

EMOTIONAL CHALLENGES FACED BY NURSES WHEN TAKING CARE OF CHILDREN IN A PRIVATE HOSPITAL IN SOUTH AFRICA

Amanda Cornelia Jacobs, M. Soc. Sc. Nursing

University of the Free State: School of Nursing
Jacobsac@ufs.ac.za

Madelien Lourens, M. Soc. Sc. Nursing

University of the Free State: School of Nursing
madelien.lourens@gmail.com

ABSTRACT

Various studies have been conducted on children's experiences of hospitalisation. The experiences of nurses, however, have been neglected. Burn-out syndrome is common among nursing staff working with very sick children. The parents', children's and physicians' demands increase the nurses' workload and contribute to nurses experiencing intense emotions that may contribute to stress. This study explored the nurses' emotional challenges in order to improve quality care of children and working conditions of the nursing staff. An explorative descriptive and contextual research design, qualitative in nature, was used. Data were gathered by means of the nominal group technique. The sample comprised five nurses working in a paediatric ward in a private hospital. The main emotional challenge faced by nurses in the children's ward is to have job satisfaction despite stress, which may be overcome when committed nurses build a relationship of trust with the children they nurse. A further challenge is managing the diverse emotions they experience when taking care of the children. The participants explored solutions for the various emotional challenges they experienced. The findings suggest that the important solutions to the various challenges lie in child-centred nurses being passionate about caring for children,

and unconditional commitment. Communication problems should be addressed during team-building events. In-service training will keep the nurses updated and enhance their clinical judgment, making them experts in their field.

Keywords: children, emotional challenges, nurses, paediatric ward, private hospital

INTRODUCTION AND BACKGROUND INFORMATION

Nurses working with children are exposed to unique stressors. These stressors may lead to emotional challenges that can lead to frustration, anxiety, and job dissatisfaction. The work of a nurse is challenging mentally, physically and emotionally, however, the emotional aspect is often underestimated. Although emotional labour is an important part of nursing work, it is often neglected or taken for granted (Timmons & Howard, 2011:14). Children experience anxiety and fear during hospitalisation. Such negative associations may influence the nursing staff directly (Salmela, Salanterä & Aronen, 2009:269). The nurse is in a pivotal position to make a difference to these children's experience of hospitalisation; therefore, caring for a child's emotional and physical needs brings extra challenges (Miller, 2011:146).

Providing quality care is not restricted to the child alone. The socio-cultural diversity of health care user groups poses many challenges as the nurses need to deal with the patient's and family's needs, as well as their own emotional responses (Taubman-Ben-Ari & Weintroub, 2008:637). The role of the paediatric nurse is constantly changing, due to expanding medical and nursing practices. The roles of the nurse working with a child in a ward may vary from being a primary care giver, coordinator, advocate, health educator, case manager, social worker and researcher (Kumar, 2013). The nurse plays an important role within the multi-disciplinary team, which adds to the work challenges (Timmons & Howard, 2011:14–16).

STATEMENT OF THE RESEARCH PROBLEM

Nurses working with sick children, especially terminally ill patients, are permanently exposed to emotional challenges. Nursing is a profession subject to stress (Landa & Lopez-Zafra, 2010:56). Some individuals use stress as a positive motivation, but in the long run stress takes its toll (McCloskey & Taggart, 2010:225). Over time, continuous stress may lead to burnout syndrome, a condition causing a person's ability to adapt to be taken over by turmoil (Landa & Lopez-Zafra, 2010:56). The burnout syndrome has negative consequences for the nurses personally, as well as for the hospital (Landa & Lopez-Zafra, 2010:56).

It is imperative that nurses find ways to cope with the stress and the intense emotional experiences to prevent burnout and effectively manage compassion fatigue that can result from working with children. A nurse who is aware of these emotional

challenges may use strategies to harness emotions and express them in an appropriate manner to the patient, family and other colleagues and develop solutions to enhance job satisfaction. Nurses felt better able to care and manage their emotions if they, themselves, were cared for and supported. They will support colleagues, setting up self-help groups, and reflecting on thoughts and feelings with an appropriate role model. Experienced colleagues are invaluable members of the team who will be able to help other colleagues to initiate conversations on emotionally challenging issues (Timmons & Howard, 2011:14–16). Work-based educational intervention supports the development of personal resilience in nurses, thus strengthening relationships with their colleagues, which will enable them to build helpful support networks in the workplace (McDonald *et al.*, 2012:378).

Hospital management acknowledges that more support will foster work satisfaction, relieving the impact of stress on the nursing staff (McCloskey & Taggart, 2010:236). Quality care is important in any health care setting and hospitals endeavour to find ways of providing safer, better quality care using fewer resources. Nursing staff is the largest and most costly resource and therefore hospital managers should invest in maximising the productivity of nurses to ensure the highest quality and safest care, and to retain experienced nurses (Baker *et al.*, 2012:24). In order for the hospital management to offer adequate support, they need more information regarding the nurses' emotional challenges. The researcher found the emotional challenges in the children's ward extremely stressful. Wondering if other colleagues felt the same and how they cope with it developed the question: 'What emotional challenges do nursing staff face when they care for children?'

PURPOSE OF THE STUDY

This study was conducted to explore nurses' emotional challenges, and, based on the findings, to make recommendations to improve and/or initiate support to the nursing staff.

Definition of concepts

Emotional challenges are described by Ingebretsen and Sagbakken (2016) 'as being simultaneously draining and enriching experiences leading to personal and professional growth'. In this study they refer to individual nurses' understanding and interpretation of emotional challenges in a paediatric ward of a private hospital.

A nurse signifies a person who is registered as a professional nurse or staff nurse as specified in Section 31(1) of *Nursing Act, No 33 of 2005* (South African Nursing Council (SANC), 2005:34).

Paediatric ward is a ward in a hospital where children under twelve years receive nursing care.

Private hospital is a hospital which treats only private patients, and which is not funded by the state or a public body; it is a hospital operated for profit.

RESEARCH METHODOLOGY

The purpose of the study called for a qualitative approach by employing an explorative, descriptive and contextual research design. The unique factors of qualitative research include the quest for understanding and in-depth inquiry. In this study it entailed the exploration of the nurses' emotional challenges while they are working in a private paediatric ward. An exploratory design was appropriate because no study had been done previously regarding nurses' emotional challenges in the study context (*cf.* Polit & Beck, 2012:17).

Population and sampling

The population was twelve nursing staff members working in a private hospital in Johannesburg. A purposive sampling technique was used and only ten members of the population met the inclusion criteria. Inclusion criteria were that they should be registered with the SANC, have worked for at least three months in the paediatric ward, be fluent in English or Afrikaans, and have given written permission for voluntary participation.

Data collection

Five nursing staff members who signed informed consent forms participated in one nominal group technique (NGT) interview. Although it was one group, the data gathered was very rich in information. Unfortunately the other five nursing staff members could not attend due to working constraints. The NGT interview is a highly structured qualitative technique that is used to gather information from relevant experts about a specific concern. The NGT involves generating, recording, discussing and voting on ideas, thus taking advantage of pooled judgement (Harvey & Holmes, 2012:188).

Before the NGT interview, five other staff members working in the midwifery ward volunteered participation in an explorative interview to test the questions. The first question was stated as: 'Describe the emotional challenges you face when nursing patients', and the follow-up question was 'Describe what you think can be done to address these challenges'. These questions were refined in response to the explorative interview.

The final main question read: 'Describe what emotional challenges you face when nursing children.' The follow-up question was intended to find solutions for their emotional challenges. It read: 'Describe what you think can be done to address these challenges.'

Ethical principles

Ethical principles guided the study. Approval was obtained from the Ethics Committee of the Faculty of Health Sciences at the University of the Free State (ECUFS NR 169/2012). Permission to conduct the study was also obtained from the private hospital and paediatric ward management. The participants were informed about the study and requested to sign a document indicating that they participated voluntarily and that they had been informed about the nature of the research. Responsible qualitative researchers consider moral and ethical questions about their study and must be guided by the standard principle of humane behaviour of doing no harm. Informed consent, procedures for confidentiality, debriefing and the external review by the Ethics Committee were implemented during this study. By implementing these ethical procedures, the risks of participating decrease and the benefits increase. Salvin-Baden and Major (2013:332–333) advise qualitative researchers ‘into the daily practice of ethics’.

Trustworthiness

Polit and Beck (2012:175) posit criteria to ensure trustworthiness. These criteria were complied with. Firstly for *credibility* the sample was purposive. Each part of the research process was precisely described. The description of the analyses and conclusions was carefully done to make replication possible. Constant checking with the participants and colleagues reviewed the data. *Transferability* was accomplished by a purposive sampling technique and careful description of the study. *Conformability* was able through the use of the NGT interview, field notes (part of NGT interview), and the flip board data that confirmed the neutrality of the study. The internal audit secured *dependability*, for participants acknowledged the data as true and reliable after the NGT interview. Verbatim quotes were included from the participants for *authenticity*.

DATA ANALYSIS

As this was a qualitative study, the researchers adhered to the acknowledged data analysis methodology of looking for patterns, categories and themes, working back and forth between the themes and the data to establish a comprehensive set of themes (*cf.* Creswell, 2014:212). The qualitative research occurred in a natural setting, where human behaviour events occur; the data that emerged are descriptive and reported in words. The focus was on the participants’ perceptions and experiences and the way they made sense of their working environment (*cf.* Creswell, 2014:205–206). The results are presented in a descriptive form, rather than as a scientific report. Rich description is used to share a holistic picture of the emotional challenges faced by nurses when taking care of children in a paediatric ward.

DISCUSSION OF RESEARCH RESULTS

Two themes emerged from the participants' responses to the main question: diverse emotional experiences and job satisfaction. The first theme is centred on nurses' diverse emotional experiences when nursing children, balancing personal and professional dimensions about the working conditions, and the second theme is job satisfaction.

Theme 1: Diverse emotional experiences

The first theme, diverse emotional experiences, rendered seven aspects: frustration, a variety of positive experiences, sympathy, stress, anxiety, anger and sadness. Nursing is known as a stressful job with the possibility of anxiety, depression and burnout. Czaja, Moss and Mealer (2012:357) state that nurses are working with children at a higher risk to develop post-traumatic stress syndrome, burnout syndrome, among others. Ingebretsen and Sagbakken (2016) describe emotional challenges as being at once draining and enriching experiences, leading to personal and professional growth and development. The participants reported a mixture of negative and positive emotions while working in the paediatric ward. From the seven categories, frustration was the most obvious emotional challenge, and yet the runner-up was positive emotional experiences and it was perceived as a higher priority by the participants. These *positive experiences* happen, according to the participants, on a daily basis:

Happy to work with kids – they are not false.

Come in sick – go home so much better and happier.

Morgan (2009:89) proclaims that paediatric nursing care could be stressful as well as rewarding. While a few nurses described emotional challenges as somehow draining experiences, others described such challenges as both enriching and important experiences in the framework of providing care. *Frustration* was found to be the most challenging emotion.

You tried your best, but do not satisfy the parent or doctor.

Interestingly, parents, co-workers and doctors cause more frustration than the paediatric patient, and the nurses are caught in the middle:

With delays in theatre, you sit with the hungry child and annoyed parents.

The participants were happy to work with children, because they are not 'false'. Children improve and go home healthier and happier, leaving the nurses in a positive frame of mind.

It is important for nurses to be culturally adaptable to develop professionally, but incidents may increase stress. Kotzé (2008:29) states that transcultural nursing care is thwarted by a lack of insight and inadequate knowledge of various cultures in a diverse society. This was illustrated by the following response:

With racist parents – you have to grin and bear.

The participants expressed their *sympathy* with the children's distress and rationalised empathy from a professional viewpoint, but sometimes it was difficult to retain empathy instead of sympathy.

Crying with parents.

They experienced it emotionally challenging to continuously empathise when a child died or situations recalled personal life issues. The death of a child or child abuse provokes *sadness* and *anger*.

Bad circumstances – children abused.

The quotations below indicate that the participants understood that child abuse is difficult to comprehend, and manifests in many forms:

Doctor, visitors, patients – all can be abusive.

Parents threaten kids with nurses/doctor or injections if they are naughty.

Surprisingly, *stress* and *anxiety* were reported to a lesser extent, but still came to the fore in the following comments:

You have no answers to parents' questions.

Nervous about doctor's reaction.

Frequent talks with colleagues were emphasised as important for the nurses' wellbeing and satisfaction related to their work. Job satisfaction is an important component of nurses' lives that can impact on patient safety, productivity and performance, quality of care, retention and turnover, commitment to the organisation and the profession.

Theme 2: Job satisfaction

The primarily emotional challenge faced by nurses in the children's ward is job satisfaction. Three categories developed from job satisfaction, namely, to overcome stressors successfully, to make a commitment to nursing care, and to build a nurse-child relationship of trust. According to Cortese *et al.* (2010:37), job satisfaction is the changing attitude people have towards their work and the degree to which they like or dislike it. Although it is challenging to reach career fulfilment, dissatisfaction

can be overcome successfully. For that reason a nurse needs to make a successful mind shift from negative thoughts and behaviour to a more positive attitude.

Overcome stressors successfully

The participants felt strongly about staying positive about their work; therefore, they prioritised to ‘overcome stressors successfully’ as the main category under job satisfaction. Nurses were least satisfied with pay and most satisfied with relationships and experience self-worth when a child gets better, and these contribute to their job satisfaction. More often than not, the progress in a child’s health is due to the nurse’s hard work and commitment. One participant reported:

Sick child goes home better, that’s work satisfaction, because you made a difference.

In general, emotional challenges were related to dynamic movements between both enriching and draining experiences. Sometimes nurses experience job dissatisfaction, but then something positive happens and they feel energised again, successfully overcoming the challenge.

Difficult to go to work, but then something positive happens and it makes your day – then you enjoy your work.

Job satisfaction is an important component of nurses’ lives that can impact on patient safety, productivity and performance, commitment to the organisation and the profession. The participants all valued their patients and were committed to quality nursing care.

Commitment to nursing care

Through commitment the nurses find a way to overcome some of the emotional challenges they experienced. They felt committed to become more knowledgeable, experienced and skilled to address these emotional challenges. The nurses explained that they wanted to work with children, but it was challenging to be dedicated. These responses reflect their commitment:

Be committed to work; ... Give everything or nothing.

Do it because you want to – it is not just a job.

A passion for children helps to overcome emotional challenges in the work place. Nursing is not just a job; therefore, the motivation to care for children is required.

... have passion ...

Moet hare op jou tande hê [Must persevere].

The responses were distinct yet related complementary thoughts, describing different aspects of positive attitudes nurses' experience towards their work with children.

Kids are shy/angry on admission – commit to work with kids and change their attitude.

Clearly, a stronger sense of job satisfaction is felt when the nurses' commitment results in the progress of a child's emotional or physical wellbeing. Through their commitment to work with children they discover the importance of building a relationship of trust with their patients.

Build a nurse-child relationship of trust

Developing a trusting relationship with the children is an important part of caring for and nursing children. Although it is a skill for a nurse to build a relationship with a patient, but furthermore an emotional challenging one with children. The participants agreed that winning children's trust was pivotal because then children would be more comfortable with the nurse.

If parents let go, we can get nearer to the patient – then build a good relationship with child and parent.

Children benefit when parents and nurses respect one another, communicate openly, and share common goals for the best interest of the child. Trust can affect parental commitment by allowing the parents to relax their engagement. Participants understood that parents may experience feelings of mistrust, guilt and anger at the circumstances surrounding their children's hospitalisation, but building a relationship is very important.

No trust from parent – build a relationship then they trust you, worth the challenge.

The role of trust between nurses and children is delicate. Sometimes children feel betrayed when painful procedures must be performed. A caring relationship may also cause emotional challenges for the nurse, especially when a child dies (Morgan, 2009:88). Participants confirmed that when they had become attached to children and they passed away, it caused sadness.

When attached and they pass away it's very sad.

The quotation describes how nurses must deal with their own emotional reactions. One of the biggest emotional challenges for a nurse is to be 'professional' when they are vulnerable human beings. Nurses who have children themselves may experience a challenge to hide their emotions and portray a professional attitude. Positive or negative association with a patient might compromise the nurse's objective judgment. Working with a child who reminds you of your own is a unique personal encounter.

Transfer feelings towards own kids to patient – if they look alike.

Trusting relationships can be draining, but then again the opportunity to bond with a child is rewarding. Healthy trust relationships can improve job satisfaction (Miller, 2011:146).

Giving a bottle or changing a nappy ... is a good time for bonding.

Trusting relationships are indicated by the following comments:

Long-term kids are glad to see us.

Getting a big, fat smile.

The majority of professional encounters end in trusting relationships built by committed nurses, thus gaining job satisfaction and emotional satisfaction. Nurses need to build a therapeutic relationship of trust with their patients (Harrison, 2010:336).

Follow-up questions

Three themes emerged from the participants' responses to the follow-up question: Child-centred nurses, supportive communication, and in-service training.

Theme 1: Child-centred nurses

A variety of emotional challenges will be overcome if the nurses are child-centred. *Passion* is the reason why some individuals choose nursing as a career (McCloskey & Taggart, 2010:237). Before allocating a staff member to the paediatric unit, the important question that should be answered is whether she/he is passionate about helping children, as suggested by the participants:

Assure the right person for the unit is always allocated.

Must go the extra mile for children.

Paediatric staff definitely needs to have an instilled passion – not acquired – to do the job to the best of their ability.

This is proof of internal motivation driving nurses to provide quality care. These committed, child-centred nurses need support from colleagues and management to protect and maintain their internal drive. Communication, such as verbal support, forms an integral part of this process.

Theme 2: Supportive communication

The need to create opportunities to communicate effectively was discussed in great detail by participants. Nurses use different types of communication and support

systems to cope with emotional challenges. *Seven* aspects were discussed, with team-building events as priority.

Team-building or social events would create the opportunity to strengthen a sense of belonging. This occurs by sharing emotions and socialising with colleagues:

Teambuilding – ‘koek-en-tee’ sessions and have discussions.

Talk about emotions – colleagues often feel the same.

Social interaction for staff.

Social events offer a comfortable way of boosting one another. Support may be informal, for example, discussing workplace difficulties (*cf.* Miller, 2011:148), and exchanging tips. *Exchanging tips* is a sure way in which nurses assist one another to overcome the emotional challenges they face while nursing children:

Share how to deal with problem kids (like how to deal with kids spitting meds).

Sharing what works makes it easier for colleagues.

Opportunities for simple conversations with colleagues need to be created. *Seeking and providing support through interaction with colleagues* will be appreciated:

Open communication between colleagues and unit manager.

Vent with your colleagues.

Knowing that your colleagues face the same challenges creates companionship. Encouraging conversations among nurses is a realistic strategy, but is it possible with the attending doctor as well? *Communications with doctors* affect patient outcomes (Flicek, 2012:385), and a lack of communication with doctors was perceived by the participants as a challenge:

Talking helps ... better communication with doctors.

The more you talk the easier it becomes.

Staff members may need support to initiate conversation. Drury *et al.* (2014:519) explicate that nurses’ ability to cope is improved through strong social and collegial support, infrastructure that supports the provision of quality nursing care, and positive feedback. Each nurse should be respected as an individual, which will turn them into excellent child-centred nurses. *Support* systems are very important not only in the working environment, but also in private life:

Have a good support system at home and at work.

External support may be provided by a loved one, and informal support is created among colleagues. In certain situations formal support is required, such as *professional counselling*.

Ensure staff has trauma counselling – e.g. after the death of a patient.

Even the most experienced nurses need emotional support (Doerksen, 2010:145). Ensuring staff members receive counselling is imperative, and the value of *ventilation of frustration* should not be underestimated:

After venting often you get a different outlook on the situation.

Communication with colleagues, management, attending doctors and counsellors is a realistic strategy to improve the overall support nurses need to provide quality care. Communication skills should be addressed during in-service training or workshops.

Theme 3: In-service-training

Three aspects were mentioned under in-service training: expert in the field; skills development; and managerial skills. In-service training will keep the nurses updated and enhance their clinical judgment, making them experts in their field:

Stay updated with knowledge and skills.

Specific paed [paediatric] training.

Nurses need to take charge of a ward and therefore need to develop their managerial skills. Due to the fast changing health care environment, continued training is essential for nurses (Miller, 2011:148).

DISCUSSION

It is generally accepted that nursing is an emotional occupation and nurses are exposed to unique stressors. Nurses have to deal with their patients' emotions as well as their own (Taubman-Ben-Ari & Weintraub, 2008:637). Nurses are a diverse group of people who work under different conditions, systems, cultures, and values. The work of a nurse is challenging mentally, physically and emotionally. The emotional aspects within each nurse are, according to Ingebretsen and Sagbakken (2016), recognised as important for the nursing practice. Emotions and nursing cannot be separated and topics concerning the emotions nurses face remain important (Jack, 2012:812). Traditionally nurses were encouraged to conceal their emotions; nowadays they are encouraged to demonstrate emotional involvement and commitment for a better nurse-patient relationship (Timmons & Howard, 2011:14). A diversity of emotions was experienced, but commitment and trust established between the nurses and their patients overcome negative emotions.

Job demands impact on nurses' well-being, as well as on the work outcomes. Added to these, the lack of social support, mostly from supervisors and co-workers, was associated with deteriorated nurse well-being and more unfavourable work

outcomes (*cf.* Burke *et al.*, 2012). Job satisfaction is enhanced when all nurses strive to attain the same values in the working environment (Miller, 2011:146). The participants experienced their job satisfaction as an emotional challenge that can be successfully overcome when they commit to build a relationship of trust with the children they nurse. Job fulfilment is one of the most important factors that influences nurses to remain in the nursing field (McCloskey & Taggart, 2010:237).

Different factors influence job satisfaction, but lack of job satisfaction could lead to burnout. Burnout is known to influence retention negatively, and the nurses' sense of moral cohesion could affect patient outcomes positively. Factors associated with burnout may differ among nurses at different points in their professional career (Drury *et al.*, 2014:519). According to the participants, the child-centred nurse is unconditionally committed and is driven by a passion for children. They felt that effective communication among health care workers is pivotal to quality health care. A nurse's ability to deal with emotional challenges is increased through strong social and collegial support, infrastructure that supports the provision of quality nursing care and positive affirmation. These concepts are strongly linked to personal resilience (Drury *et al.*, 2014:519). Quality care is enhanced through conversations, discussions and debates on what proper nursing care entails (Miller, 2011:148). Opportunities for training will assist the nursing staff in delivering quality care.

CONCLUSIONS

A diversity of emotions was experienced, but the participants felt strongly about staying positive and unconditionally committed because of their passion to care for children. These optimistic feelings enhance job satisfaction and boost personal resilience. Child-centred nurses will be able to build a relationship of trust with the children, strive to be excellent in their job and passionate about their career.

Clear and open communications will benefit the multi-disciplinary team members and will ensure quality care. Formal and informal support will be valuable and prevent them from getting caught up in everyday issues. The nurses' autonomy may be improved through workshops and in-service training.

RECOMMENDATIONS

Based on the findings, the following recommendations were made: Recruitment requirements should be adjusted to ensure paediatric nurses are committed to nursing children. Formal opportunities to verbalise needs and provide emotional support to nurses should be created. Emotional support can be provided through mentorship programmes, professional counselling and team-building gatherings facilitated by a mental health care professional experienced in emotional well-being interventions. In-service training is very important to keep the nursing staff competent. Case

studies are recommended as a way of teaching and enhancing multi-disciplinary team communications. Informal support is as important as formal support for team cohesion and individual needs. Advanced training for the nursing staff at a university or college, for example, in Health Care Management, and Paediatric or Child Psychiatric Nursing is recommended.

LIMITATIONS OF THE STUDY

The limitation of the study is the purposive sample of a small number of nurses working in one paediatric ward of a private hospital. Therefore the results are not generalisable to a larger context. Richer information might have been obtained from more in-depth interviews.

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