EXPLORING THE EXPERIENCE AND THE NEEDS OF PEDIATRIC NURSES CARING FOR CHILDREN WITH A MENTAL HEALTH DISORDER HOSPITALIZED ON NON-PSYCHIATRIC UNITS

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THE MONTREAL CHILDREN’S HOSPITAL OF THE MCGILL UNIVERSITY HEALTH CENTRE
THE GLEN SITE
OUTLINE

Introduction
- Background
- Research Questions

Methods
- Sample Characteristics

Results
- Themes & Concept Map

Discussion
- Implications for Nursing Practice
- Limitations & Conclusion
In Canada: High prevalence (20%) of mental health (MH) disorders in children

In Quebec: Since the de-institutionalization reform in MH, low capacity for mental health (MH) inpatients in general & pediatric hospitals

Montreal Children Hospital (2012-2013): 30% of MH admissions → Non-psychiatric units (5-15% in general)

CMHA, 2013; Brito et al., 2010; Green & Jacob, 2013; Kenny, McConnachie, Petrie, & Farrell, 2009; Ministère de la santé et des services sociaux., 1996, 2005)
Prevalence of MH disorders increased + MH Beds in pediatric hospitals

Every hospital pediatric nurse will come into contact with a child who has a MH issue

Nurses face multiple barriers & challenges in caring for these children

(Buckley, 2010; Happell et al., 2009; Moxham et al., 2010; Ramritu, Courtney, Stanley & Finlayson, 2002; Smith, 2009; Watson, 2006),
Psychiatric hospitalization is one of the most expensive forms of MH treatment available for children. 

**CHALLENGES & BARRIERS**

- **In readmission & prolonged hospital stay**

**Individual Factors**
- MH knowledge & skills
- Ambiguity of the nursing role
- Collaboration with MH specialists

**Professional Factors**
- Nursing Staffing
- Unit Environment

**Organizational Factors**
- Stigmatization

Psychiatric hospitalization is one of the most expensive forms of MH treatment available for children.
KNOWLEDGE GAP

Only a few studies have exclusively explored the specific needs for support of pediatric nurses with off-service patients

(Happell et al., 2009; Moxham et al., 2010)
RESEARCH QUESTIONS

1. What is the **experience** of pediatric nurses caring for children with a MH disorder on non-psychiatric units at a tertiary university affiliated pediatric hospital?

2. What are the **types of support** pediatric nurses need in caring for children with a MH disorder on non-psychiatric units at a tertiary university affiliated pediatric hospital?
METHODS

- **Research Design**
  - Qualitative descriptive study

- **Sample Characteristics**
  - Purposive sample approach
  - Inclusion criteria

- **Data Collection**
  - Semi-structured, individual interviews \((N=17)\)
  - Socio-demographic questionnaire

- **Thematic content analysis**
  - Condensing data
  - Displaying data
  - Elaboration and verification of data

(Miles & Huberman, 1994; Polit & Beck, 2012; Sandelowski, 2000)
### Sample Characteristics

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>16</td>
<td>94</td>
</tr>
<tr>
<td>Male</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td><strong>Range of Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-33</td>
<td>12</td>
<td>70</td>
</tr>
<tr>
<td>34-54</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>&gt;55</td>
<td>3</td>
<td>18</td>
</tr>
<tr>
<td><strong>Education</strong></td>
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<td>6</td>
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<tr>
<td><strong>Work Status</strong></td>
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<td></td>
</tr>
<tr>
<td>Full-time</td>
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<td>82</td>
</tr>
<tr>
<td>Part-time</td>
<td>3</td>
<td>18</td>
</tr>
<tr>
<td><strong>Experience since graduation (years)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;4</td>
<td>6</td>
<td>35</td>
</tr>
<tr>
<td>5-9</td>
<td>5</td>
<td>29</td>
</tr>
<tr>
<td>10-14</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>&gt;15</td>
<td>4</td>
<td>24</td>
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</tbody>
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Results

Two main themes:

Experience of Nursing:

*Constant loop of helplessness in care*

Nurses need:

Striving to break the powerlessness loop to ensure better care.
# ONGOING POWERLESSNESS LOOP OF CARE

<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Not knowing what to do</td>
<td>As soon as you throw us something out of our norm, we don't know what to do. So, it throws us for a loop and these kids, they challenge us, they test you and they push you to your limit and, I don't know, I just don’t know what to do with them anymore. (P7, 5–15).....</td>
</tr>
<tr>
<td>Gaps in mental health resources</td>
<td>So, we called in the morning, we left the message with psychiatry and they said: “Yeah we'll round in the morning.” And then I never heard from them, they never showed up. I called again and they said “We're gonna round this afternoon.” So, I think we spend a lot of time waiting for them and not knowing when they're gonna come and not having a lot of support with taking care of the children. (P10, 28–30).</td>
</tr>
<tr>
<td>Ensuring safety and basic care</td>
<td>“Your job is to keep them safe, it's to protect them from harm” (p4, 305)</td>
</tr>
<tr>
<td>Feelings of helplessness, frustration and injustice</td>
<td>“We feel frustrated because we feel that here in surgery is not the right place. It's not that the child bothers me, but... I feel that we don't have the necessary tools” (P1, 21–24).</td>
</tr>
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Nurses striving to break the Ongoing Powerlessness Loop of Care when caring for children with MH disorders hospitalized on non-psychiatric units
Strategies to Empower Nurses

✓ Access to information:
  - Use of an individualized therapeutic care plan

✓ Access to support:
  - Foster better collaboration between MH care team, unit nurses and nurse leaders
  - Monthly debriefing forum

✓ Access to resources:
  - Implement new advanced practice nursing role of the CNS in psychiatry

✓ Opportunity to Learn & Grow:
  - Knowledge Transfer strategies
  
(Davies, Wong, & Laschinger, 2011; Kanter, 1993; Laschinger & Read, 2014; Nisell & Ridelius, 2007)
IMPLEMENT NEW ADVANCED PRACTICE NURSING ROLE IN PSYCHIATRY

Model of collaborative practice

In Quebec: special permit by Order of nurses of Quebec (ONQ) for evaluation of psychiatric diagnoses based on DSM-V with supervision by psychiatrist

OBJECTIVES

• Increase the accessibility of care and services for off services pediatrics patients and families with mental health diagnoses.
• Improve the delay in support from psychiatric services.
• Improve continuity of care and outcomes of care.
• Facilitate links between patients-families, psychiatric and pediatric health care teams.
• Provides recommendations to the nursing team, based on clinical assessment and expertise, for the development or modification of the therapeutic nursing plan.
• Increase knowledge, clarify roles and improve pediatric nursing practice specifically in mental health assessment and management.
LIMITATIONS OF THE STUDY & FUTURE RESEARCH

Limitations
- Small sample of pediatric nurses of one hospital

Future Research can include:
- Explore the efficiency of the empowering strategies after implementation
- Explore MH care team’s perspectives
- Explore stigmatization in nurses and its impact on MH care
CONCLUSION

This study emphasizes the importance of empowering nurses to better care for children with a MH disorder hospitalized on non-psychiatric units and suggest empowerment strategies in professional, educational and organizational areas.
KNOWLEDGE TRANSFER ACTIVITIES


2. August 2015: Paper in press in Archives of Psychiatric Nursing

3. October 2015: National conference of the Canadian Federation of Mental Health Nurses (CFMHN)

4. Inform the development of the role of the advanced practice nurse in psychiatry at the MCH.
Thank you
Exploring the Experience and the Needs of Pediatric Nurses Caring for Children with a Mental Health Disorder Hospitalized on Non-Psychiatric Units

Questions or Comments?
REFERENCES


