

Parent's Involvement in Preventing Errors and Maintaining the Safety of their Hospitalized Child in Pediatric Department



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Introduction

Medical errors are one of the main potential causes of death during hospitalization [1]. One of the ways recently suggested to cope with the safety challenge is patient empowerment. Recent decades have seen increasing awareness that patients need to participate fully in ensuring their safety, that they require empowerment to contribute to their safety and to prevent errors and injury during their stay in hospital [2,3]. Experts agree that medical errors in children have a higher potential of injury than in the adult population [4]. For example, the rate of medication-related sentinel events is three times higher in hospitalized children than in hospitalized adults. One reason for this is health care providers' errors in the manual calculation of dosage that is dependent on the child's weight [5]. In the pediatric context, safety challenges are complex [6]. Therefore, it is important to focus on the parents' involvement in ensuring the safety of their hospitalized children.

Indeed, pediatric medicine has been revolutionized since the middle of the 1920s regarding parents' role and participation during their child's stay in hospital, from complete paternalism by the medical staff-mainly the absolute prohibition against visiting and spending time at the child's bedside to full authorization for almost unlimited visiting and staying with the child in hospital (Power & Franck, 2008). This situation creates a reality in which parents are more involved in what happens to their child in hospital. Among other things, they might be involved also in identifying and preventing events that potentially risk the child's safety. Parents' reports of sentinel events provide valuable information for improving the safety of hospitalized children, which cannot be gleaned from other reports, such as from the hospital staff. Both types of reports-by parents and by the staff-were found to be important and complementary. This finding reveals the difference in parents' and health care providers' perceptions of and type of reporting [7].

In a recent study that examined parents' reports of sentinel events related to their children's safety, it was found that 20% of reports were linked to problems with medication, 13% to complications with treatment, 13% to problems with equipment, 24% to communication between staff members, 16% to communication between staff and family members, and 14% of reports referred to other matters [7]. During their children's hospitalization, parents were found to be in a state of stress, anxiety, insecurity, and confusion as a result, first and foremost, of fear for their child's health, but also because of the unfamiliar environment, in which their parental role changes and where they are not the only people responsible for their child's care. All of this might hinder their degree of involvement and participation in everything happening to their child [8]. Parents were found to be involved to differing degrees and also differed in their ability to give clear explanations of their needs during hospitalization [9]. In addition, it was found that parental cooperation increased the more accustomed the parents were to hospitalization settings and to their children's state of illness [10].

It was found that medical staff, particularly nurses, took a positive stance toward parental involvement in their children's care. In addition, it was found that some encouraged and others tended to limit parental participation in care [9]. Parent-staff relations are a central factor that influences the degree of parental involvement during hospitalization, and hence the degree of guidance and support provided to parents by the health care staff contributes to their receiving a suitable response to their expectations and to involving them more efficiently [11]. Additionally, efficient, open communication with the health care staff helps parents to identify and to try and fulfill their needs [9,12]. In this context, it emerges that the health care staff reported being interested in interpersonal communication training to encourage parental participation. Health

care staff also noted that time pressure hindered their involvement of parents and that there is a need to allocate time during the work routine for encouraging parental involvement [13]. It emerges also that health care staff with a higher level of medical training and those from specialized units (such as intensive care) had more positive opinions regarding parental involvement [14].

Also positive attitudes towards safety lead health care staff to respond appropriately and to try to address the safety complaint of parents who worry about their hospitalized child [15]. Studies dealing with parental involvement during hospitalization in general showed that health care providers supported parental involvement in their daily activities, e.g., in feeding and in changing the child's clothes, and emphasized the importance of this participation for the child's emotional needs, such as support and comfort. However, health care providers expressed much less support for parental involvement regarding issues that they considered complicated and that demanded professional skill as well as in roles traditionally attributed to the professional staff, such as administering the child's medication [14].

Conclusion

As an advocate for their child, parents have a pivotal in ensuring the child's safety when hospitalized. Parents have the motivation and the ability to make an important contribution to their children's safety, by preventing the occurrence of errors, and/or by reducing vulnerability to these errors [7,16]. Reports from family members are a piece of the "adverse events' report puzzle," together with reports from nurses and doctors [7]. The tendency of parents to raise safety concerns depends critically on staff attitudes toward their involvement [17].

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