of care in paediatric health services is family-centred care (FCC); however, evidence of its effectiveness is limited (Shields et al, 2012) and increasing problems in its implementation are demonstrated in qualitative research (Coyne 2008; Aein et al, 2009; Coyne et al, 2011). While it is difficult to ascertain the precise reason why FCC is not functioning as it should, ineffective communication between parents and health professionals may be a factor. Language is powerful, and in children’s wards one hears health professionals taking what could be perceived as “ownership” of an admitted child or patient. By referring to a child as “my patient” health professionals can unknowingly create tension between themselves and the parents (Shields et al, 2003). This can hinder the successful implementation of FCC, and may account for problems in its implementation (Shields et al, 2003). Although FCC has been accepted in theory, it is not fully practised (Darbyshire, 1994; Coyne, 2008; Aein et al, 2009). This study will explore who “owns” the child in hospital from parents’ and health professionals’ perspectives.

Background

Doctor-patient and nurse-patient relationships can be affected by concepts of ownership (Slovis 2011). Previous research into doctor/nurse/parent roles has been undertaken in paediatrics but concepts of ownership within the relationships have not been identified (Shields et al, 2003). Effective health care is provided by a team of professionals who work in co-operation with each other, each with his/her own specialist, autonomous role (Deloy et al, 2011). Unfortunately, some doctors still see themselves as the most significant contributor to the care of patients, even though nurses have taken on the role of care co-ordinator, resulting in a blurring of roles within health care teams (Reiger & Lane, 2009). The belief of an individual doctor that he/she is solely responsible for individual patients in their care can create conflict amongst health professionals; a nurse in charge of the co-ordination of care may feel the same way, causing tensions and potential conflict.
The concept of who owns the child in hospital may influence communication between staff and parents and between parents and children, and health professionals caring for them (Shields et al, 2003). Communication between staff and parents can be coloured by the fact that the child was theirs and therefore involved in treatment decision-making (Pyke-Grimm et al, 2006). A gap exists in the literature that delves into the ownership of a child in hospital. The concept is relevant when a child and family present for care, but due to the nature of the time frame of this topic, further investigation is required.


Some discussed a power imbalance between nurses, doctors and parents (Gabe et al, 2004; Ygge & Arnetz, 2004; Hallström & Elander, 2005; O’Haire & Blackford, 2005; Roden, 2005; Ygge & Arnetz, 2003; Priddis et al, 2004; Roden, 2005; Coyne, 2007; Shields et al, 2007; Sheils et al, 2008; Randall et al, 2013). This view is supported by Cescutti-Butler & Galvin (2003) who state that nurses had primary responsibility for the child. S. editors noted that nurses were placed in the role of proxy, which was insufficient for empowering parents to participate in their child’s care. Family-centred care sees families and health professionals collaborating and working as equals in planning care for the child (Martino & Twycross, 2006). It is said to be the cornerstone of modern paediatric practice, although it is known to be difficult to implement effectively (Shields et al, 2007). That parent participation is beneficial for the child and the family is well accepted, and stress and anxiety can be reduced for both parent and child if a parent or familiar caregiver accompanies the child into hospital (Coyne & Cowley, 2006).

Methods

Aim: The primary aim of this study is to investigate staff’s and parents’ perceptions about, and feelings towards ownership of the hospitalized child. Because this is such a sensitive and abstract issue, ways to elicit relevant responses are needed. This project will use qualitative interviews and methods to develop a series of vignettes which will be used to trigger responses in a later, larger study.

Research Question: What are staff’s and parents’ perceptions about, and feelings towards ownership of the hospitalized child?

Setting: This study will be conducted in a 23-bed children’s ward in a tertiary hospital in North Queensland, Australia.

Sample: Twelve health professionals (four nurses, four doctors and four allied health professionals) and eight parents of hospitalised children will constitute the sample. This is a convenience sample. The sample size reflects estimates of how many parents can be interviewed in the time frame of the study, and for staff, how many of each discipline are available in the hospital study.

Inclusion Criteria:
1. Parents who have a child admitted to hospital
2. Staff (nurses, doctors, allied health staff) who work in a paediatric ward

Exclusion Criteria:
1. Parents who cannot read English
2. Parents whose children are dangerously ill, and/or are in the end stages of a terminal illness

Significance
Ownership of the patient is a concept that has not been well investigated in the health literature. Family-centred care has been accepted in theory, but research indicates it is not fully practised. Concepts of ownership may create barriers that impede the successful implementation of FCC. This study will provide tools to investigate the concept of who “owns” the child in hospital, and how it affects care delivery. If such a difference can be found, it may influence ways that communication can be enhanced (Shields et al, 2003).

Data management/analysis: The

Rigor in qualitative research is assessed by slightly different terms than in quan-
titative research. In 1985, Lincoln and Guba promulgated standards for the
trustworthiness of qualitative research that parallel the standards of reliability and
validity found in quantitative research. Trustworthiness (or credibility) is the degree to which findings can be
replicated. Lincoln and Guba (1985) stated that the following four standards must be met for trustworthiness:
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This paper describes the protocol for a study being undertaken in north Queensland, using qualitative methodology, by a nurse completing a Bachelor of Nursing Science (Honours) qualification. The study sits within the framework of the national Family Centred Care (FCC) framework and will aim to elicit responses to the question of ‘who owns the child in hospital?’ It is anticipated that the themes arising from the viewpoints of different hospital staff and of parents will be able to be incor-
porated into vignettes, that will be used in a larger, future study to more fully explore the concept of ownership and the application of FCC in practice.


