How nurses can help minimise healthcare trauma for children

iSupport standards of good practice can help nurses give children more of a say in their care and avoid negative experiences

When children have negative experiences of healthcare the consequences can be profound.

Evidence suggests that anxiety-provoking or traumatic experiences can adversely impact children’s physical growth and emotional development, and even trigger the onset of behavioural and mental health disorders.

Trauma can occur in response to single or multiple experiences and to big events and routine interactions, explains Lucy Bray, children’s nurse and professor of child health literacy at Edge Hill University.

‘There’s a tendency to focus on invasive procedures, such as cannulation or surgery, and it is important to get those right,’ says Professor Bray. ‘But it’s also important that minor, day-to-day procedures are as positive as possible for children and young people.

Even taking a temperature or looking at a child’s throat could be traumatic.’

However, each interaction is also an opportunity to build trust. Where those opportunities are missed, patients often carry the trauma beyond childhood and become fearful and resistant to future healthcare interventions. ‘There are adults who are not engaging in vaccination programmes or accessing dentists, for example, because of negative experiences when they were younger,’ says Professor Bray.

Building trust
Recognising this need to build trust, a group of healthcare professionals began working together in 2021 to develop a framework for minimising children’s distress in healthcare settings.

Led by Professor Bray, the team included experts from around the world. Crucially, they drew on feedback from children and their families. The outcome of the project, which won the Child Health award at 2023’s RNC Nursing Awards, was the rights-based standards for children undergoing tests, treatments, examinations and interventions, known as the iSupport standards.

‘I’ve been looking at how we can improve children’s experiences of procedures and hospitals for 13 years and practice hasn’t moved on much in that time,’ says Professor Bray. ‘For example, we’re still holding children for non-urgent procedures when it’s unnecessary.’

In a 2018 study, 48% of healthcare professionals reported holding children still for clinical procedures ‘quite often’, and 33% reported the practice as occurring ‘very often’, commonly without consent from the child or their parent. RCN guidance says this should only be considered if the child needs an emergency or urgent intervention and there is no alternative.

The iSupport standards say children should have agency over their treatment and care, and apply to nurses working in all settings. For example, nurses should avoid making assumptions about a patient’s needs based on their age.

‘You might have a three year old who’s had a lot of healthcare experiences, so how you’d prepare that child would be different from your approach to a three year old when it’s their first healthcare experience,’ says Professor Bray.

Children undergoing a treatment or procedure should understand what will happen, and the level of detail and format of information nurses share will vary according to the child’s preferences.

Rights that can minimise children’s distress in healthcare

iSupport’s six standards is a set of documents outlining what good procedural practice looks like and includes the following children’s rights:

1. To be cared for by professionals who have the appropriate knowledge and skills to support their physical, emotional and psychological well-being and rights before, during and after their procedure
2. To be communicated with in a way that supports them to express verbally or behaviourally their views and feelings, and for these views and feelings to be listened to, taken seriously and acted on
3. To be supported to make procedural choices and decisions and for these choices to be acted on to help them gain some control over their procedure
4. To be provided with meaningful, individualised and easy to understand information to help them prepare and develop skills to cope with their procedure
5. For their best interests and well-being to be a priority in all procedural decisions
6. To be positioned for a procedure in a supportive hold, if needed, and not to be held against their will

Source: iSupport
Some patients want to know who will be there in the room during a procedure, the physical sensations they are likely to feel and what sensory experiences they will have. A curious child might find comfort in watching a nurse inserting a cannula, while a more anxious child may need to be distracted, perhaps wanting to be cuddled by a parent or play a game while the needle is inserted.

Acknowledging that parents do not always know how to handle these situations is vital, and the nurse’s role extends to supporting parents as well. ‘That way, the procedure is likely to be quicker, because you’re not dealing with a distressed child who then refuses to have the procedure altogether,’ says Professor Bray.

**Therapeutic play**

When it comes to mitigating the risk of trauma, therapeutic play is key. According to the charity Starlight Children’s Foundation, play can make children’s experiences more positive and build trust with health professionals. Children may also feel empowered, engage more with their treatment and recover more quickly, experience less pain, cope better with stress, and require sedation less often.

Health play specialist (HPS) Penelope Hart-Spencer, who is chair of the charity National Association of Health Play Specialists, says children coming into hospital should have access to a member of support staff, like an HPS, from their first encounter. ‘If children are well supported from the moment they arrive, their whole experience is much smoother,’ says Ms Hart-Spencer, who works with children with cancer at the Christie Hospital in Manchester, where HPSs are members of the multidisciplinary team, attending every appointment and clinical procedure.

Play is introduced in different ways according to the child’s preferences. If they are being prepared for a central line, the HPS might tape a cannula to the patient’s favourite doll so the child knows where on their chest the line will be and what it will look like. Alternatively, therapeutic play could involve talking about the child’s favourite topic while the procedure is taking place.

**Children’s autonomy**

Planning ahead is critical and children should always have autonomy, says Ms Hart-Spencer. ‘Children can be unpredictable, and we sometimes have to think on our feet and change tactics,’ she says. ‘Even with a great plan, if the child changes their mind and says “no” the nurse should stop. ‘We will talk to the child and try to find out what’s happening and what they’re feeling. It’s important they know someone is there advocating for them.’

With fewer than 700 registered HPSs working in community, acute and hospice settings in the UK, resources are spread thinly. Where nurses do not have access to specialists they can strive to make the environment more child-friendly – sourcing art and craft equipment and toys, distraction boxes or sensory boxes, and hanging bunting, for example. Charities like Starlight Children’s Foundation and Spread a Smile provide plenty of ideas and fund projects.

Nurses can also work with families to create a healthcare passport that children can take with them to other appointments and settings. ‘It summarises the child’s preferences, like: “Please tell me if I need a painful procedure” or: “This is what worked last time” – a lot of children say they don’t like telling their story over and over so it can help them feel listened to,’ says Ms Hart-Spencer.