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Children's Co-Determination During Challenging Procedures: Nurses and Parents Experiences of Caring Under Short-Term Hospital Stays in Norway

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ABSTRACT

Background: Medical and clinical procedures can cause varying levels of discomfort to children.
Purpose: This study is to deepen the understanding of the lived experiences of parents and nurses related to challenging medical and clinical procedures performed on children during short-term hospital stays.
Design and methods: This qualitative study, which comprises part of a larger study, adopted a hermeneutic phenomenological approach. The data were obtained through a combination of in-depth interviews and observations of twelve parents of eleven children and seventeen nurses. A narrative re-analysis was conducted of four challenging medical and clinical procedures. Four stories were written and subsequently analyzed as one narrative that represents the findings.
Results: The form of nurses' and parents' care for the children ranged from encouraging the children's consent and receptiveness to the procedures, to coercion. The analysis indicates that promoting the children's co-determination and participation in the procedures encouraged their consent and receptiveness and facilitated a successful outcome. In contrast, an absence of efforts to involve the children in the procedures contributed to the need for coercion to be employed by parents and nurses. Moreover, parental influence and the responsibilities of nurses had an impact on children's co-determination and participation.
Conclusions: Preparing parents and children before and during a procedure was important to minimize the degree of coercion of the children.
Practice implications: The findings of this study are relevant to clinical practice because they suggest preparing parents and children before and during a procedure situation.

Background

The principle of promoting children's co-determination embodied in the Convention on the Rights of the Child (§§ 3, 12), which focuses on children's best interests and their right to express their opinions (Unicef, 1989), also applies when children are hospitalized and have to undergo challenging medical and clinical procedures. The focus of this study is the lived experiences of parents and nurses in performing and witnessing challenging medical and clinical procedures on children during short-term hospital stays. Many previous studies have examined the use of holding, forcing, and restraint on children during medical and clinical procedures (Bray et al., 2018; Brenner, 2013; Crellin et al., 2011; Cummings, 2015; Kangasniemi, Papinaho, & Korhonen, 2014; Kirwan & Coyne, 2016; Lloyd, Urquhart, Heard, & Kroese, 2008; Lombart, De Stefano, Dupont, Nadji, & Galinski, 2019; Svendsen, Moen, Pedersen, & Bjørk, 2018; Svendsen, Pedersen, Moen, & Bjørk, 2017). Although Svendsen et al. (2017) raised disparate views on the concept of restraint and its use, many studies have reported the use of restraint on children during procedures as a common and daily practice (Bray et al., 2018; Brenner, 2013; Crellin et al., 2011; Cummings, 2015; Kangasniemi et al., 2014; Lombart et al., 2019), which is also referred to as therapeutic holding (Kirwan & Coyne, 2016). Other studies have also found that parents were uncomfortable or did not accept the use of restraint on their children (Brenner, 2013; Svendsen et al., 2018) and were concerned about the long-term consequences for the children (Svendsen et al., 2018). Meanwhile, according to the literature, healthcare professionals seek to limit the number of unsuccessful attempts to undertake procedures (Lloyd et al., 2008). They often aim to limit the use of restraint (Svendsen et al., 2017) and believe that restraint should be used as a last resort. This approach reflects a desire to gain the child's cooperation (Kirwan & Coyne, 2016) and acknowledges that it is important to listen to a child's voice and explore alternative approaches to holding (Bray et al., 2018). Studies also indicate that it is necessary to

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explain the procedure process to the child and parents (Lloyd et al., 2008).

Previous studies have described holding, forcing, and restraining children in procedural situations. The aim of this study is to deepen the understanding of the lived experiences of parents and nurses who perform and witness challenging medical and clinical procedures on children (1–6 years) during short-term hospital stays.

Design and methods

This study, which represents part of a larger study, employed a qualitative design with a hermeneutic, phenomenological approach (van Manen, 1990). Phenomenology is the study of the lifeworld that seeks to develop a comprehensive understanding of the meaning of lived experiences as everyday experiences (van Manen, 1990). This study examined parents' and nurses' experiences of challenging medical and clinical procedures performed on children in hospitals. The study was hermeneutic in its interpretation of experience descriptions (van Manen, 1990). The concept of understanding the whole in terms of its parts and the parts in terms of the whole was the basis of the interpretation (Gadamer, 2006).

Through a combination of in-depth interviews and observations of parents and nurses, the data were obtained (Hammersley & Atkinson, 2007; Kvale & Brinkmann, 2009). The author/reserarcher observed parents and nurses in procedure situations and attempted, through in-depth interviews, to gain an understanding based on the participants' own perspectives (Kvale & Brinkmann, 2009; Wadel, 1991). Collecting two different types of data enriched the interpretation of the phenomenon (Hammersley & Atkinson, 2007).

Participants

The study took place in a Norwegian hospital's general medical pediatric unit, which treats 12 children. The participants comprised parents together with their children and nurses. The inclusion criteria were as follows: the parents were in the hospital with their children, the children were at the beginning of their stay and would likely remain hospitalized for two days or more, and the children were between 1 and 6 years-old. All participating parents spoke Norwegian as their first language in order to simplify communication and prevent misunderstandings. The nurses were responsible for the children. Furthermore, in order to avoid challenging situations related to serious illness and the possibility of death, the observed children were neither critically nor terminally ill.

The participants in the study were 12 parents (three fathers and nine mothers) of 11 hospitalized children (eight girls and three boys, 1–6 years-old) and 17 female nurses. All parents included in the study and 13 nurses were interviewed in total. Six of the children's hospitalizations were planned in advance and five were admitted with acute conditions. The children had various medical diagnoses, and four children had chronic medical disorders from birth. They were hospitalized for between two to four days.

Data collection

The data were collected over a period of four months. The parents and nurses were first approached to participate in the study by the head nurse of the children's unit. The nurses who were responsible for the children were followed by the author/researcher on every morning shift and parts of some afternoons until discharge. Shortly after each observed situations, the author/researcher wrote descriptive and reflective field notes. The descriptions focused on personal relationships, conversation and play, and the performance of procedures and treatment on the children. The author/researcher also conducted in-depth interviews with the parents and nurses. The interviews focused on the nurses' and parents' experiences of performing and witnessing procedures and treatment on the children. The interviews generally occurred in the hospital at the time of the children's discharge. One parent was interviewed at home on the day after discharge and one parent was interviewed by telephone several days after discharge. The interviews conducted at home and by phone were at the parents' request. The interviews lasted from 30 to 90 min each. They were audio taped and transcribed verbatim. The children were assigned fictitious names to safeguard their anonymity.

Ethical considerations

The Regional Committee for Medical and Health Research Ethics and the Ministry of Health and Care Services approved this study. The study was also reported to the Centre for Research Data.

Obtaining written consent from parents and nurses was the responsibility of the head nurse of the children's unit. Participants were informed of their right to confidentiality, right to consent, and right to withdraw from the study, as well as how to participate in the study. As children's immaturity makes them vulnerable and parents become vulnerable when their child suffers in an unfamiliar environment, the researcher used time in becoming acquainted with the parents and children before the procedure began.

Data analysis

Each child underwent at least five procedures on arrival, such as measuring blood pressure, heart rate, temperature, weight, and height. On average, each child underwent 10–12 procedures, both simple and complicated, during the time he or she was observed by the author/researcher until the child was discharged (about 120 procedures in total). Some medical procedures were more challenging for the children, and they cried and protested more. These procedure situations constitute the data sample that is analyzed.

This study portrays four challenging procedural situations as four distinct stories, which are then united into one narrative that represents the findings. The goal of narrative analysis is to achieve holistic understanding. Looking at the whole situation as a meaningful unit for analysis took care of the situation's context (Josselson, 2011; Riessman, 2008). The first step in analyzing the four stories was to read the text of each situation separately several times to form an overall impression. This step aims to distill the overall and unique meaning of each situation. As a second step, the author/reserarcher identified the plot of each story, which is marked by a change in the events related to the procedure. Josselson (2011) defined plot as the temporal sequences in which one thing happens as a consequence of another. The analysis in the third step, in line with Mattingly (1998), identified clues as details related to the plot. The major plot points were “background of the child's hospitalization and procedures,” “performing the procedure,” “the significance of the procedure and treatment on the child,” and “any vision of the future.” These points formed the basis to write the stories. The analysis process alternated between noting details as clues, and plot points for writing the story and seeking the overall impression of each procedural situation. This process reflects hermeneutical interpretation, as it seeks to understand the whole in terms of its parts and the parts in terms of the whole (Gadamer, 2006).

Each of the four stories begins with a description of the “background of the child's hospitalization and procedures.” The middle part then describes “performing the procedure.” Finally, the end reflects on “the significance of the procedure and treatment of the child” and “any vision of the future,” which is in line with the work of Mattingly (1998). In this way, the analysis emphasizes the past, present, and future by writing the stories in line with Riessman (2008). The stories reflect the experiences of the parents and nurses as a whole in performing and

witnessing challenging medical and clinical procedures on young children. Two of the four stories (1 and 4) are presented in whole, because they encompass themes that emerged in the other procedural situations. The other two stories include excerpts from the "background for the child's hospitalization and procedures" and "performing the procedure."

The four stories – based on the first to third steps of analysis

Eva is three years-old and has a serious blood disease. She needs blood transfusions and other intravenous treatment at regular intervals. These procedures take place as planned treatment in the hospital. Among other procedures, Eva receives a venous cannula. Eva's father experiences the insertion of the venous cannula as a stressful situation. He speaks about previous experiences, when inexperienced doctors struggled to insert the venous cannula and had to stick Eva several times. Now it is experienced doctors who perform the procedure. Eva needs good blood vessels in the future, says her father, and it is important that Eva is allowed to help in the procedure. For example, she gives her father the adhesive tape (patches) when he puts on anesthetic cream and she takes off the tape.
Today, Eva's father spent time finding videos for Eva to watch and books to read during the treatment. The treatment takes several hours.
The venous cannula is inserted without any problems, and the nurse assisted the doctor in the procedure. Eva starts with the infusion and transfusion. She sits in her father's lap and he holds her arm and comforts her when the infusion/transfusion starts. To collaborate with Eva is an advantage, tells father. The nurse, who is responsible for Eva today, does not have previous experience with her. The father poses suggestions of how to do things, and the nurse takes the suggestions into account. The nurse confirms that Eva is very determined on how she wants things to be done, and she has to pay attention to this. The procedure must be okay for Eva. The nurse noticed that Eva participated in removing the adhesive tape. The nurse says that *Eva's father was very good at explaining what was going to happen; he knows the routines well*. The nurse also says that it is an advantage to know the child and to know how she reacts, but in this case she did not know Eva from previous stays. It is stressful for the child that there are continuously new people to deal with. The nurse says that Eva was modest in meeting her today, but her father helped in the situation.
Both Eva's father and the nurse emphasized that it is important to ensure collaboration with Eva and to support her co-determination/participation, because she will have infusions and transfusions at regular intervals in the future.

Amalie, two years-old, is admitted to the hospital due to colon constipation and is accompanied by her mother and grandfather. She has had previous experiences of stomach pain due to chronic constipation. Amalie's mother has explained to her that the pain in her stomach is due to her constipation, so Amalie understands why she is hospitalized.
The treatment team decides to insert the gastric probe through the nose to provide the infusion over time to empty the intestine, but Amalie and her mother receive little information about this procedure beforehand.
When the nurse asks who will hold Amalie on the lap during the inserting of the probe, Amalie's mother suggests her grandfather. The grandfather puts Amalie in his lap. One nurse holds the child's head firmly and the other sticks the probe through her nostril. Amalie turns away and screams. The nurses provide little information about what is going to happen, but one of the nurses tells Amalie that the process is a bit disgusting after they have started. They focus on inserting the probe. The nurse who is primarily responsible says later that it was important to get it done quickly. In this way, the discomfort lasts as short as possible. Amalie is increasingly protesting and trying to get away. The grandfather participates in holding her arms and legs, and one nurse continues to hold her head firmly.
Amalie's mother looks sad when Amalie cries, but she sits quietly on the chair. She says afterwards to Amalie *that she was nearly going to cry herself*.

Amalie has had previous experiences in getting enemas related to her chronic constipation problems. She also needs an enema today due to the colon obstruction. However, after insertion of the probe, Amalie's mother says that Amalie is tired and should sleep because she usually sleeps then. The nurse proposes postponing the enema until after Amalie sleeps.
Later in the day, a new nurse has made preparations for the oil enema. She greets and chats with Amalie, shows her the enema, and asks if she knows what it is and whether she has got it before. Amalie confirms that she has. The nurse helps Amalie to climb on the bench and the mother places herself beside Amalie's head. The nurse asks Amalie to lay down on her side and look at the cartoon character on the wall, but she is ambivalent and does not lay down on her side. She says it hurts. Amalie turns halfway to the side several times, and then return to her back. When the nurse tries to get Amalie on the side, she resists. Amalie's mother argues to Amalie that she is going to become better afterwards, and she will not have pain in her stomach. *She explains to Amalie why she has stomach pain and why she has to take an enema.*

Maya is acutely admitted with questions about Borreliosis. She is three years-old and is accompanied by her mother. Maya's mother has explained to her why she is hospitalized. The mother and child are in a new and unfamiliar situation. It is a busy day in the department and there is poor continuity in the nurses' responsibilities for Maya. The treatment team decides to perform a spinal puncture. The mother and child have received little information; new nurses take over in the procedure, and they do not check what information the mother and child have received. An inexperienced physician should perform the puncture under the guidance of an experienced physician. The experienced nurse is teaching the inexperienced nurse how to hold the child's body in the procedure. They do so without any explanation to Maya. The experienced nurse focuses on assisting the doctor.
The nurses and doctors do not communicate directly to Maya or explain what is going to happen. Maya's mother gets a chair by

Maya's head and has direct eye contact with her. She briefly explains what is going to happen. The inexperienced doctor greets and informs Maya about cleaning the area and alerts her when it is time to insert the needle. Maya will not lie on her side and will see what is happening while on her back.
Maya is crying while the doctor is sticking the needle and cries more as the doctors are continuing to stick her. Her mother gets angry and asks the doctors whether her child is a test rabbit after the first sticking, as the experienced doctor guides the inexperienced doctor in how to puncture. The experienced nurse takes over to keep Maya's body in the right position. She is constantly talking to the child, explaining, comforting, and calming her down. Maya is crying and says that she is in pain and wants to go home. She cries especially hard at the sticking. Maya's mother eventually becomes angry and desperate and cries. She later says in the interview *that she experienced to perform the procedure as a rape of the child's back. The doctors and nurses should have taken care of fostering a better dialogue with Maya and they prepared her too little, she says. She also feels guilty because she did not stop them earlier. Was it expected for her to prepare Maya? She did not know what was going to happen.*
The experienced doctor gives Maya and her mother a break after two attempts to insert the needle to allow them to calm down. They are bragging of the child and mother. The nurse emphasizes that it is important that Maya does not cry and move her body and that the nurse must keep Maya firm, because movement disrupts the insertion site. Maya's mother explains this to her. The nurse confirms in the interview that Maya's *mother did not feel well in the situation*.
The experienced doctor makes two new attempts to insert the needle, while the mother comforts and distracts Maya together with the experienced nurse. At the same time, the doctor and nurse explain why they have to perform the procedure, to find out what is wrong with Maya. Maya is ruddy and sweaty. Finally, the doctor gives up without success.
In the interview, Maya's mother is concerned about what Maya will remember from the procedure in the future. In retrospect, Maya says that *it was painful at her back, and it was painful to be held, but she also highlights the reward she received afterwards*. In the interview, the mother and nurse emphasize that the spinal puncture was necessary to start treatment.

The fourth analyzing step as findings: A thematic analyzing on the stories of the four procedures is done in highlighting overall themes with variations as findings in line with Riessman (2008). The result is written as one narrative. The findings revealed a main theme, "moving between consent and coercion," with three subthemes: 1) The children's co-determination/participation, 2) parental influence, and 3) the nurses' responsibility, whether exercised alone or jointly with others.

Validity and reliability

Detailing the precise steps taken during the analysis preserves the dependability and credibility of the analysis in this work.

Findings

Moving between consent and coercion

This study's examination of lived experiences of parents and nurses in witnessing and performing challenging medical and clinical procedures on children during short-term hospital stays revealed that the parents and nurses move between consent and coercion in their care for the children. Eva received a transfusion and infusion, Amalie had a stomach probe inserted and received an enema, and Maya underwent a spinal puncture. During these procedures, the nurses and parents moved between seeking the children's consent and receptiveness to the procedure and forcing the children to undergo the procedure. The way in seeking the children's consent was to obtain the children's co-determination/participation in the procedures. Parents' influence/participation in the procedure was important for fostering the children's co-determination/participation. This influence was related to parents' and children's previous experiences of similar situations and/or the preparation they received from the doctors and nurses around the procedure. It was important to what degree the parents were able to prepare their children for the procedures. If this step was lacking, it often triggered the need to force the children. Finally, the nurses' responsibility was critical, whether the responsibility was exercised alone or with other personnel, whether it involved being the assistant to the doctor or whether the nurse needed an assistant, and whether there was continuity in the nursing responsibility. Whether the nurse was the assistant or required an assistant reflected how complicated and challenging the procedure was to perform, and what focus the nurse had in the situation.

The children's co-determination/participation

The children's previous experiences with the procedures was important for determining their co-determination/participation in the procedure. For example, Eva had many previous experiences with the insertion of a venous cannula and blood transfusions and she was allowed to participate in the procedure by helping. She did not protest and the procedure was more or less voluntary. Amalie was also experienced in getting enemas. She demonstrated ambivalence by turning back and forth from her back to her side and conveying that it would hurt, which she knew. In this way, Amalie achieved a small delay and had influence over the procedure. When undergoing the insertion of a stomach probe through her nose, however, Maya understood less and she needed to be held more firmly, especially her at head, but eventually at her arms and legs as well. Meanwhile, Maya did not understand what was happening behind her back during the spinal puncture procedure because no one told her; therefore, she turned around to see. The doctor then announced that she would be washed and stuck with the needle. Her body was held firmly throughout the procedure, at first without any explanation. Maya gained influence over the procedure when the doctors and nurses asked her not to cry. Offering her a break calmed Maya and gave her the opportunity to influence the procedure.

Parental influence

Parent's previous experiences with procedures and the information they received from the doctors and nurses influenced how active the parents were in helping their children to co-determine/participate in the procedures. Achieving co-determination and participating required the parents explaining the procedure and preparing the children in advance and throughout the procedure situation. For example, Eva's father knew exactly what was going to happen and guided the nurse. Therefore, the nurse took care of Eva's co-determination and let her remove the adhesive tape. Amalie's mother had experience in inserting an enema, but not inserting a stomach probe; therefore, her role was very different in the two situations. She was more supportive to Amalie in the enema situation, and Amalie gained greater influence in this procedure. Finally, Maya's mother did not know what was going to happen and she experienced the procedure as an abuse of her child's body. In the beginning of the procedure, Maya's mother was less supportive to Maya because she had no experience with the procedure and therefore could not help her to have co-determination and influence.

Nurses' responsibility

The complexity of the procedure affected how children and parents were taken into account by the medical team. For example, whether a doctor was involved and whether a nurse had an assistant's role or independent responsibility was important. It also mattered if the procedure required another nurse to assist and whether there was continuity in nursing responsibilities. In Eva's case, the nurse used the father's experiences from previous procedures to inform Eva and take care of her wishes. In the enema procedure, the nurse similarly used both Amalie's mother's and Amalie's previous experiences in preparing Amalie. However, to insert the stomach probe, which was a more complicated procedure, two nurses were needed. Therefore, the nurses focused on the procedure, and forgot to prepare the child. As a result, Amalie did not understand what was happening.

Maya's procedure was the most complex, as it involved the training of an inexperienced nurse and a lack of continuity in nursing responsibilities. As a result, the nurse became more procedure focused. The spinal puncture procedure required that Maya be held in a certain position over time, which ultimately involved forcing Maya. Explaining Maya had to be held the firmly would have been natural to make her understand. However, as the nurse was training an inexperienced nurse to hold the child's body, both nurses were less focused on the relationship with and information of Maya and her parent. Instead, the focus was on performing the procedure and training the inexperienced nurse in the beginning of the procedure.

Discussion

The main finding of this study was that parents and nurses in challenging procedure situations move between seeking children's consent and coercing children to undergo the procedures. Three sub-themes supported the main finding. Firstly, obtaining the children's co-determination/participation is important. Secondly, parental influence/participation in the procedure is important. Thirdly, the nurses' responsibility is important, whether that responsibility is exercised alone or with others.

Previous studies have described the use of holding, forcing, and restraint on children in medical and clinical procedures, which relates to the use of force on children in this study. However, the focus in previous studies was not specific to challenging procedures (Bray et al., 2018; Brenner, 2013; Crellin et al., 2011; Cummings, 2015; Kangasniemi et al., 2014; Kirwan & Coyne, 2016; Lloyd et al., 2008; Lombart et al., 2019; Svendsen et al., 2017; Svendsen et al., 2018). Ensuring the children's co-determination and participation was important in this study of challenging procedures and is in line with general principles of affirming the child's cooperation and listening to the child's voice (Bray et al., 2018; Kirwan & Coyne, 2016). Furthermore, the nurses' responsibility was important, whether that responsibility was exercised alone or with others. This finding is connected to the results of previous studies, which found that healthcare professionals are concerned about limiting the number of unsuccessful attempts to undertake procedures (Lloyd et al., 2008), that they are engaged in limiting the use of restraint (Svendsen et al., 2017), and that they believe that restraint should be used as a last resort (Kirwan & Coyne, 2016). Moreover, the fact that parents are uncomfortable and do not accept when their child is restricted (Brenner, 2013; Svendsen et al., 2018) and are concerned about the long-term consequences for the child (Brenner, 2013) are reflected in the importance of parental influence and participation in the procedure in this study.

Children's experiences with challenging procedures can be explained by "the circle of security," based on connection and attachment theory, which describes the relationship between parents and children in line of Hoffman, Marvin, Cooper, and Powell (2006) (pp. 1017–1026) thinking. In this study, during challenging procedures, the children were together with their parents, which made them safe. The children felt a safe base where they received encouragement and trust. The children's way of being present in the world was through connection behavior and exploration behavior. They explored unknown and alien situations by alternating between these two types of behavior. Safe attachment to parents provided comfort and protection when children felt unsafe, which is in line with connection and attachment theory.

Challenging procedures represented alien situations for Maya and Amalie and in some ways for Eva too. In these cases, attachment behavior was activated by the children. The children felt unsafe or overwhelmed. Maya and Amalie cried, and all of the children experienced discomfort and pain. Therefore, the children needed help to organize their feelings by using their parents as a safe base. The parents took leadership and responded to the children's need through intonation and focusing on the children's emotional needs, in line with connection and attachment theory (Hoffman et al., 2006). Parents influence the procedure situations to safeguard the children, as evident in the behavior of Eva's father and Amalie's mother in the enema situation. The children's co-determination was safeguarded by the parents' clear influence. In order for parents and children to influence the situation, they must know what will happen through preparation. In situations where parents were unsure or did not know what was going to happen, such as in the cases of Maya and Amalie, the parents' role as safe base and a leader was less apparent; as a result, the children felt unsafe and protested, in line with connection/attachment theory (Hoffman et al., 2006). This lack of full consent could result in an increasing degree of forcing the children, as in the case of Maya during the spinal puncture and Amalie during the stomach probe procedure.

Fostering the children's co-determination, in line with the Convention on the Rights of the Child (§§ 3, 12), with a focus on the child's best interests and the child's right to express their opinions (Unicef, 1989) may prevent this dilemma. The use of force in these procedures can be understood as an ethical dilemma, in which the duty to perform medical and clinical procedures is contrary to the children's co-determination; therefore, the children are unwilling and have to be forced. The children's autonomy in these situations is modified by their immaturity and triggers the use of weak paternalism toward the best interests of the child, in line with the nurse and philosopher Kari Martinsen's thinking (Martinsen, 1989), which entails taking care of the child's co-determination. However, poor preparation and unclear sharing of responsibilities between the staff further complicate the situation and the need to carry out the procedure dominates the situation. The nurses and doctors in this study knew that the procedures must be performed and therefore a strong paternalistic attitude was triggered, which entailed forcing the children to undergo the procedures. The focus on caring in the situation is supported with a dominant medical treatment ideology focusing on effectiveness and results. This contrast with the use of weak paternalism toward the best interests of the child in line with Martinsen's thinking (1989).

Practice implication

Promoting children's co-determination and participation during challenging procedure was essential. Nurses and parents encouraged children's consent to challenging procedures. An absence of efforts involving parents and children contributed to the need for coercion. These findings have implications for pediatric nursing practice, because it affirms the importance of nurses' preparations of parents and children in the case of challenging procedures.

Limitations

The primary limitation in this study is the limited number of challenging medical and clinical procedures observed, but the findings may be valid and reliable to similar challenging procedure situations.

Conclusions

The lived experiences of parental contributions and influence in challenging procedures was significant in increasing the children's level of consent to the procedure and to reducing the degree of coercion required. Therefore, facilitating parental contribution in challenging medical and clinical procedures on children is an essential nursing responsibility.

Author statement

This reviewed research article with changed title “Children’s co-determination during challenging procedures: nurses and parents experiences of caring under short-term hospital stays in Norway” has not been published and is not being considered for publication elsewhere. I find it difficult to choose the right type of manuscript, however, I want it to be published as a research article.

Conflict

No conflict of interest has been declared by the author.

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Authors' contributions

HS: participated in planning the research design. HS: collected the data. HS: conducted and discussed the analysis. HS: prepared the manuscript. HS: read and approved the final manuscript.

Informed consents

Obtained.

Declaration of Competing Interest

No conflict of interest.

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