

Factors Affecting Nursing Students' Hesitation to become Involved with Children in a Child Nursing Practicum

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Key Words :

hesitation
child nursing practicum
child
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interpersonal relationship

ABSTRACT

We conducted a qualitative inductive study to clarify the factors affecting nursing students' hesitation to interact with children in a child nursing practicum. A semi-structured interview was conducted with nine nursing students who completed a child nursing practicum. The data obtained were analyzed using the KJ technique. Five categories of factors were identified; "the psychological burden caused by the presence of the parents," "the attitude of dislike displayed by the child," "the child's reactions that make the participant feel rejected," "anticipatory anxiety," and "situation resulting in a feeling of fear." Nursing students were hesitant to interact with children whose attitudes and responses they considered difficult to deal with, and the students were affected by the responses of children as the children's moods changed. In addition, nursing students envisioned the children's attitudes and responses that they felt would be difficult to deal with, which led to anticipated apprehension. Overemphasis on the parents' relationship with their child also led to psychological strain for the nursing students. Being nursing students, they worried about how they would be assessed and were daunted by the medical personnel and instructors present.

I. Introduction

Due to advances in medical care and improvements of the standard of living, disease structures have changed. In addition, a declining birthrate and an aging population are accompanied by a need for improvements in public health and medical services. Consequently, there is a strong need to upgrade and expand nursing services and to improve the qualification of nursing staff. Under such circumstances, there is a gap between the skills of nursing students at the time of the completion of their basic nursing education and the skills that are required of nurses in clinical settings, which may cause nurses to leave their profession. Therefore, the curriculum in basic nursing education has been revised to improve practical clinical skills at the time of graduation¹⁻³⁾. In addition, it is considered necessary that basic nursing education be reorganized as a four-year college course in order to really achieve an improvement in the quality of nursing care. An amendment of the Act on Public Health Nurses, Midwives and Nurses came into effect from April 2010.

In pediatric nursing, high-level skills are needed, including relating with children and understanding the particularities of each child's stage of development, as well as developing human relationships, comprehending the child's needs, and providing assistance in a way that enhances the child's strength. However, because of the declining birthrate, many pediatric clinics and pediatric wards have become unprofitable and have closed, or have been merged and mixed with wards designed for adults; children's length of hospital stay has also been shortened⁴⁻⁷⁾. Therefore, the practice of child nursing practicum has been constrained to a limited hospital environment. Children are in a state of growth and development. Through the development of sensory functions during childhood and infancy, along with the development of motor functions such as those of the hands and legs, children become familiar with the outside world, which they explore actively. In addition, they express their thoughts by laughing, crying, or by using their hands and fingers. Cognition and language

skills develop along with physical growth and development⁸⁾. During later childhood and adolescence, the development of physical functions is accompanied by the development of cognition and language skills; this is the beginning of identity establishment. Thus, children undergo various stages of development. It is difficult to form relationships with and attempt to understand and share the thoughts and feelings of children who are in an immature state of development. For nurses to be capable of understanding children, interact with them, and form relationships, nursing students need to foster those skills, which should begin while they are still in nursing school.

Since the curriculum revisions in 1997, a reduced amount of time has been allocated to clinical child nursing practicum. In addition, because of the shortened length of hospital stays for children, the period during which a nursing student is in charge of a child is shorter, and in some cases, a nursing student is in charge of multiple children. Nursing students are in a situation where, within a short time, they have to understand children, form relationships, and graduate to clinical nursing practice. However, current nursing students have shown changes in their academic skills, way of thinking, and basic attitude in daily life, as well as a lack of communication skills⁹⁻¹¹⁾. Even if nursing students gain a theoretical understanding of children's conditions, it is difficult for them to make use of the knowledge when deciding how to deal with children in a practical setting¹²⁾.

Researchers have informed nursing students about pediatric nursing. In many cases, even when nursing students were enthusiastic about visiting children's hospital rooms, they were embarrassed to talk with the children, to hold their hands, or to embrace them. Therefore, pediatric nursing students face various difficulties when dealing with children during clinical training. We investigated the factors that lead to nursing students' confusion, reluctance to relate to children, and difficulty in establishing relationships. We propose that clarifying the factors causing nursing students' hesitance to relate to children may help improve child nursing education, including lectures and practicum.

Therefore, we examined influencing factors from the perspective of nursing students, such as issues pertaining to the involvement with children during practical clinical training that nursing students find difficult, and which makes them

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hesitant to interact with children.

II. Research objectives

The purpose of this study was to identify factors that lead to nursing students' hesitation to interact with children during practical clinical training in pediatric nursing.

III. Definition and use of terms

1. Hesitation

The word "hesitation" means "wasting time and being unable to make a decision" or "faltering"¹³⁾. In this study, "hesitant" refers specifically to the reluctance to relate to children, inability to make any judgment or decision with regard to relating to children, or inability to act with regard to relating to children. Thus, "hesitating to relate to children," means "being uncertain, unable, or unwilling to relate to a child".

IV. Research methods

1. Participants

The participants consisted of nine nursing students from two nursing colleges, who had completed their practical clinical training in pediatric nursing, who had not been enrolled in clinical training in multiple facilities such as nursery schools in the Kinki region, and who had clinical training in a child nursing practicum, only in pediatric wards.

2. Study design

A qualitative inductive research approach was used in this study.

3. Survey method

1) Interviewing procedure

Dates and places that were convenient for the participants were determined; verbal and written explanations pertaining to the research purposes, methods, necessary duration of the study, and ethical considerations were provided; and the participants who gave their consent were requested to sign a consent form. A semi-structured interview was conducted with the nursing students who understood the purpose of the study and who agreed to be interviewed by the researchers.

2) Interview contents

The contents of the interview examined the following three points:

- (1) the participants' thoughts about children,
- (2) what embarrasses the participants regarding relationships with children, and
- (3) what worries the participants when they are in contact with children.

3) Data collection period

Data collection lasted from April to August 2007.

4. Data analysis method

All the data collected during the interviews were transcribed into written records, encoded, and analyzed using the KJ method. In this study, we aimed to identify influencing factors that affect nursing students' hesitation in relating to children during pediatric nursing practicum. In addition, to ensure that the meaning of the contents verbally mentioned by the participants could be used without being truncated, the KJ method technique described in the analyses was considered appropriate for inferring the ideas conveyed by the data. Further, to increase the reliability and validity of the data analysis, the study was repeated by researchers specializing in pediatric nursing.

V. Ethical considerations

This study was approved by the Institutional Ethics Review Board of Shiga University of Medical Science (approval number 18-106). A call for cooperation in this study was sent in a written document addressed to nursing colleges in the Kinki region, and to which the researchers were not affiliated. In nursing colleges that gave their consent to cooperate, a call for participation in the study was sent to nursing students, through an referrer. The researchers directly requested participation from students who showed willingness to participate in the study, and provided verbal and written explanations regarding the following issues, after which consent was obtained with the students' signatures.

The study participants kept their own free will regarding the research objectives and methods, and had the right to refuse or withdraw their participation. Participants were not required to discuss subjects that may be painful, or that they were unwilling to discuss. The participants were not forced to answer questions that they found difficult to answer. Discontinuing the interview or refusing to discuss difficult subjects would not result in any disadvantage for the participant. The researchers would not report to the referrer whether the participant agreed to participate in the study or not. Participation or non-participation in the study would not affect their performance grades for the pediatric nursing practicum. Anonymity and protection of privacy were strictly observed. After completion of the study, the data were erased and all written records and documents destroyed. The results of this study were intended to be presented at nursing-related academic meetings.

VI. Results

The mean age of the study participants was 23 years. The interview period ranged from the day of the completion of their practical clinical training in pediatric nursing up to 5 months afterward. The mean duration of the interviews was 71 min.

The participants were assigned to be in charge of 11 children (referred to, below, as "children"), most of whom were infants. Among the children, nine were accompanied by a chaperone and two were in the acute phase of their disease (Table 1).

The data comprised 425 meaning items, 5 categories, and 16 sub-categories. The categories are displayed with the following sign: []; the sub-categories are displayed with the following sign: {}; and the interview contents that represented

Table 1. Background of the Child

ID	developmental stage	period
1	childhood stage	convalescent stage
	childhood stage	chronic stage
2	childhood stage	chronic stage
3	childhood stage	convalescent stage
4	babyhood stage	chronic stage
5	childhood stage	chronic stage
6	childhood stage	chronic stage
7	childhood stage	chronic stage
8	babyhood stage	acute stage
	childhood stage	acute stage
9	adolescence	acute stage

Table 2. Factors affecting nursing students' hesitation to become involved with children in a child nursing practicum

categories	sub-categories
The psychological burden caused by the presence of the parents	Excessive awareness of the parents
	Confusion when relating to the parents
	Strain felt as a result of the parent's gaze
	Feeling of alienation from the child and the parents
The attitude of displayed by the child	Antisocial children
	Children whose ages are not familiar to the nursing students
	Children with mood swings
	Children in painful situations
The child's reactions that make the participant feel rejected	Children resistant to assistance
	Children who experience difficulty forming attachments to other people
	Children who are not receptive to nursing students' ideas and feelings
	Children who cuddle up to their parents and healthcare professionals
Anticipatory anxiety	Anxiety caused by imagining the children's negative attitudes
	Worrying about interacting with unknown children
Situation resulting in a feeling of fear	The gaze of healthcare professionals, which was felt as evaluative
	Sense of emptiness associated with a feeling of difficulty in relating

the categories are displayed with the following sign: “ ”. Whenever something interfered with the context, or whenever the interview contents were difficult to understand, the contexts before and after the content mentioned verbally by the participant were supplemented with words in parentheses ().

The five categories consisted of [the psychological burden caused by the presence of the parents], [the attitude of dislike displayed by the child], [the child's reactions that make the participant feel rejected], [anticipatory anxiety], and [situation resulting in a feeling of fear] (Table 2).

1. [The psychological burden caused by the presence of the parents]

This category showed that a considerable feeling of pressure on the nursing student's psychological state was caused by the presence of the child's parents. This category was composed of four subcategories: {excessive awareness of the parents}, {confusion when relating to the parents}, {strain felt as a result of the parent's gaze}, and {feeling of alienation from the child and the parents}.

1) {Excessive awareness of the parents}

The nursing students who had already established a relationship with the child, and cherished the child, considered the parents who constantly accompanied the child “impossible to ignore” and, therefore, found that the presence of the parents negatively affected their ability to interact with the child. In addition, they felt difficulty relating with the children because of the parents' “stern facial expression” and “nervous” appearance, as well as the parents' attitude of “not saying what they actually thought.” In addition, “being with the mother was a source of tension,” and “once the mother was present, the child became defensive”; as a result, nursing students had an excessive awareness of the children's parents, which made them feel a psychological burden when relating to the children. Furthermore, the nursing students also interacted with the children while being attentive to parents who were “tired from accompanying their child,” “worried about the child's siblings,” and “worried about their child's recovery from the disease.” In addition, conflicts also occurred, during which the nursing students considered that, despite their plans, they were unable to relate sufficiently (to the child), and that “they would have been able to relate much better if the parents had not been present.” Moreover, they mentioned that if the parents had not been there, they “would have been able to relate more intimately” with the children, and that an awareness of the parents' presence, as well as “worrying about the mother,” made them experience difficulty relating to the children.

2) {Confusion when relating to the parents}

Nursing students perceived that when children were accompanied by their parents, a “two-against-one relationship” was built between the child and the parent on one side, and the nursing students on the other side. In addition, the idea that “the nurse's efforts would be worthless unless assistance was provided to take care of the parents as well as the child” was a heavy psychological burden for the nursing students, who were consequently anxious about “whether they would be able to maintain a good relationship with the parents.”

3) {Strain felt as a result of the parent's gaze}

Regarding parents who were worried about their child's medical condition, nursing students performed nursing care while being attentive to “what the parents thought about the disease.” In addition, because parents assist their children in their daily lives, they felt they had a better understanding than nursing students about the child's medical condition; therefore, because “they had already had multiple experiences of what I (the nursing student) was thinking (regarding nursing care),” “I respected the parents' feelings and lost confidence in myself as I was engaged in doing my work as a nurse.” Nursing students thought that “it would not be good to talk to children in an overly familiar manner,” and interacted with the children while worrying about the gaze of the parents.

4) {Feeling of alienation from the child and the parents}

Regarding parents who established a parent-child relationship, nursing students who already had experience in raising

children felt that they were “absolutely unlikely to win over the mother’s” and felt “reluctant to interfere in the relationship between the mother and the child.” In addition, “the two (the parent and the child) have their own space and their own world,” and when the nursing student was interacting with the mother and child together, he/she “felt as though I did not belong to the group,” or “felt as though I was visiting a friend’s home”; therefore, the student felt anxious when “a parent was present beside the child,” and “when I got involved in the intimate relationship between the parent and the child.” In addition, *I* thought that “since (the child) was living away from the mother, (the child) might want to interact with the mother at the time of her hospital visits,” and that when the care of the child was left to the parent, “the (parent-child) relationship may become intimate” and “the bond with the parent” would be strengthened. Since “*I* had no self-confidence in relating with children,” “*I* refrained from being involved with children and their parents”. Moreover, *I* considered that “my presence (the nursing student) interfered with the relationship between the two (the parent and the child).”

2. [The attitude of dislike displayed by the child]

This category referred to the condition of children considered by nursing students as difficult to deal with, and was composed of four subcategories: {antisocial children}, {children whose ages are not familiar to the nursing students}, {children with mood swings}, and {children in painful situations}.

1) {Antisocial children}

For nursing students who were not accustomed to children’s “stern facial expression,” “crying,” “shyness,” “tension,” “fear,” and unresponsiveness” at the time of the first encounter, they did not know how to relate to the children, and therefore they were reluctant to interact with the children. Furthermore, they felt anxious that they were being rejected by the children, because the latter “might be scared of them (nursing students).” In addition, when the children were “in a bad mood,” the nursing students attempted to relate to the children, using various approaches to improve their moods; however, when the children’s moods did not improve, the nursing students were confused. Furthermore, when children showed a “poor response” or an “absence of change in response (positive reactions),” despite having changed the approach many times, or when children “do not talk much,” nursing students lost self-confidence in establishing relationships; “they (nursing students) thought that their feelings were not conveyed to the pediatric patients (children),” and felt that it was impossible to form relationships with the children. In addition, they (nursing students) were discouraged, thought that “nothing would change, even if they (nursing students) were absent,” thought that the children were not willing to accept them, and lost their self-confidence in relating with children.

2) {Children whose ages are not familiar to the nursing students}

Nursing students who wanted to access the children’s emotions through conversation felt reluctant to interact with children who were in their infancy and early childhood (periods

during which the development of language function is in progress), at “ages that (the nursing students) had not yet encountered,” or at “ages with which (the nursing students) were not sufficiently familiar.” In addition, as they actually interacted with the children, it was difficult for nurses to deal with children who pointed to various objects with their fingers while talking, but who could not be understood no matter how many times they repeated themselves. Furthermore, for nursing students, adolescents who did not talk much about their thoughts and feelings were considered “self-centered” and “difficult to understand”; therefore, they (nursing students) were hesitant to interact with adolescents.

Nursing students who have little experience in working with children “get nervous at the mere idea of dealing with children,” and are “unable to speak to children.” In addition, nursing students are conscious of the fact that “they (nursing students) are unaccustomed to children” and that “they do not have the confidence to be attractive to children,” and therefore lost self-confidence when they were in front of children.

3) {Children with mood swings}

Nursing students were deterred by children who were going through a life stage where exploratory behaviors were active, who moved actively, whose “feelings moved on rapidly from one thing to another,” and whose “(playing) cycle was fast.” Nursing students were confused by the changes in children’s moods as the children’s “feelings were different from day to day” and because “even though the nursing students sympathized with children on a subject, the children reverted to their original emotional states the next day”; therefore, the nursing students experienced difficulty understanding children’s feelings.

4) {Children in painful situations}

Because children move from their homes to be admitted to hospital, they live in an environment and according to a lifestyle that is unfamiliar to them, leading them to “have a strong desire to be discharged from the hospital” and “be in a bad mood.” Nursing students who saw such children in bad moods felt that “the duration of hospital stay was long and that the children’s stress was considerable.” When dealing with children who were under stress and in a bad mood, nursing students tried to play with them to improve their mood; however, the children’s feelings remained unchanged, and consequently, the nursing students were confused about how to proceed. In addition, when dealing with children suffering from physical pain, the nursing students “cuddled the children, depending on their bad mood.” Even then, nurses felt anxious as they dealt with the children, while “making sure not to aggravate their (the children’s) conditions”; they were confused about when they should be involved.

3. [The child’s reactions that make the participant feel rejected]

This category represents the reactions of children by whom the nursing students felt rejected, and is composed of four subcategories: {children resistant to assistance}, {Children who experience difficulty forming attachments to other people}, {children who are not receptive to nursing students’ ideas and feelings}, and {Children who cuddle up to their

parents and healthcare professionals}

1) {Children resistant to assistance}

Nursing students who were concerned about their nursing skills for children and who wanted to undergo practical clinical training struggled regarding how to provide assistance to children who were “uncooperative” and who showed “rejection” and “unwillingness.” In addition, because the nursing students “had never been encouraged by children to provide assistance,” they lost confidence in their own ability to assist the children.

2) {Children who experience difficulty forming attachments to other people}

Nursing students lost their self-confidence in relating to children who are anxious or apprehensive at the sight of a nursing student. With adolescents, for whom the interactions consisted mainly of conversation, rather than assistance with daily life, nursing students were faced with blunt answers or “non-continuation of conversations” and were therefore burdened with painful feelings, even at the mere idea of approaching such children. Furthermore, when children rejected nursing students physically and said that they “hated” them, nursing students who were incapable of interpreting such children’s behaviors and words were discouraged; as a result, such nursing students resisted a relationship with children and no longer thought about children’s feelings.

3) {Children who are not receptive to nursing students’ ideas and feelings}

While dealing with children who were subjected to treatment that included taking a rest, nursing students dealt with them by convincing them to rest; however, the children “played actively” without listening to what the nursing students said, and the more the students tried to interact with the children, the more the children had fun and “deliberately moved around actively.” Nursing students had difficulty dealing with these children as healthcare professionals.

4) {Children who cuddle up to their parents and healthcare professionals}

With children who ignored the nursing students and instead “handed their (toys) to their mothers,” nursing students experienced the painful feeling that the children refused to deal with them. In addition, while dealing with children who “did not talk to me (the nursing student) directly, but instead answered me (the nursing student) through the mother,” or children who “clung to their mothers,” nursing students felt a distance between them and the children. In addition, when children did not accept the nursing students’ assistance, but rather accepted assistance from only (qualified) nurses and teachers, the nursing students felt unable to establish a relationship with children and lost their self-confidence in providing assistance as nursing care professionals in pediatric nursing.

4. [Anticipatory anxiety]

This category represents nursing students’ psychological

conditions of anxiety, concern, and nervousness before and while dealing with the children. This category is composed of two subcategories, namely {anxiety caused by imagining the children’s negative attitudes} and {worrying about interacting with unknown children}

1) {Anxiety caused by imagining the children’s negative attitudes}

Nursing students felt anxiety with regard to dealing with children, namely about what they (nursing students) would do if the children ever “refused” them or “cried” because of them. For nursing students who had previous experiences of being subjected to negative attitudes by children, such an anxiety also occurred when they were approaching the children.

2) {Worrying about interacting with unknown children}

Before interacting with children, nursing students with little experience in dealing with children had feelings of uncertainty about “how to talk with them,” “how to call them,” and “how to play with them.” Furthermore, they felt anxious about how to converse with the children and “whether it would be possible to communicate” with children. In addition, when it was impossible to interpret the meaning of children’s reactions, the nursing students felt anxious about how to deal with the children; “they did not know how to relate to children” and “with adolescents, conversation alone was not effective.” The nursing students were unable to imagine “how children were, at ages that they had never dealt with,” had no idea “how to interact with small children,” and therefore, were embarrassed to relate to children. In addition, when the child was of the opposite sex, the nursing student had no idea about “what the child would be interested in.”

5. [Situation resulting in a feeling of fear]

This category represents the feelings associated with the practical clinical training in pediatric nursing from the perspective of nursing students with little experience in nursing care and in relating with children. This category is composed of two subcategories, namely, {the gaze of healthcare professionals, which was felt as evaluative}, and the {sense of emptiness associated with a feeling of difficulty in relating}.

1) {The gaze of healthcare professionals, which was felt as evaluative}

When nursing students saw nurses and teachers as evaluators, being viewed by nurses and teachers made students feel as though the professionals were “watching” or “listening to” the nursing students’ ways of relating with children. Nursing students were “nervous” when they related with children; they considered that “when healthcare professionals were present nearby, interacting with children was difficult”; this made them feel that relating with children was unnatural. Conversely, they considered that, in the absence of other healthcare professionals, they were “capable of calling and talking with children without worrying about anything.”

2) {Sense of emptiness associated with a feeling of difficulty in relating}

Nursing students felt anxious at the idea of interacting with a child alone, because it involved dealing “with the child on a one-on-one basis in a private room.” In addition, when a nursing student was playing with a child and the conversation or the game was interrupted, the nursing student felt anxious for being in a room alone with the child and felt embarrassed at the idea of “what to do to spend time if the talk did not resume or continue.” Further, when a nursing student entered the same room where a child was playing, the nursing student refrained from interacting with the child when the latter was concentrating on the game that he or she was playing.

6. Structure of influencing factors that make nursing students hesitant to take care of children during clinical training in child nursing practicum (Figure 1)

The factors influence nursing students’ hesitation in taking care of children during clinical training in child nursing practicum consisted of the following: regarding children that the nursing students were going to take care of for the first time, the students imagined [the child’s antipathic attitude] and [the child’s responses, which made the students feel rejected], thereby developing an [anticipation of anxiety] in the students, which made them hesitant to taking care of the child. In addition, in taking care of children, nursing students were embarrassed by [children’s antipathic attitude] and [children’s responses, which made the nursing students feel rejected]; next, the students developed an [anticipation of anxiety] with regard to taking care of children, making it increasingly difficult for them to take care of the children.

The students felt a [psychological burden] regarding the presence of the parents who knew the child’s condition, and who had an established relationship with the child. Nursing students felt the presence of the parents as a distinct pressure and realized the need to have a good relationship with the

parents as well as the child.

In addition, the nursing students they felt that they went through clinical training [in a state of fear]. The nursing students took care of children while feeling a considerable pressure from {the gaze of healthcare professionals, which was felt as evaluative}. They did not have self-confidence in taking care of children, and were anxious while doing so. They were also aware of the environment surrounding the children, the [presence of the parent], [the attitude of dislike displayed by the child], and the {sense of emptiness associated with a feeling of difficulty relating}; as a result, they hesitated to take care of the children.

VII. Discussion

This study investigated the factors that affected nursing students’ hesitation in taking care of children. In this section, we will discuss the following: [1] children with rapid mood swings whom the student nurses felt manipulated by, [2] the excessive awareness of the presence of the parent, and [3] the perspective of being a nurse as well as being a nursing student.

1. Children with rapid mood swings who the student nurses felt manipulated by

Children in the course of language development and therefore incapable of verbal communication expressed their feelings straightforwardly to nursing students, who were incapable of understanding the children’s feelings, and were confused; therefore, it was difficult for them to interact with children. Nursing students attempted to understand children’s feelings through verbal communication, and therefore, when taking care of children incapable of communicating verbally, nursing students cannot understand the children; when children’s emotions become intense, such as crying, nursing students are confused and do not know how to deal with the children.

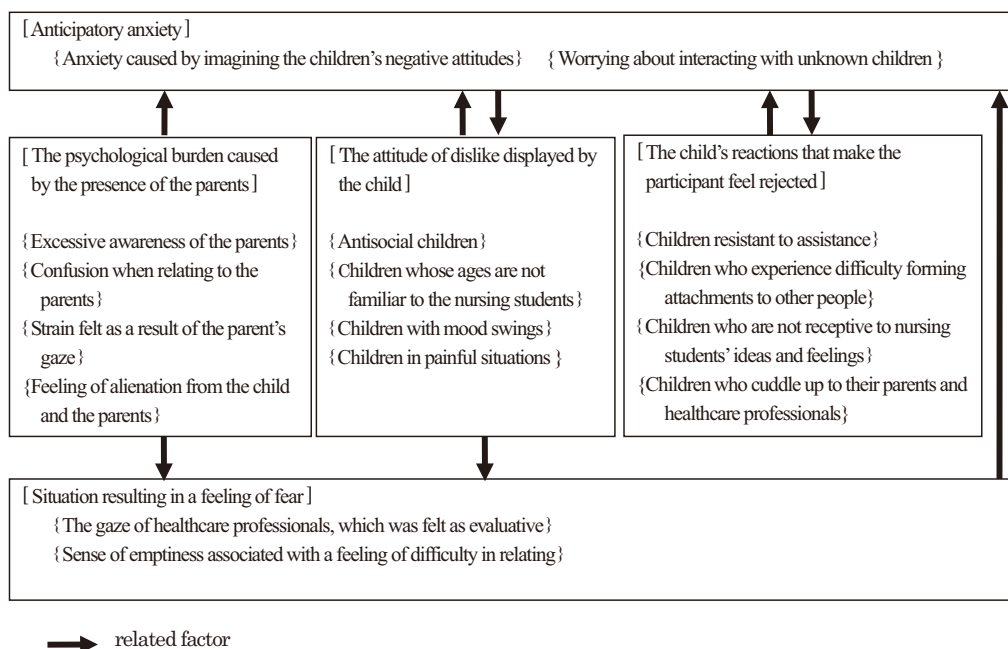


Figure 1. Structure of influencing factors that make nursing students hesitant to take care of children during clinical training in child nursing practicum

In addition, nursing students perceived children's words to be directed against them and were subject to the children's moods, which fluctuated intensely with time. As a result, the nursing student's interest and feelings for children diminished gradually, and ultimately, they felt that they did not want to take care of children. The facial expression, words, gestures, and behavior displayed by the children to the nursing students tended to be perceived by the latter as the children's feelings towards them. Children have intense emotional variations depending on whether they are moody as a result of their physical condition, or because of hospitalization and separation from their parents. In addition, the presence of unfamiliar people, as well as that of unfamiliar objects and events, causes anxiety, which leads to negative responses such as rejection¹⁴⁾. The nursing students were unable to fully understand the meaning of the reactions displayed by the children, resulting in them having negative feelings towards children.

Furthermore, probably because children were difficult to understand, or because the nursing students had no self-confidence in relating with children, the students imagined children's negative feelings toward them; this, together with the attitude of dislike displayed and directed by children against nursing students, resulted in an anticipatory anxiety with regard to taking care of children.

Previous reports have shown that, during clinical training in various specialties, nursing students were anxious that patients might have unfavorable feelings toward them; the students depended on verbal communication while building relationships with the children and responded to the words said by the children, but were unable to interpret the latter's feelings¹⁵⁾. When taking care of children who are still developing language, an attempt to communicate through verbal communication does not deepen the understanding of children. Because they lacked a deep understanding of children, the nursing students were swayed by children's words and behavior, leading them to hesitate when interacting with children. In addition, although nursing students learn about children's characteristics during lectures and attend clinical training in pediatric nursing, more time may be needed to connect the ideas about children's characteristics learned in class with the interpretation of children's actual words and behavior, as well as the understanding of children. Furthermore, students are confused by children's crying and negative words and behavior, and might lose the ability to stay calm and interpret children's behavior.

To understand children, nursing students need to acquire the ability to interpret children's words and behavior.

2. Excessive awareness of the presence of parents

The presence of parents was also a factor with a major impact on nursing students.

When a nursing student initially takes a child in their charge, the parent who is present beside the child is perceived as someone who is familiar to the child, who knows the child in detail, who has an established relationship with the child, and most significantly, a person who has already had experience with raising children. Nursing students are excessively aware of such parents, and are made more aware of their own lack of experience in raising children, as well as their lack of contact with children; as a result, students think they "cannot win-over the parents," and are reluctant to include themselves in the relationship between the child

and the parent. In addition, they felt the strong bond between the parent and the child, and felt hesitant to come between the parent and the child. Currently, nursing students have little experience in daily tasks related to child-rearing, such as changing diapers¹⁶⁻¹⁷⁾; thus, nursing students' fear was due to their lack of experience in parenting and being in contact with children. As nursing students go through clinical training under such psychological conditions, having the parent in sight led nursing students to feel the presence of the parent excessively.

In addition, nursing students worried about how they were perceived by the parents, and the possibility of building a relationship with the parents placed pressure on the nursing students because of the parents' personalities and feelings; this led to hesitation towards interacting with children. Furthermore, by relating to the parents a number of times, the nursing students realized that the parents were anxious about the children's illnesses and were concerned about the family. By being excessively aware of parents in such an unstable psychological state, nursing students were confused and wondered how to relate to the parents. In addition, interacting with children in the presence of the parents was perceived by the nursing students as pressurizing and led them to hesitate approaching the children.

The parents, who knew about the course of various types of nursing care received by the children, were perceived by nursing students as people who evaluated their performance in nursing care. Because nursing students with poor nursing experience lacked self-confidence in their own performance in nursing care, they perceived the parents as nursing evaluators, and as a result, taking care of children caused them anxiety. Despite their lack of experience as nursing care providers, nursing students doubted whether it was good to deal with the children of parents who were highly concerned with their child's health. Furthermore, nursing students felt that taking care of children, despite their poor experience in nursing care, led them to sympathize with the children and their parents.

Parents start to trust nursing students for the first time on the basis of the students' behavior during the practice of nursing assistance¹⁸⁾. Building up a relationship of trust with the mother is important. When nursing students gain confidence in the field of children's nursing care, parents will also start to relate to the nursing students¹⁹⁾. The nursing students' way of taking care of the child is a major factor in building a relationship of trust with the parents¹⁸⁾.

3. Perspective of being a nurse at the same time as being a nursing student

For nursing students, it is during practical clinical training in child nursing practicum that they get their very first experience in the actual practice of pediatric nursing. For nursing students, clinical training in child nursing practicum is an "unknown world," which they go through with anxiety. Clinical training in child nursing practicum is as short as two units, and it is within that brief period that one has to build up a relationship with children, which will allow for conducting nursing care on the children. In addition, nursing students went through clinical training while wondering how to initiate communication with nurses for the first time. While in such a clinical training environment, relating with children and their parents leads nursing students to be nervous. While in such a clinical training environment, relating with children

and their parents is believed to lead to continuous anxiety in nursing students.

Regarding the children who accepted being taken care of, as well as their parents, nursing students felt sympathy when conducting nursing care, despite being students with little nursing experience. With regard to children, nursing students think that the burden on children due to nursing assistance was minimal. However, nursing students felt fear even before taking care of children, as they think of their own strength and lack of self-confidence in conducting nursing assistance. While taking care of children, nursing students felt anxious about aggravating the children's conditions.

In addition, clinical instructors and teachers, who practice child nursing practicums in clinical settings, have experience in pediatric nursing. For nursing students, the presence of such medical professionals while they were taking care of the children made them feel as though they were undergoing an evaluation. The nursing students' lack of self-confidence in taking care of children led them to feel nervous and frightened while taking care of children in front of these professionals.

VIII. Conclusions

In this study, which aimed at identifying the factors that influence nursing students' hesitation in taking care of children, an interview survey was conducted on nine nursing students who were studying at nursing colleges and who had already completed their clinical training in pediatric nursing. The resulting data were analyzed by adopting the technique used in the KJ method, and the following results were found.

1. Regarding factors influencing the reluctance felt by nursing students with regard to taking care of children, the following five categories were extracted: [psychological burden due to the presence of the parents], [the attitude of dislike displayed by the child], [the child's reaction, which makes the participant feel rejected], [anticipatory anxiety], and [situations resulting in fear].

2. The children-related factors influencing nursing students' hesitation were [the attitude of dislike displayed by children] and that which they directed against the nursing students, as well as [the reactions displayed by children in response to care, which made the nursing students feel rejected]. In addition, as the nursing students imagined [the attitude of dislike displayed by the children] and [the children's reactions, which made the nursing students feel rejected], they displayed an [anticipatory anxiety].

3. Another influencing factor, which led nursing students to hesitate to take care of children, was the [psychological burden caused by the nursing students' excessive awareness of the presence of the parents].

4. Other influencing factors that led nursing students to hesitate to take care of children were the fact that nursing students, who were learners, were too concerned about their own evaluation, as well as the presence of medical professionals, which led to [situations resulting in fear].

IX. Limitations of this study and future challenges

This study did not consider the clinical training

environments during nursing students' clinical training period, or during a clinical training period in pediatric nursing. The involvement of nursing students with children during clinical training in child nursing practicum was different among nursing students, depending on the presence or absence of experience in conducting nursing assistance with children, and depending on the level of medical professionals' involvement with the nursing students. The effect of the timing of the clinical training, as well as the effect of the clinical training environment, require further investigation.

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