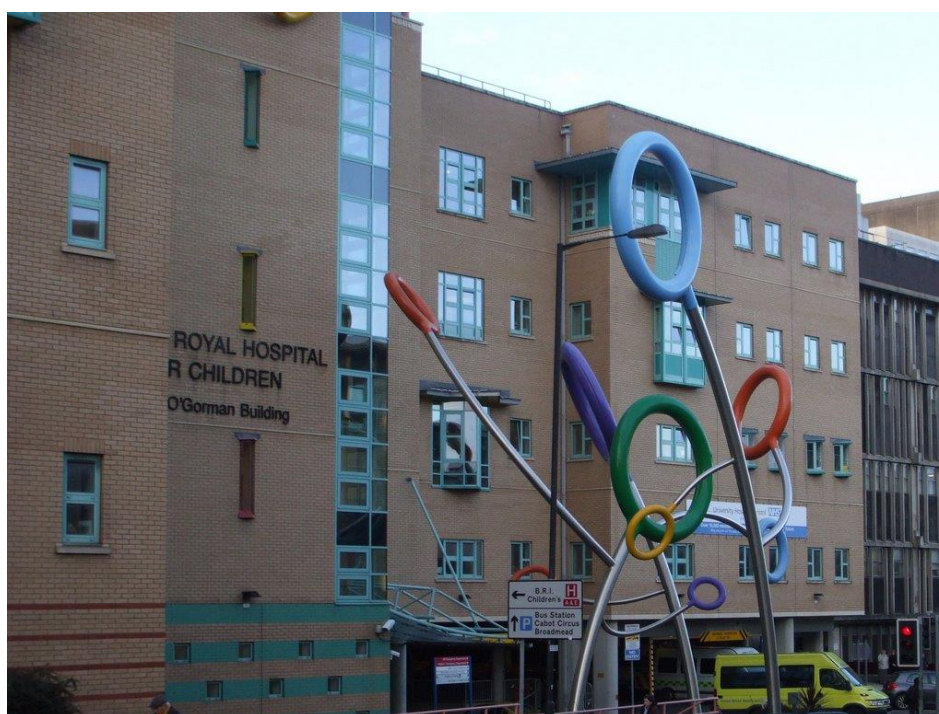


Paediatric Nurse Education

Evidence Update

September 2017

(Quarterly)



Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.



Training Calendar 2017

All sessions are one hour

September (13.00-14.00)

Fri 1st	Literature Searching
Mon 4th	Critical Appraisal
Tue 12th	Interpreting Statistics
Wed 20th	Literature Searching
Thu 28th	Critical Appraisal

October (12.00-13.00)

Fri 6th	Interpreting Statistics
Mon 9th	Literature Searching
Tue 17th	Critical Appraisal
Wed 25th	Interpreting Statistics

November (13.00-14.00)

Thu 2nd	Literature searching
Fri 10th	Critical Appraisal
Mon 13th	Statistics
Tue 21st	Literature searching
Wed 29th	Critical Appraisal

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Outreach: Your Outreach Librarian can help facilitate evidence-based practice for all in the team, as well as assisting with academic study and research. We also offer one-to-one or small group training in **literature searching, critical appraisal and medical statistics**. Get in touch: library@uhbristol.nhs.uk

Literature searching: We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a one-to-one session where we can guide you through the process of creating a well-focused literature research. Please email requests to library@uhbristol.nhs.uk

Updates

NICE National Institute for
Health and Care Excellence

[Developmental follow-up of children and young people born preterm](#)

Journal Tables of Contents

Click on the hyperlinked title (+ Ctrl) for contents. If you would like any of the papers in full then please email the library: library@uhbristol.nhs.uk

[Nurse Educator](#)

July/August 2017: Volume 42, Issue 4

[Nursing Education](#)

August 2017: Volume 56, Issue 8

Recent Database Articles

If you would like any of the articles in full text, or if you would like a more focused search on your own topic, please contact us: library@bristol.nhs.uk

1. Expedited Partner Therapy: A Review for the Pediatric Nurse Practitioner.

Author(s): Hopson, Lauren M.; Opiola McCauley, Sabrina

Source: Journal of Pediatric Healthcare; Sep 2017; vol. 31 (no. 5); p. 525-535

Publication Date: Sep 2017

Publication Type(s): Academic Journal

Abstract:The rate of sexually transmitted infections in the United States increased in 2015 for the second year in a row. Adolescents bear an undue portion of this burden because of increased physiologic susceptibility, higher rates of reinfection, and developmental age. Despite expedited partner therapy (EPT) being legalized in 39 states, health care providers still report infrequently providing EPT to their adolescent patients. Patients who benefit most from EPT include those with high-risk sexual behavior, a steady relationship status, higher education level, or an established relationship with the provider. This article will review the barriers to providing EPT and factors associated with patient acceptance or refusal, highlight current legal issues, and discuss the role of the pediatric nurse practitioner addressing specific strategies for implementation in practice. EPT is a valuable tool for the pediatric nurse practitioner to promote treatment and prevent reinfection with sexually transmitted infections.

Database: CINAHL

2. Effects of a Support Program on Nurses' Communication with Hospitalized Children's Families.

Author(s): Hashimoto, Hiroko

Source: Comprehensive Child & Adolescent Nursing; Sep 2017; vol. 40 (no. 3); p. 173-187

Publication Date: Sep 2017

Publication Type(s): Academic Journal

Abstract:More than a few pediatric nurses experience difficulty in communicating with children's family members. However, effective means of providing communication support for pediatric nurses have not been examined sufficiently. This study aimed to develop and implement a communication support program for nurses to facilitate improved communication with families of hospitalized children, and to clarify changes in nurses' recognition and behavior toward communication with families in clinical settings. The program lasted 6 months and consisted of lectures, role-play, 4 communication models in which nurses experienced difficulty communicating with family members, and continued individual support. The effects of the program were evaluated qualitatively and descriptively using semi-structured interviews. A total of 7 nurses with less than 5 years of pediatric nursing experience completed the program. Subsequent to program completion, nurses' awareness of careful communication with families increased, and they began to approach families actively using thoughtful words. Furthermore, as nurses received favorable reactions from families, they realized that communication was interactive and recognized that their perception of their communication skills as poor had changed. This program could contribute in reducing nurses' difficulty in communicating with families and encourage them to improve their communication.

Database: CINAHL

3. The History of Children's Nursing and Its Direction Within the United Kingdom.

Author(s): Clarke, Sonya

Source: Comprehensive Child & Adolescent Nursing; Sep 2017; vol. 40 (no. 3); p. 200-214

Publication Date: Sep 2017

Publication Type(s): Academic Journal

Abstract: This article presents an account of the "evolution of children's nursing." The pertinent topic was originally developed as part of a Doctorate in Education (EdD) as it was anticipated an understanding of children's nursing would provide a more comprehensive context for a doctoral study that aims to explore the child's experience of staying in Northern Ireland's regional children's hospital from the perspectives of children and children's nurses using child-centered methodology. Northern Ireland, England, Scotland, and Wales are the 4 countries collectively known as the United Kingdom (UK). Hence the concept of "children's/pediatric nursing" was extracted and presented as a catalogue of significant events in their order of occurrence. The article also considers the future direction of children's nursing within the UK. Wider dissemination was thought pivotal to inform all registered nurses, inclusive of those caring for children in all healthcare settings.

Database: CINAHL

4. Holistic Comfort Interventions for Pediatric Nursing Procedures: A Systematic Review.

Author(s): Bice, April A.; Wyatt, Tami H.

Source: Journal of Holistic Nursing; Sep 2017; vol. 35 (no. 3); p. 280-295

Publication Date: Sep 2017

Publication Type(s): Academic Journal

Abstract: Comfort interventions for children during invasive nursing procedures have been well documented in the literature. It is important, however, to distinguish between the provision of holistic comfort management and pain alleviation. Holistic comfort focuses on treating the child's whole procedural experience and includes more than simply reducing pain. In this literature review, 33 intervention studies were examined. These studies focused on evaluating comfort effects from nursing interventions on pain, anxiety, fear, and distress. Four themes of procedural comfort intervention emerged: music therapy, amusement and entertainment, caregiver facilitation, and a multifaceted approach. Important findings of this review, gaps in the literature, and implications for future research are discussed.

Database: CINAHL

5. HOSPITAL MANAGEMENT AS A CARE TOOL.

Author(s): Nogueira Guerra Adorno, Alexandrina Maria; Alves Martins, Cleusa; Vieira de Mattos, Diego; Rubio Tyrrell, Maria Antonieta; Oliveira de Faria Almeida, Carlos Cristiano

Source: Journal of Nursing UFPE / Revista de Enfermagem UFPE; Aug 2017; vol. 11 (no. 8); p. 3143-3150

Publication Date: Aug 2017

Publication Type(s): Academic Journal

Available in full text at [Journal of Nursing UFPE / Revista de Enfermagem UFPE](#) - from EBSCOhost

Abstract: Objective: to analyze humanization in the management of human resources, according to the perception of the Nursing team. Method: an exploratory-descriptive study, with a qualitative approach, with interviews with 29 members of the Nursing team of a public maternity hospital. The

discourses were separated by similarity and structured into categories. Then they were analyzed and discussed. Results: from the analysis of the discourses, three thematic axes emerged: Humanization Policy of the Unified Health System; managerial competencies of the nurse; assistance and processes promoting humanization. Conclusion: Nursing teaching and practice, after the implementation of the Prenatal, Childbirth and Birth Humanization Policy, has been broken with the biomedical model. So, in the assistance, practices developed in the prenatal, delivery program and puerperium.

Database: CINAHL

6. The Unique Role of the Pediatric Clinical Research Nurse in Anesthesia: An Interdisciplinary Collaboration.

Author(s): Dube, Christine; Young, Vanessa; Anderson, Michelle; Barton, Brenda; Leahy, Izabela

Source: Journal of PeriAnesthesia Nursing; Aug 2017; vol. 32 (no. 4); p. 352-355

Publication Date: Aug 2017

Publication Type(s): Academic Journal

Abstract: This article describes the distinctive function of the pediatric clinical research nurse (CRN) in the anesthesia setting. The pediatric CRN in anesthesia acts as a liaison between families and the research team and is the major nexus between the principal investigator or anesthesiologist on a study, and the collaborating surgeons from many different departments. This is unique because the CRNs collaborate with physicians in specialties that can include plastics, urology, neurosurgery, orthopaedics, otolaryngology, cardiology, critical care, and many other departments. The profession requires a breadth of knowledge ranging from clinical understanding of diseases, surgical procedures, and recovery to cognitive and developmental stages, to expertise in the research protocol process. Our objective was to describe these specialized activities of the pediatric anesthesia CRN, with focus on care coordination, communication, and continuity of care. Defining this role will enhance the quality of clinical research conducted by the CRN in anesthesia and may influence the development of novel medical treatments.

Database: CINAHL

1. Nurse Knowledge, Work Environment, and Turnover in Highly Specialized Pediatric End-of-Life Care.

Author(s): Lindley, Lisa C.; Cozad, Melanie J.

Source: American Journal of Hospice & Palliative Medicine; Jul 2017; vol. 34 (no. 6); p. 577-583

Publication Date: Jul 2017

Publication Type(s): Academic Journal

Abstract: Objective: To examine the relationship between nurse knowledge, work environment, and registered nurse (RN) turnover in perinatal hospice and palliative care organizations. Methods: Using nurse intellectual capital theory, a multivariate analysis was conducted with 2007 National Home and Hospice Care Survey data. Results: Perinatal hospice and palliative care organizations experienced a 5% turnover rate. The professional experience of advanced practice nurses (APNs) was significantly related to turnover among RNs ($\beta = -.032$, $P < .05$). Compared to organizations with no APNs professional experience, clinical nurse specialists and nurse practitioners significantly reduced RN turnover by 3 percentage points. No other nurse knowledge or work environment variables were associated with RN turnover. Several of the control variables were also associated with RN turnover in the study; Organizations serving micropolitan ($\beta = -.041$, $P < .05$) and rural areas ($\beta = -.037$, $P < .05$) had lower RN turnover compared to urban areas. Organizations with a technology climate where nurses used electronic medical records had a higher turnover rate than

those without ($\beta = .036, P < .05$). Conclusion: The findings revealed that advanced professional experience in the form of APNs was associated with reductions in RN turnover. This suggests that having a clinical nurse specialist or nurse practitioner on staff may provide knowledge and experience to other RNs, creating stability within the organization.

Database: CINAHL

2. Nurses' perceptions of working with families in the paediatric intensive care unit

Author(s): Butler, Ashleigh; Willetts, Georgina; Copnell, Beverley

Source: Nursing in Critical Care; Jul 2017; vol. 22 (no. 4); p. 195

Publication Date: Jul 2017

Publication Type(s): Journal Article

Abstract:Background Research exploring nurses' experiences working with families in paediatric intensive care unit (PICU) is limited. No studies have been undertaken in a mixed adult-paediatric ICU. Objectives To explore nurses' perceptions of working with families of critically ill children in a mixed adult-paediatric intensive care unit (ICU). Design Descriptive qualitative design. Methodology Five PICU nurses participated in semi-structured interviews. Data were analysed using thematic analysis. Trustworthiness was enhanced using an audit trail, member checks and peer review of all data. Results Three main themes and one overarching theme emerged. Role confusion and delineation examined the roles which nurses ascribed to themselves and the families; and demonstrated the conflict which could arise if roles were challenged. Information sharing demonstrated the positive and negative ways in which nurses utilized information with families in their daily practice. The contextual environment of the PICU scrutinized the physical, cultural and institutional factors which impacted on the nurses' ability to work with families in the PICU. Finally, the overarching theme Competing values explores the interplay between the nurses' personal values and those of the PICU and the institution. Conclusions Working with families in a mixed adult-paediatric ICU is influenced by multiple personal and institutional factors. The value placed on families and on the time nurses spent with them often competed for priority with nurses' other values and the wider culture of the PICU. The potential for role confusion, the management of information and the physical environment of the PICU further contributed to variability in nurses' working with families. Relevance to clinical practice The results highlighted a need for education for both nurses and medical staff who work with families of critically ill children. Additionally, the need for each PICU to have a written policy on family presence and participation is crucial to guide practice and maintain continuity of care.

Database: BNI

3. The experiences of undergraduate nursing students and self-reflective accounts of first clinical rotation in pediatric oncology

Author(s): Mirlashari, Jila; Warnock, Fay; Jahanbani, Jahanfar

Source: Nurse Education in Practice; Jul 2017; vol. 25 ; p. 22

Publication Date: Jul 2017

Publication Type(s): Journal Article

PubMedID: 170342

Abstract:The clinical practicum is one of the most anticipated components of the nursing program for nursing students. However, the practicum can be anxiety producing for students, especially when it is their first placement in an emotional demanding setting like pediatric oncology unit. Taking care

of children with cancer and who are facing the death trajectory is complex and demanding not only for students but also for the experienced nurse. In this qualitative research, the purpose was to explore senior student perceptions and self-reflective accounts of what it was like to care for children with cancer and their family throughout the course of their first practicum on a pediatric oncology unit that also provided children palliative care as needed. Data from the self-reflective journals and interviews were analyzed together using conventional content analysis. The three resultant categories that emerged: state of shock and getting lost, walking in to a mind shaking world and finding the way provided in-depth novel insight on the perceptions of senior undergraduate nursing students as they journey through their first time practicum on a pediatric oncology unit. The findings also confirmed the importance and benefit of reflective journaling to student integrated learning and adjustment in nursing practice.

Database: BNI

4. Medication communication between nurses and doctors for paediatric acute care: An ethnographic study

Author(s): Borrott, Narelle; Kinney, Sharon; Newall, Fiona; Williams, Allison; Cranswick, Noel; Wong, Ian; Manias, Elizabeth

Source: Journal of Clinical Nursing; Jul 2017; vol. 26 (no. 13-14); p. 1978

Publication Date: Jul 2017

Publication Type(s): Journal Article

PubMedID: 38644

Abstract: Aims and objectives To examine how communication between nurses and doctors occurred for managing medications in inpatient paediatric settings. Background Communication between health professionals influences medication incidents' occurrence and safe care. Design An ethnographic study was undertaken. Methods Semi-structured interviews, observations and focus groups were conducted in three clinical areas of an Australian tertiary paediatric hospital. Data were transcribed verbatim and thematically analysed using the Medication Communication Model. Results The actual communication act revealed health professionals' commitment to effective medication management and the influence of professional identities on medication communication. Nurses and doctors were dedicated to providing safe, effective medication therapy for children, within their scope of practice and perceived role responsibilities. Most nurses and junior doctors used tentative language in their communication while senior doctors tended to use direct language. Irrespective of language style, nurses actively engaged with doctors to promote patients' needs. Yet, the medical hierarchical structure, staffing and attendant expectations influenced communication for medication management, causing frustration among nurses and doctors. Doctors' lack of verbal communication of documented changes to medication orders particularly troubled nurses. Nurses persisted in their efforts to acquire appropriate orders for safe medication administration to paediatric patients. Conclusions Collaborative practice between nurses and doctors involved complex, symbiotic relationships. Their dedication to providing safe medication therapy to paediatric patients facilitated effective medication management. At times, shortcomings in interdisciplinary communication impacted on potential and actual medication incidents. Relevance to clinical practice Understanding of the complexities affecting medication communication between nurses and doctors helps to ensure interprofessional respect for each other's roles and inherent demands. Interdisciplinary education delivered in healthcare organisations would facilitate greater clarity in communication related to medications. Encouraging the use of concise, clear words in communication would help to promote improved understanding between parties, and accuracy and efficacy of medication management.

Database: BNI

5. Effectiveness of a nurse-led preadmission intervention for parents of children with profound multiple disabilities undergoing hip-joint surgery: A quasi-experimental pilot study

Author(s): Seliner, Brigitte; Latal, Beatrice; Spirig, Rebecca

Source: Journal for Specialists in Pediatric Nursing; Jul 2017; vol. 22 (no. 3); p. n

Publication Date: Jul 2017

Publication Type(s): Journal Article

PubMedID: 36687

Database: BNI

6. A paediatric nurses' journal club: developing the critical appraisal skills to turn research into practice.

Author(s): Purnell, Margaret; Majid, Gina

Source: Australian Journal of Advanced Nursing; Jun 2017; vol. 34 (no. 4); p. 34-41

Publication Date: Jun 2017

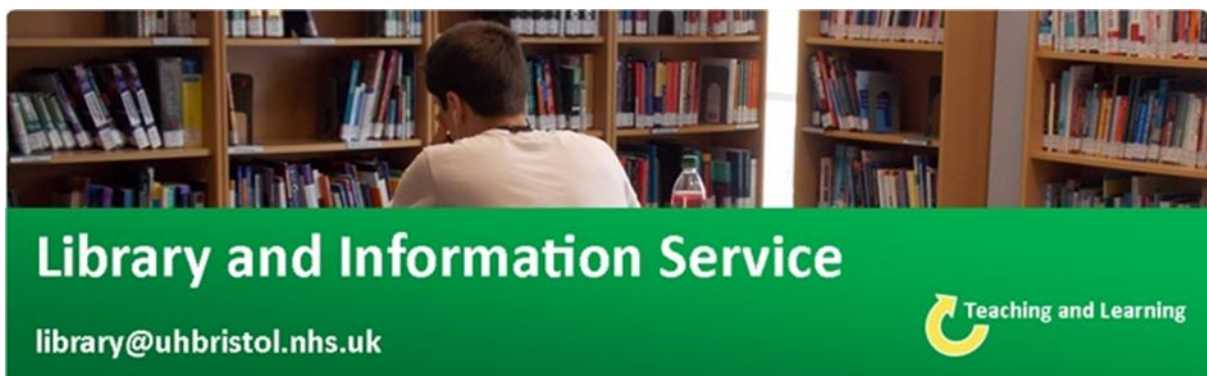
Publication Type(s): Academic Journal

Available in full text at [Australian Journal of Advanced Nursing](#) - from ProQuest

Available in full text at [Australian Journal of Advanced Nursing](#) - from EBSCOhost

Abstract: Objectives The aim of this study was to determine if implementation of a regular journal club improves critical appraisal confidence and facilitates integrating research literature into nursing practice. Design A survey was distributed to all paediatric nurses across two wards who had potentially attended the journal club in the previous two years. Setting This small scale study was undertaken at a northern Australian hospital. Sample The surveys were distributed to 58 nurses from the two paediatric wards and 33 of them responded but only 29 of these had attended the journal club leaving 29 surveys to be analysed for this study. Results The majority of responses to the survey questions were positive. When statistically analysed by Pearson's correlation, four variables showed a strong association: increased confidence with interpreting research literature, developing critical appraisal skills, the sharing of knowledge and integrating evidence-based practice into nurses' workplace. A number of changes in practice have occurred as a direct result of the journal club. Conclusion The results from this study support the benefits of utilising nursing journal clubs to promote clinical practice that is informed by research evidence.

Database: CINAHL



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