

JOINT EVENT

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The child and the child's perspective

Children have their own way of experiencing things, and research-based knowledge about children's experiences can further help healthcare professionals to better understanding the children's world of experiences. Children have a right to participate, receive information, and make health-related decisions. Pediatric care needs to be of good quality; it should meet the children's needs of safety, and the best interest for the child should always be a primary priority in all actions concerning children. Historically, children have been excluded from the research process or decision making regarding their own health care. One reason for this could be that research with children as participants raises many ethical questions: another reason may be that children have been seen as vulnerable and without competence due to their age and immaturity. What is the best interest for the child has been considered from a child perspective, which is based on parents' and professionals' perceptions of the child's desires and experiences. That this perspective is not enough has been shown in previous research. In view of the recommendation by UNCRC, that all treatment and procedures should be based on respect for the child's autonomy and integrity and that it should be performed with the child's active participation, today children are asked about their view on many aspects of their lives. Children's experiences in pediatric care of not being listened to, or not being supported, and their desire to have more of a say, are reported by several researchers. When children describe the factors which may restrict them from actively participating in their care, they include, for example, fear of causing trouble by asking questions, fear of being ignored or disbelieved, and the difficulty to understand medical terminology. Lack of involvement in their own care can result in the children feeling unprepared for the necessary procedures, which can increase fears and anxiety. The child's perspective, which means the child's own voice, can give the child an opportunity to express his/her own perceptions, desires, and understanding of the world. The child's perspective is an important precondition when discussing pediatric care, in order to take into account the child's reflections on what would be the optimal care, for example, during an unpleasant procedure. A good communication between the child and the nurse can be the key to including the child in his/her health care. This may, in turn, help healthcare professionals to increase the quality of child care. Previous research has shown that the children's participation in consultations can improve their understanding of the illness they have or reduce the perception of pain during painful procedures. It is widely recognized that children need to be well prepared in their own individual way before, for example, undergoing stressful medical procedures. Both a child and a child's perspective are used today in pediatric nursing and research, and both are focused on children. During the last twenty years, there has been an active discussion around the child perspective in pediatric care, and family-centered care (FCC) has been quite central in these discussions. FCC is based on partnerships between children, families, and healthcare providers, and it has been considered the best way to provide quality care to children in hospital, despite a lack of evidence about its effectiveness. Since the children participate more and more in research, knowledge about the importance of their own experience and perception of health care has increased.

Biography

Vedrana Vejzovic has completed her PhD from Malmö University. She is a Registered Nurse (RN), a Registered Sick Children's Nurse (RSCN) and a Senior Lecturer (PhD in Care Science) at the Department of Care Science. Her research focuses on child and the child's perspective of pediatric care.

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