

August Australia and New Zealand Chapter IFNA



Newsletter Number 21: August 2022

Australian and New Zealand Chapter News

This month's newsletter has a focus on care of children during acute illness. Needing hospitalisation and acute care is a challenging and distressing time for the child and their family. There are aspects which nurse's can increase their understanding and improve their ability to support and manage the child and family during treatment. This month's newsletter has been written by several paediatric clinicians and researchers to provide an insight into caring for children and their families.

Guest presenter for August meeting: Dr Mandie Foster and Dr Karin Plummer



Children's Voices as Valid Consumers of Healthcare

Authors: Foster, M. & Whitehead, L. (2022)

There is a paucity of literature on children and young people's participation as valid consumers of child healthcare globally (Coyne et al., 2016). Health services planned and designed with no participation and input from children and young people cannot be considered to be fully appropriate to address their health needs (Dickinson et al., 2014). Therefore, it is important that children and young people are able to participate in the assessment and analysis of their needs when they engage with health care services. The participation (voice) of children and young people has been found to promote independence and inclusion and the creation of a service that reflects their needs and wishes, adding value to health service planning and a better quality of service (Foster et al., 2022). Unlike other countries such as the United Kingdom, Australia and New Zealand do not have standards or regulatory requirements for health providers to evidence the involvement of children and young people as consumers of health care or an agency which monitors such input. The Needs of Children Questionnaire (NCQ) is the first psychometrically validated tool in the world that supports school aged children (5-16 years) to self-report on their hospital experience. It was developed by children for children (Foster et al., 2019). The four category, 16 item NCQ was developed from an extensive literature review, consultation and pilot testing with healthy and hospitalised school aged children and multidisciplinary paediatric experts from various paediatric settings across Australia and New Zealand. (Foster et al., 2019).



Development and validation of the needs of children questionnaire



An instrument to measure children's self-reported needs in hospital

[Foster, M., Whitehead, L., & Arabiat, D. \(2019\). Development and validation of the needs of children questionnaire: An instrument to measure children's self-reported needs in hospital. *Journal of Advanced Nursing*, 75\(10\), 2246-2258. <https://onlinelibrary.wiley.com/doi/full/10.1111/jan.14099>](https://onlinelibrary.wiley.com/doi/full/10.1111/jan.14099)

Category	Example Statement
Caring	To know I am safe and well looked after
Information	That staff talk to me about the medicines I'm having
Activities	To be able to do arts and crafts
Relationships	To have the same nurse or doctor care for me
Question	Is there anything else you want to say that hasn't been asked
Scored on a Level of Importance and Fulfillment	
Demographics are optional - in a clinical setting you may not record these	

Translation of the tool

1. The NCQ is now being translated and validated in various countries (Sweden, Turkey, Africa)

1. Translation and content validity in a Swedish context (Data collected)
2. Psychometric testing of the Swedish version
3. Implementation of NCQ in HKH Crown Princess Victoria's Children's and Youth Hospital in Linköping

A feasibility study in New South Wales is presently exploring the 'The staff's experience in using the NCQ at Liverpool Hospital'.

Title	Staff Experiences in Using the Needs of Children Questionnaire at Liverpool Hospital, New South Wales
Aims	Primary Aim: This study will evaluate the acceptability and usability of the NCQ and Staff-NCQ-Tool-Kit among staff. Secondary Aim: This study will run in tandem with a quality improvement project that will evaluate the hospitalised school-aged child's self-reported psychosocial physical and emotional needs identified as important and met.
Design	Feasibility Study
Sample	Thirty staff
Inclusion	Informed voluntary signed consent from staff working at SWSLHD Liverpool Hospital Children's Ward
Procedures	Educators undertaking the Educators-NCQ-Tool-Kit Workshop and Staff undertaking the Staff-NCQ-Tool-Kit Workshop to become Educator or Staff NCQ competent and completion of an online Educator or Staff-NCQ-Tool-Kit-Survey.
Analysis	Analysis plan includes quantitative and qualitative analysis.
Duration	June 2021- February 2022
Funding	This project is funded through the NSW Health Agency for Clinical Innovation Research Grant Scheme, 2020.

Needs of Children Questionnaire NCQ Tool-Kit

We have also created the NCQ Tool-Kit which includes an online suite of resources to educate clinicians, educators, and nurses in how to become NCQ competent educators to undertake NCQ workshops with staff.

- NCQ Tool-Kit Workshops for Educators (3 online workshops)
- NCQ Tool-Kit Workshops for Staff (1 workshop)
- NCQ Video



Further projects are planned with clinical partnerships across New Zealand (Christchurch Hospital, Kid's First Children's Hospital & Starship Children's Hospital).

If you would like to know more about the Needs of Children Questionnaire resources, please contact Mandie Foster mandie.foster@ecu.edu.au, Professor Lisa Whitehead l.whitehead@ecu.snm.au or Professor Evalotte Morelius e.morelius@ecu.edu.au School of Nursing and Midwifery, Edith Cowan University, Perth, Western Australia.

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1. Coyne, I., I. Hallström, and M. Söderbäck, Reframing the focus from a family-centred to a child-centred care approach for children's healthcare. *Journal of Child Health Care*, 2016. 20(4): p. 494-502.
2. Dickinson, A., W. Wrapson, and T. Water, Children's voices in public hospital healthcare delivery: intention as opposed to practice. *New Zealand Medical Journal*, 2014. 17(18): p. 20.
3. Foster, M., et al., Children's voices on their participation and best interests during a hospital stay in Australia. *Journal of Pediatric Nursing*, 2022. 63: p. 64-71.
4. Foster, M., L. Whitehead, and D. Arabiat, Development and validation of the needs of children questionnaire: An instrument to measure children's self-reported needs in hospital. *Journal of Advanced Nursing*, 2019.

IFNA: Vaccinating children doesn't need to hurt

Written by Dr Karin Plummer <https://experts.griffith.edu.au/33804-karin-plummer>



Most children are [fearful of needles](#) and may be reluctant to be vaccinated. If pain is not well managed, children can rapidly develop anxiety responses to needle procedures. Procedural pain and anxiety can cause unnecessary distress, a lifelong aversion to needles, and the avoidance of routine healthcare:

- Up to 25% of adults have a fear of needles with most of these fears developing in the first 10 years of life [1, 2].
- Up to 10% of the population avoid seeking health care due to fear associated with needles [2].
- The World Health Organization has declared vaccine hesitancy to be one of the [Ten threats to global health in 2019 \(who.int\)](#)

It is important that any exposure to needles be the best experience possible for the child, as they have the right to be kept from harm and protected from unnecessary pain [4]. Needles don't need to be painful for children, and can be done quickly, with some simple resources.

Before the procedure

Communicate and acknowledge the vaccination with the child

Before the vaccination is the best time to provide honest and factual information about what to expect and how any discomfort will be managed as children experience less anxiety when provided with an opportunity to prepare (Bray et al., 2019).

When to tell the child about the vaccination is guided by the child's age and their degree of anxiety. Aim to provide enough time for the initial anxiety about the procedure to pass so children can make a plan and rehearse their coping strategies (Blount et al., 2006).

- Younger and more anxious children can be told on the day of the vaccination.
- Older children can be told the day before or within the week of the vaccination (Taddio, 2015).

Explain the purpose of the vaccination and how it might feel using [clear and simple language](#) to avoid distressing children:

"A vaccination involves giving you a medicine that keeps you from getting sick from covid-19. We use a small needle to give you the medicine. Some children say it feels like a little poke, some say they don't

feel anything – everyone is different, you can tell me how it was for you when it is finished. If you do feel something it won't last long."

During the procedure

Plan for comfort

Pain and distress during the vaccination can be reduced for the child with the following techniques: (Friedrichsdorf, 2014):

Positioning for comfort

[Comfort positions](#) use secure hugging holds with the positive assistance of parents to help children feel safe during medical procedures. Sitting upright has been shown to reduce fear and distress as children feel more in control during a medical procedure (Taddio et al., 2015). The child who is held down for a vaccination is more likely to resist (Friedrichsdorf, 2014).

[Distraction](#)

Distraction is an effective way of reducing fear, anxiety and pain associated with needles and of helping children cope (Chan et al., 2019; McCarthy et al., 2013). The aim of distraction is to take the child's mind off the needle by concentrating on something else more pleasurable meaning there is less attention to pain (Schechter et al., 2007). Find out the child's preferences for distraction? Do they want to watch their favourite show on an iPhone, sing songs or use deep breathing to help them stay calm? Remember some children prefer to watch.

Numbing the skin

It is recommend that topical anaesthetics be applied before vaccine injections in children 12 years and younger (Taddio et al., 2015). Topical anaesthetics numb the skin and can halt the development of needle fears by blocking pain signals from the skin (Taddio et al., 2015).

For topical anaesthesia to be effective the gel or cream needs to be applied correctly at the vaccination site and given the optimal time to work (30-60 minutes).

Once the topical anaesthesia is applied children might experience anxiety in anticipation of the vaccination so have a plan to distract children whilst they wait.

Explain to children how the topical anaesthesia works to reduce discomfort:

"The cream on your skin helps to make your skin feel numb. Numb means that you can't feel that part of your skin as much or not at all (Stock et al., 2012)"

After the procedure

[Promote resilience and recovery](#)

Children's memories of painful experiences are strong predictors of how they cope with subsequent procedures (Noel et al., 2015), so it is important to end a medical procedure positively, even if the vaccination did not go as well as hoped:

- Take some time to help the child recover and reduce the child's distress before leaving the clinical setting.
- Provide positive reinforcement of what went well during the medical procedure i.e. "even though you were scared you did a fantastic job of keeping your arm still"
- Promote appropriate rewards
- Debrief! Ask if there is anything the child would like to try differently next time.



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Australian and New Zealand Chapter research project

Last month of the research study to help us understand what nurses see as their role with families. We are just over **200 completed surveys** so would really like you to share with colleagues and complete as we are hoping for over 400.

Australia has 265335 registered nurses and there are 56356 registered nurses in New Zealand (Australia Government, 2021; Nursing Council of New Zealand, 2021b). The recruitment will aim for a minimum of 250 Australian and 150 New Zealand Registered Nurse participants. This represents 0.001% of each national Registered Nurse population.

“Nurses attitudes toward the importance of families and perceived outcomes of family involvement in nursing care” [FAMinCare]. ([GU: 2021/371]

As nurses, you are involved in caring for patients who are mainly supported by family members. When nurses can create a relationship and work with the family towards both physical and psychosocial healing, there is a subsequent decrease in suffering among family members. Evidence suggests family involvement in care is beneficial for the patient however implementing this is often difficult. This study seeks to understand nurses' attitude towards family involvement in care and the development of a family-nurse relationship.

Participation in the study will involve the completion of an online survey less than 20 minutes.

If you would like to participate in this study, we ask that you read the information sheet at the start of the online survey and complete the online survey.

<https://prodsurvey.rcs.griffith.edu.au/prodls200/index.php/415994?lang=en>

PhD opportunity for improving patients and family with Head and Neck cancer

The project title is: **Developing and testing a digital intervention to support carers of patients diagnosed with head and neck cancer**

[Scholarship details | Curtin University, Perth, Australia](#)

Head and neck cancers occur inside the nose, mouth, sinuses, salivary glands and throat. They commonly influence some of the most fundamental activities of daily living including speech, breathing, eating and drinking. Patients often experience physical symptoms and psychological distress following diagnosis and must deal with side effects during treatment which impact on their quality of life, particularly if their symptoms are not well managed. Poor symptom management increases their dependence on the health system and the likelihood of hospital admission.

Patients require support from their family carers during and after treatment. Given the extensive and highly visible nature of the disease and its treatments, carers must be well supported to enable them to provide physical and emotional care to patients diagnosed with head and neck cancer.

Although policy and guidelines include 'supporting carers' as a platform of cancer care, there are few resources specifically for carer support. Limited research has been conducted to reduce distress for carers of patients with head and neck cancer. Further research is needed to establish: optimal timing of support for carers; how to assess carer' needs; and, how to provide effective psychosocial support to carers. We argue there is a large role for carers to play in supporting people diagnosed with head and neck cancer, as their health declines during treatment.

The aim of this project will be to evaluate an existing digital intervention designed to support carers of head and neck cancer patients; and to co-design adaptation of this intervention.

Methods

Semi-structured interviews will be conducted with carers of patients diagnosed with head and neck cancer to determine their specific information and support needs following diagnosis through to treatment completion and gain their feedback on the existing digital resource. Thematic analysis will be used to analyse the data and a comprehensive understanding of carers experiences and needs will be developed. This initial qualitative phase will allow us to identify gaps in the existing digital information resource for carers of patients with head and neck cancer patients.

The student will work with the carers to co-design adaptation and expansion of the existing digital resource (consisting of education videos and web-based information) to support them throughout the caring experience. The intervention will be tested using a randomised controlled trial. The main outcome measures will be carer preparedness, carer distress, and unmet needs. Health care resource use will also be assessed to provide preliminary assessment of costs of the intervention.

Significance

Receiving a diagnosis of head and neck cancer is devastating for patients and carers, causing high levels of distress. Growing evidence suggests the psychosocial needs of patients and their carers are currently not adequately met and psychological morbidity is under-recognised and under-treated. Untreated co-morbid psychological conditions can be detrimental to patients in terms of pain and physical functioning and lead to higher medical costs, and longer hospital stays. Furthermore, carers may be unable to support patients if they are anxious and experiencing reduced psychological health. This project focuses on developing an intervention to support carers during and post treatment.

Closing date is 18/8/2022.

Join our family nursing chapter and increase your connection with family nursing colleagues.

Becoming a chapter member provides you with connection to Australian and international family nurses, clinicians and researchers.

<https://youtu.be/bLHOvxQGlic>

REASONS why YOU should Become a Member of IFNA

Currently fees for Chapter members NEW IFNA Member - \$75.00 (USD) is 40% off the usual membership fee for a limited time.

<https://protect-au.mimecast.com/s/iUQDC81ZPoh67nkRqInSSZq?domain=internationalfamilynursing.org/> (*about:blank*)

Benefits of joining IFNA

To interact with a global community of nurse scholars and practitioners who care about the health and healing of families.

Develop international friends and mentors.

To attend webinars about family nursing theory, practice, and research

Don't forget to connect with the main International Family Nursing Association and join to access extensive family nursing resources. <https://internationalfamilynursing.org/> (*about:blank*)

International conference for International Family Nursing will be in 2023 June 20 to 23rd in Dublin. Start planning your European holiday!

Planning a **workshop or plenary for the IFNA**, this call will be available soon.



Abstract Submissions for IFNC16 will be accepted through Friday, September 16, 2022

We are pleased to announce the Call for Abstracts for the 16th International Family Nursing Conference, "***Global Innovations in Family Nursing: Advancing Family Health***". The conference will be held Tuesday, June 20 – Friday, June 23, 2023 in Dublin, Ireland.

Presentations that demonstrate state of the science family-related research, education, and evidence-based practice projects or papers that address the intersection of family health and policy are invited. Presenters are expected to provide information, strategies, and/or tools relevant to family researchers, educators, clinicians, and/or policy makers to advance their work.

Outcomes At the end of the conference, attendees should be able to:

Education: Discuss global advancements in family nursing education for students and professionals.

Practice: Explore family health practice innovations and models of care for clinical nursing practice globally.

Research: Examine research evidence and emerging methodologies for application and transferability to family nursing education, practice, and policy to improve family health globally.

Policy/Leadership: Generate strategies to enhance leadership of family nurses and promote global influence on family health care policy.

Due dates and notification:

Abstract submissions will be accepted through Friday, September 16, 2022.

After your abstract is received, you will receive e-mail notification of receipt via the Oxford Abstract System. Further notification of the decision to accept or decline your abstract will be sent to you no later than Friday, November 18, 2022.

**** Abstracts for podium/oral presentation will only be accepted for in-person presentation in Ireland. Abstracts submitted for poster presentation may be considered/accepted for virtual presentation. ****

Please read the [Instructions](#) for submitting an abstract. **Sample Abstracts are included within the instructions.**

Please contact Debbie Zaparoni at debbie@internationalfamilynursing.org with any questions.

We encourage you to share this information with colleagues and students.

We look forward to receiving your abstract.

Kim Mooney-Doyle and Cindy Danford Co-Chairs, IFNA Research Committee

Next meeting Wednesday • August 3rd, 2022 1100-1200 AEST **Guest presenter** for August meeting: Dr Mandie Foster and Dr Karin Plummer

Microsoft Teams meeting

Join on your computer or mobile app

[Click here to join the meeting](#)

Or join by entering a meeting ID

Meeting ID: 435 788 521 646

Passcode: 93BiVa

Written by Dr Elisabeth Coyne, Dr Mandie Foster, Dr Karin Plummer and Professor Lisa Whitehead