

NURSES' INTERACTIONAL BEHAVIOUR CONTRIBUTES TO CHILDREN'S COMFORT DURING WOUND CARE PROCEDURES (003)

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Background: Burn nurses play an important role in the assessment and treatment of pain. During wound care procedures, the ultimate goal is to provide care that is not painful and not intrusive. Anaesthetics should be kept to a minimum because of long term adverse events. It is thought that if nurses have more skills to interact with children during the recurring medical events, the necessary wound care could be less distressing and painful for the children (Nillson et al., 2011).

Question: Does nurses' interactional behaviour influence children's comfort during wound care procedures?

Methods: In total 6 burn nurses were video recorded during 6 wound care procedures each in children (0 - 4 years old) with acute burns. Both nurses and parents of the children were asked for informed consent. The videos were watched independently by two different observers. One observer scored the recorded wound care procedures using the taxonomy for interactional behaviour of nurses during wound care procedures in children (16 items scored on a 7 point scale; Van Ingen Schenau-Veldman, in prep). The other focussed on the child's behaviour and scored the recorded wound care procedures with the Comfort-B scale as indicator for a child's pain and distress (5 items scored on a 5 point scale).

Results: The Comfort-B scores ranged from 12-25, median 16 (based on ten wound care procedures). The preliminary results showed that the interactional behaviour displayed by the nurse who provides wound care was indeed associated with the comfort displayed by the child. For example, 'waiting for a child to respond to a nurse initiative' correlated to Comfort-B (sub)scores (with total score $r=-.68$). Besides taking initiative, nurses can respond to a child's initiative which was associated with a better total score on the Comfort-B scale ($r=-.65$). Correlation coefficients between items ranged from $r=+.56$ through $r=-.79$, indicating none through strong associations. Especially the Comfort-B items crying and muscle tone scored lower if a nurse interacted more with the child.

Conclusion: In burn centres most children experience moderate procedural pain/distress during one of the most painful and fearful interventions: wound care procedures. The comfort scores we found were comparable to those found in other studies (De Jong et al., 2014). Differences in children's comfort correspond with differences in nurses' interactional behaviour. These results oblige us to further train nurses in their skills to deal with the children they treat. Video-Interaction Guidance seems a powerful tool to train nurses in these skills (Van Ingen Schenau-Veldman, this issue).

References:

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