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The Expected Qualities of Nurses in Pediatric Nursing

The Perspective of Children

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The purpose of this literature review was to describe the desired qualities of pediatric nurses from the perspective of hospitalized children. The aim was to improve the quality of care and to involve pediatric patients in their own treatment, and to provide pediatric nurses and graduating nursing students a deeper understanding of nursing qualities in pediatric care from the patients' point of view.

An electronic database search was conducted in three different databases. The final project consisted of a literature review of eight research articles. The articles were systematically collected from the databases CINAHL, MEDLINE and MELINDA or retrieved manually from the bibliographies of the articles used. The data was analyzed by using the principles of inductive content analysis.

The findings fell into four categories, which were communication skills, clinical competence, nurses' appearance and nurses' characteristics. As a conclusion we discovered how children wish to participate in their own care and that they have strong opinions related to pediatric nurses and nursing.

Only little research has been done from the perspective of children. More research needs to be done related to children's care to improve pediatric nursing. This final project can be used as teaching material for nursing students and the poster produced based on the results can be displayed in Helsinki Metropolia University of Applied Sciences and in the Helsinki Children's hospital for the nursing students and nurses to see

Keywords	pediatric nursing, patient-centered care, qualities, competence
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Tämän opinnäytetyön tarkoituksena oli kuvailla lasten sairaanhoitajan toivottuja ominaisuuksia lapsipotilaan näkökulmasta. Opinnäytetyön tuloksia voidaan hyödyntää hoidon laadun kehityksessä ja tulokset voivat edesauttaa lapsipotilaan osallistumista hoitoonsa. Sairaanhoitajat sekä valmistuvat sairaanhoitajaopiskelijat voivat hyödyntää tuloksia saavuttaakseen syvemmän ymmärryksen sairaanhoitajan ominaisuuksista pediatrisessa hoitotyössä.

Opinnäytetyö toteutettiin kirjallisuuskatsauksena, joka sisälsi kahdeksan tutkimusta. Aineisto kerättiin systemaattisena tietokantahakuna käyttäen CINAHL, MEDLINE ja MELINDA tietokantoja. Lisäksi haimme soveltuvia tutkimuksia tietokantahauilla löydettyjen tutkimusten lähdeluetteloista. Aineisto analysoitiin käyttäen induktiivisen sisällönanalyysin periaatteita.

Työmme tulokset jakautuivat neljään kategoriaan, jotka käsittelivät kommunikaatiotaitoja, kliinistä osaamista, sairaanhoitajan ulkoista olemusta sekä ominaispiirteitä. Johtopäätöksenä totesimme että lapsipotilaat toivovat saada osallistua omaan hoitoonsa ja että heillä on mielipiteitä liittyen lasten sairaanhoitajiin sekä hoitotyöhön.

Jatkotutkimusta tarvitaan lasten hoitotyöhön liittyen, sillä vain vähän tutkimuksia on tehty lasten näkökulmasta. Tätä opinnäytetyötä voidaan hyödyntää sairaanhoitajien opetuksessa ja tulosten perusteella kehitetty juliste voidaan laittaa esille Metropolia Ammattikorkeakoulussa sekä Helsingin Lastenklinikalle sairaanhoitajaopiskelijoiden sekä sairaanhoitajien nähtäväksi.

Avainsanat	pediatrinen hoitotyö, potilaskeskeinen hoitotyö, ominaispiirteet, pätevyys
	leel, palevyys



Contents

Appendix 1. Arlicles analyzed

1	Introduction		
2	Pedi	atric nursing	1
	2.1	The development of pediatric nursing	2
	2.2	The competence of a nurse in pediatric nursing	4
3	Purp	ose, aim and study question	4
4	Meth	od, data collection and analysis	5
	4.1	Literature review	5
	4.2	Database search	5
	4.3	Inclusion criteria	7
	4.4	Data analysis	8
5	Qual	ities of nurses in pediatric nursing from the perspective of children	8
	5.1	Communication skills	9
	5.2	Clinical competence	9
	5.3	Nurses' appearance	10
	5.4	Nurses' characteristics	11
6	Disc	ussion	12
	6.1	Discussion of the results	12
	6.2	Discussion of research ethics	14
	6.3	Discussion of validity	14
7	Cond	clusion	14
Ref	erenc	ces	16

1 Introduction

Children have their own individual experiences of hospitalization (Pelander & Leino-Kilpi 2010). Often hospitalization is a stressful event that can cause anxiety and be emotionally traumatic for a child. New environment, unfamiliar people and unpleasant events such as painful procedures can be frightening and distressing to a child (Roohafza et al. 2009). According to Roohafza et al. (2009) nurses play an important role in alleviating children's distress and anxiety during hospitalization.

Many researches (Brady 2009; Pelander & Leino-Kilpi 2004; Pelander, Leino-Kilpi & Katajisto 2007; Randall, Brook & Stammers 2008; Roohafza et al. 2009) show that only little attention has been paid to the perspective of children, related to their own care or nursing. Brady (2009) brings up that little explicit attention has been paid to the perspective of children and to the attributes of a good children's nurse. Pelander et al. (2007) suggest that pediatric care should be improved by taking into account the children's experiences and own views. Usually in pediatric care, the parents or the caregivers are consulted on the children's experiences, which may limit and influence the information. The best way to understand the children's experiences is to ask them. (Pelander et al. 2007.)

This final project is a literature review on the qualities of nurses in pediatric nursing care. The focus is on patient-centered nursing and the wishes and expectations of pediatric patients in hospital surroundings. The purpose of this literature review was to identify the expected qualities of pediatric nurses from the perspective of hospitalized children. The aim was to improve the quality of nursing and to involve pediatric patients in their own treatment. This final project includes a literature review and a poster for the Helsinki Children's hospital.

2 Pediatric nursing

Children under 16-years-old are treated as pediatric patients. Caring for different aged children sets its own demands on nursing. Pediatric nursing involves some special characteristics since children are different from adults. In child-centered nursing the

child is cared for as whole, with the consideration of the individual needs that come with different ages. Children grow and develop constantly, which brings challenges for nursing. (Raivio & Siimes 2000.) Nurses working in the pediatric field need to have knowledge of the psychosocial and biological development of the children (Brady 2009).

To some extent children's diseases are similar to adult's diseases (Brady 2009); however they can also differ significantly. Children's diseases can progress very rapidly. (Raivio & Siimes 2000.) Hospitalization is a stressful event causing anxiety in children and it can be emotionally traumatic to a child (Roohafza et al. (2009). Children wish to participate in their own care, which is why they need to be included and heard in the planning of the care, decision making and implementing. It appeared that when children were provided with information and consulted about their care, they felt happy, reassured and treated as a person with rights. Due to this children felt prepared and less anxious about upcoming operations and treatment. However, the child's age, maturity and the presence of the parents has to be considered when involving the child in the decision making. (Coyne 2006.)

2.1 The development of pediatric nursing

The hospital institutions started to develop in Finland in the 1700s. In the beginning children and adults were treated in the same hospitals, even on the same wards. The first temporary children's hospital was founded in Helsinki in the year 1893. In the early years children's hospitalization was not common. It was thought that diseases and death was God's will and it should not be fought against. The attitudes changed little by little when the standard of living improved. The enlightenment of children's care executed by a pediatrician Arvo Ylppö also enhanced the improvement. (Tuuteri 1993: 11-19.)

The concept of family-centered care in pediatric nursing was first introduced in 1987 by the Association for the Care of Children's Health in the United States of America. Family was defined as being constant in the life of a child and therefore families were encouraged to the active participation in decision-making and care of their children. Since then, the concept of family-centered has evolved further into patient- and family-centered care, which recognizes that older and developmentally capable children can play a role in their own health care. (Abraham & Moretz 2012.)

Patient- and family-centered care is an innovative approach to planning, delivery, and evaluation of health care that applies to patients of all ages being treated in all areas of healthcare. From the organizational point-of-view patient- and family-centered care can occur at all levels and stages of treatment of a healthcare organization. (Abraham & Moretz 2012.)

The core concepts and the essential guidelines of nursing that support patient- and family centered care in pediatric nursing are dignity and respect, information sharing, participation and collaboration (Conway et al. 2006). When practicing patient- and family-centered care health professionals primarily listen and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs, and cultural backgrounds are discussed and incorporated into the planning and delivery of care. Communication is crucial when involving patients and their families into the caring process. Information families receive from the health care professionals must be timely, complete, accurate and unbiased. Information that is shared with the patient and families should be communicated in a way that is affirming and useful for the patients and families to effectively participate in care and decision-making. (Abraham & Moretz 2012.) Even though patients and their families are increasingly asking to co-operate with healthcare professionals in the care provided, it is important to remember that participation of the patient and family should be limited to the level of their choice and capability (Abraham & Moretz 2012).

The healthcare system is designed to meet most common types of needs of patients, but it has the capability to customize care in order to respond to an individual's personal needs, choices, preferences and values. Patients should be given the necessary information and the opportunity to exercise the control at the level of their choice over health care decisions while healthcare professionals comply with variety in patient preferences and encourage shared and informed decision-making between patient, family and staff. (Conway et al. 2006.)

2.2 The competence of a nurse in pediatric nursing

Pediatric nursing is one field in specialized nursing care. Pediatric nursing has been a part of nursing education since 1890. It started to develop as its own field only since 1920. (Tuuteri 1993.) Today every nursing student has pediatric nursing as a part of their studies. In addition they also have the opportunity to specialize in pediatric care in their studies.

Nurses are expected to own various skills and knowledge when working in the pediatric field. Pediatric nurses need knowledge and skills in identifying the needs of a growing and developing child. (Tuomi 2008:21.) Barnsteiner et al. (2002) report that the tasks of a pediatric nurse involve privacy and trust maintenance, supporting the parents, observation of the child, his or her needs and symptoms and decision making based on the observations made. Medication assessment and the prevention of diseases in addition to pain management were also listed as important tasks in pediatric nurses' competence.

Tuomi (2008) presents that the competence of a pediatric nurse includes good communication skills with all aged children, the knowledge of basic methods used in pediatric care, for example using play as a part of and the know-how of patient- and family-centered care. Another important feature in a pediatric nurse is the general interest towards the care of the children and the families.

3 Purpose, aim and study question

The purpose of this final project was to identify the expected qualities of pediatric nurses from the perspective of children. The aim was to improve the quality of nursing and to involve pediatric patients in their own treatment. We specifically aimed to focus on the children's point of view instead of the parents' or families' perspectives.

The study question was:

1. What are the expected qualities of pediatric nurses from the perspective of pediatric patients?

4 Method, data collection and analysis

4.1 Literature review

A literature review is a broad systematic and critical appraisal of the most important literature on a specific topic, which provides the basis of a research study (LoBiondo-Wood & Haber 2010:57-59). According to Polit and Beck (2006:133) a literature review may rise inspiration for new research ideas and help to create the foundation for studies. Polit and Beck (2006:133) also acknowledge that a literature review provides background for understanding current knowledge on a researched topic and clarifies the significance of the new study. All levels of quantitative research utilize an extensive literature review, for it develops a strong knowledge base for research (LoBiondo-wood & Haber 2010:59); qualitative researchers on the other hand refrain from using an indepth literature review before conducting their study (Polit & Beck 2006:133). We decided to apply the principles of a systematic literature review in the data collection, as it suits the criteria set by our study plan.

4.2 Database search

We conducted an electronic database search on March 2013 by using Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medical Literature Online (MED-LINE) and Union Catalogue of Finnish Libraries (MELINDA). We began our database search by conducting several searches with various keywords, such as "Pediatric nursing", "Pediatrics", "Quality" and "child's perspective". The keywords we found most essential to this literature review were chosen by the amount of hits relevant to our topic. After several literature searches we narrowed the keywords down to "Pediatric nursing", "Competence", "Quality", "Patient- centred care" and "child's perspective". The keywords used were chosen by the relevancy to our topic, and the keyword "patient-

centred care" was included to emphasize the children's perspective. After choosing the keywords, we set the other limitations for the database search. We limited the results by choosing only full text-articles with an abstract published between the years 2000-2013. The database search is presented in Figure.1.

First we executed the database searches independently, went through the titles and retrieved the articles most relevant to our topic. The next step was to further research the abstracts of the chosen articles in co-operation and to select the ones for full review. In cases where the abstract did not provide sufficient amount of information, the full text article was skimmed through to make the final decision on whether to include or exclude the article.

A database search done in CINAHL with keywords "Pediatric nurs*" AND "Competence" resulted in 119 articles, of which we chose to use one. Another search was done by using keywords "Pediatric nurs*" AND "Quality" resulted in 286 hits, amount of articles chosen was four. The next search in CINAHL was carried out by using keywords "Pediatric nurs*" AND "Patient-centred care" with results of 26 articles, from which one was retrieved. The final search was applied with keywords "Pediatric nurs*" AND "child's perspective", which resulted in one article irrelevant to our study.

The keywords utilized in the search of MEDLINE through OVID were "Pediatric nurs*" AND "Quality". In total, 84 articles were acquired but one was selected for use. The search conducted in MELINDA database by using keywords "Pediatric nurs*" AND "Quality" resulted in 14 hits, of which three were chosen for further reviewing. Of the three articles only one was relevant to our topic. In addition to the articles found by database search, resources used in the literature review include material provided to us by senior lecturer, nursing research literature and by utilizing the bibliographies of the articles reviewed during the process.

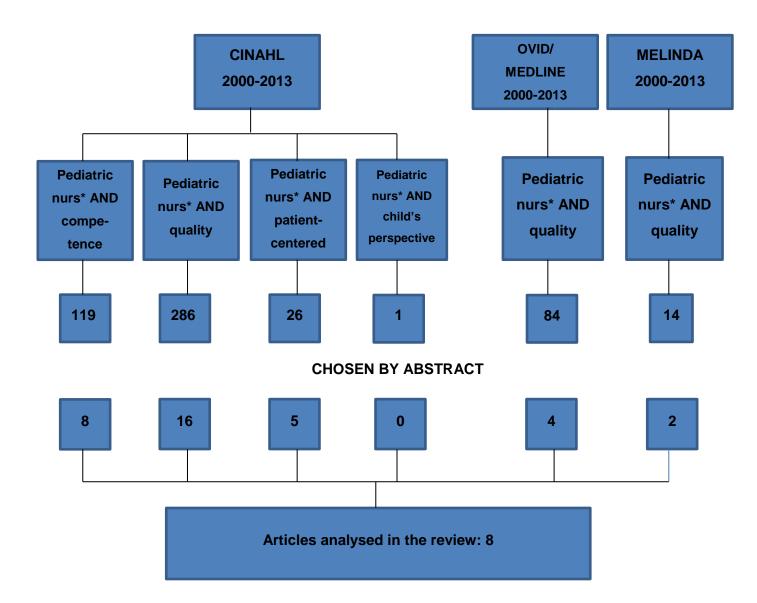


Figure. 1. Database search from different databases

4.3 Inclusion criteria

The research articles were selected based on the following inclusion criteria:

- the article answered our study question
- published between years 2000-2013

- article available in full text in English or Finnish language
- articles were obtained only from peer-reviewed journals related to nursing

We chose articles, which were based on the children's' perspective of nursing and care. The articles concerning the parent's or family's perspective were excluded from our study.

4.4 Data analysis

Polit & Beck (2006) describe content analysis as a process of organizing and combining narrative, qualitative information according to occurring themes and concepts. Content analysis can be carried out by using either inductively or deductively. Inductive approach is used when there is not enough knowledge about a phenomenon or the knowledge is fragmented. (Elo & Kyngäs 2008.) Inductive content analysis derives categories from the data (Elo & Kyngäs 2008), and it is used to develop conclusions from specific observations (Polit & Beck 2006). In contrast to inductive content analysis, deductive content analysis is used when the structure of analysis is operationalized on the basis of previous knowledge and the purpose of the study is theory testing. In deductive approach a previous theory or model is narrowed down from general to specific. Both inductive and deductive analysis processes share three main phases: preparation, organizing and reporting. A main feature of all content analysis is that the words of the text are categorized into content categories. (Elo & Kyngäs 2008.) We decided to apply the principles of inductive content analysis in the data analysis to categorize the children's perspectives on the expected qualities of nurses in pediatric nursing.

5 Qualities of nurses in pediatric nursing from the perspective of children

The results of this final project fell into four main categories of what where the expected qualities of nurses in pediatric nursing from the perspective of children. The results are divided into communication skills, clinical competence, nurses' appearance and nurses' characteristics.

5.1 Communication skills

Good communication skills are essential in nursing; as studies show, communication is also established to be important in pediatric nursing (Brady 2009; Pelander & Leino-Kilpi 2004; Pelander, Leino-Kilpi & Katajisto 2007). Brady (2009) states in her study that communication is a key component of a good nurse. Children expected nurses to be informative about their treatment (Pelander et al. 2007) and to explain different treatment options and equipment used (Pelander & Leino-Kilpi 2004). According to the children's opinion the content of information received was clear and understandable (Pelander et al. 2007) and the best results were achieved, when the nurses sat down and met the children at their eye level (Brady 2009).

Listening was also mentioned to be an essential component of communication (Brady 2009; Pelander et al. 2007), a good nurse was always eager to listen and spend time with the children (Brady 2009). Also the children in the study by Pelander et al. (2007) appreciated that the nurses provided them company during their time in the hospital.

In the study by Brady (2009), children highlighted tone of voice and body language as features of a good nurse. Calm and kind tone of voice when speaking to the children and using terms of endearment were valued and seen as positive attributes of a nurse (Brady 2009). Children felt that nurses spoke in an encouraging way (Brady 2009; Pelander et al. 2007) and highly appreciated being praised for their bravery during unpleasant procedures (Brady 2009). When body language was mentioned, demeanour, hand position, body posture and gait were brought up by the children (Brady 2009).

5.2 Clinical competence

Children wish to receive care from nurses who are skilled (Fletcher et al. 2011) and knowledgeable (Brady 2009). The ability to assess children's health status and to have a thorough understanding of illness, affecting conditions and technical nursing care were identified as important professional competencies in the study by Randall, Brook and Stammers (2008). Pelander and Leino-Kilpi (2004) report that activities involving caring, physical care, treatment and safety activities were competencies expected from nurses. Assisting, taking care of the children and physical care, such as getting good food and medication and helping with daily activities, like bathing, were recognized as caring activities (Pelander & Leino-Kilpi 2004; 2010). In a study by Pelander at al.

(2007) children brought up that their nurses always took care of them and protected their intimacy. Children respected privacy and being left alone as a patient (Pelander & Leino-Kilpi 2010), and perceived privacy as a part of quality nursing (Pelander & Leino-Kilpi 2004). However, some children did enjoy company, like the nurse being present or at the bedside, or a shared room in the hospital (Pelander & Leino-Kilpi 2004).

Treatment activities, such as medication administration and other treatment procedures were also valued competencies among children (Pelander & Leino-Kilpi 2004), as well as good physical care (Pelander & Leino-Kilpi 2010). Sufficient pain management was highlighted as a professional competence (Pelander et al. 2007); children in the study by Randall et al. (2008) mentioned nursing interventions that relieve suffering by appropriate pain relief and medication administration. Also the children in the study by Fletcher et al. (2011) wished to receive care from nurses who kept them free from pain, without doing them harm (Brady 2009). A good nurse always made an effort to reduce unpleasantness during nursing procedures (Brady 2009) and could provide distraction during unpleasant clinical procedures (Fletcher et al. 2011).

Pelander and Leino-Kilpi (2010) described children's best experiences in the hospital in relation to professional safety competence. Children anticipated nurses to master safety activities (Pelander & Leino-Kilpi 2004) and to be safety conscious (Brady 2009). Children in the study by Brady (2009) state that a good nurse needs to always be concentrated in their work; own good organization skill, be well prepared and perform certain skills promptly. For the prevention of infections children mentioned nurses' general cleanliness and emphasized especially hand washing (Brady 2009).

5.3 Nurses' appearance

Children in the study by Pelander & Leino-Kilpi (2004) perceive good quality care to be related to the nurses' appearance. Children had conservative views regarding a good nurse. A good nurse was wished to be 'decent' looking with an appropriate, neat, clean and traditional uniform which identified him or her as a hospital employee. Nurses should have sensible and professional hairstyles and have a clean appearance. (Brady 2009.) Related to the nurses' appearance, clothing was found to be an influential factor. Findings of the study by Roohafza et al. (2009) reveal that the anxiety level of children was lower when they were exposed to nurses with colourful uniforms. In addition

to white uniforms, children preferred the nurses to wear colourful clothing (Pelander &Leino-Kilpi 2004; Roohafza et al. 2009).

5.4 Nurses' characteristics

Humanity (Pelander et al. 2007; Pelander & Leino-Kilpi 2004; 2010) and trustworthiness (Brady 2009; Pelander et al. 2007) were mentioned as the two most important characteristics of a good nurse. Children respected honesty from the nurses (Brady 2009; Pelander & Leino-Kilpi 2004; Pelander et al. 2007), especially about the upcoming procedures (Brady 2009).

In many studies children described nurses to be nice (Brady 2009; Pelander & Leino-Kilpi 2004; Pelander et al. 2007; Pelander & Leino-Kilpi 2010), kind (Brady 2009; Coyne 2006; Fletcher et al. 2011; Pelander & Leino-Kilpi 2004; Pelander et al. 2007) and friendly (Coyne 2006; Fletcher et al. 2011; Pelander & Leino-Kilpi 2010). The mentioned characteristics in the study by Randall et al (2008) were being calm and patient; children especially wished that the nurses did not rush. Also encouragement and comforting during hospitalization were highly valued among children (Pelander et al. 2007), as well as reassurance (Brady 2009).

A 'nice nurse' was seen to be helpful (Coyne 2006; Fletcher et al. 2011) and the children also highlighted friendship and courtesy that would extend to the children's family and visitors (Brady 2009). In a study by Pelander and Leino-Kilpi (2010) children perceived familiarity as one of the most important nursing characteristics, and considered nurses to be approachable and warm (Coyne 2006). In the studies by Brady (2009) and Fletcher et al. (2011) children mentioned smiling to be a positive characteristic of a nurse.

Having a sense of humour (Brady 2009; Pelander & Leino-Kilpi 2004) and the ability to joke around and have fun with the children (Brady 2009, Randall et al. 2008) were mentioned as important social characteristics of a good nurse. Children described their nurses to be funny (Pelander et al. 2007) and cheerful (Brady 2009; Pelander & Leino-Kilpi 2004). A strong element of a good nurse from the perspective of children was being able to play with them (Brady 2009; Pelander & Leino-Kilpi 2004; Randall et al. 2008).

6 Discussion

The purpose of this final project was to identify the expected qualities of pediatric nurses from the perspective of children. The aim was to improve the quality of nursing and to involve pediatric patients in their own treatment. The study question was: what are the expected qualities of pediatric nurses from the perspective of pediatric patients?

6.1 Discussion of the results

The articles used for our literature review proved, that children have opinions and expectations related to their own care as well as the nurses and nursing. Children have needs for participation when hospitalized (Pelander et al. 2007). Including children in the planning and implementation of their care and certain qualities in a nurse help to reduce anxiety while in the hospital. Although parents and family play a big role in the care of a child, and plenty of research has been done concerning their perspective, children obviously have an opinion and they wish to participate in their care. The findings of our literature review fell into four categories, which were communication skills, clinical competence, nurses' appearance and nurses' characteristics.

Good communication skills are essential in nursing; also the results of this literature review revealed the importance in pediatric nursing. The communication with children has specific characteristics; speaking clearly and in an understandable way is essential (Pelander at al. 2007). To ensure that children understand and feel comfortable about given information, nurses need to speak according to the individual stage of development of the children. Nurses need to meet the children at their eye level, which according to Brady (2009) is supported by current literature. For children, hospitalizations can be a stressful event resulting from the new environment and unfamiliar people (Roohafza et al. 2009), and due to this, children respected encouragement (Brady 2009; Pelander et al. 2007) and wished to be praised for their bravery (Brady 2009). Children's bravery can be rewarded by small awards, such as stickers. Surprisingly listening was an important and expected communication skill from the perspective of children, which was also discussed in the studies by Pelander et al. (2007) and Brady (2009).

The results of this literature review showed that children have plenty of expectations regarding the nurses' clinical competencies. Children expected nurses to have competencies involving caring, physical care and treatment (Pelander and Leino-Kilpi 2004). Hospitalization can be a traumatic experience for a child, as unpleasant procedures may cause pain and discomfort. Relieving suffering and sufficient pain management were highlighted as important clinical competencies in many studies (Brady 2009; Fletcher et al. 2011; Pelander & Leino-Kilpi 2004; Pelander et al. 2007; Pelander & Leino-Kilpi 2010; Randall et al. 2008). Distraction can be used as a method to relieve pain and discomfort and children appreciate the effort. This was also discussed in the study by Fletcher et al. (2011). A nurse needs to always be safety conscious by paying attention to what they are doing, organizing their work and being prepared (Brady 2009). It was interesting to find how closely children pay attention to the nurses' actions and are able to bring up the important factors that are generally noted competencies in nursing.

Surprising as it was, children also had opinions on the nurses' appearance and what was considered to be professional. Children wished that the nurses would look decent, appropriate, and identifiable and would have a clean appearance (Brady 2009). Although children had conservative views about the nurses' appearance, colorful uniforms were brought up several times. In addition to the fact that children were fond of nurses who wore colorful uniforms, there is research by Roohafza et al. (2009) that it also has a decreasing impact on the levels of anxiety.

Almost all of the studies retrieved for the results of this literature review had similar features regarding the nurses' characteristics. A general perception among children about a pediatric nurse was that they are cheerful, honest and trustworthy, happy, nice and friendly. The orientation and understanding of the care may take more time with children, which is why pediatric nurses need to be calm and have patience. This is supported by the study of Randall et al. (2008), in which children appreciate nurses taking time when performing procedures. Being able to play with children was mentioned to be an important characteristic of a pediatric nurse from the perspective of children (Brady 2009; Pelander & Leino-Kilpi 2004; Randall et al. 2008). Play is a way for a child to express themselves and it is something they do on a daily basis. Research by Pelander et al. (2007) talks about play as an essential factor to help create a sense of security and it is a foundation for a trusting relationship between a child and a nurse.

6.2 Discussion of research ethics

The research must be conducted according to the responsible conduct of research for it to be ethically acceptable and reliable and for its results to be credible. (Responsible conduct of research and procedures for handling allegations in Finland 2012). The results of our literature review were reported accurately, without manipulation. The resources were reviewed critically and verified promptly. First we went through the resources individually, after which they were analysed together. The studies chosen for data analysis all followed good research ethics. The results were presented truthfully without falsification of original research and the initial authors were always mentioned according to guidelines.

6.3 Discussion of validity

Validity is the degree to which an instrument measures accurately what it is supposed to measure (LoBiondo-Wood & Haber 2006; Polit & Beck 2003) and whether the findings are cogent, convincing and well grounded (Polit & Beck 2003). Content validity concerns the degree to which an instrument has an appropriate sample of items for the construct to be measured (Polit & Beck 2003). The articles used for this final project were retrieved from reliable and professional databases. Strict inclusion criteria were applied to exclude irrelevant articles and the articles used were all published in academic journals related to nursing profession. The data was analysed by using the principles of content analysis. The small amount articles retrieved from the databases is a possible threat to the reliability of the results presented in this final project.

7 Conclusion

The overall findings of our literature review reveal the expected qualities of pediatric nurses from the perspective of children. Pediatric nurses need to be able to combine technical and clinical skills with the characteristics that are appreciated by the children. Although children are in different stages of development and may not always be able to fully express themselves, they clearly have opinions and expectations about the qualities of pediatric nurses. Children need to have the opportunity in participating in their own care and their voiced opinions should be heard. With the results of this literature

review we aim to provide pediatric nurses and graduating nursing students the knowledge of nursing qualities in pediatric care from the children's point of view. This final project could be utilized as a teaching material in the education of nurses. The poster produced from the results of this final project can be displayed in Helsinki Metropolia University of Applied Sciences and in the Helsinki Children's hospital for the nursing students and nurses to see. We would have wished to conduct this research in practice by actually confronting the children, but as this was not possible for us, this literature review could be considered as a basis for further research in the field.

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Table 1. Articles (n=8) analyzed

AUTHOR(S), YEAR AND TITLE	PURPOSE	PARTICIPANTS (SAMPLE SIZE)	METHOD AND DATA COLLECTION	DATA ANALY- SIS	MAIN RESULTS	REMARKS
Brady, M. (2009) Hospitalized Children's Views of The Good nurse.	To redress a gap in the literature, to identify characteristics of a good nurse from the perspective of children, and to inform children's nursing practice, thereby facilitating the provision of care that meets the needs of hospitalized children.	22 children between the ages of 7-12 (11 boys and 11 girls), who were inpatients on a pediatric ward in England.	This study used a grounded theory approach, in which theory is discovered by collecting and analyzing data relating to a certain phenomenon. Interviews were executed by using an adapted "draw and write" technique, in which the child draws a picture, that forms a basis for the questions presented.	A constant comparative approach was utilized to compare and group together the data under common headings.	Five themes highlighted important characteristics of a good nurse: communication, professional competence, safety, professional appearance and virtues.	Small sample size Data collection was carried out over a relatively short period of time.

AUTHOR(S), YEAR AND TITLE	PURPOSE	PARTICIPANTS (SAMPLE SIZE)	METHOD AND DATA COLLECTION	DATA ANALY- SIS	MAIN RESULTS	REMARKS
Coyne, I. (2006) Consultation with children in hospital; children's, parents' and nurses' perspectives.	To explore children's, parents' and nurses' views on participation in care in the healthcare setting.	11 children, 10 parents and 12 nurses from four pediatric ward in two hospitals.	The study used a grounded theory method; data was collected through interviews, observations and drawings.	First interview transcripts were open coded for any relevancies. Coded incidents were compared and categorized. Finally the core categories were contributed by constantly comparing the concepts, and this eventually led to the substantive theory.	Parents and children experienced difficulty in participation in care. Nurses also felt that it was difficult for the families to participate, however they encouraged children and parents to participate in the care.	Small sample size

AUTHOR(S), YEAR AND TITLE	PURPOSE	PARTICIPANTS (SAMPLE SIZE)	METHOD AND DATA COLLECTION	DATA ANALY- SIS	MAIN RESULTS	REMARKS
Fletcher, T., Glasper, A., Prudhow, G., Battrick, C., Coles, L., Weaver, K. and Ireland, L. (2011) Building the future: chil- dren's views on nurses and hospital care.	The study pursued to involve children in service planning to establish their views on what skills, knowledge and attitudes nurses need, and to seek their views about pre-hospitalization and as inpatients.	The study was conducted in two hospitals, the sample size in hospital 1 was 40 children, and in hospital 2 21 children.	"Draw, write/tell" technique was conducted.	Data analysis was facilitated by using Riley's technique of coding data by identifying common themes.	Children expect the future nurses to be socially capable, clinically skillful and understand children's needs. The issues related to prehospitalization included being positive, fear of the unknown and practical issues such as family and school. Issued related to hospitalization concerned environment, entertainment, need and requirements and social needs.	Small sample size

AUTHOR(S), YEAR AND TITLE	PURPOSE	PARTICIPANTS (SAMPLE SIZE)	METHOD AND DATA COLLECTION	DATA ANALY- SIS	MAIN RESULTS	REMARKS
Pelander, T. and Leino-Kilpi, H. (2004) Quality in Pediatric Nursing Care: Children's Expectations.	To examine children's expectations concerning the quality of pediatric nursing care in Finland.	40 children, of which 20 were preschool aged (4-6 years) and 20 were school aged (7-11 years).	Theme interviews were used; they covered children's expectations related to nurses, nursing activities and environment.	Analysis was based on inductive qualitative content analysis. First, interviews were transcribed. Then classified according to the main themes. Interviews were grouped based on the same features, and finally subcategories were combined to form generalized categories	Children mentioned humanity and "nice" to be the characteristics of a good nurse. Nursing activities expected were to provide entertainment, information and caring activities. The expectations concerning the environment were both social and physical. Social environment was related to having company and physical environment to have entertainment, pleasant rooms and privacy.	The varying levels of the children's language skills were a weakness regarding the reliability of the results. Meeting children more than once would have increased reliability. Environmental factors during interviews, such as noise, may have affected the children's concentration.

AUTHOR(S), YEAR AND TITLE	PURPOSE	PARTICIPANTS (SAMPLE SIZE)	METHOD AND DATA COLLECTION	DATA ANALYSIS	MAIN RESULTS	REMARKS
Pelander, T., Leino-Kilpi, H. and Katajisto, J. (2007) Quali- ty of Pediat- ric Nursing Care in Fin- land.	To evaluate the quality of pediatric nursing care as perceived by Finnish children aged 7 to 11.	388 children, of whom half were boys (n = 198, 51%) and (n = 190, 49%), were girls. Half of the children received treatment on surgical wards (n = 193, 50%) and half on pediatric wards (n = 195, 50%).	A questionnaire survey, using Child Care Quality at Hospital instrument developed on the basis of children's expectations of the quality of care. The instrument consisted of 3 main quality categories, which were nurse characteristics, nursing activities and nursing environment, and the instrument included 3 openended questions and 1 drawing task.	Statistical Package for Social Sciences (Version 12.00) was used. Demographic variables were described by frequencies and percentages. Mean and standard deviations were used to describe the main categories and subcategories.	Children gave the best ratings for caring and communication activities, with mean score of 2.74 of 3. The mean score for nurse characteristics was 2.62 of 3. The ratings for the nursing environment with the mean score of 3.18 of 4, with subcategories of physical environment (3.26 of 4), social environment (3.03 of 4) and emotional environment (3.24 of 4).	Variations in the administration of questionnaires in different units, presence of parents and the length of the instrument are potential sources of random error in the measurement.

AUTHOR(S), YEAR AND TITLE	PURPOSE	PARTICIPANTS (SAMPLE SIZE)	METHOD AND DATA COLLECTION	DATA ANALYSIS	MAIN RESULTS	REMARKS
Pelander, T. and Leino-Kilpi, H. (2010) Children's best and worst experiences during hospitalization.	To describe school-age children's best and worst experiences during hospitalization.	388 Finnish children aged 7–11, of whom 198 were boys and 188 were girls.	A questionnaire survey, using Child Care Quality at Hospital instrument, which is designed for the purpose of collecting children's evaluations about their care at hospital, with two sentence completions attached to evaluate the children's best and worst experiences.	Done based on the method of inductive content analysis. The unit of analysis was a word or sentence that conveyed a clear meaning that was relevant to the question.	The best experiences fell into five main categories: people, people's characteristics, activities, environment and outcomes. The humanity of the nurses, the entertainment activities, safety, privacy and getting better were highly valued. Children's experiences of what was worst fell into four main categories: people, feelings, activities and environment. Performed procedures, symptoms of illness, separation from family and friends and lack of activities were experienced as the worst.	Follow-up studies are needed on children's best and worst experiences after some weeks of discharge to find out which are lasting experiences. The difference in the cognitive levels of the children is a definite weakness with regard to the reliability and validity of the results. It is not clear how much the parents responded from their perspective and what the influence was on children's responses.

AUTHOR(S), YEAR AND TITLE	PURPOSE	PARTICIPANTS (SAMPLE SIZE)	METHOD AND DATA COLLECTION	DATA ANALYSIS	MAIN RESULTS	REMARKS
Randall, D., Brook, G. and Stammers, P. (2008) How to make good chil- dren's nurses: children's views.	To seek children's views on how to make better children's nurses	Four boys and six girls	A semi-structured interview was carried out to explore children's views of how to make nurses better at nursing children. The most used question in the interview was 'Can you train anyone to be a nurse or do you have to be a special kind of person?'	Results were analyzed by using a thematic approach.	Good children's nurses are both born and made; that they need education as well as certain personal characteristics. The personality features of a nurse include calmness and caring, and being fun and respectful. Educational features of a nurse included experience in children and nursing, and skills and technical care.	Small sample size Methodologically weak due to improvisation in the field

AUTHOR(S), YEAR AND TITLE	PURPOSE	PARTICIPANTS (SAMPLE SIZE)	METHOD AND DATA COLLECTION	DATA ANALYSIS	MAIN RESULTS	REMARKS
Roohafza, H., Pirnia, A., Sadeghi, M., Toghianifar, N., Talaei, M. and Ashrafi, M. (2009) Impact of nurses clothing on anxie- ty of hospitalized children.	To investigate anxiety levels in two groups of children exposed to nurses with white vs. colored clothing in a university hospital in Iran.	92 children aged 7-15 years old, hospitalized for 3- 5 days.	A clinical trial and questionnaire, which included demographic characteristics, hospitalization data and anxiety level. Children were enrolled in two groups to detect any differences. 47 children were exposed to colorful uniforms and 45 children to white uniforms.	The statistical package for social sciences software was used for analysis. Descriptive analysis of the study population was performed using mean ± SD for continuous variables and percentages for categorical variables. Differences in demographic characteristics between two groups were analyzed with t-test and chi-square test. Differences in global anxiety scores and three subscores between admission and discharge anxiety levels were analyzed with paired t-test.	Children exposed to nurses with colored clothing experienced lower levels of anxiety, also physiologic symptoms and concentration sub-scores were significantly lower in this group on discharge.	Children were not screened for color blindness The geographic setting of the study may limit generalization of its findings