Examining the Delivery of Patient- and Family-Centered Care to Pediatric Patients in the Emergency Department Setting: An Integrative Literature Review

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Introduction

In 2014, 16.7% of all Americans under the age of 18 had at least one emergency department (ED) visit. These youths were seen in pediatric EDs and nonspecialized EDs, which see adult and pediatric patients. In an effort to provide the best pediatric care possible, a patient- and family-centered care (PFCC) approach in the pediatric ED setting was implemented. PFCC is an approach that focuses on respect, dignity, and open, unbiased communication and collaboration between health care professionals, patients, and parents. Patients and parents are also encouraged to participate in care. Several barriers to implementing PFCC in the ED have been noted: overcrowding, lack of an existing relationship with patients and families, and ED staff discomfort.

Methods

Literature reviewed was from the following databases: CINAHL Complete (5 articles), ProQuest Nursing and Allied Health (2 articles), and PubMed (4 articles).

Keyword: patient and family centered, emergency

Discussion

Additional research should be conducted regarding pediatric care using PFCC in a nonspecialized ED. Currently, there is a lack of recent and clear research in this setting, which made it impossible to examine current practices, parent satisfaction, and staff educational tools. Also, the impact of PFCC on pediatric care outcomes in the ED should be examined.

Results

Seven studies exclusively considered parent and/or patient feedback regarding specific interventions or ED staff attitudes/traits that would positively impact parent satisfaction or enhance involvement in care. Similarly, three studies exclusively considered ED staff feedback regarding these outcomes. One study considered parent and ED staff input regarding important aspects of pediatric patient care in the ED.

Staff educational programs that aimed to improve communication between ED staff and parents positively impacted parent satisfaction. Interventions that endeavored to educate parents and to better include them in decision-making encountered several problems: lack of provider commitment to utilizing the intervention and difficulty in overcoming parent and patient biases towards specific treatment options. Lastly, important ED staff attitudes and actions were identified as being critical to satisfactory care:

- Not separating parents from their children;
- Willingly answering parent and child questions;
- Providing emotional support to the child;
- Respecting a parent’s knowledge about their child and including them in care decisions;
- Openly communicating wait times; and
- Demonstrating proficient technical nursing skills.

Conclusion

EDs should utilize a PFCC approach for pediatric patients because it enhances parent satisfaction. EDs that positively impacted parent satisfaction identified specific competencies and staff educational programs to support this approach. Interventions that discouraged direct communication between patients, parents, and providers did not enhance satisfaction.

Nursing Implications

A PFCC approach to care in the pediatric ED setting seemed to benefit staff and improve the work environment. By fostering an environment of open and frequent communication, ED efficiency may also be improved. This would allow nurses to spend more time with patients and their families, which may improve job satisfaction and bolster confidence in treating this special population.

References