

Pediatric Nursing Care in Three Health Care Facilities and Its Practices

Abdulrhman Olayan Almutairi*

Prince Sultan Military Medical City

Abstract – To identify and categorize the nursing healthcare services provided by pediatric practices, this research looked into the activities of pediatric practice nurses. It also looked at pediatric nursing; direct care for newborns, emergency nursing, psychiatric nurse specialization, and the characteristics of health care facilities, as well as two institutions with varying levels of nursing expertise. In the pediatric unit, the best practice that takes barriers into account is Health Care Facility Implementation in EBP. In three HCFs, implementation of EBP has been carried out on factors associated with Nurses in the pediatric unit at three HCFs were interviewed about their work experiences. During the month-long research period, a descriptive study design was used. Out of 98 nurses, the Dilman formula chose 43, 25, and 30 nurses. The recipients were given a questionnaire that asked about five different things. This study's results highlight the possibility for the nursing profession to grow at the local level. More research is needed to examine pediatric nurses' community-based activities in greater depth.

Keyword – Nursing, Pediatric Nursing Care, Health Care Facilities

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INTRODUCTION

Pediatric Nursing is a peer-reviewed nursing publication that publishes articles on a range of pediatric nursing issues from infancy through adolescence, including evidence-based practice and quality improvement. Medical care for children from birth through adolescence is included in the scope of pediatric nursing care, which is a subset of the broader nursing profession. However, several studies have shown that evidence-based practice (EBP) implementation in pediatric wards utilizing research models based on nursing theory is lacking (NT). When it came to implementing the PNC, the absence of best practices in pediatric nursing, the low value of nursing research, the lack of expertise in nursing services, insufficient nursing leadership and management, and a dearth of competent mentors were all cited as significant challenges. [1]

Even while pediatric health care facilities (HCFs) provide nursing care, certain misunderstandings persist, and no standards have been established to guide nurses in doing procedures consistently. Furthermore, no research has been done on the evaluation of PNC in (HCFs). This indicates that in most HCF pediatric services, nursing practices are carried out without evidence and research that might assist nurses in improving them. [8] Right now, the inquiry seems to be an emergency scenario to keep patients safe from serious dangers, A study of the HCFs, particularly in pediatric wards is necessary to

evaluate nurses' knowledge based on nursing theory (NT) during practice.

Pediatric nursing

Nursing cares for newborns and children from infancy through adolescence, with a focus on pediatrics. When you hear the term pediatrics', you're probably thinking of pediatrics' as being a branch of medicine that deals with children (physician). 'Paediatrics' is the word used in the United Kingdom and Australia, whereas 'pediatrics' is the spelling used in the United States.

Direct nursing

The responsibilities of nurses differ depending on geography, education, experience, and personal professional objectives. As recommended by nursing care plans, duties include administering treatments and medications. [3] These nurses pay attention to vital signs and work to improve communication with patients, their families, and other medical professionals. One part of direct nursing care is helping children and their families. Awareness of children and parents' worries, physical presence during times of stress, and aiding children and family members in coping are some typical tasks of the caregiver.

Neonatal nursing

Nurses that specialize in neonatology deal with the sickest and most vulnerable members of society. Premature infants and newborns with health issues such as birth abnormalities, infections, or heart defects are the focus of neonatal nursing. [4] Nurses who specialize in neonatal intensive care (NICU) work in hospitals caring for infants in critical condition.

The term dysmature refers to a baby who was born with a low developmental level. p Due to their medical conditions, these infants need specialized care.:

- Inadequate respiratory function
- Poor control of body temperature
- Increased tendency to bleed
- Poor resistance to infection
- Poor nutrition
- Immature kidneys and skin
- Jaundice

Neonatal nurses utilize a variety of medical procedures, such as incubators. In essence, the incubator "provides appropriate heat, humidity, oxygen, and mist... [5] and protection against infection. The medical equipment is vital for infants who are in danger of needing medical attention.

Emergency nursing

Pediatric nurses are expected to provide a quick response to stressful circumstances in life-threatening situations. [6] Key features of pediatric emergency nursing include:

- Handling multifaceted trauma, injury, or illness cases without letting the patients succumb to the urgency of the situation
- Stabilizing patients
- Quickly diagnosing conditions and providing on-spot solutions
- Administering appropriate medications to address pain
- Upgrading skills and knowledge
- Remaining patient and caring for the traumatized families accompanying the patient
- Maintaining equanimity around patients who do not improve.

Psychiatric Nursing

Psychiatric nursing master's degrees may be pursued by pediatric nurses who want to continue working in the field. Nursing care for children and adolescents with mental illness is the responsibility of pediatric psychiatric nurses.

LITERATURE REVIEW

Daniel Muhayimana, Doriane Arakaza et al., (2020) during the month-long research period, a descriptive study design was used. Out of 98 nurses, the Dilman formula chose 43, 25, and 30 nurses. The recipients were given a questionnaire that asked about five different things. For the entry and analysis of data, the researchers used Microsoft Word and the Statistical Package for Social Scientists version 16 (SPSS). Recent research shows that most nurses don't know how to make a good nursing diagnosis or what elements are involved in implementing EBP in a hospital setting. The nurses have shown a variety of obstacles they've encountered in the course of their work. Ninety-six percent of nurses failed to identify the whole nursing diagnostic procedure.

Carolyn C. Foster., Rishi K. Agrawal et al., (2019) with the advancements in medicine and surgery over the last several decades, an increasing number of children are dependent on home-based care for daily health monitoring and care duties. Because of this shortage of pediatric trained home health care workers, the present ability of this kind of care to fulfill the requirements of patients and their families is severely hampered. Home health care for children and adolescents with medical complexity has its own set of difficulties that are distinct, including legal challenges brought on by families due to a lack of home nurses, which are all examined in this article. The solutions we propose include payment reform, improved coordination of services and pediatric home health training through partnerships with child-focused health systems, telehealth-enabled opportunities to bridge current workforce gaps, and better alignment of pediatric care with adult-focused long-term services and supports to address the current failures we've identified.

Marina Tripodi, Maria Anna Siano et al., (2017) People attempt to make something more human and civilized by "humanizing" it, which is a process of making it more like human nature. While essential, the humanization of care is still an undefined topic that encompasses a broad variety of patient-centered approaches and treatment modalities. Due to the participation of both the kid and his or her family and the presence of many suggested models, the humanization notion is even hazier in pediatrics'. Humanization models for pediatric care and the methods for grading them are the primary objectives of this research. Results: Both in America (Brazil, USA) and Europe, major Humanization care programmers have been created and expanded. Unlike the North American and European models,

which focus on pediatric care, the Brazilian model is part of a larger initiative that serves people of all ages. Firstly, the significance of the family in child care is highlighted. Secondly, the right of children to lead, be heard, and have an opinion on the program's care is highlighted. Evaluation of humanization of care programmers has many methods that have been developed and utilized. However, no two had ever been put up against one another. Humanization care models and associated evaluation tools presented here emphasize the urgent need for a more unified strategy that may assist in the implementation of health care programmers tailored to the requirements of young people and their families.

OBJECTIVES OF THE STUDY

- To Study the level of nurses in three health care facilities
- To study Experience at work for nurses in the pediatric unit at three HCFs.
- To study Barriers that affect the best practice in the pediatric unit.
- To study Factors related to the implementation of EBP in three HCFs.

RESEARCH METHODOLOGY

This is descriptive research carried out in Delhi, India's capital city, in pediatric wards of three HCFs: Van Norman Clinic (VNC), Indraprastha Apollo Hospital, for one month starting on October 23 and ending on November 28, 2020. Population increase in 2020 was projected at 2.4%, with a density of 310 people per square kilometer. Females make up 50.8% of the population, while males make up 49.2%. The average annual temperature is 23 degrees Celsius, and there are 1274 millimeters of precipitation.

Primary and secondary health care services are available in Delhi, and the health care system is organized at three levels: the national, the provincial, and the district. The knowledge of pediatric nurses was assessed during the PNC at around 22 HCFs (Health Care Facilities) in Delhi. Three of these HCFs were chosen for this research.

Characteristics of Health Care Facilities

In this research, there are three HCFs (Health Care Facilities) chosen, two public and one private, each with distinct characteristics such as clinic, military, or university. They're all in the same health district, which is convenient for all of them. Nursing and medical students both will be educated at these HCFs, and patients will benefit from access to more sophisticated treatment. These three HCFs have significant accommodation capacity and serve the greatest number of patients because of their goal to transfer

patients from the majority of tiny primary HCFs in Delhi.

POPULATION, INCLUSION, AND NON-INCLUSION CRITERIA

Population

There were a total of 98 nurses working at these three HCFs. According to the data, there were 43 nurses at each hospital: 25 nurses at VNC, 30 nurses at MHK, and 40 nurses at HUCK. Samples were taken at random for the sake of expediency, and the Dillman method was used to calculate the sample size.

Inclusion Criteria

If you want a better study with a simpler sample, you can use criteria like: working in pediatric nursing for the HCFs, holding a position relevant to the research area, and agreeing to participate in the study. It is possible to include in the research nurses who work all shifts.

Non Inclusion Criteria

The following elements were the basis of determining the non-inclusion criteria such as: Not to be: part of the flying team; nurses from other departments, and nursing trainees.

Data Collection and Tool

The questionnaire was written in French since it is the language in which the majority of nurses communicate, and the Kirundi version included nursing theory questions to make the questionnaire easier to comprehend for those nurses. The researcher gathered the information by handing out questionnaires to the participating nurses. The nurses completed the questionnaire at the same time, Pretesting the instrument was done as part of a pilot study by three nurses at PRCH to properly perform the research. The following characteristics make up the bulk of the questionnaire: demographics, nurses' degree of education, work experience, nursing diagnostic formulation, obstacles to optimal practices, and implications of nursing theory. The nurses' responses were translated into English using the aforementioned criteria.

SAMPLE SIZE AND SAMPLING TECHNIQUE

Sampling

In this study, the sample was calculated using the Dillman formula

$$N_s = \frac{N_{p(p)(1-p)}}{(N_{p-1})\left(\frac{B}{C}\right)^2 + (P)(1-P)}$$

Where:

Ns = completed sample size needed (notation often used is n).

Np = size of population (notation often used is N).

P = proportion expected to answer a certain way (50% or 0.5 is most conservative).

The total sample size for three HCFs (HUCK, VNC, and MHK) was 91 nurses during this study.

Sample technique

Nurses were split into groups according to their level of study, and then a number from one to one hundred was put on the shift paper as part of the randomization procedure. The nurses who selected the low number were included in the study's sample. It was decided to include an additional number in the shift papers to replace those who may not be present during the survey to prevent bias in all HCFs.

Data Analysis

After each day, the questionnaires were reviewed to see whether the data was complete, and if it was, serial numbers and codes were assigned before the data was entered into the computer. The data were analyzed using SPSS version 16.0 software, which produced frequency tables, bar graphs, and line graphs.

Assessment Tool

It was determined which kind of assessment (diagnostic, formative, and summative) to use during the assessment by looking at the components in the following table and then comparing those aspects to a survey.

RESULTS & DISCUSSION

Data of Demographic

Participants' personal information, such as age and gender, is shown. Approximately 33.33 percent of those polled were aged 20-60. Females outnumbered men by a margin of 65% among all participants (34 percent).

Table: 1 Assessment of Type

Type of assessment	Parameters evaluated	Criteria of evaluation by questioning	Rational
	Best nursing diagnosis in pediatric nursing care	Skills	It includes both formal measurements which uses aspects like aptitude test and fitness test and informal measurements include observation during practice, discussions and questioning
		Abilities	
		Interests	
		Experiences	
Diagnostic assessment	Barriers of nursing practice in pediatric unit.	Levels Of Achievement	
		Skills	
		Abilities	
		Interests	
	Factors related to the implementation of EBP in pediatric wards	Experiences	
		Levels Of Achievement	
		Skills	
		Abilities	
		Interests	
		Experiences	
		Levels Of Achievement	
		Skills	

Table: 2 Demographic data of study participants

Characteristics		Frequency (N = 91)
Age	Range	20- 60 years
	Mean	33.33
Sex	Female	60 (65%)
	Male	40 (34%)

Study Level

The figure depicts the study levels of nurses in three different HCFs. nurses who had completed two years of high school, nurses who had completed paramedical high school, nurses who had finished three years of university under the ancient system of education, and nurses who had completed three years of university in the new BMD system of education were reported with 14.6 percent, 63.1 percent, 11.9 percent, and 10.4 percent, respectively.

Table: 3 Study Level

S. No.	Level	Percentage
1.	A0	10.4
2.	A1	11.9
3.	A2	63.1
4.	A3	14.6

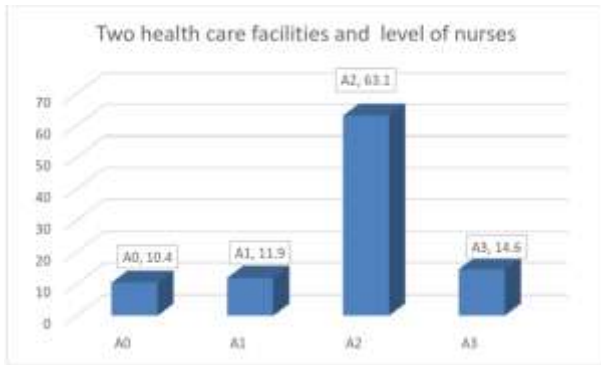


Figure 1: Two health care facilities and level of nurses

Experience at Work

The nurses' perspective on their work environment was reflected in the piece. Nursing experience ranged from one month to one year for 15.6 percent (14) of nurses, while the experience of three years or more for 21.3 percent of nurses was discovered in the same range (19). On the other hand, 18.2% (16) were acquired for both 8-11 years and 12-15 years, and 8.4% (9) had 15 years and more of experience.

Table: 4 Work of Experience

S. No.	Experience	Percentage
1.	1 month- 1 year	15.6
2.	1 year- 3 years	21.3
3.	4 year-7 years	19.3
4.	8 years- 11 years	17.2
5.	12 years- 15 years	18.2
6.	15 years and over	8.4

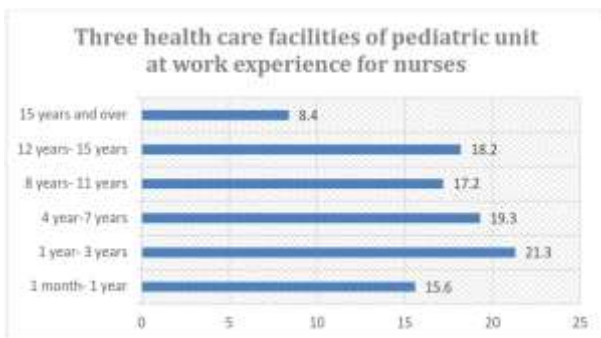


Figure 2: Three health care facilities (HFC) of the pediatric unit at work Experience for nurses

Nursing Diagnosis by HCF during Comparison of Steps of IBP

The steps of IBP during the nursing diagnosis process in three HCFs are represented in Figure. All steps were not recognized by the majority of nurses with 83.6% (33), 86.5% (21), and 90.3% (25), respectively for CHUK, VNC, and MHK.

Table: 5 Nursing Diagnoses by HCF

S. No.	HCF's	YES	NO
1.	CHUK	16.4	83.6
2.	VNC	13.5	86.5
3.	MHK	9.7	90.3

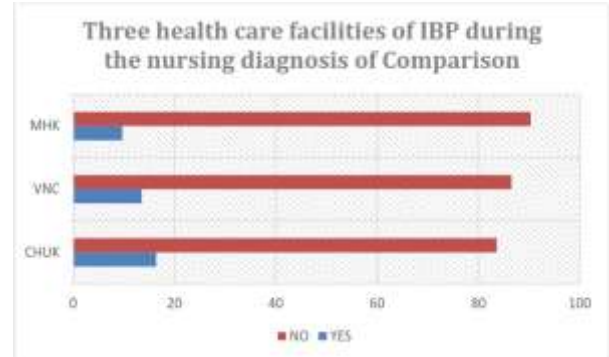


Figure 3: Three health care facilities of IBP during the nursing diagnosis of Comparison

The Nursing Practices for PNC to Barriers Related

Barriers that affect the best practice in the pediatric unit were represented in Figure. 21% (18) of concerned nurses don't have freedom in decision making, 35% (27) complain about the lack of good communication, and 20% (18) of nurses don't have adequate time to do well in the practice. The specification was obtained at 5% (4); bad care management at 40% (60). Only 10% (90) can discover a problem of children. Other characters like the relation between nurse and patient and gap in professional judgment were not recognized with 84% (77) and 64% (59) respectively

Table 6: The Nursing Practices for PNC to Barriers Related

S. No.	Barriers	Yes	No
1.	No freedom in decision making	21.0	79.0
2.	Lack of communication	35.0	65.0
3.	Inadequate time	20.0	80.0
4.	Specification of role	5.0	95.0
5.	Bad care management	40.0	60.0
6.	Incapability in problem discovery	10.0	90.0
7.	Wrong relation nurse-patient	16.0	84.0
8.	The gap in professional judgment	36.0	64.0



Figure 4: Best Practice In the Pediatric Unit Which Affect of Barriers

Implementation of Health Care Facilities in EBP

The figure shows the knowledge level of nurses about the use of NT in nursing practices. 92% (95) don't implicate a holistic approach during their practice, and 95% (85) do not know the importance of holistic theory. The orientation based on theory was found at 5% (5), compared to the evaluation of PNC that comes with 6.0% (5). In the same orientation, the use of research in pediatric inpatient was quoted with 4.5% (4) of nurses only. On the other sides, the evidence-based practice (EBP) was recognized by 4.2 % (4).

Table 7. Implementation of Health Care Facilities in EBP

S. No.	Barriers	Yes	No
1.	No freedom in decision making	21.0	79.0
2.	Lack of communication	35.0	65.0
3.	Inadequate time	20.0	80.0
4.	Specification of role	5.0	95.0
5.	Bad care management	40.0	60.0
6.	Incapability in problem discovery	10.0	90.0
7.	Wrong relation nurse-patient	16.0	84.0
8.	The gap in professional judgment	36.0	64.0

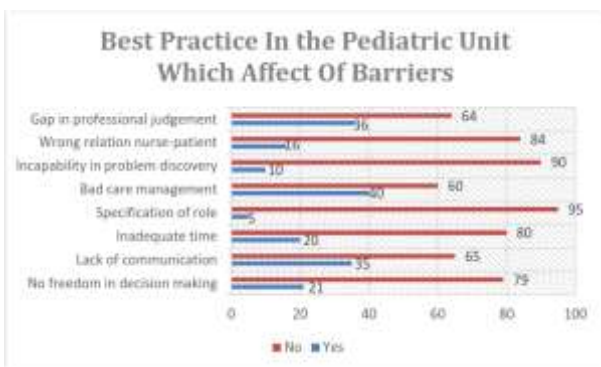


Figure 5: Implementation of EBP in three HCFs to the Factors related

CONCLUSION

When it comes to pediatric nursing standards, even experienced nurses admit their weaknesses due to the lack of training, information, and resources available to them. based on the findings of this research, nurses with lower levels of education and less work

experience are more likely to provide subpar care in pediatric units. The diagnostic formulation is affected by EBP-based information, which is the source of treatment failures in ill children. Researchers have confirmed in this study that the lack of autonomy in decision-making leads to dissatisfaction in the workplace, as does a lack of communication, inadequate time, a lack of role definition, poor care management, and inability to discover problems. They also found that there is an incorrect nurse-patient relationship and a gap in professional judgment. Since nurses have a role to play in developing the spirit of nursing pediatric care, good collaboration, participation in nursing workshops, and adhering to Ministry of Health rules as recommended by the current study.

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Corresponding Author

Abdulrhman Olayan Almutairi*

Prince Sultan Military Medical City

aoalmutiri@psmmc.med.sa