Model **empathy and respect** when immunizing children who **fear needles**

**BY MARY IVES, RN, BSN, CCFE, MHST**

Getting a needle is a top fear for children. Those who strongly resist needle injection present an immunization practice problem that has not been adequately supported with guidelines. Nurses want to support positive outcomes whether the needle is given or not, but they often feel pressured by immunization program expectations and by parents and others to coerce children into receiving an immunization.

As a public health nurse (PHN) providing routine childhood immunizations in Chilliwack, B.C., I am familiar with this dilemma. As part of a master of health studies program at Athabasca University, I conducted a supervised project to determine whether or not immunizing children who resist needle injection is a problem for PHNs. A survey and three focus groups were used to explore the question with 35 PHNs from four health units in Fraser East.

My findings emerged into three themes:

1. **Immunizing resistant children is stressful for nurses.** The study data revealed that children older than four generate the most problematic resistance. Nurses used the words “dread,” “torn,” “uncertain,” “out of control,” “drained,” “pressured,” “frustrated” and “unsupported” to describe their experiences with these children.

2. **How parents and other adults behave can make the immunization process more difficult and create an ethical dilemma for nurses.** They have lied, placated, dismissed, bribed and acted helpless. Their punitive behaviours, such as shaming, blaming, threatening, yelling and slapping, left nurses wondering if they should refuse to give the vaccination at all or just “get it over with” to avoid having the child be bullied again at home. Parents have threatened to cancel a birthday party or to exclude the child from a family vacation. One nurse said, “I’m not quite sure where to go with it when the parenting responses are so inappropriate.”

At times, nurses had felt “complicit in assault,” and several talked about lessons learned through bitter experience. One commented, “I don’t think the end always justifies the means...a father was really quite brutal with [his son], and we were part of that...I’m never doing that again.” They were concerned about the negative long-term impact of disrespecting a child’s input and probable erosion of a child’s trust in health professionals.

3. **Resources to help nurses cope effectively with needle resistance are inadequate.** Nurses develop independent response strategies, but these are inconsistent and have mixed results. Even the most experienced nurses want to know how to make immunization situations more comfortable, but they lamented how little time, training and supportive policy were available to help them. In Fraser East, immunization policy manuals focus on physiologic and mechanical elements, but there is nothing to guide nursing response with children who strongly resist needle injection.
RECOMMENDATIONS FOR SUCCESS

The following recommendations for nurses have been distilled from my studies and experience in parent education and immunization practice, a review of literature on immunizing children and discussion with colleagues and nursing students.

FOSTER A CULTURE OF EMPATHY AND RESPECT, SUPPORTED BY POLICY THAT OUTLINES RESTRICTIONS ON THE USE OF FORCE

• Acknowledge the child's feelings ("You look worried. I bet you would rather not have this at all."). Using fantasy to acknowledge their wishes helps children feel understood ("Wouldn't it be great if you could just put the medicine in some ice cream instead of getting a needle?").
• Ask about the child's previous needle experiences. Individual responses to stress are influenced by temperament, environment and past experience. Listen carefully to the views of parents and children to help you tailor an approach for each family.
• Give permission to cry.
• Do not give false reassurance ("It won't hurt"). Honest reassurance is "It may hurt a bit, but I think you can handle it."
• Do not tolerate threats, shaming or manipulation. When a parent threatens a child, the most helpful response is to offer empathy to the parent, state a neutral fact or principle and offer hope: "This must be frustrating for you. Immunizations are never emergencies. I think we can work out something we can all live with."
• Discourage the use of bribes, and encourage effort — no matter how small. Stickers are usually well received as celebration of effort, which is independent of outcome.
• Remain firm as you manage the process. At the same time, show respect for the child. Provide an opportunity for the child to rest or defer as needed. If you are becoming frustrated, recommend a rest or deferral yourself.
• Ensure opportunities to debrief with colleagues after challenging experiences.

STRUCTURE THE ENVIRONMENT

• If a parent presents with more than one child, immunize the most anxious one (usually the eldest) first, even if the parent thinks otherwise. The needle is the focus of the anxious child's fear, and watching someone else go first will not alleviate the fear or help the child feel understood.
• Provide privacy and prepare the immunization ahead, if possible, always out of sight of the child. If he asks to see the needle, explain you will show it after the procedure.
• Give information about what you plan to do, thereby displaying respect for a child's right to know, confidence in her ability to manage and interest in addressing concerns. She may wonder how long the needle will be in her arm or how quickly you are going to introduce it. Threatened loss of control is a factor in needle fear.
• Provide limited, realistic choices and let the child decide ("Would you like to use your right or left arm?" "Would you prefer to sit or stand?"). Offering choices creates a setting in which he can maintain some personal control and contributes to an atmosphere of mutual respect. Supportive, secure positioning can be achieved whether the child (depending upon age) is standing or sitting.
• Do not restrain the child before you are ready to administer the vaccine. The longer he is restrained, the greater the loss of personal control. The goal of restraint is not to overpower but to assist the child to remain as still as possible for the procedure.
• Manage the time, and set limits. If the child cannot calm himself, acknowledge his effort and offer a rest period or invite him to return later. Continue to offer choices ("Would you like to come back in the morning or the afternoon?"). Referral to a family physician may be an option.

USE CALMING AND DISTRACTION TECHNIQUES

• Provide toys, books and cartoon videos in the waiting area.
• Suggest slow, deep breathing; it has a physiologic calming effect and can, at minimum, limit anxiety escalation. One cannot be stressed and relaxed at the same time. Blowing a stream of bubbles is an excellent vehicle for calming and provides distraction — even for teenagers. Pinwheels and party blowers also work to slow breathing. Bells, puppets, stress balls, kaleidoscopes, humour and non-procedural talk can be used to help with distraction.
• Use practice dolls with children under six. Offer to immunize a stuffed toy or doll, and invite the child to hold the patient. Use a syringe without a needle and go through all the steps, explaining each one as you proceed.
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