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ORIGINAL ARTICLE

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Nurses' Attitudes Towards the Implementation of Atraumatic Care for Hospitalized Children: A Hospital Based Study in Kenya

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ABSTRACT

Hospitalization can be distressing for children, often resulting in psychological and emotional strain. Atraumatic care aims to minimize these effects by fostering a child-friendly environment, reducing pain, and promoting family involvement. Nurses, as the primary caregivers, play a pivotal role in actualizing these principles, and their attitudes significantly influence the quality and consistency of atraumatic care delivery. This study assessed the attitudes of nurses toward the implementation of atraumatic care for hospitalized children at Nakuru Level-5 Hospital in Kenya. A descriptive cross-sectional design was adopted. The study was conducted at Nakuru Level-5 Hospital, a major referral facility in Kenya's Rift Valley. The target population included nurses working in the pediatric ward with a minimum of three months of continuous service. A total of 48 nurses were selected using purposive sampling. Data were collected using a structured, self-administered questionnaire designed to measure attitudes related to key aspects of atraumatic care. Descriptive statistics were used for data analysis using SPSS version 25. The majority of respondents (77%) agreed that parental involvement enhances atraumatic care, and 73% viewed atraumatic care as influenced by personal belief systems. Most nurses (77%) reported awareness and implementation of non-pharmacologic pain management methods, while 72.9% rated themselves as very or extremely confident in communicating with pediatric patients to reduce anxiety. Despite these positive attitudes, a minority of nurses expressed disagreement or uncertainty, indicating areas where additional support may be required. While overall attitudes toward atraumatic care were favorable, variations in belief, awareness, and confidence highlight the need for further reinforcement of trauma-informed care principles. Healthcare facilities should institutionalize continuous training and mentorship programs to strengthen nurses' attitudes and competencies in child-centered, trauma-informed care.

Keywords: Atraumatic Care, Nurse Attitudes, Pediatric Nursing, Hospitalized Children, Child-Centered Care

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INTRODUCTION

The hospital experience, while essential for treatment and recovery, can be profoundly unsettling for children (Zakayo et al., 2020). Beyond their presenting medical conditions, children often grapple with a sense of vulnerability triggered by the clinical environment marked by unfamiliar procedures, separation from family, sterile surroundings, and interactions with multiple caregivers (MacKay, 2019). These stressors, if not properly mitigated, may have lasting effects on a child's emotional stability, development, and overall perception of healthcare. To address these challenges, pediatric healthcare has evolved toward more emotionally responsive models of care. One of the most prominent among these is atraumatic care, which seeks to reduce the physical and psychological burdens of hospitalization. At its core, atraumatic care involves strategies that maintain the child's dignity and comfort by reducing unnecessary stress (Handayani and Daulima, 2020). This includes supporting family involvement, minimizing painful or invasive procedures, and creating a more reassuring and predictable hospital environment.

Central to the successful implementation of atraumatic care is the attitude of nurses, who serve as the primary point of interaction for hospitalized children (Nisa et al., 2024). While clinical competence is crucial, the perspectives and values held by nurses strongly influence how and to what extent these care strategies are integrated into daily practice (Lejonqvist et al., 2012). Attitudes shape behavior, when nurses hold favorable views toward atraumatic principles, they are more likely to adapt their care routines to include child-friendly interventions, involve families, and employ empathetic communication techniques (Ozturk and Merter, 2024). In contrast, skepticism or ambivalence can lead to adherence to traditional task-focused models that may neglect the emotional needs of pediatric patients (Archibong, 2020).

Nurses' attitudes are shaped by various factors, including cultural norms, clinical training, previous exposure to child-centered care, workplace dynamics, and institutional policy support (Huang et al., 2025). In high-income countries where healthcare systems are resourced to support comprehensive training and staffing, nurses often exhibit more positive orientations toward atraumatic care (Assaye et al., 2021). Conversely, in low- and middle-income settings, the translation of these ideals into practice can be inconsistent (Regalado et al., 2023). Limited staffing, high patient loads, and lack of standardized training modules frequently hinder the practical adoption of atraumatic approaches (Wild et al., 2023).

In many parts of Sub-Saharan Africa, including Kenya, pediatric care policies increasingly advocate for the integration of psychosocial support and family-centered approaches (Abukari, 2022). The Ministry of Health has promoted frameworks designed to make hospitals safer and more comfortable for children (English, 2013). Yet, despite these policy efforts, the successful implementation of atraumatic care remains uneven, largely dependent on how individual health workers perceive and prioritize such care within their clinical roles.

Nakuru Level-5 Hospital, located in Kenya's Rift Valley region, is a high-volume referral institution serving a wide geographical and demographic catchment (Murima, 2016). Its pediatric unit caters to a substantial number of child patients, often under resource-constrained conditions. Despite recent improvements in pediatric infrastructure and service delivery, there is a scarcity of research examining how nurses at the facility view and respond to the demands of atraumatic care. Their attitudes whether supportive or resistant are likely to influence the degree to which these principles are implemented in practice.

Assessing nurses' attitudes in this context is essential. It not only provides insight into the operationalization of child-centered policies but also identifies areas where targeted attitude change interventions may be required. By understanding the beliefs, values, and predispositions that shape nursing practice, healthcare managers and educators can tailor training and mentorship programs that foster a more empathetic, responsive pediatric care environment. This study, therefore, explored the attitudes of nurses toward the implementation of atraumatic care for hospitalized children at Nakuru Level-5 Hospital.

MATERIALS AND METHODS

Study Design

This investigation employed a descriptive cross-sectional (Wang and Cheng, 2020) approach to evaluate nurses' attitudes toward atraumatic care within a hospital setting. The design was ideal for capturing perceptions at a specific point in time without altering the natural clinical environment. It allowed for the systematic exploration of attitudinal patterns among nurses working in pediatric care, offering a snapshot relevant to current clinical practice.

Study Location

The study was conducted at Nakuru Level-5 Hospital, a public health institution located in Nakuru County, Kenya. Positioned strategically within the Rift Valley region, the facility serves a broad mix of urban and rural populations. The hospital is a referral center for several neighboring counties and has a busy pediatric department that offers inpatient and outpatient services. This environment presented a suitable context for examining nurse attitudes toward child-focused care delivery.

Target Population

Participants included all nurses stationed in the pediatric unit at the time of data collection. These nurses were selected due to their continuous engagement with hospitalized children and families, making their perspectives particularly relevant to the study topic. Inclusion criteria required at least three months of uninterrupted service in the pediatric department to ensure adequate exposure to pediatric care dynamics. Nurses who were new to the unit, on temporary assignments, or absent on leave were excluded to maintain data consistency and relevance.

Sampling Strategy

A non-probability purposive sampling technique was adopted (Campbell et al., 2020). Nurses who met the inclusion criteria and were available during the study period were recruited. This method ensured that only individuals with direct, hands-on experience in pediatric settings contributed data, thus enhancing the validity of the findings related to their attitudes.

Sample Size Determination

The sample size was calculated using an adaptation of Cochran's formula (Woolson et al., 1986) suitable for small populations. Assuming a 95% confidence level ($Z = 1.96$), a 50% estimated prevalence of positive attitudes ($p = 0.5$), and a 5% margin of error ($e = 0.05$), the initial required sample was 384. Adjusting for the actual pediatric nurse population at the facility ($N = 44$) using a finite population correction, the final minimum required sample was 40. To buffer against incomplete responses or non-returned tools, the sample was increased by 20%, bringing the total to 48 participants.

Data Collection Instrument

Attitudinal data were collected through a structured, self-administered questionnaire developed specifically for this study. The tool contained both closed and Likert-scale items designed to measure nurses' perceptions and dispositions regarding atraumatic care. To establish face and content validity, the questionnaire was reviewed by experts in pediatric nursing and health systems research. A pretest was conducted among a subset of nurses from a similar facility to ensure clarity, consistency, and appropriateness. Internal reliability was confirmed using Cronbach's alpha, with adjustments made based on pretest feedback to improve item cohesion.

Data Collection Process

Data were collected after obtaining necessary administrative and ethical approvals. Potential participants were briefed individually about the study objectives, procedures, and confidentiality measures. Each consenting nurse received a copy of the questionnaire along with a consent form. Respondents completed the tool independently and returned it in sealed envelopes to a secure collection point. The process was conducted in a manner that ensured participant privacy and minimized workflow disruption.

Data Analysis

Completed questionnaires were reviewed for completeness, coded, and entered into IBM SPSS Statistics Version 25 for analysis. Descriptive statistics such as frequencies, percentages, means, and standard deviations were computed to summarize and interpret trends in nurses' attitudes toward atraumatic care.

Ethical Approval

The study followed all ethical protocols as required for human subject research. Ethical clearance was obtained from the Kabarak University Institutional Research Ethics Committee (Ref: KBU01/KUREC/001/21/07/24). In addition, a research permit was secured from the National Commission for Science, Technology and Innovation (NACOSTI) (Permit No: NACOSTI/P/24/38916). Authorization to access the facility and engage participants was granted by Nakuru Level-5 Hospital management. Written informed consent was obtained from all respondents. To maintain confidentiality, data were stored securely and were accessible only to the research team. Physical documents were shredded upon completion of the study, and electronic data were encrypted and password-protected.

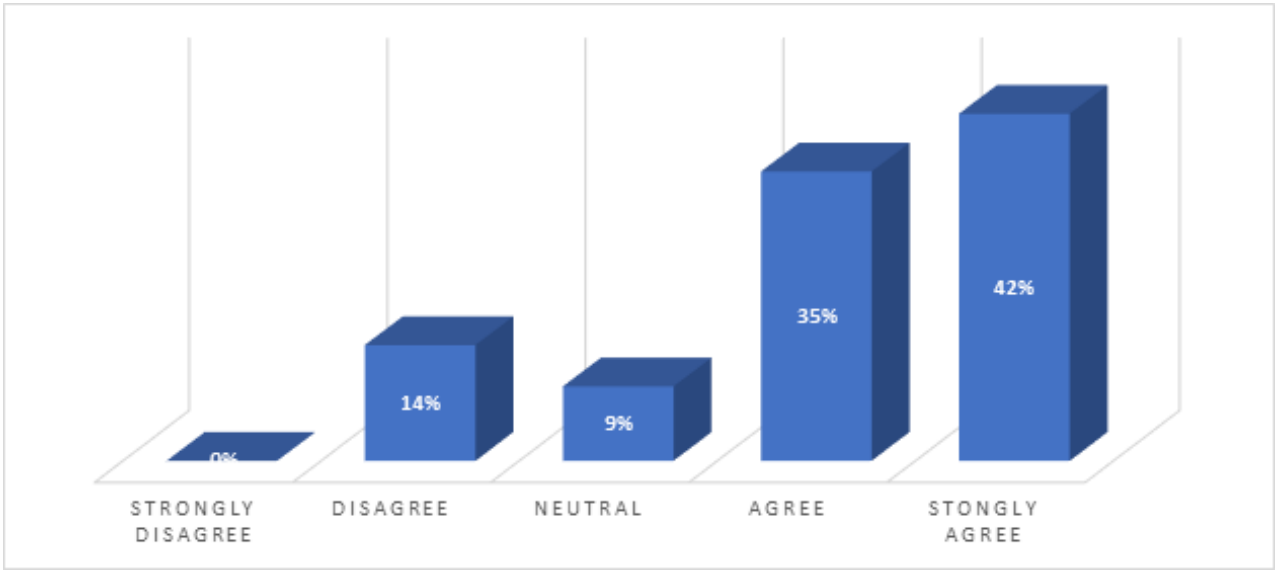
RESULTS

Perceptions on Parental Involvement in Enhancing Atraumatic Care

Figure 1 below presents nurses' perspectives on the role of parental involvement in improving the delivery of atraumatic care. A significant majority expressed agreement, with 42% strongly agreeing and 35% agreeing that involving parents enhances atraumatic care. A smaller group (9%) remained neutral, while 14% disagreed, and no respondents strongly disagreed.

Figure 1:

Perceptions on Parental Involvement in Enhancing Atraumatic Care

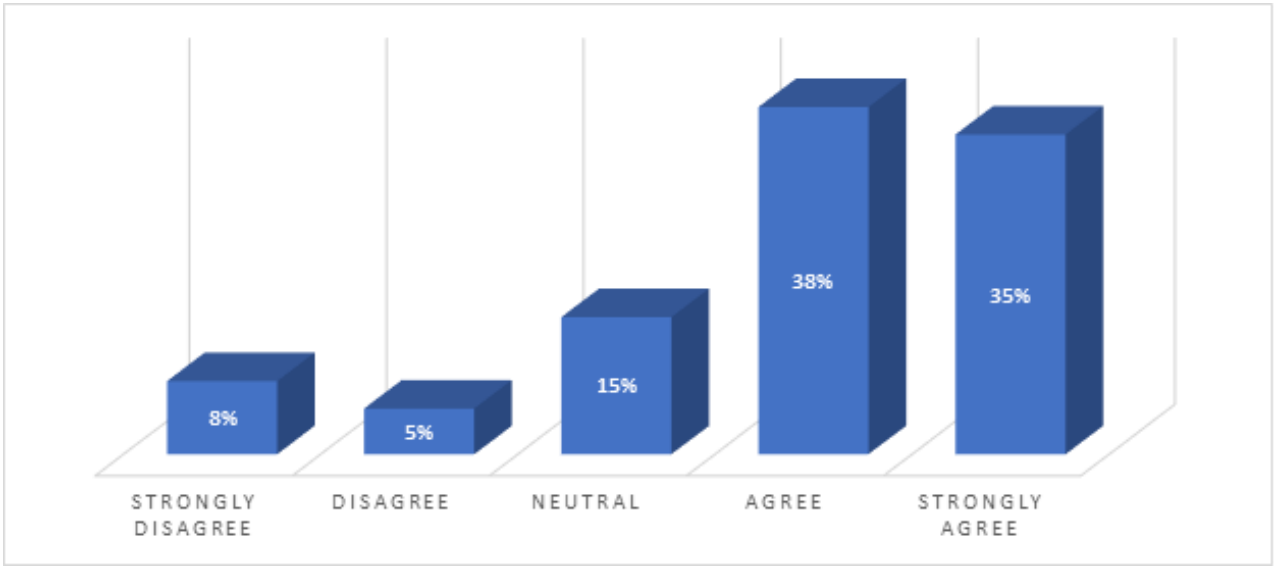


Perceived Role of Personal Belief in Atraumatic Care Delivery

Figure 2 below explores whether nurses view the belief in atraumatic care as a personal conviction influencing pediatric patient satisfaction. The results reveal a nuanced perspective: 35% strongly agreed and 38% agreed that personal belief contributes to improved outcomes, while 15% were neutral. A smaller segment disagreed (5%) or strongly disagreed (8%). These findings suggest that while most nurses acknowledge the role of personal conviction in delivering compassionate care, a notable proportion either view it as professionally mandated or question its subjectivity. This reflects an opportunity for reinforcing institutional values to align personal beliefs with evidence-based practices.

Figure 2:

Perceived Role of Personal Belief in Atraumatic Care Delivery

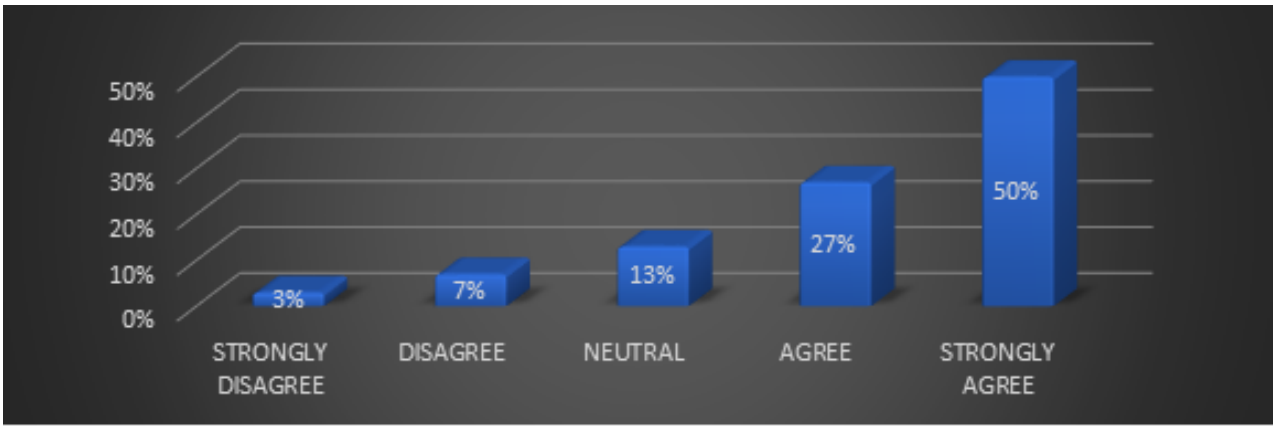


Awareness and Implementation of Non-Pharmacologic Pain Management

In Figure 3, nurses were asked to indicate their awareness and application of non-pharmacologic pain management strategies. Half of the respondents (50%) strongly agreed that they both understand and implement such methods, while 27% agreed, and 13% were neutral. A smaller portion, 7% disagreed and 3% strongly disagreed. These results point to a generally strong awareness and positive attitude toward non-pharmacological techniques such as distraction, parental presence, and comfort positioning. However, the presence of disagreement and neutrality signals gaps that could be bridged through structured training and mentorship.

Figure 3:

Awareness and Implementation of Non-Pharmacologic Pain Management

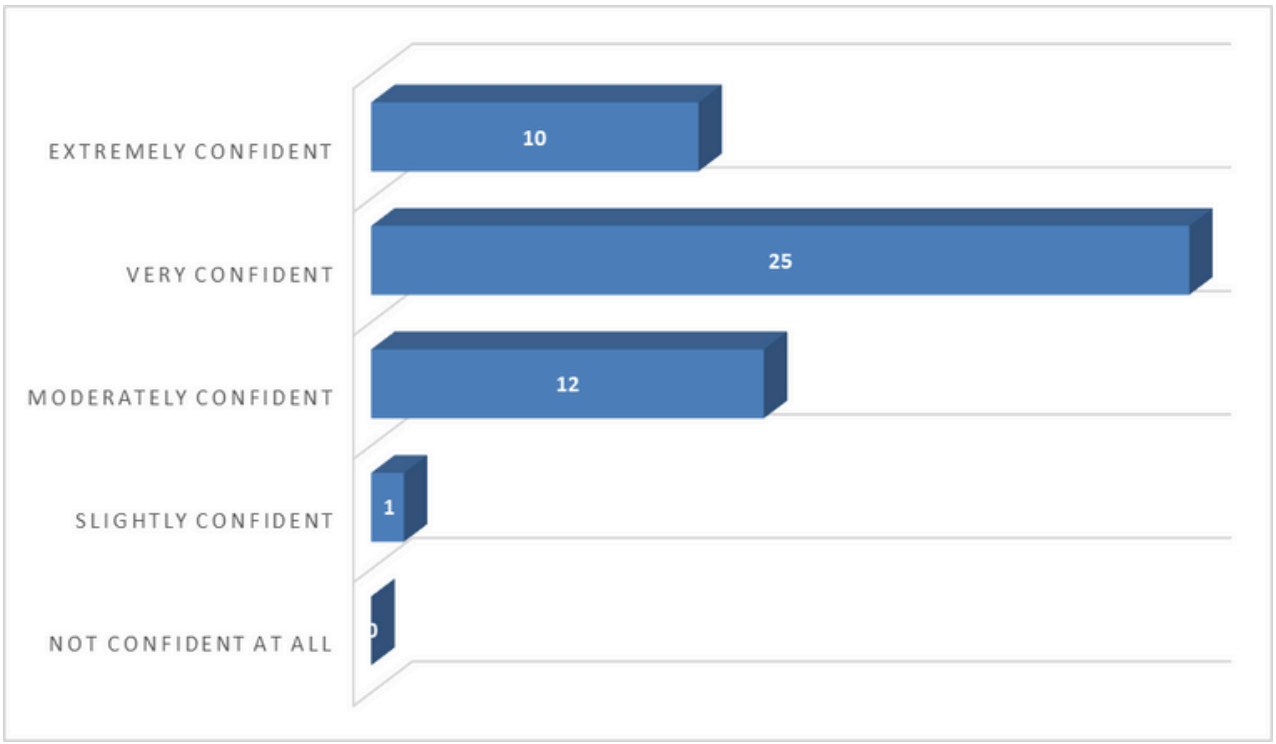


Confidence in Communicating with Pediatric Patients to Alleviate Anxiety

Figure 4 assesses nurses' self-reported confidence in communicating effectively with children to reduce anxiety during medical procedures. A majority of respondents expressed high confidence: 52.1% rated themselves as very confident, and 20.8% as extremely confident. Another 25% were moderately confident, while only 2.1% rated themselves as slightly confident. These findings suggest a solid foundation of interpersonal communication skills among pediatric nurses, which is critical for the successful application of atraumatic care. Nonetheless, the moderate and low confidence levels reported by some participants suggest the need for continuous skill-building, particularly in child-centered communication strategies.

Figure 4:

Confidence in Communicating with Pediatric Patients to Alleviate Anxiety



DISCUSSION

The findings of this study provide valuable insight into nurses' attitudes toward core elements of atraumatic care, including parental involvement, the role of personal belief, implementation of non-pharmacologic pain management, and communication with pediatric patients. Data show that a significant majority of nurses (77%) either agreed or strongly agreed that involving parents enhances the delivery of atraumatic care. This aligns with existing literature that recognizes parental presence as a cornerstone of family-centered care, which is itself a foundational principle of atraumatic care. The involvement of parents during hospitalization has been shown to reduce anxiety in children, improve cooperation during procedures, and foster emotional stability (Coyne et al., 2016; Quaye et al., 2024). Nurses' positive perceptions toward this practice are encouraging, as they suggest a readiness to embrace family participation as a beneficial component of care.

However, the 14% of respondents who disagreed with this statement present a noteworthy minority. Their views may reflect challenges related to hospital policies on visitation, perceived interference by parents during procedures, or a lack of institutional frameworks to support family involvement. This highlights the need for organizational strategies that not only encourage parental engagement but also prepare nurses with the communication and collaborative skills necessary to work effectively with families. Hospitals should invest in policies and training that normalize and support structured parental involvement as a therapeutic tool, rather than a disruption.

Belief systems, both personal and professional, play an influential role in shaping healthcare delivery. In this study, 73% of nurses affirmed that their belief in atraumatic care influences the way they engage with pediatric patients. This finding suggests that a considerable number of nurses approach atraumatic care as a value-driven practice, motivated by internal conviction rather than solely institutional mandates (Milliken, 2020). Personal investment in care delivery can lead to greater empathy, intentional communication, and consistent application of child-friendly interventions (Huang et al., 2024). At the same time, 13% of respondents disagreed or strongly disagreed with this statement, indicating that they may view atraumatic care as merely a policy directive or clinical protocol. Additionally, the 15% who were neutral may represent those who are unsure about the relationship between personal beliefs and clinical practice, or those who compartmentalize care delivery from personal values. These findings reveal an opportunity for reflective practice initiatives and professional development programs that emphasize the integration of personal values with evidence-based standards. Encouraging nurses to explore the ethical and emotional dimensions of pediatric care may deepen their commitment to trauma-informed practice (Goddard et al., 2022; McDowell et al., 2022).

The results show that 77% of nurses either agreed or strongly agreed that they are aware of and utilize non-pharmacologic pain management techniques. These methods, which include distraction, guided imagery, comfort positioning, and parental presence, are essential tools in minimizing procedural pain and psychological trauma in children (Cohen et al., 2017). The high level of awareness reported in this study reflects a generally supportive attitude and suggests that most nurses are equipped to integrate these interventions into routine care. Nevertheless, the presence of neutral responses (13%) and disagreement (10%) indicates that not all nurses feel confident or knowledgeable about these approaches. This could stem from limited exposure during training, lack of practical demonstrations, or institutional barriers that discourage the use of such techniques. To bridge this gap, targeted in-service training sessions, clinical simulations, and mentorship models should be introduced (Bluestone et al., 2013). Ensuring that all pediatric nurses are both aware of and competent in applying non-pharmacologic strategies is critical for reducing children's procedural distress and promoting comfort.

Effective communication is a key skill in reducing anxiety and fear among hospitalized children. The findings show that a majority of nurses (72.9%) reported being either very or extremely confident in their ability to communicate with pediatric patients during procedures. This reflects positively on their interpersonal skills and their preparedness to implement communication-based elements of atraumatic care. Good communication not only enhances patient cooperation but also contributes to trust-building between the child and caregiver (Putkuri, 2023).

However, 25% of nurses reported only moderate confidence, and 2.1% described themselves as slightly confident. These numbers, while relatively small, underscore the importance of regular training in child-specific communication techniques. Pediatric patients differ widely in age, developmental level, and emotional maturity, requiring nuanced and adaptive communication approaches (DiMatteo, 2004). Structured workshops, role-play simulations, and reflective supervision can help less confident nurses refine their communication styles and enhance their comfort with emotionally sensitive interactions.

Conclusion

The study reveals that while nurses generally hold positive attitudes toward key principles of atraumatic care, variations in belief, awareness, and confidence highlight the need for stronger institutional support and consistent professional development to ensure uniform implementation in pediatric settings.

Recommendation

Healthcare institutions should implement structured training and mentorship programs focused on trauma-informed, child-centered care to strengthen nurses' attitudes and enhance their capacity to consistently apply atraumatic practices.

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