Role development on paediatric critical care nursing

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The role of the nursing in paediatric critical care has changed;

The technical and scientific evolution is today faster;

25 years ago the interventions were based on the capacity of nurses to observe the signs and symptoms; the relation with the family was almost inexistent;
What means to be competent?

- Ability exists when, facing a situation, one is capable:
  - To mobilize adequately different previous knowledge;
  - Selects them adequately;
  - Integrates them in the situation

To be competent includes having an integrator and mobilizing character of a vast set of knowledge
To possess the resources to act with ability

To be able to mobilize the resources in action

To have qualifications ≠ To be competent
Preparation of the nurses

Wouldn’t a nurse who works for many years in a certain ward be considered “more competent” than the one that simply obtained its diploma in the university?

- Education turned for the acquisition of habilites;
- Curricular personalization;
Paediatrics specialist nurse

solid theoretical knowledge and a proficient clinical use of this knowledge

- Care centred in the customer/family/significant;
- Practice of care based in the evidence – mobilizing and generating knowledge;
- Care provided in a logic of multidisciplinary teams;
- Mobilization of approaches promoting the quality of care
- Mobilization of adjusted information systems;
- Effective participation in the politics and governing in health

(OE, Portugal)
Care centred in the family

- Ideal philosophy for the holistic care of the child
- Nurses must develop abilities to provide care centred in the family and in the promotion of parental role
- To prepare the parents to take the child home
- The family wants to participate in the care
- The difficulties in the relationships between family and health professionals sometimes causes conflicts
- To provide care respecting the values and beliefs in health of each family
Care provided in a logic of multidisciplinary team

- The complementary of formation and functions, honestly lived, contributes to the holistic approach to the child.
- To develop abilities regarding the clinical supervision of the care provided to the child:
  - In integration of new nurses
  - In the orientation of students in training time
  - In the supervision of care that parents give to their child
We know that:

- The attendance of the hospitalized child is not a simple event as it requires a reorganization of the nurse work;
- Sharing knowledge, power and space is neither simple nor an linear act. It implies values and manners changes both from parents and professionals (Lima et al.; 2001);
- Take part in care means to be close to the child, to be involved with the decisions and be apt to comfort and allay;
- The professionals have more thecnical-scientific knowledge, but the parents know more about the preferences of the children and what its better for them.
The parents need:
- Deliniation of roles
- Open communication
- Involvement in decisions

In this way.
- Roles must be negotiated
- Parents need enough information
- The parental role must be clarified and transmitted

(Kristensson-Hallström; 1998)
(Shields et al.; 2001)
(Hallström; 2003)
Evidence-based practice

- To use the results of research in the daily practice
- A conscientious, explicit and wise use of the best existing evidence to take decisions about children's health care:
  - Questioning of practices
  - Reflection in action

Reflection about daily practice with the incorporation of the best existing scientific evidence, together with the experience, expert opinions, values and preferences of the patients in the context of the existing resources.
Ethical conscience

- Traditional ethical references are manifestly insufficient;
- Technical care introduced a new questioning about the correct definition of human being and the way to see and take care of the healthful or sick person;
- To take care of others keeping their dignity;
- The resolution of ethical dilemmas within multi-professional teams;
- Humanization of care:
  - The vulnerability of the children must compel to a redoubled attention and a supplementary care;
  - The human being is irreductible to any of his characteristics;
  - The children, more than a “finished product” is a project, a reality in construction, reaching perfection and complexity