

Presentation by

Sage Hay, recipient of the 2024 RMGNA Nursing Research Gift

Sage works at the RCH as a Clinical Nurse Consultant in the cardiology outpatients in pre-admission – preparing children and families for cardiac surgery – and the general clinic where she does cardiac assessments, education, assisting with procedures and providing care. Sage also works part-time in the Nursing Research team, doing research and supporting other nurses with their research projects.

Sage talked about her most recent research projects. The first project started with a light bulb moment in pre-admission clinic where, after a long discussion about the surgery, the child asked how many lights he would see when lying on his back in the operating room. Sage thought 'Are we giving children and families the information they wish to receive or are we giving them information WE think is important?'. From semi-structured interviews with parents of children about to have cardiac surgery, she found:

1. Information needs evolved over time so Sage and her team need to provide parents and children with ongoing information that may be different each clinic visit
2. Parents need to anticipate, and prepare for, their child's anxiety following the preadmission clinic discussions
3. All parents described the importance of care staff being honest with them and them being honest with their child
4. It is important that parents are equipped with resources to manage their child's questions, concerns and anxiety while managing their own anxiety

Based on this research, the key component of procedural preparation is helping parents navigate and translate all the medical information into explanations that are relatable and appropriate for their child. For clinic staff, the key message is delivering age-appropriate explanations using a doll that has all the "connections" they will wake up with post-procedure.

Hay, S., & O'Neill, J. (2025). Having a heart-to-heart: Parents' experiences preparing their child for a cardiac procedure. Journal of Child Health Care. <https://doi.org/10.1177/13674935251321531>

Sage's next project was two related studies investigating the practice of holding children during clinical procedures – although necessary at time, there is a danger of crossing the line and that holding becoming restraint. Restraint can lead to children (and parents) experiencing distress, long-term fear and loss of trust of healthcare professionals. Study one explored the parents' experiences of holding children for healthcare procedures. And the second study aimed to understand the role of paediatric nurses when completing clinical procedures with children in hospital.

There were 4 main themes that emerged from the studies which demonstrate the complexity of parents' involvement in holding their child for a procedure and the many roles they juggle:

1. Parent as a protector: was the overarching role identified by all parents where they do many things to protect their child, articulate their child's needs and feeling what their child was feeling
2. Parent as a Comforter: parents supported their child by being present, calm and reassuring
3. Parent as a Helper: where parents sought a 'helping' role and/or actively stepped in to assist healthcare providers during procedures
4. Enforcer: all parents had the belief that holding their child during some procedures was necessary, described by a participant as "just having to get it done"

Hay, S., Kinney, S., Richards, S., Newall, F., Hawley, M., & O'Neill, J. (2025). Parents' Experiences of Holding Their Child for Healthcare Procedures: A Qualitative Exploratory Study. Journal of Advanced Nursing, 10.1111/jan.16935. <https://doi.org/10.1111/jan.16935>

The final study also related to holding for clinical procedures and sought to answer the question: 'What are the experiences of children and young people aged 5 to 17-years-old who undergo medical procedures within a paediatric hospital setting?'

The main aims of the study were to determine how children and young people perceive physical holding during procedures and how they want clinicians to provide support during these procedures. For this study, Sage and her team used an art-based approach known as 'draw-write-tell' during interviews with 16 children and young people, to build rapport and elicit participants procedural experiences.

The findings from this study highlighted the fine balance between providing comfort and causing trauma and distress when holding a child for a procedure. Three main components were identified - Support, Communication, and Choice – that were integral to producing a positive procedural experience.

Sage and her team have produced a poster and other visual tools that expand on these important components and illustrate to clinicians the practical, child-informed actions that need to be applied before and during medical procedures, namely:

1. Consider my past experiences
2. Make sure someone I know is with me
3. Share information with me
4. Listen to me
5. Ask me about my preferences
6. Offer distractions that I find helpful
7. Comfort me

Sage made an important point – these actions are simple and appear intuitive but, based on participants' responses, they are sometimes overlooked.

Note: This study is yet to be published or presented to the greater RCH community, so we got the scoop before most other people!