CHILDREN'S PERCEPTIONS OF NURSES AND NURSING CARE

A descriptive literature review

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Abstract

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Hospitalization can be a very stressful and traumatic experience for children. Children have a limited understanding of procedures and hospital environment. Thus, it is even more important for health care professionals to recognize the characteristics of pediatric nursing and the unique expectations of child patients. The purpose of this thesis was to describe children's perception of nurses and nursing care. The aim was to eventually improve the quality of care and to encourage pediatric nurses to involve children more in their own care.

The method selected to conduct this thesis was a narrative literature review. It was conducted in order to provide a current and broad perspective on the topic. An electronic database search was performed in the following databases: PubMed, CINAHL and SAGE, using specific inclusion and exclusion criteria. The data analysis was qualitative, and it was carried out by using thematic analysis. The codes answering the research questions were recorded, organized and lastly, through their similarities, themes were identified. Two main themes were identified as a result of the analysis: 'support and treatment' and 'establishing a therapeutic relationship'. The category 'support and treatment' was further divided into four subcategories: 'safety', 'physical support', 'emotional support' and 'psychological support'. The category 'establishing a therapeutic relationship' was further divided into two subcategories: 'interpersonal relationship' and 'communication'.

In conclusion, we discovered that children want to be involved in their care and are willing to express their opinions and conceptions of nurses. Children expected certain interpersonal qualities, caring, professional expertise from nurses as well as appropriate and adequate communication with them. Because child centered care is still a relatively new approach, further research from the perspective of children will be needed.

Keywords

pediatric nursing, patient-centered care, qualities, perception

Tiivistelmä

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Lasten käsitykset sairaanhoitajista ja sairaanhoidosta
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Tutkinto

Sairaanhoitaja

Sairaalassa hoidettavana oleminen voi olla lapselle todella stressaava ja traumaattinen kokemus. Lapsilla on rajallinen ymmärrys toimenpiteistä ja sairaalasta ympäristönä. Sen vuoksi on sitäkin tärkeämpää, että hoitoalan ammattilaiset tunnistavat lasten sairaanhoidon ominaispiirteet ja lapsipotilaiden odotukset. Opinnäytetyön tarkoitus oli kuvailla lasten käsityksiä sairaanhoitajista ja sairaanhoidosta. Tavoite oli osaltaan parantaa hoidon laatua ja rohkaista sairaanhoitajia ottamaan lapset enemmän mukaan omaan hoitoonsa.

Opinnäytetyön menetelmäksi valittiin kuvaileva kirjallisuuskatsaus, jotta aiheesta saatiin ajankohtaista tietoa ja yleiskuva. Seuraavissa sähköisissä järjestelmissä tehtiin hakuja tietyillä hakuehdoilla tutkimusartikkeleiden löytämiseksi: PubMed, CINAHL ja SAGE. Artikkelit analysoitiin temaattista tutkimusmenetelmää hyödyntäen. Ensin tutkimuskysymyksiin vastaavat koodit tallennettiin ja järjestettii. Lopulta samankaltaisuuksien kautta löytyi yhteisiä teemoja. Analyysin tuloksena tunnistettin kaksi pääteemaa: ‘tuki ja hoito’ sekä ’terapeuttisen suhteen luominen’. ‘Tuki ja hoito’ -kategoriassa tunnistettiin neljä alakategoriaa: ‘turvallisuus’, ’fyysinen tuki’, ’henkinen tuki’ ja ’psykologinen tuki’. ’Terapeuttisen suhteen luominen’ -kategoriassa tunnistettiin kaksi alakategoriaa: ’vuorovaikutussuhde’ ja ’viestintä’.

Opinnäytetyössä selvisi, että potilaana olevat lapset haluavat osallistua hoitoonsa ja että he ovat halukkaita ilmaisemaan mielipiteensä ja käsityksiään sairaanhoitajista. Lapset odottivat hoitajilta tiettyjä ominaisuuksia, hoitoa ja ammatillista osaamista sekä tarkoituksenmukaista ja riittävää viestintää. Koska lapsikeskeinen hoito on vielä suhteellisen uusi lähestymistapa, lisää tutkimusta lasten näkökulmasta tarvitaan.

Avainsanat

pediatrinen sairaanhoito, potilaskeskeinen hoito, ominaispiirteet, käsitys

CONTENTS

1 INTRODUCTION

Children's nursing care has mainly developed from the professionals' perspective. The most common care approach has been family-centered care. (Coyne, Hallström & Söderbäck 2016, 494.) Being hospitalized for a long time can affect children's self-esteem and perception of self-efficacy. Hospitalized children suffer from continuous stress, which can result in negative emotions such as fear and anger. That is why children and their feelings and experiences should be involved in the research. Despite some doubts, children have been able to express information and emotions about their experiences and about the quality of care as well as interaction with nurses through both non-verbal and verbal channels. (Corsano, Majorano, Vignola, Cardinale, Izzi & Nuzzo 2012, 295-6.)

Child centered care is a relatively new approach which puts children into a more central position than before (Ford, Dickinson, Water, Campbell, Bray & Carter 2018). When reviewing research about pediatric care, little attention has been paid to how children feel or think about nurses and the qualities they expect nurses to have, to make their treatment and hospital experience a pleasant one. According to Pelander, Leino-Kilpi & Katajisto (2007), in pediatric care, parents and caregivers have mostly been discussing children's experience. The best way to have adequate information about children's experience is to ask them. (Pelander et al. 2007, 185.) The nursing care of children has evolved dramatically over the past 100 years. It has changed from the specialty of pediatric medicine to a holistic approach for providing health care to children and families. (Price & Gwin 2011, 1.) Despite the evolution of child care and the increase of studies, there are still few publications with emphasis on child's perspective on the care provided in the hospital environment (Farias, Gabatz & Terra 2017, 703). Children also have a limited understanding about the complexity of the mechanisms of disease and health and its management. It is helpful to review with children their conceptions and misconceptions to avoid maladaptive responses. (Perrin & Shipman 2009, 329.) Child nursing requires nurses to adapt their approach and communication style, since pediatric nursing changes in relation to the child's maturity (Gormley-Fleming & Martin 2018, 3).

The aim of this thesis is to gather information about how children perceive nurses and what they expect from them. The research questions are:

1. How do children see nurses?
2. What kind of qualities should a nurse have?

The focus is children's perception of nurses, not the competences that a nurse needs in pediatric nursing nor the perspective of the child's parents. The information obtained from the literature review will be useful to nursing professionals, when interacting with children in an outpatient facility, in the hospital environment or at the child's home. When children's opinions and expectations are understood, considered and adhered to in pediatric nursing, it will make it easier on both pediatric nurses and pediatric patients.

2 CHILDREN'S SICKNESS AND HOSPITALIZATION

2.1 Developmental stages of a child

Childhood is a period of the human lifespan between infancy and adolescence (Britannica 2019). Firstly, normal development of childhood is measured through physical development. It includes the changes in size, shape and physical maturity of the body, physical abilities and co-ordination. Secondly, the development of a child includes cognitive development, comprising the use of language and learning. Thirdly, the development to be assessed is psychosocial development, including the skills needed to interact with others. Lastly, emotional development is assessed, comprising the development of feelings and emotions. (Sharma 2011, 2.)

Development occurs in stages related to the age of the child. From 18 months to 3 years, child learns to talk, move around more freely and explore the environment. One key development is emotional regulation as well as rapid physical and intellectual development. From 3 to 6 years old, the child starts formal learning at kindergarten or school. The child learns and improves new skills, mostly by playing. School-age children (6 to 12 years old) become more independent. Parents still have an important role, providing care and support. The teen years (13 to 18 years old) bring physical changes, sometimes passive-aggressive behaviour and self-consciousness. Later, towards high school age, social skills are toned, and relationships take on more of a serious nature. During adolescence, children need parents to support them and navigate the challenging years. (Child Development Institute 2019.) The four stages of childhood are infants and toddlers, preschool children, school aged children and adolescence. The stages regarding their physical, cognitive, social and emotional development are described in the following. The developmental stages of infants and toddlers are described in Table 1.

Table 1 Developmental stages of infants and toddlers (Child Development Institute 2019)

PHYSICAL	COGNITIVE	SOCIAL	EMOTIONAL
New-born; rough, random, uncoordinated reflexive movement. **3months:** head at 90 degree, uses arms to prop; visually track through midline. **5months:** purposeful group; roll over; head lag disappears, reaches for objects from hand to hand, plays with feet; exercise body by stretching, moving, touch genitals, rock on stomach for pleasure.	**Sensory motor** physically explores environment to learn about it: repeats movements to master them **4-5months:** Coos, curious and interested in the environment. **6months:** babbles and imitates sounds. **9months**: discriminates between parents and others, trial and error problem solving. **12months:** beginning of symbolic thinking, points to pictures in response.	**Attachment**; baby settles when parent comforts; toddler seeks comfort from parent, safe -base exploration. **5months:** responsive to social stimuli; facial expressions of emotion. **9months:** socially interactive; plays simple games with caretakers. **11months:** stranger anxiety: separation anxiety; solitary play. **2yrs:** imitation, parallel and symbolic, play.	**12-18months:** "terrible twos" may begin; wilful, stubborn, tantrums **18-36months:** feel pride when they are" good "and embarrassment when they are "bad". Emotionally attached to toys or objects for security. **1yr:** learns fundamental trust in self, caretakers, environment. **1-3yrs:** mastery of body and rudimentary mastery of environment (can get others to take care of him).

Preschool children are physically active, and they can't sit still for a long time. Also, they are clumsy throwing balls, have refines complex skills, hopping, jumping and climbing. Their fine skills and eye-hand coordination develop, and they can cut with scissors and draw shapes. Preschool children are ego-centric. Their thinking is illogical, including magical thinking, poor understanding of time, value, sequence of events, vivid imaginations as well as some difficulty separating fantasy from reality. Moreover, they have accurate memory, but they are more suggestible than older children. When playing, preschool children are cooperative, imaginative, may involve fantasy and imaginary friends. Preschool children develop gross and fine motor skills and experiment with social roles. They want to please adults and don't have a sense of privacy. Regarding emotional development, preschool children's self-esteem is based on what others tell about them. Ability to control emotions increases, so there will be less emotional outbursts. Their frustration tolerance increases, and they understand the concepts of right and wrong. Preschool children are still curious about everything. (Child Development Institute 2019.)

School aged children grow steadily, 3-4 inches per year. They mostly use physical activities to develop gross and fine motor skills. At the age of 10-12 puberty begins for some children. School aged children use language as a communication tool. At the age of 5-8 years children can recognize other perspectives but cannot assume the role of the other. At the age of 8-10 children usually

recognize difference between behaviour and intent. At the age of 10-11 children recognize and consider other viewpoints. Also, they can remember events from months, or years earlier. Friendships are situation specific. Children understand the concepts of right and wrong and develop the ability to negotiate rules. Emotionally, school aged children's self-esteem is based on their ability to perform and produce. Normally, they are sensitive to others and opinions about themselves. At the age of 6-9 children have questions about pregnancy, intercourse and sexuality in general. At the age of 10-12 years it is common to play games with boy-girl relationships. (Child Development Institute 2019.)

During adolescence, puberty begins: for girls at the age of 11-14 years and for boys at the age of 12-15 years. The youth acclimate to changes in body. Cognitively, adolescents can think abstractly and hypothetically: calculate consequences of thoughts and actions without experiencing them. They consider several possibilities and plan behaviour accordingly. They think logically: identify and reject hypotheses or possible outcomes based on logic. Adolescents psychologically distance themselves parents and need to be independent. They identify with peer group. Social acceptance depends on conformity to observable traits or roles. Adolescents' friendships are based on loyalty, understanding and trust. They make conscious choices about adults to trust and respect. Later, adolescents may become sexually active. On emotional level, young adolescents (12-14) are self-conscious about physical appearance and early or late development. Their body image is rarely objective, and it may be negatively affected by physical and sexual abuse. Adolescents are emotionally liable; they may over-react to parental questions or criticism. They rely on peer group for support and engage in activities for intense emotional experience. (Child Development Institute 2019.)

2.2 Pediatric nursing

Beevi (2009, 8) describes pediatric nursing as the study and the caring of children who are sick and the ones in health conception throughout adolescence. Some principles of pediatric nursing are same to adults nursing, but the approach is still quite different (Gormley-Fleming & Martin 2018, 3). Pediatric nurses provide care to children and their families, including health promotion, illness management and health restoration. Pediatric nurses can work in different settings and roles, including direct caregiver, educator, counsellor, consultant, advocate, care coordinator or health systems manager. They can make assessment, plan and implement nursing interventions, evaluate nursing care, and incorporate research findings. (Wyatt, 2002, 2.)

Child nursing changes in relation to child development, age and level of understanding as the child gets older (Gormley-Fleming & Martin 2018, 3). What is also different from adult nursing is

that children may have growth and developmental issues that are not typically present in adult patients. Pediatric patients are constantly maturing intellectually, emotionally and socially as well as physically. The challenges associated with these changes must be handled effectively. (Grand Lake Health 2019.)

Because of the psychological and emotional differences between adults and children, pediatricians and pediatric nurses must undergo specialized training (Grand Lake Health 2019). Pediatric nursing requires knowledge of normal psychomotor, psychosocial, and cognitive growth and development. It also comprises knowledge of health problems and needs of people in this age group. (Mosby's Medical Dictionary 2009.) A strong knowledge prepares nurses to be able to adjust their approach. Additionally, the pediatric nurse understands that children's bodies react differently to medications, illnesses, and injuries, and he or she can adjust proportions accordingly. (Every Nurse 2019.) Educating both parents and patients is an essential goal in pediatric nursing. In this role, pediatric nurses provide basic health information, such as nutritional guidelines and preventative medicine as it relates to childhood diseases. A pediatric nurse serves as an important source of parent support for concerns about behaviour management and developmental disabilities and may refer parents to other resources when need arises. The pediatric nurse works closely with doctors and other medical staff to ensure high-quality patient care. (Every Nurse 2019.)

2.3 Hospitalization of children

Many children and young people are likely to access hospital services during childhood (Farias et al. 2017, 703). Hospitalization is admittance to the hospital as a patient. In Finland, Suomen Nobab association (representative of European Association for Children in Hospital, EACH), promotes the treatment and well-being of hospitalized children and adolescents and the rights of children and families in hospitals. The association states that a child should only be hospitalized when the treatment cannot be executed at home or in outpatient care. If the child can be medicated and treated in outpatient care, it should be preferred. (Nobab 2019.) Increasingly, hospitalizations of children are the result of trauma or associated with the management of a chronic physical illness. Children with acute illnesses are often cared for outside the hospital. Many elective surgical procedures can be performed in day-surgery units. That saves costs but is also a result of acknowledging the stress that hospital admission causes to children. (Perrin & Shipman 2009, 329.)

According to Jalanko (2009), the most common diseases of children are infections, diarrhea, skin infections and pox diseases Secondly, allergies are also an important group, 10% of children having at least one allergy. Thirdly, different functional issues, such as stomach ache, headache

and constipation are common. Issues related to child development and growth are a part of this category. Lastly, the number of accident related injuries has been decreasing but is still causing hospital visits. (Jalanko 2009.) All diseases do not require hospital admission, but certain acute and chronic diseases do. The most common diagnostic categories of child patients in the US were reported by Healthcare Cost and Utilization Project (HCUP) Statistical Brief. Their statistics (Figure 1) present data on hospital inpatient stays among children aged 17 years and younger in 2012. The data is obtained from Kids' Inpatient Database (KID), specifically developed to study hospitalizations among children.

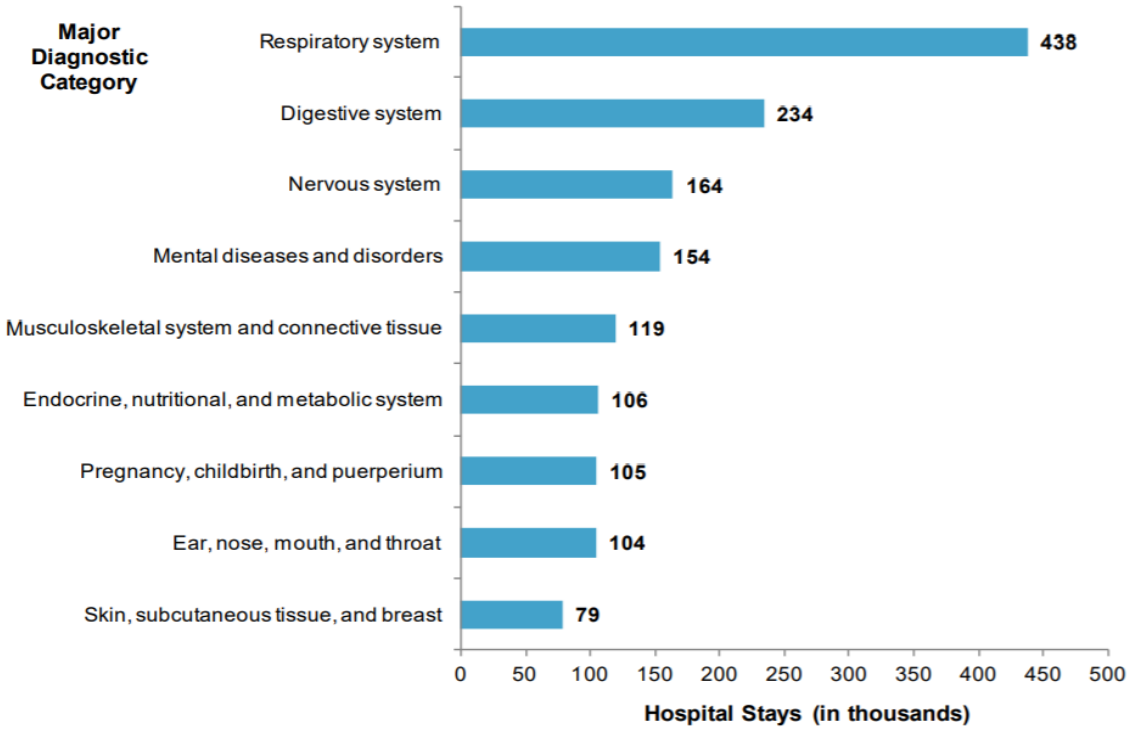

Figure 1 Top 10 major diagnostic categories (MDCs), excluding newborns, for hospital stays among children aged 0–17 years. (Agency for Healthcare Research and Quality 2012)

2.4 Impact of hospitalization on children

During hospitalization, daily routines are changed, and the child needs to be away from home, family and his belongings which causes great anxiety and stress. Hospitalization is one of the main stressors that the child finds because of the separation, loss of control, as well as bodily injury and pain. (Farias et al. 2017, 703.) Different feelings arise: homesickness, worry, anxiety, pain, fear of abandonment and insecurity (Farias et al. 2017, 707). In the long term, the hospital experience can lead to different consequences for the child's self-esteem and perception of self-efficacy (Corsano et al. 2018, 295). For young children, hospital experience might be so traumatic

that it influences the well-being of the child. It may damage the sense of security felt by the children and weaken the child's willingness to trust health-care professionals. (Salmela, Aronen & Salanterä 2010, 719.)

The child's response to hospitalization depends on the developmental level and coping mechanisms, parent-child relationship, cultural and religious influences, previous experience with hospitalization, nature of illness as well as child's perception and knowledge of the event. Children at different developmental stages perceive the experiences with different meanings. Infants find separation stressful because they are strongly attached to their primary caregivers. Toddlers and preschoolers are unable to understand the reason for hospitalization. Children of preschool age may misunderstand the meaning of procedures. (Beevi 2009, 375.) School-age children are cognitively able to understand about their illness, but misconceptions still occur. Separation anxiety may not be strong, but loss of control (for example a child may fear what he might say during anesthesia) is stronger. Children from toddler to school age children may react to fear of pain in different ways, such as crying, kicking screaming, pulling away during procedures and being upset. Having concerns and fears of bodily pain is common. (Beevi 2009, 376-377.)

In her graduating thesis, Talka (2009, 3) found out through interviews that children aged 5 to 6 experience different types of fears in hospital environment. The things causing fears are the hospital environment itself, procedures and examinations. In the hospital environment, even different sounds, devices and hospital equipment may feel scary. Procedures that caused fear are e.g. injections, inserting cannula and taking a blood sample. Taking X ray, operations and having anesthesia were also mentioned for their scary nature. Children also feared feeling insecure, being away from parents and feared their own physical sensations, such as pain. (Talka 2009, 3.) In another study by Salmela et al. (2010, 719), the same fears were mentioned. The meaning of hospital-related fear formed four main clusters: insecurity, injury, helplessness, and rejection. (Salmela et al. 2010, 719.)

Despite the negative aspects listed above, all hospital experiences that child patients have reported in research are not negative. Jensen, Jackson, Kolbæk & Glasdam (2012) conducted a study about children's experiences of acute hospitalization to a pediatric emergency and assessment unit. Overall, the children identified the hospital experience in a positive way. (Jensen et al. 2012, 263.) Getting positive attention and being the centre of attention made the children feel important. The children quickly adapted to their new environment and enjoyed similar activities than they have at home. In conversations with professionals, they adapted to professional terms being used which they did not necessarily understand. Some reported, though, that staff did not

address them directly and felt being overlooked. (Jensen et al. 2012, 263-269.) Differentiating between healthcare professionals was difficult for child patients. Their expectations were the same, regardless the role or the title. (Jensen et al. 2012, 270.) Research like these can contribute to the quality of care received by children during a hospital stay.

2.5 Impact on families with hospitalized children

A child being ill affects the whole family, siblings and parents alike. The effects include psychological and emotional issues, disruption of leisure activities, interpersonal problems, effects on social life and financial issues. Many different emotions are mentioned in research: guilt, anger, worry, upset, frustration, embarrassment, despair, loss and relief. Each sickness and each situation affect family members in different ways. The impact of disease on families of patients is often unrecognized and underestimated. In some families, though, relationships can become stronger when the initiative is taken to maintain good relations. With appropriate support, the quality of life of family could be improved. (Golics, Basra, Finlay & Salek 2013.) Nursing professionals could minimize the negative effects and provide support to parents and siblings as well (Farias et al. 2017, 703).

Nobab (2019) states that child should have the right to have a parent or another close adult present when being hospitalized. Parent participation is a pivotal concept in the provision of high-quality nursing care for children (Pelander et al. 2007, 192). In practice, that can be done by involving parents in the daily care of the child, offering them a place to sleep and giving friends and siblings the possibility for hospital visits. The parents' presence at hospital should be guaranteed in such a way that it does not cause economic issues. (Nobab 2019.) In their thesis, Lahti, Matala-aho & Vanhatalo (2013) found out that child suffering from chronic illness and his family need a lot of emotional support, especially in the beginning. They have a lot of different emotions and thoughts due to their child being sick and need a lot of information about the sickness and its treatment. Conversations with nursing professionals are important as well as with psychologist, doctors and social worker. Groups where they get peer support are also important. (Matala-Aho 2010).)

Providing pediatric care incorporates parents and other family members into the child's care and can be described as family-centered care. It acknowledges the parents as the constant in the child's life and as experts in the care of their child. (Lippincott Williams & Wilkins 2014.) Considering the needs of the children and young people admits the vital contributions made by their parents of careers (Gormley-Fleming & Martin 2018, 17). Family-centered care benefits both the child and family as well as the health care professionals (Lippincott Williams & Wilkins 2014).

Lahti et al. (2013) states that it is important for families to be involved in planning and performing treatment of child. It gave the feeling that the treatment was holistic and the whole family was considered as a part of child's treatment. The presence of parents had a positive impact. In the treatment process of a child, family was the single most important part of it. (Matala-aho 2010.) Being involved reduces the family's stress and increases confidence and competence in caring for their children. The healthcare professionals experience greater job satisfaction and feel empowered to develop new skills and expertise. (Lippincott Williams & Wilkins 2014.)

2.6 Children's right to participate in their care

The right of children to express themselves is protected by international and national laws (Pelander et al. 2007, 185). Convention on the Rights of the Child, declared by UNICEF (2019), emphasizes putting the child's interest first in all actions that involve a child. The aim of the children's rights convention is to promote the rights of children, youth and their families' rights in hospital. In article 5, parents are encouraged to deal with issues in a manner consistent with the evolving capacities of the child. That is, the families have an important role as nurturers of children. Article 12 emphasizes respecting the views of the child. When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions considered. It is encouraged to listen to children and involve them in decision-making. The child's level of maturity should be considered. In article 24, UNICEF states that children have the right to the best health care possible, as well as to clean water, nutritious food, clean and safe environment and information to help them stay healthy. (UNICEF 2019.)

WHO (2019) states that children should be given the right to participate in making decisions in a manner consistent with their age and evolving capacity. As children and their family become involved, their knowledge improves, anxiety reduces, and they are more satisfied. (WHO 2019, 65.) Earlier, it was argued that children are unable to provide objective critical points of view about their experiences. Several studies, though, prove that children can express their feelings and emotions, through both verbal and non-verbal channels as well as understand concepts relating to their illness, including medical procedures. (Corsano et al. 2018, 295.)

Literature identifies that children and young people should be actively participating in their care. It is particularly important when the child has a chronic or long-term condition. (Gormley-Fleming & Martin 2018, 27.) Turning to view the care of children from the perspective of children themselves changes the child's position. The child's perspective as an agent represents how the child experiences, perceives and understands the context and what must be done. (Coyne et al. 2016, 496.) According to Moules, Nowell, Norris & White (2009, 321) patients and professionals do not

always agree on how to define quality care. That is why it is important to know how children and young people perceive quality care so that high quality care can be achieved. (Moules 2009, 322-3.) According to Coyne et a. (2016), the rights to participation include the child's self-determination, dignity, respect, integrity, non-interference and the right to speak up and make informed personal decisions (Coyne et al. 2016, 497). Nobab (2019) suggests that a child should be treated in an understanding and sensitive way and respect his privacy.

Pelander et al. (2007) also state that children want to be heard and consulted. The promotion of their autonomy leads to enhanced wellness and improved health outcomes. That is why health professionals should commit themselves to assessing children's views. (Pelander et al. 2007, 185.) According to Pelander et al (2007, 185) children mostly report being satisfied with their care. Sources of dissatisfaction include insufficient information, pain management, problems with communication and a chance to play. (Pelander et al. 2007, 185.) In their research, Coyne & Kirwan (2012, 11) report that children want to be included, engaged and listened to during their hospital stay. Children's experiences of hospital life should be considered in order to understand their perspectives on health, their care as well as engagement with professionals. Some children were in favour of pre-operative visits. Being able to bring in items from home reduced the scary nature of hospitals. On the other hand, poor or limited play facilities, poor communication, insufficient information and not feeling involved in care resulted in dissatisfaction. (Coyne & Kirwan 2012, 11.) Having a child friendly environment and possibility to play and go to school whilst being hospitalized is also encouraged. (Nobab 2019).

2.7 Nurses' role in involving children in their care

It has been found that, some of the effects of hospitalization may continue for months or even for years and last longer, especially in children who experiences frequent and prolonged hospitalization (Melnyk, 2000, 4). Evidently, these effects on children will be an issue for the nurses who must deal with satisfying the children's psychological and physical needs. Health care professionals employed at pediatric wards have a critical role, which one way or the other may lead to a positive or negative impact to children's experiences at the hospital. (Duzkaya 2014, 5). Children have their personal expectations and perceptions of being hospitalized. In their study, Moules et al. (2009) discovered that children expressed characteristics that were important in their care: health professionals' technical expertise, friendly staff, respect, explanations and choice. (Moules 2009, (328) Care is more than performing medical procedures. It includes the adoption of strategies that favour the minimization of loss of control: maintenance of routines, promotion of

understanding, prevention or minimization of fear of bodily pain, as well as promotion of play activities appropriate to child development. (Farias et al. 2017, 708.)

Helping children participate in their care as much as possible is important. Empowering children to participate in their care helps to reduce emergency department visits and hospitalization. It promotes recollection of recommendations for medication and increases satisfaction. (Pelander et al. 2007, 192.) Coyne et al. (2016) argue that the actions to include child's perspective are involvement, eliciting the child's perspectives, actively listening, hearing and responding to their views and preferences, building relationships and tailoring care individually. Children should also be given the opportunity and space to participate. (Coyne et al. 2016, 498.)

According to Pelander et al. (2007. 185-6), nurses have a crucial role in children's hospitalization. In their study, children gave low ratings to nurses' efforts to support their initiative and participating in their own care. Sometimes it was caused by the protective attitude of adults and the view that children do not have the competence to take part in their care. Pelander et al. (2007. 185-6.) The Rights of the Child stress the importance of including the child and taking their views seriously. Even when not mature enough, they can almost always participate in some way in decision making. (UNICEF 2019.) Children should be considered as individuals whose participation is valued. This could be addressed in nurse's education to promote greater respect for the autonomy of children in their own care. (Pelander et al. 2007, 191.)

Nurses who are supportive, patient, gentle and cheerful, communicate openly and provide privacy, help to ease the stressors of hospitalization. All of them are important aspects of the quality of care. (Pelander et al. 2007, 185-6.) Pelander et al. (2007) suggest that gentle, nice and patient healthcare professionals with a good sense of humour combined with nurses' familiarity promote coping during hospitalization. They also suggest that the ability to play with a hospitalized child is a crucial skill for pediatric nurses. Nurses should integrate elements of play in their routines, because the lack of activity is one of the main stressors in hospital. By playing, nurses create a warm connection which increases the sense of security and trusting relationship between children and nurses. (Pelander et al. 2007, 191.) Play can be used to distract during assessment, to decrease anxiety and stress, to demonstrate the assessment process and promote the hospital environment as a child-friendly environment. Age-appropriate toys should be used, and the child's preferences may be considered. (Gormley-Fleming & Martin 2018, 9.)

It is important that nurses are familiar with the common fears of children and try to relieve them (Pelander et al. 2007, 192). As mentioned by Talka (2013, 3), one of the fears of children is pain. Pediatric nurses play a crucial role in the assessment and management of pain. They must have

extensive understanding of children's behavioural responses to pain and child development in order to provide the best quality pain assessments for children to have adequate pain relief. Because it may be difficult for children to assess and describe their pain, pediatric nurses must have knowledge and tools in order to accurately assess and manage it. The quality of pain assessment and treatment can be improved through proper nursing education. (Margonari, Hannan & Schlenk 2017, 65.) Improving it may evidently improve patient outcomes and satisfaction (Margonari et al. 2017, 70).

2.8 Children's right to receive information

Nobab (2019) suggests that child patients and parents have the right to get information age-appropriately. For example, doctor and nurse should involve child and/or parent in an interview when being admitted to the hospital. They should also take care of information being transmitted during hospitalization. Before dismissal, doctor and nurse should ensure that all given information has been understood correctly. Written instructions will be used to clarify orally transmitted information. The child should be informed considering his age, maturity level, knowledge and condition. Children and patients should be included in all decision-making regarding the treatment of the child. Unnecessary treatment, pain or examinations must be avoided. In practice, it means informing about different options, their consequences and possible side effects. Health professionals should also develop measures and ways to make it easier to inform different children. (Nobab 2019).

Despite the principle of children's participation, research indicates that children experience obstacles to participating in the decision-making process. Children are often not included in information-giving, but it is rather directed at parents and adults can limit children's involvement because of a need to protect. (Coyne et al. 2016, 497.) In a Swedish study, twenty-three children were interviewed about how well informed they were about their hospital stay. They did not have the overall picture of the situation, nor did they know whether they were going to suffer from pain during the hospital stay. The general conclusion was that they were not very well-informed, and their views were not taken into consideration in all matters affecting them. They expressed desire to know more about the length of hospital stay, about having injections and blood tests. Older children generally had more knowledge. (Runeson, Mårtenson & Enskär 2007, 509.) Most parents had the opinion that their children could not be given too much information. They stated, though, that their child was well informed. Despite the limited maturity, the children could have been allowed to have a choice to participate in discussions and decisions made during the hospital visit. Many reported feelings of fear and anxiety before hospital admission without having told them to their

parents. Instead of sending a single letter to the family prior to hospitalization, there could be a personal phone call to the family, including talking to the child as well as the parents, nurse presenting herself and a more detailed presentation of hospital environment available online, directed to children. (Runeson et al. 2007, 510.)

2.9 Nurses' role in communicating with child patients

Children's perceptions of their well-being during hospitalization are influenced by their interactions with others (Peña & Rojas 2014, 254). Therefore, one major area to be considered with child patients is communication. Appropriate communication reduces anxiety and enables children and careers to understand the illness and the treatment and procedures. In practice, it means that staff introduces themselves, shares information avoiding jargon, listens actively as well as uses the child's and career's names when addressing them. (WHO 2019, 62.)

One area of communication is transmitting information. Several studies discuss methods and to what extent children, from a professional's and parent's point of view, are informed. Less information is available from the children's own point of view, e.g., the level of understanding, the desire and need of information, and the consequences. It is important to identify those children who specifically need and desire information as well as children who do not wish to be informed. (Runeson et al. 2007, 510.)

Another essential part of communication with child patients is the establishment of rapport between the nurse and child or young person and family. Younger children prefer adults to communicate on their behalf but as they develop, they wish to communicate directly with the health professionals. (Gormling 2018, 18.) Children's nurses should be mindful of selecting appropriate vocabulary to ensure the meaning is understandable (Gormley-Fleming & Martin 2018, 17). Calm and affectionate interaction favours the child's comprehension, enabling their acceptance (Farias et al. 2017, 709). Explaining procedures, specifying their actions and telling children what to expect also promotes coping (Pelander et al. 2007, 192).

For very young children or those who have no or limited speech, nurses are required to communicate with parents. With older children, there must be a balance between giving them independence and getting a full account of the situation with the help of parents. (Gormley-Fleming & Martin 2018, 5.) Nursing staff must ensure that the child patients have understood their message. When the information is appropriate to a child's level of understanding, is delivered slowly and takes the child's receptiveness into account, it is easier to guide their behaviour. (Peña & Rojas 2014, 253.)

3 PURPOSE, AIM AND THESIS QUESTION

The aim of the thesis is to gather information about how children perceive nurses and what they expect from nurses. This will be achieved with a qualitative, narrative literature review. Qualitative data analysis aims at making sense of the abundant, varied, mostly non-numeric information that is received during an investigation. We search for insight, meaning and understanding and larger patterns of knowledge. (De Chesnay 2015, 1.)

The focus is children's perception of nurses. The purpose of this study is to increase nurses' understanding of child patients and their expectations. Through that, it will be possible to improve the quality of care of child patients. As a result of the process, the research questions can be answered:

1) How do children see nurses?
2) What kind of qualities should a nurse have?

4 METHODOLOGY

4.1 Method and databases

The method used in this thesis was a narrative literature review. This method was used in order to provide a comprehensive background for understanding current knowledge and new research about the topic. According to Coughlan, Cronin & Ryan (2008), a literature review is an objective, thorough summary and a critical analysis of the relevant available research on the topic being studied. (Coughlan et al. 2008, 41.) Reviews provide a synthesis of published literature on a topic and describe its current state, assess what is already published about a topic. Narrative literature reviews are helpful in presenting a broad perspective on a topic (Green, Johnson & Adams 2006, 103). A narrative literature review was regarded as the best method to conduct the thesis, since it aims at summarizing what has been previously published about how children perceive nurses and nursing care. It was regarded as the most suitable method, since it provides a comprehensive, critical and objective analysis of the current knowledge on a topic (Libguide 2019). Thus, it was not necessary nor possible to conduct a research with interviews of child patients. A narrative literature review can address one or more questions and the selection criteria for inclusion of the articles may not be specified explicitly and increase current knowledge about the topic. (Ferrari 2015, 230-1.) The body literature of this study was made up of studies about how children perceive hospitalization and nurses.

The literature search was undertaken using electronic databases available through Masto Finna library system. Electronic databases offer access to vast quantities of information which can be retrieved more easily and quickly than using a manual search (Coughlan et al. 2008, 41). Databases that are relevant in nursing field were chosen for this study: PubMed, CINAHL and SAGE. PubMed comprises citations for biomedical literature from MEDLINE, life science journals, and online books. CINAHL is an index of nursing and research journals covering e.g. nursing, biomedicine and health sciences. CINAHL databases are most widely-used and respected research tools for nurses, students and allied health professionals. SAGE Journals offers a wide range of research journals in health science. Journals are regarded as more up-to-date than books as sources of information so the availability of journals was beneficial for this study (Coughlan et al. 2008, 41).

4.2 Inclusion and exclusion criteria

Inclusion criteria are the elements of an article that must be present in order to qualify for inclusion in a literature review. Exclusion criteria are the elements that disqualify the study from inclusion

in a literature review. (VCU Libraries 2019.) Inclusion and exclusion criteria, summarized in Table 2, were selected based on what the objective, which is to find current information on the topic from the perspective of the children. Thus, the search results were narrowed down to year 2009 to 2019. Language of the material available was narrowed down to material published in English to ensure our understanding of the content. Studies concentrating on parents' or nurses' views and perspective were excluded because the aim was to gather information from the perspective of children. Finally, because only articles with full text available were selected to ensure full access to the content. Literature reviews were excluded because the aim is to gather relevant studies in the area. Only peer-reviewed sources were included in the search to increase the trustworthiness.

Table 2 Inclusion and exclusion criteria in literature search

Inclusion criteria	**Exclusion criteria**
studies published in 2009-2019	studies published over 10 years ago
studies published in English	articles published in other languages than English
studies with the aim of explaining children's perception of nurses and/or children's expectations from nurses	studies with the aim of explaining solely parents and/or nursing professional's expectations
studies with full text available	studies with only abstract available
peer-reviewed journals related to nursing	other journals
original study	literature reviews

4.3 Literature search

In the first stage of literature search, the search was conducted in selected databases. In order to find further information, alternative keywords were chosen in addition to the main keywords. The results were narrowed according to inclusion and exclusion criteria. The abstracts of articles were

read to get an understanding of what they are about. After that, a decision was made based on the following criteria: Does this article give relevant and current information that can answer the research questions? After that, the literature was either selected for further reading or excluded. Duplicates were excluded to get the final articles for the analysis.

The electronic database search was conducted in March and April 2019 using the selected databases. First, several searches with different keywords were conducted, such as “pediatric nursing”, “child’s perspective” and “quality”. This helped to determine which keyword combinations and criteria would be appropriate for finding the most relevant articles. After several searches, the keywords were chosen for the final search.

The keywords that were used:

- pediatric nurs* AND child AND perspective
- pediatric nurs* AND patient-centered
- pediatric nurs* AND quality
- children view of nurses
- hospitalized child AND nurse

The searches from PubMed and CINAHL were conducted using identical search words and criteria (see Table 3). Five different search word combinations mentioned above were used. The initial results were promising. PubMed gave 260 hits and CINAHL 187. After reading the titles and subtitles most articles were excluded because they were not about children’s perspective about nursing or hospitalization. Next, after reading the abstract of those left, most were excluded because it turned out the articles would not answer the research questions. Only articles written about child’s perspective were selected. Finally, two articles found in PubMed and one article found in CINAHL were selected to be analysed in the second stage.

It soon turned out that SAGE Journals database had to be handled differently due to its extensive character. Initially, the searches were conducted in the same way as with PubMed and CINAHL. After receiving over 30 000 hits with all five searches, the search had to be refined. SAGE allowed us to search with keywords only in abstract and/or in the whole article. After the refined search, we had 1757 hits. Again, going through the titles and subtitles helped with excluding most of the articles. After that, the abstracts were read to narrow down the rest. Finally, after removing duplicates that had already been selected from PubMed or CINAHL, 9 articles found in SAGE Journals were selected for the second stage. Thus, 12 articles in total were selected for further analysis.

Table 3 Literature search process

	PubMed	Articles	CINAHL		Sage		
Search terms used	Initial search results	Articles selected after removing duplicates	Initial search results	Articles selected after removing duplicates	Refined search, terms used, initial search results	Initial search results	Articles selected after removing duplicates
pediatric nurs* AND child AND perspective	69	1	28	0	[All child view of nurse] AND [Abstract perspective] AND [Abstract child] AND [Abstract nurs*],	140	2
Search conducted	15.3.2019		15.3.2019		15.3.2019		
pediatric nurs* AND patient-centered	69	0	8	1	[Abstract child] AND [Abstract nurse] AND [All patient-centered] AND [All pediatric nurs*]	937	2
Search conducted	15.3.2019		15.3.2019		15.3.2019		
pediatric nurs* AND quality	107	0	87	0	[All pediatric nurs*] AND [Abstract quality] AND [Abstract child] AND [All nurs*]	541	2
Search conducted	18.3.2019		18.3.2019		18.3.2019		
children view of nurses	11	1	39	0	children view of nurses (all words in abstract)	108	1
Search conducted	28.3.2019		28.3.2019		11.4.2019		
hospitalized child AND nurse	(both in abstract) 4	0	(both in abstract) 25	0	hospitalized child [keywords] AND nurse [Abstract]	31	2
Search conducted	28.3.2019		28.3.2019		28.3.2019		

4.4. Thematic analysis

The approach in writing the analysis is thematic analysis. Thematic analysis is one of several options available for analysing data and interpreting its meaning in qualitative research. According to Sutton & Austin (2015, 5) theming refers to the drawing together of codes from one or more transcripts to present the findings of qualitative research in a coherent and meaningful way. A thematic analysis is an approach for extraction of meanings and concepts from data and includes pinpointing, examining, and recording patterns or themes. It is also the method for detection, analysis and reporting the themes in the data (Javadi & Zaera 2016, 3.) Inductive thematic analysis, which was selected as appropriate for this thesis, is the type of analysis whereby the assembled themes are strongly made related to the data. In this method, the data are collected for a specific method, (Javadi & Zaera 2016 4).

After conducting the literature search, the selected articles were systematically and critically reviewed. They were read through several times in order to get familiar with the data. Initial codes of the findings about children's perception of nurses were recorded. Each segment of data that was relevant or captured something related to the objectives of the study were coded. In this stage, the data was reduced into smaller chunks such as phrases, short sentences and words that makes meanings related to children perception about nurses, care and hospitalization. A Microsoft excel sheet was used to systematically record the codes. (see: Appendix 1). In addition to recording the codes, a table (see: Appendix 2) was created to record the following details: author and topic of the article, methodology used, sample, main findings and comments. Finally, a short summary of each article was written, including its' key thoughts, comments, strengths and weaknesses. All this was done in order to better understand the material and help with writing of the review.

After collecting the initial codes, the analysis was done thematically. The codes were divided into categories, highlighting and comparing the results. In order to answer the two research questions, differences and similarities in literature had to be pointed out. The aim in the process was to discover patterns in children's perceptions and expectations. Sub themes were created in order to divide the codes into meaningful categories. Whether the data really did support the sub theme and whether it was in accordance with the objectives of the study was discussed. Some preliminary sub-themes that did not align with the purpose of the study were eliminated. The codes eventually fitted into six sub-themes. The sub-themes described patterns in the data relevant to the objectives of the study. Lastly, the sub-themes and their content were divided into two main themes.

Children were very clear in their responses regarding what they thought a good nurse should be like and what they think constitutes an ideal patient- nurse relationship. Their perceptions were generated through feedback responses and drawings. For example, 'Establishing a therapeutic relationship' was identified as a main theme that is rooted from two sub-themes: 'Interpersonal relationship' and 'Communication'. They were generated from a closely related group of codes which were further streamlined into two separate but related groups that constituted the two sub-themes. We also identified how the sub themes interact, how they are related to each other and how they are related to the main theme. The sub theme 'Communication' was rooted from children's willingness to participate in their care, use of clear and simple language and short sentences, communicating appropriately in a child-friendly manner as well as children's need to be listened to. Children were very sensitive in their interaction with nurses. The qualities children wanted from a nurse included being helpful, trustworthy, smiling, emphatic, patient, calm and relaxed. These qualities were needed to establish a good relationship between nurses and patients. The children expressed satisfaction, as these qualities helped them to cope with their illnesses and created a child friendly environment. These qualities together with the other sub theme 'Interpersonal relationship', constituted the main theme 'Establishing a therapeutic relationship'.

As shown in Appendix 3, four sub-themes were grouped together into a main theme "Support and treatment", that clearly interpreted and answered the first research question on how children perceive nurses. As shown in Appendix 4, two sub-themes were grouped into a main theme "Interpersonal relationship", which clearly answered the second research question on the type of qualities nurses should have. After thoroughly analysing the selected articles, the research questions of this thesis were to be answered based on them. The first question was "How do children themselves see nurses?" The second question was "What kind of qualities should a nurse have?" The two are connected and it is not possible to answer them completely isolated. The first category that the findings were divided into is 'Support and treatment'.

The results of the thematic analysis are presented in chapter 5. The first research question, "How do children themselves see nurses?", will be answered in chapter 5.1. The results are presented in a table with four sub themes that were identified in the literature. The second question, "What kind of qualities should a nurse have?" will be answered in chapter 5.2. The results are presented in a table with two sub themes that were identified in the literature. In the tables, the titles of four sub themes and the main theme are bolded. After each table, each sub theme will be discussed in its own chapter with examples from the literature.

5 RESULTS

5.1 Children's perception of nurses

Hospitalized children are in an environment, which is physically and emotionally challenging for them. According to the literature, they need all the possible support from health professionals. The themes identified in literature were 'Safety', 'Physical support', 'Emotional support' and 'Psychological support', as listed in Table 4. Full table is available in Appendix 3.

Table 4 Support and treatment

Sub-Themes	Main Theme
Safety	**Support and treatment**
Appropriate handling of medical equipment Organize and gentle during nursing procedures Aseptic techniques Cleanliness and sterility of medical equipment Identification: name badge and identity verification	
Physical support	
Recognizing needs of young people including time alone Clean, convenient and comfort environment Perform task skilfully and promptly Comforting techniques to alleviate pain e.g. pain medication, touch, massage Help coping with pains and painful procedures e.g. positioning, cognitive and visual distraction Activities to maintain level of control Help in maintaining personal hygiene	
Emotional support	
Comfort and reassurance Affections Gentle touch Intimate interaction Spend time and listen attentively	
Psychological support	
Nurses to be present at all time and participate in leisure activities Provision and scheduling of leisure and recreational activities Child-centered care Engaging and familiarization with hospital environment Creating a child-friendly room and environment Encourage critically to participate in leisure activities Creation of a non-hospital environment Giving privacy	

Safety: The findings suggest that children were able to identify how nurses operate in hospital environment. Appropriate handling of medical equipment, keeping objects sterile, handwashing, general cleanliness and being prepared were mentioned by the children (Brady 2009, 552; Marcinowicz, Abramowicz, Zarzycka, Abramowicz & Konstantynowicz 2016, 125).

Physical support: The findings suggest that hospitalized children need of a lot of physical support and care from nursing professionals. They defined nurses by their actions, such as giving medication (Pelander & Leino-Kilpi 2010, 729) giving injections, checking blood pressure and other vital signs (Çalbayram, Altundağ & Aydin 2017, 990). In Çalbayram et al. (2017, 998) children with chronic illnesses were describing more nurse's duties. Patient care, medication, injection and vaccination are defined as their duty in hospitals. Children also stated the modern roles of nurses (examines, patients, looks after patients, heals, trains people) which suggests that nursing profession is progressing. (Çalbayram et al. 2017, 998.) Children acknowledged that nurses are professionals who know what to do to make the child feel better (Randall 2012, 95), do their job skilfully, and expect ability to relief pain and in the best case, an ideal nurse would reduce unpleasant aspects of hospitalization and procedures (Brady 2009, 551). Pain was frequently mentioned in relation to nurses. As a part of physical support, children expected nurses to recognize that they need privacy and time alone (Foster & Whitehead 2019, 112; Marcinowicz et al. 2016, 126). Children also expected nurses to master clinical skills (keeping children pain free, being able to perform many procedures such as draw blood and administer medication as well as provide distraction during procedures. (Fletcher, Glasper, Prudhoe, Battrick, Coles, Weaver & Ireland 2011, 42.)

Emotional support: Based on the findings from the articles, children understand physical support and care alone is not all they need from nurses and other healthcare professionals. Comfort (Corsano et al. 2013, 295) and gentle actions that give reassurance to child patients are equally important and described in diverse ways in all articles.

Children held positive and negative regards for nurses. How they did, did not seem to be related to the nurse's actions but to the child's understanding of their illness and their involvement in care. (Randall 2012, 91.) In the research conducted by Coyne & Kirwan (2012, 296), children described nurses in positive terms such as nice, helpful, kind, gentle and caring. Caring was often mentioned as a quality that a nurse has, or ideally should have (Coyne & Kirwan 2012, 296; Foster & Whitehead 2019, 207; Fletcher et al. 2011, 42-3; Pelander & Leino-Kilpi 2010, 729). Being gentle was mentioned as a quality that nurses should possess, especially when performing medical procedures (Brady 2009, 555; Marcinowicz et al. 2016, 122).

In the study conducted by Corsano et al. 2013, 294), children perceived their relationship with nurses positively. The relationship was perceived as close, intimate and cohesive. The relationship helped the patients to cope with uncomfortable procedures. The relationship with nurses is important for the care and well-being of child patients. When asked what they expect from nurses, children wished that nurses spend time with them, listen attentively and take their views into account (Coyne & Kirwan 2012, 296); Brady 2009, 548). The findings suggest that children expect a positive relationship and interaction with nurses.

Psychological support: The findings from selected articles suggest that hospitalized children think that ideally, nurses should be present at all time and actively participate in leisure activities. Playing games with children was often mentioned by what children expect nurses to do with them (Boztepe, 2017, 167; Pelander & Leino-Kilpi 2010, 731; Randall 2012, 100). The results of Pelander & Leino-Kilpi (2010, 731) suggest that nurses should use more child-friendly activities, such as play, to reduce children's fears and worries. Therapeutic interventions can relieve some of the negative effects of hospitalization and illness. Humour, fun and play promote coping and well-being and strengthen the children (Ford 2011, 258).

When hospitalized, children require support to cope with the challenges. Thus, creating a child-friendly room and environment was perceived as conducive and supportive of the children's well-being (Ford 2011, 257). According to Foster & Whitehead (2019, 112) parental presence has been reported as an important factor in children's hospital experience. As a part of a child-friendly environment, participating in different leisure activities in the hospital was perceived as important, remembered and helpful (Foster & Whitehead 2019, 111-113). According to Marcinowicz et al. (2016, 126) what mattered most for the children were the amenities which promoted play and enabled them to have a good time in the hospital (Marcinowicz et al. 2016, 126).

5.2 Qualities of nurses

The second main category that the findings were divided into is 'Establishing a therapeutic relationship'. The themes identified in literature were 'Interpersonal relationship and 'Communication', as described in Table 5. The full table with initial codes can be viewed in the appendices.

Table 5 Establishing a therapeutic relationship

Sub-Themes	Main theme
Interpersonal relationship	**Establishing a therapeutic relationship**
Helpful Smiling Trustworthy Humour Friendly Nice Caring Empathy Reassuring Respect Patience and Politeness Demeanor: face and body posture Calm and relaxed Facial expression e.g. eye contact Open minded Tolerance	
Communication	
Child's right to information Child's participation, negotiation and his/her consent Child's perspective of their best interest Parental presence and involvement in decision making Use of clear and simple language Communicate and explains treatment procedures before, during and after the procedur Communicate appropriately based on child's mental capacity Use of words of endearment e.g. praise and appreciation during unpleasant procedure. Willing to listen attentively, engage and start a conversation Eye contact at same level Engaging in conversation not related to the illness Tone of voice Child friendly sentences Shorter sentences	

Interpersonal relationship: The study conducted by Çalbayram et al. (2017, 989) suggests that 95,5% of the children stated that the nurses facial expression looked like the smiling one among the face expressions (smiling, angry, tired) shown to them. According to Fletcher et al. (2011, 43) and Brady (2009, 549), smile is one of the most important attributes that children think a nurse should possess.

According to Brady (2009, 555), one of the attributes of a good nurse is humour. Ford (2011, 258) lists it as interventions that children desire and that can reduce fear and anxiety. Being helpful was mentioned frequently as an attribute of nurses (Fletcher (2011, 42 ; Coyne & Kirwan 2012, 296; Foster & Whitehead 2019, 107; Brady 2009, 555).

Children listed a number of positive attributes related to interpersonal relationship. Being friendly was one of the most frequent ones (Coyne & Kirwan 2012, 729); Brady 2009, 555; Fletcher 2011, 44). The best nurses were perceived as pleasant and friendly (Pelander & Leino-Kilpi 2010, 729). A positive relationship with nurses can help the child patients to cope with painful and uncomfortable medical procedures (Corsano et al 2012, 294). It could also support the patient's safety and well-being and help them to accept the illness experience (Corsano et al. 2012, 303).

Communication: Receiving adequate information from nurses regarding their care was regarded as important by children in many of the studies. Children can express their feelings and give information about their experiences when given the opportunity. Providing information and preparing the child for painful procedures is needed (Boztepe 2017, 168). Child has the right to information, participation, negotiation and consent Foster & Whitehead 2019, 109). The findings from Ford (2011, 258) also suggest that children have to be actively involved in their heathcare and that they can be trusting reporters of their experiences.

What the nurses have to consider when communicating is what is in the best interest of the child (Foster & Whitehead 2019, 109). There is a challenge for nurses to provide children with information and support that meets their needs (Ford 2011, 259). In the study conducted by Lambert, Glacken & McCarron (2013, 346), children clearly expressed how they may sometimes have it difficult to understand the medical team. Some children felt that the nurses or parents acted as intermediaries between childrean and health professionals. Simple explanations helped children of all ages to better comprehend what was happening and thereby facilitating their inclusion in the communication (Lambert et al. 2013, 347). Nurses must adjust their communication approach with children, be careful with complex language and medical jargon and use simple words and tailor the information to the child's level of understanding (Coyne & Kirwan 2012, 300). Corsano et al. (2012, 303) stated that drawings allowed thoughts and feelings to be communicated which may be difficult to verbalize.

Children expect nurses to communicate and explain treatment procedures before, during and after the procedure (Marcinowicz, Fletcher 2011, 42). Children would like to have the opportunity to express their opinions, ask questions and receive information about care and procedures (Coyne & Kirwan 2012, 293). Ford's (2011, 258) results suggest that age appropriate information

and parental presence are important to children. Providing information and appropriate explanations to children increased their sense of involvement and sense of control over what was happening to them. (Ford 2011, 255). Good communication between nurses and children and with their families is linked to increased understanding of treatment and illness (Pelanader & Leino-Kilpi 2010, 732). Children are more likely to be less stressed if their views are taken into account and they can participate in their health care in accordance to their rightts (Pelander & Leino-Kilpi 2010, 732).

The type and amount of information children want varies and some prefer to remain uninformed and sometimes withholding of filtering information is preferred (Lambert et al. 2012, 351). Lambert et al. 2012 state as their key finding that health professionals need to develop child- and family-focused strategies for assessing children's information needs in order to determine their preferences for information (amount, format, from whom etc.) to give the optimal amount and type of information to child patientes. (Lambert et al. 2012, 338.)

The children's wishes were mainly concerned with the need for more information and more involvement in communication with doctors and nurses. They wished to be listened to by healthcare professionals and their views to be considered. (Coyne & Kirwan 2012, 293.) Children encouraged healthcare professionals to listen and take their views into account (Coyne & Kirwan 2012, 394). "Good nurses" listen to children and want to spend time with them whereas "bad nurses" don't (Brady 2009, 548). Nurses were often perceived in the context of socio-emotional behaviours, for example whether the nurse is nice, kind, gentle or smiling. They are sensitive to the nurse's tone of voice and body language (Brady 2009, 548; Marcinowicz et al. 2016, 126).

6 DISCUSSION

6.1 Results

From the literature search findings, children's perception of nurses and nurse's preferred qualities were conveyed. Based on the findings of the twelve articles that were analysed in this study, we might claim that children can describe their hospital experience and express their wishes and expectations when given the opportunity. That is consistent with the study by Pelander et al. (2007, 185) in which they stated that children want to be heard and consulted. The findings align with what Moules (2009, 328-330) argues that child patients expect from nurses: technical expertise, friendly staff, respect, explanations and choice.

The results indicate that nurses can ideally provide the following; guaranteeing a safe environment, physical support, psychological and emotional support. It is important to recognize children's different needs. Some need private space and time alone, which nurses must respect and take into consideration, when possible (see: Pelander et al. 2007, 185-6; Nobab 2019). As a part of physical support, children mentioned professional competence factors that nurses should possess. To the extent that we can compile a full picture, children are aware of what some of the nurses' tasks are but only at their own level of knowledge and understanding.

We might reasonably argue that children's nursing indeed is somewhat different from adult nursing and children's expectations are also somewhat different. Child patients want nurses to be involved in playing with them, leisure activities and on the other hand, need parental presence. Parental presence was mentioned by the children in many of the selected studies, which is consistent with Salmela et al (2010, 724), (Lippincott Williams & Wilkins (2014) and Lahti et al. (2013). It gives the children a sense of security and acknowledges their important role in the care. And as Nobab (2019) that promotes children's rights in their care, states, it is the child's right to have a parent nearby when hospitalized. Playing, on the other hand, was also expected from nurses in several studies. Playing is not just for entertainment but as Pelander et al. (2007, 191) state, it is a way for nurses to create a warm connection which creates a sense of security and trusting relationship between children and nurses.

Synthesizing the main points, we might reasonably argue that nurses can and should be innovative in finding out what child patients think of their care and what kind of support they need. We might claim that it is nurses' task to assess children's views and take them into consideration. Hospitalization can be an overwhelming experience for a child and cause a lot of stress (Pelander & Leino-Kilpi 2010, 732). We might claim that a nurse with good interpersonal skills, a warm, reassuring approach is needed to relieve children's negative feelings, such as homesickness,

anxiety, pain and insecurity (Farias et al. 2017, 707). Different fears (see Talka 2009, 3 and Salmela et al. 2010, 719) alike are likely to arise. As the findings suggest, children hope that nurses can help them with pain, which according to Beevi (2009, 376-377) is a common fear. Nurse's skills to assess and adequately relieve pain were often mentioned by the child patients in the studies, which is consistent with Margonari et al. (2017, 65) and it could be suggested that it stresses the importance of nurses' role in it.

The findings would appear to indicate that children value a nurse who takes his or her time with the child, is relaxed, approachable, caring and kind. We might claim that a nurse should therefore consider her facial expressions, body posture and actions to keep the atmosphere calm and positive. These findings are consistent with Corsano et al (2012, 303) that state that nurses should reflect on their emphatic and relational skills, evaluate them and try to improve them for the well-being of their patients.

It might be possible to argue that, how nurses communicate with child patients is crucial. All areas, apart from written communication were present in the findings: verbal, non-verbal communication and play (see: Gormley-Fleming & Martin 2018, 9). The choice of words, amount of information transmitted and whom it is transmitted to, all make a difference. As Coyne & Kirwan (2012, 300) and Nobab (2019) suggest, nurses must examine their communication approach and tailor the information to the child's level of understanding. We might argue that based on the findings, the individual needs of each child must be considered (see: Runeson et al. 2007, 510)

The findings suggest that using simple language and short sentences ensure that a child patient can understand what nurses tell them. Children wished to be engaged in the discussion and for nurses to explain medical procedures which is consistent with Pelander et al. (2007, 192). The importance of listening to the child's needs was often mentioned in the studies, which is consistent to Coyne & Kirwan (2012, 300) and Coyne et al. (2016, 498) and recommended by UNICEF (2019). Based on the findings, we might claim that nurses have the possibility and obligation to ensure that child is the centre of the care and able to participate and feel included. As Coyne et al. (2016, 468) argue, the actions are taken will help to build a relationship with child patients and tailor their care individually.

6.2 Ethics

Research integrity is a term that emphasizes the honesty and integrity that all researchers are required to adopt in their research activities (Finnish advisory board on research integrity 2012).

In order to be ethically acceptable and reliable, the research must be conducted according to the conduct of research.

The topic of this thesis was created as a result of a process. Initially, the idea was to interview school aged children about their perceptions. Because of ethical concerns, doing a literature review about the topic instead was considered more appropriate.

This study was conducted based on the research principles: accuracy in recording, presenting and evaluating the research results. The results of the literature review were all communicated in an open and responsible manner. Any personal opinions, prejudices or views did not affect the process of collecting, analysing or presenting the data.

Citations were done appropriately and referred to according to guidelines in order to avoid any plagiarism. The sources were all analysed in such a manner that the credibility of this study would not be affected. All the team members participating in this study were committed to these principles.

6.3 Trustworthiness

When assessing the trustworthiness of a qualitative study, the researcher must consider four areas: its' credibility, transferability, confirmability and dependability (Statistics solutions 2019). All articles that were analysed in this study were selected from databases that are professional and reliable. Only articles published within the past ten years qualified as research material. Only databases that are in close relation to nursing were used for literature search. Without having explicit criteria for inclusion, a narrative literature review may end up being bias (Green et al. 2006, 104). Therefore, specific inclusion and exclusion criteria were applied in order to find relevant and accurate information and to exclude irrelevant data. They were strictly followed. We admit, though, that the limited time frame may have affected the number or articles found in the literature research.

The articles included in the thesis were peer-reviewed and from professional sources. The criteria were presented in detail and followed in the process. One of the common pitfalls to avoid when conducting a narrative literature review is the incomplete number of sources employed to find the literature (Green et al. 2006, 104). Several searches were conducted in order to have an adequate amount of data for the literature review. We admit, though, that narrowing down the age of the children to a specific age group instead of comprising ages 0 to 20 would have increased the trustworthiness of this review.

The analysis of the selected articles was based on the principles of narrative literature research. The analysis process was presented in detail and all stages of it were documented in order to increase the repeatability. The documents were attached to the thesis as appendices. Coding was done in stages. In the first stage, all articles were read by one of the writers of this thesis. After that, the articles were re-read by others as well in order to ensure all codes are recorded correctly. Finding the themes was a process. Initial groupings were gradually developed and edited multiple times. As an outcome of the process, sub themes were formed and discussed, until final sub themes and main themes were formed. The conclusions were only based on the articles found in literature search, not on any individual judgements or opinions. Any individual opinions would have led to bias conclusions (Green et al. 2006, 104). We admit, however, that the themes and/or the category names identified in data may be partially different than what other researchers would have identified. Researchers acknowledge that thematic analysis may lead to inconsistency and lack of coherence when developing themes from data (Moules et al. 2017,2).

6.4 Conclusion

The findings of this literature review present some key points of how children perceive nurses and what they expect from them. Knowledge about physical care of children alone is not enough. Nurse's interpersonal skills and communication skills all have a major role in pediatric nursing. Children are willing and able to express their perceptions and expectations about nurses and nursing care. The findings stress the importance of including the child in his or her care. As far as it is possible, the child patient should be the centre of attention, the main communicator and main actor in their care. This approach will benefit both nurses themselves and child patients and result in improved quality and experience.

Children expect nurses to be present for them in the hospital: communicate appropriately, transmit information adequately and provide activities. They also expect nurses to be professionally capable of providing good physical care, ideally with little pain. Care involves much more than physical care, though: involving parents, providing privacy and making hospital a child friendly environment, are preferred by hospitalized children Nurse's interpersonal qualities, a sense of humour and friendly, caring attitude towards the child are highly appreciated.

From the fact how much new information to us this analysis provided we might claim that there is need for this topic to be addressed more closely during nursing studies. More education on the special characteristics of pediatric care and training with child patients might be recommendable as a part of nursing studies. This thesis might serve as a good basis for students, since it will be available for their review. This literature review can also be used as a basis

for further research. It might be worthwhile to research, what kind of measures nurses could use to improve the communication with children, especially with children with limited ability to express themselves verbally. Another interesting area could be, how child patients could be encouraged to and involved in providing feedback about their care and hospital experience.

6.5 Limitations

The findings of this study must be seen considering some limitations. The first limitation concern is that the literature search was only conducted in three different databases which might have affected the total number of articles that were selected. The second limitation concern is that the selected search terms may not have been the best in attempting to find articles from the perspective of children.

The third limitation concern is that only articles written in English were included in the selection process. Even though English is a widely used language in health care research, this might have caused that some relevant studies were excluded from the literature. Additionally, if the full text was not available, the article had to be excluded. The sample size of this study remains relatively small with 12 articles being analysed. Some of the studies also had a relatively small sample size, varying from 10 to 388 children.

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APPENDICES

Appendix 1 Initial codes grouped in seven initial categories

Communicative relationship	Interpersonal relationship		Physical support
being able to talk and listen	smiling, being helpful	Supportive	providing suitable meals and nutrition
explaining what is happening	friendly	humour	keeping children pain free
appropriately	kind	fun	make children 'better'
terminology and can break it	caring	play	provide medication that cures their illness
transmitting information	reassuring	Empathy	nurses
language	supportive	Appreciative	give (pain) medication
always listening	approachable	Nice	Help with bathing
sentences	good understanding of children,	Calm	caring
should use shorter sentences	nice	relaxed	physical care
listen or answer questions	helpful	Cheerful	getting good food
friendly way: use medical jargon	kind	Kind	treatment
explained to children, not only	gentle	posture), hand position and gait.	physical care
parents means bad news	pleasant	smiling and smiling eyes	expected to perform painless procedures
Informing about the procedures	caring	Sincerity	Giving injection
and fears	funny	Caring	check blood pressure
Child right to information.	friendly	Being present	draws blood
consent	strict	Reciprocity e.g smiling back	check ears
interest.	Nice	Patience and politeness	checks diabetes
Parental presence	Pleasant	Reassuring, honesty, helpful, liste	attaches serum
Clear and simple language	friendly	Trustworthiness	checks body temperature
making	familiar		Make medicine
procedures before hand.	Intolerant	Nice	Examine patients
based on child mental capacity	Angry	Kind	listens to heart beats
information	Behaving well	Polite	operates patients
awareness during medical	fun	Gentleness	gives care
(praise during unpleasants	Kind	Humour and fun	Obtains intravenous access
time with kids	Caring	Open minded	Using needle
sitting down when	helpful	contact	giving medicine
Starting a conversation	happy	Tolerance	injections
(i.e. the nursing procudures;	smiley	Patience	dressings
related to the illness	cool	Calm	painful procedures
Tone of voice (nice, calm voice)	Nice	Appreciative	knows what to do to make child better
Friendly interactions	Supportive	respect child as a person	pain (touch, massage)
Tone of voice	Busy	presence	Aseptic techniques
Body language	Respect	nurses than with doctors	unpleasantness
Privacy (was refered to as safety	Honesty	nurses 'mediated' by medical	equipment
Safety	Trust	work with family and friends	heals
and time to interact with other	Honesty	important people	looks after patients
people, including "alone time"	Friendly	procedures (Parents as primary	procedures (positioning, cognitive and
		medical procedures and care	Do them no harm

Emotional/psychological	Activities	Appearance	Nature of work
provide distraction during	play games with children	professional appearance	have less knowledge than doctors
Gentle touch	playing games with nurses	look like a nurse (mostly	may not have expert knowledge, may
children want nurses to be by	entertainment	pictured with hospital masks,	healthcare professionals
close relationship	Expects nurses to play with	smiling	assists the doctor
intimate relationship	Tickle from the nurses,	mostly female nurses	educates people
cohesive relationship	Provision of leisure and	wearing a nurse cap	makes diagnosis
no conflict with nurses	Participating in leisure	angry (just a few mentioned	working shifts
emotional bond	Encourage critically ill to	Scary and freaky appearance	Organized
children need physical	Activities to maintain level of	Identification (name badge	Perform tasks compentently and
Creating a child friendly room	Creating a non hospital	Safety conscious	Ensuring continuity of care
		Being clean and having clean	nurses as allies with doctors (with
		Hand washing and general	student nurses have more time
		Appropriate appearance	have more time than doctors
		Sensible and professional	Organized and gentleness during
			Chlidren's best interest and
			Child-centered care

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Brady, M. 2009. Hospitalized Children's Views of the good nurse.

Marcinowicz et al. 2016. How hospitalized children and parents perceive nurses and hospital amenities

Appendix 2. Literature search results

Source and full reference	Participants (sample size)	The purpose of the article	Methodology used in a research study	Findings and outcomes	Comments/key thoughts	Full reference
How hospitalized children and parents perceive nurses and hospital amenities: A qualitative descriptive study in Poland.	The study covered 26 parents and 22 children between the ages of 13 months and 15 years old. The parent/caregiver group consisted of 22 women and 4 men, ranging in age from 25 to 58 years. Twelve had higher education, 6 vocational training, 6 secondary education and 2 primary education. The interviewed children were 10 to 16 years old. Nine of them went to primary school and 13 to lower secondary school. The group included 8 boys and 14 girls.	To investigate the patient-nurse relationship and pediatric ward amenities from the perspective of parents and hospitalised children.	A qualitative descriptive design using an interview guide approach was adopted for obtaining answers to questions about patient behaviour and experience related to the hospital stay	Five main attributes were identified 1. nurse qualities (nice, kind, polite and gentleness), 2. nurse verbal behaviour (children experience no sense of humour and fun, parents were satisfied in their conversation with nurses and between nurses and children. 3. nurse tone of voice and non-verbal behaviour (nice calm voice and facial expressions were frequently mentioned by children). 4 hospital amenities (From the children's perspective, the possibility to spend their free time in an interesting way was important as well as privacy which they referred to as safety). 5. parent expectations of nurses (the parents expect a kind of compensation from nurses for taking care of their own children in the ward. For example, they expect nurses to tolerate their little offences as well as greater kindness on the part of the nurses.	Children and parents are very sensitive in their interaction with nurses in the context of socio-emotional behaviour which can easily be perceived in a positive or negative way.	Marcinowicz, L., Abramowicz, P., Zarzycka, D., Abramowicz, M., & Konstantynowicz, J. (2016). How hospitalized children and parents perceive nurses and hospital amenities: A qualitative descriptive study in Poland. Journal of Child Health Care, 20(1), 120–128.

Source and full reference	Participants (sample size)	The purpose of the article	Methodology used in a research study	Findings and outcomes	Comments/key thoughts	Full reference
Hospitalized children's view of the good nurse	Twenty-two children (11 boys and 11 girls) were interviewed and 5.5 hours of interview obtained over a period of four months. The children were from a variety of ethnic backgrounds with an average age of 9.9 and has been hospitalized for a variety of reasons.	The purpose of the article was to identify the characteristics of a good nurse from the perspective of children in hospital and to inform children's nursing practice, thereby facilitating the provision of care that meets the needs of hospitalized children.	Grounded theory approach was used in the study, in which theory is discovered by collecting and analysing data relating to a phenomenon. The method focuses on the description and generation of theory from data by an ongoing process of comparative analysis using open and theoretical coding that allows codes to emerge. It facilitates the identification of the concerns of the research participants rather than the researcher.	Themes that highlighted the important characteristics of the good nurse: communication, professional competence, safety, professional appearance and virtues. Communication was identified as a vital component of the good nurse attributes e.g. children reported that good nurse use terms of endearment (sweetie, darling and) when communicating with them. Professional competence was attributed to nurses who performs certain skills competently and promptly with no harm and or pain. Safety was attributed to concern about cross-infection, unsafe behaviour, not being fraudulent or fake. In terms of appearance, majority expected the good nurse to be neat, clean and identifiable. The children highlighted the good nurse virtues such as: honest, listening, trusting, nice, helpful, gentle, kind, reassuring, polite, cheerful and friendly.	Nurses caring for children should have good communication skills and be ready to engage them (with conversation or smiles) with each interaction, provide age-appropriate diversion and friendly interaction, provide basic needs in a gentle manner, and engage in protective and advocacy behaviours, such as frequent stops to assure a child's safety and well-being.	Brady, M. Hospitalized children's view of the good nurse. Nursing Ethics 2009 16 (5)

Source and full reference	Participants (sample size)	The purpose of the article	Methodology used in a research study	Findings and outcomes	Comments/key thoughts	Full reference
I"I didn't really like it, but it sounded exciting." Admission to hospital for surgery from the perspectives of children	10 primary school age children ages (6-12) who had planned and unplanned surgery.	The study was to identify children experiences of admission to hospital for surgery from their perspectives.	Child-centred research method was employed in the study, which uses a constructive grounded theory approach that recognizes the co-construction of meaning that occurs through interactions between the participants and the researcher.	Three major concepts: Being scared, Hurting and Having fun. The children experienced contrasting feeling of being scared, anxiety and having fun. Haven't gone through such process, being left alone without familiar faces, in the presence of adult patients, and having an operation were associated with the scary feelings. Children experience anxiety and pain associated with needles and care processes. Pain was an important factor in interpreting children experiences and the care they received. The understood the cause of their pain and were able to describe it. The children also experience positive feelings about being in the hospital and having an operation. They were associated with playing games, watching tv, reading, hospital school and playrooms. Positive feeling in their interactions with other kids, nurses and staff members who had fun with them and made them laugh. The positive emotions and experiences were found to ease some of the negative aspects of their experiences which constituted an important coping strategy. Children's understanding of the reason of their surgery, coping strategies and a supportive environment generated positive feeling.	Children though not in the position to make major decisions about the care they receive, they play a vital role in terms of interactions and treatment outcome. Nurses should re-direct more attention in their interaction and communication with children rather than just limiting it to their parents or guardians.	Ford, K. (2011) ''I didn't really like it, but it sounded exciting': Admission to hospital for surgery from the perspectives of children', Journal of Child Health Care, 15(4), pp. 250–260. doi: 10.1177/1367493511420185.

Source and full reference	Participants (sample size)	The purpose of the article	Methodology used in a research study	Findings and outcomes	Comments/key thoughts	Full reference
Using drawings to understand the child's experience of child-centred care on admission to a aediatric high dependency unit	The sample consisted of 26 school-aged children ages (5-10), 104 parents and 88 staff members.	The purpose of the study was to investigate the child's perception of a hospital admission to a pediatric high dependency unit in New Zealand.	An interpretive inductive phenomenological cross-sectional approach, involving drawings and interviews was used to gain insight into the self-reported lived experience of 26 school-aged children.	Two important themes were generated from these studies 1. Relationship which included four categories (Nurses; Parents; Doctors and Family), and 2. Support which included three categories (Treatment; Psychological and Activities). 58% of the participants described their relationship with nurses and doctors as strongly positive when their needs were met as they felt supported, safe and listened to. 19% negatively as they felt excluded, isolated and forgotten, scared or growled at. Majority of the children described their relationship with nurses as being kind, caring, helpful, happy, smiley, cool, exchanging gifts and a feeling of uniqueness and important. Majority of the children remembered being physically, psychologically and emotionally supported. Treatment procedures were described by majority of the children as being freaky, horrible, upsetting and painful but admitted that it was necessary because it helped them get better. Majority of the children expressed positive feelings regarding psychological support such as: watching movies, singing, eating, playing with toys, and the many gifts they received and were coping strategies. Hospital activities organized for the children were described as fun, helpful, great, relaxing and important	It is important to note that children when giving the freedom and encouragement can better express themselves how they feel about their relationship with adults. Children sometimes are afraid to speak out their feelings, and if not given that opportunity to express themselves can have very detrimental effects on their treatment procedures as well as developmental stages in general. The drawings were an opportunity for them to express themselves in a silent manner.	Foster, M. and Whitehead, L. (2019) 'Using drawings to understand the child's experience of child-centred care on admission to a pediatric high dependency unit', Journal of Child Health Care, 23(1), pp. 102–117. doi: 10.1177/1367493518778389.

Source and full reference	Participants (sample size)	The purpose of the article	Methodology used in a research study	Findings and outcomes	Comments/key thoughts	Full reference
Children's best and worst experiences during hospitalisation.	388 Finnish children aged 7-11 years from all Finnish university hospitals (n = 5) who stayed at least overnight at pediatric or surgical wards (n = 23)	To describe School-age children's best and worst experiences during hospitalization	The methodological used was content analysis. The answers were coded, main and sub categories.	The outcome of the article indicates that entertainment activities and objects were the children's best experiences at the hospital. The worst experiences that were found in the article were people, feelings activities and the environment.	The listening of children's experiences and feelings can help in the development of child-centred pediatric service and practice. Good communication between the nurses and children with their families is linked to increased understanding of treatment.	Pelander, T.& Leino-Kilpi, H. 2010. Children's best and worst experiences during hospitalization. Scand J Caring Sci: 2010: 24: 726-733.

Source and full reference	Participants (sample size)	The purpose of the article	Methodology used in a research study	Findings and outcomes	Comments/key thoughts	Full reference
Investigating Children's Perception of Nurses Through Their Drawings	22 different 6 years old children who were hospitalized	Aim is to investigate the perception of nurses by children with acute and chronic diseases through their drawings by making use of them	Descriptive research model was used as the methodology. Nurses through the eyes of sick children data collection form was the format. And the data analysis was inductive qualitative content analysis. Each drawing was analysed based on Pelander et al scale.	The results of this research indicate that, drawings of the children were found to be depression (57.1%), lower level of self-esteem (53.8%). In all 95.5% of the children stated that the face expression of nurses looked like (smiling, angry, tired) shown to them. It was ascertained that only 4.5% compared a nurse face expression to the angry one. Also, 90% of the children with acute diseases wanted to paint the face they were shown yellow, as for the children with chronic diseases 33.3% preferred red, 33.3% preferred yellow and 33.3% preferred green to pain the face.	The drawings are considered as a reflection of children's inner worlds which permits us to understand them by revealing their personality traits, interpersonal relationships, emotional problems, resentments, fears, expectations and concerns. An example of resentment is where by one of the sick children expresses his resentment against nurses by saying some nurses do not smile at all. Some described nurses as a honest and happy.	Çalbayram, N. Ç., Altundağ, S., & Aydin, B. (2018). Investigating Children's Perception of Nurses Through Their Drawings. Clinical Nursing Research, 27(8), 984–1001.

Source and full reference	Participants (sample size)	The purpose of the article	Methodology used in a research study	Findings and outcomes	Comments/key thoughts	Full reference
Children's regard for nurses and nursing: A mosaic of children's views on community nursing	Twenty-one children were the participants. Children from the age 5-12 were the participants. To be included in the study, the children had to live in the study area and receive more than one visit from the nurse per month and it continued for more than six months.	The aim is to examine children's view of community children's nursing.	Data collection the use of mosaic methodologies in a framework of qualitative research. Mosaic methodologies namely phenomenology, ethnography and visual methodologies were the ones used to obtained different aspects of children experiences.	The results of the study indicate that children from the photo talk interview really understood and were able to formulate the reasons a nurse had to visit them. They were the ones that had positive regards for nurses. They even found it difficult to suggest on how to improve nursing services. The children whom had negative regards about nurses do not seem to have good knowledge about their illness and they do not understand the reason why nurses have to visit them. They are mostly found not to be involved in the care they are receiving. Both the positive regard and negative children prefers the nurses to play more games with them not only one game. The children`s position on this continuum of regard for nurses and nursing may be determined by their knowledge of their sickness and the extent to which adults allow them to be receiving care.	Children should be given more understanding about their illnesses in that sense they will have positive regards about nurses. Also, they should be involved in the care they are receiving from the nurses.	Randall, D. (2012) 'Children's regard for nurses and nursing: A mosaic of children's views on community nursing', Journal of Child Health Care, 16(1), pp. 91–104. doi: 10.1177/1367493511426279.

Source and full reference	Participants (sample size)	The purpose of the article	Methodology used in a research study	Findings and outcomes	Comments/key thoughts	Full reference
School-age children's perception of the hospital experience	6-12 years descriptive and cross section 130 children	Aim is to identify the School age (6-12years) children`s experiences during Hospitalization.	The data were collected using a pediatric information form. The data were analysed by using IBM SPSS statistics V 22 software.	Most of the participants children had no previous history of hospitalization.69.2% of the children underwent painful procedures. The information regarding planned painful procedures is mostly 68.6% that are provided by the nurses. The opinion of the children's expectation from the nurses include behaving well which had 47.7% and performing painless procedure 15.4%. The availability of playgrounds and toys at the hospital environment had 19.2%.	Preparing the children for painless treatment and involving the family in their treatment are very essential in pediatrics nursing. The children expect the nurses to be cheerful, close and perform their procedures in a painless manner, play games with them.	Boztepe, H., Çınar, S., & Ay, A. (2017). School-age children's perception of the hospital experience. Journal of Child Health Care, 21(2), 162–170.

Source and full reference	Participants (sample size)	The purpose of the article	Methodology used in a research study	Findings and outcomes	Comments/key thoughts	Full reference
Hospitalized children's representations of their relationship with nurses and doctors	27 children aged 6-15 in the pediatric haematology and oncology ward of an Italian hospital. 55 percent female, 45 percent male. All hospitalized at least a week.	To investigate the relationship of children and healthcare professionals through children's drawings. Focus on child patients with a long experience of hospitalization and contact with hospital staff. Special interest: psychological and social dimensions: cohesion, conflict, value attribution and identification processes.	PAIR analysis method: analysing drawings. Creating a picture with a doctor or a nurse. Drawings were coded and analysed with six scales of assessment: cohesion, distancing, similarity, value, emotions and conflict. Second step: qualitative analysis	Participants viewed their relationships with health professionals positively, with nurses. The relationship helped the children to cope with medical procedures. Hospitalization can lead to different consequences in the long term. Involvement of children should be important to limit long-term stress. Hospitalized children can express thoughts, opinions and emotions about their hospital experience. Children expect health staff to participate in care, ensure confidentiality and demonstrate acceptance and empathy. Nurses and doctors should reflect on their empathic and relational skills, evaluate and improve them.	A small group of participants, an exploratory study.	Corsano, P., Majorano, M., Vignola, V., Cardinale, E., Izzi, G., & Nuzzo, M. J. (2013). Hospitalized children's representations of their relationship with nurses and doctors. Journal of Child Health Care, 17(3), 294–304. https://doi.org/10.1177/1367493512456116

Source and full reference	Participants (sample size)	The purpose of the article	Methodology used in a research study	Findings and outcomes	Comments/key thoughts	Full reference
Ascertaining children's wishes and feelings about hospital life	Children (n=55) aged 7-18 from two children's hospitals and one district general hospital in Ireland. Acute (n=27) and chronic illnesses (n=28), at least an overnight stay at hospital.	To report on children's views and wishes about hospital and healthcare professionals	Qualitative descriptive approach, interview and participatory techniques: sentence completion and 3 wishes exercises. Data analysis: content analysis. Codes grouped into key categories.	Positive and negative views. Dissatisfaction caused by insufficient information, lack of involvement, inadequate play facilities. Children wished to express opinion, ask and receive information. Many felt they were not adequately included and considered in communication. Recommended that healthcare professionals make effort to listen and take their views into account and adjust communication appropriately, listen to wishes, opinions and choices in child's expression. Including children in consultation has benefits: better understanding, reduced perception of pain, feeling valued, prepared and less anxious.	Some children think decision-making does not depend on a certain age but is individual. Some children thought parents and doctors know better. Hospitals can be perceived as scary due to fear of unknown, lack of information and inadequate preparation. Feeling safe, having parents nearby, having familiar objects help them cope. Play facilities for all age-groups desired.	Coyne, I., & Kirwan, L. (2012). Ascertaining children's wishes and feelings about hospital life. Journal of Child Health Care, 16(3), 293–304. https://doi.org/10.1177/1367493512443905

Source and full reference	Participants (sample size)	The purpose of the article	Methodology used in a research study	Findings and outcomes	Comments/key thoughts	Full reference
Meeting the information needs of children in hospital	49 children aged 6 to 16 years (22 boys, 27 girls) with different medical conditions, at one hospital	Describe the process of information exchange between health professionals and children.	Ethnographic processual design, particularistic=applied to processes within a small, isolatable human group. Data collected including semi-participant observations, informal interviews and participatory activities (drawing, writing etc)	Children reported a variety if information-management experiences: type and amount of information exchange, flow of information and comprehension of information. Insufficient information caused worrying., adequate information reassured, increased knowledge, understanding what happens. Children relied upon nursing staff to act as intermediary bodies, transmitting information to them, translating what doctor said. Nurses regarded as pivotal, interjecting, assisting, making easier to understand the medical team. Nurses may not have expert knowledge, may not give correct information. Easier to understand nurses.	Some comments from children suggested nurses may not know as much as doctors, explain what doctors say. Medical terms incomprehensible. Simple explanations facilitated children's inclusion in the communication. Children want information and want it to come directly from health professionals.	Lambert, V., Glacken, M., & McCarron, M. (2013). Meeting the information needs of children in hospital. Journal of Child Health Care, 17(4), 338–353. https://doi.org/10.1177/1367493512462155

Source and full reference	Participants (sample size)	The purpose of the article	Methodology used in a research study	Findings and outcomes	Comments/key thoughts	Full reference
Building the future: children's views on nurses and hospital care	61 children in two children's hospitals (from pre-school age to young people older than 11), both genders, and 8 members of a city youth parliament in Southern England.	As a part of service configuration and a new children's nursing programme, ascertaining the views of children and young people on what skills, knowledge and attitudes children's nurses will need and find out what children think about before and during hospital stay.	Qualitative research, draw and write/tell technique: description and analysis of attributes children believe nurses should possess and which factors play a role in hospital admission	Nurses should be skilled in verbal and non-verbal communication (talk, listen, explain) and have fundamental clinical skills. Children value certain characteristics (approachable, smiling and caring) in nurses. Children have worries and fears before hospitalization, during admission the concerns were care environment, social needs, individual needs and requirements	Researches have to be careful with the use of verbal and non-verbal language when giving instructions, could, risk of imposing own views on the children. Sample size is small. Gives information to clinical children's nurses and curriculum programme developers about how children and young people feel about hospital admission and nurses.	Fletcher, Glasper, Prudhoe, Battrick, Coles, Weaver&Ireland 2011). 'Building the future: children's views on nurses and hospital care', British Journal of Nursing, 20(1), pp. 39–45. Available at: http://search.ebscohost.com.aineistot.lamk.fi/login.aspx?direct=true&db=c8h&AN=104987380&site=ehost-live (Accessed: 28 March 2019).

Appendix 3 Support and treatment

CODES	SUB-THEMES	MAIN THEME
Appropriate handling of medical equipment. Organized and gentle during nursing procedures Aseptic techniques Parental presence. Privacy Cleanliness and sterility of medical equipment Scary and freaky appearance, equipment Identification: name badge and identity verification Nurses to be present at all time and participate in leisure activities Provision and scheduling of leisure activities Child-centered cared Engaging and familiarizing with hospital environment Child-friendly environment Encourage critically ill to participate in leisure activities Creation of a non-hospital environment Gentle touch and affection Comfort and reassurance Intimate interaction Spend time and listen attentively Recognize needs of young people including time alone Clean, convenient and comfortable environment Performing tasks skillfully and promptly Comforting techniques to alleviate pain	**SAFETY** Appropriate handling of medical equipment. Organize and gentle during nursing procedures Aseptic techniques Cleanliness and sterility of medical equipment Identification: name badge and identity verification **PHYSICAL SUPPORT** Recognizing needs of young people including time alone Clean, convenient and comfort environment Perform task skillfully and promptly Comforting techniques to alleviate pain e.g. pain medication, touch, massage. Help coping with pains and painful procedures e.g. positioning, cognitive and visual distraction Activities to maintain level of control Help in maintaining personal hygiene. **EMOTIONAL SUPPORT** Comfort and reassurance Affections Gentle touch Intimate interaction Spend time and listen attentively. **PSYCHOLOGICAL SUPPORT** Nurses to be present at all time and participate in leisure activities. Provision and scheduling of leisure and recreational activities. Child-centered care Engaging and familiarization with hospital environment Creating a child-friendly room and environment Encourage critically to participate in leisure activities Creation of a non-hospital environment.	**SUPPORT AND TREATMENT**

Appendix 4 Establishing a therapeutic relationship

CODES	SUB-THEMES	MAIN THEMES
Helpful, Smiling and Trustworthy	**INTERPERSONAL RELATIONSHIP**	**ESTABLISHING A TERAPEUTIC RELATIONSHIP**
Humor, Friendly and Respect	Helpful	
Nice and Caring	Smiling	
Empathy and Reassuring	Trustworthy	
Patience and Politeness	Humor	
Demeanor: face and body posture	Friendly	
Calm and relaxed.	Nice	
Facial expression e.g. eye contact	Caring	
Open minded and Tolerance	Empathy	
Parental involvement during treatment and care processes Child's right to information.	Reassuring	
Child's participation, negotiation and his/her consent.	Respect	
Child's perspective of their best interest	Patience and Politeness	
Parental presence and involvement in decision making	Demeanor: face and body posture	
Use of clear and simple language	Calm and relaxed.	
Communicate and explains treatment procedures before, during and after the procedure.	**COMMUNICATION**	
Communicate appropriately based on child's mental capacity.	Child's right to information.	
Use of words of endearment e.g. praise and appreciation during unpleasant procedure.	Child's participation, negotiation and his/her consent.	
Willing to listen attentively, engage and start a conversation.	Child's perspective of their best interest	
Eye contact at same level.	Parental presence and involvement in decision making	
Engaging in conversation not related to the illness.	Use of clear and simple language	
Tone of voice.	Communicate and explains treatment procedures before, during and after the procedure.	
Child friendly sentences	Communicate appropriately based on child's mental capacity.	
Shorter sentences.	Use of words of endearment e.g. praise and appreciation during unpleasant procedure.	
	Willing to listen attentively, engage and start a conversation.	
	Eye contact at same level.	
	Engaging in conversation not related to the illness.	
	Tone of voice.	
	Child friendly sentences	
	Shorter sentences.	