

# Children's rights in healthcare: The influence of age on involvement

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**Abstract.** The aim of this article is to highlight the significance of actively involving young children in their own healthcare and paediatric healthcare planning. Based on a study conducted in a hospital setting, which revealed a lack of personalized care and inadequate understanding among younger children, this article discusses the potential benefits of empowering young patients. The theoretical framework explores various dimensions, including child-centred care, communication strategies, child development, and the impact of involving children in decision-making processes. By fostering children's participation and creating a safe environment, healthcare professionals can enhance the overall quality of care and promote positive health outcomes for young patients.

**Key words:** children rights, child-centred care, healthcare planning, child involvement, paediatric healthcare, child development, decision-making, patient empowerment, healthcare services, medical education.

## 1 Introduction

The principles of child welfare, safety, and interests are deeply embedded in the United Nations Convention on the Rights of the Child. While the challenges in global child healthcare are rooted in each country's socioeconomic and environmental determinants, the universality of children's rights extends to all organizations, including hospitals providing healthcare services to children [1]. It is essential for healthcare professionals in these settings to understand the principles of children's rights, as they form the foundation of structures based on children's rights, shape the planning and implementation of medical processes, and analyze the outcomes of their work [2]. Growing emphasis on patient-centred care underscores the importance of involving patients in their healthcare decisions, a principle that is equally applicable to paediatric care. Despite this, the active participation of children in their healthcare decisions remains an under-explored and under-implemented aspect of paediatric healthcare [3, 4].

Paediatric healthcare specialists encounter children and, consequently, their rights on a daily basis. However, the principles of children's rights in clinical practice and the training of healthcare specialists, from a professional medical perspective, still present significant challenges. There is limited systematic training on how specialists in the field of paediatrics can support children's rights in a clinical environment [4], and how child's involvement in

their own care lead to improved treatment outcomes, increased satisfaction, reduced stress post-treatment and better adherence to the treatment plan [5-8].

The concept of children's rights extends beyond the legal and ethical realms, having significant implications for the delivery of healthcare services. The active involvement of children in their healthcare decisions is not merely a matter of rights, but also a crucial factor in enhancing the quality of care. Children's unique perspectives and experiences can offer invaluable insights that can lead to more personalized and effective treatment strategies. However, the realization of this potential is contingent on the creation of an environment that respects children's rights and encourages their active participation. This involves not only the attitudes and behaviours of healthcare professionals but also the policies and practices of healthcare institutions. The present study, therefore, seeks to explore this critical aspect of paediatric healthcare, with a particular focus on the role of the patient's age in shaping the respect for children's rights. The findings of this study, complemented by a review of the existing literature, are expected to provide a deeper understanding of the current state of children's involvement in their healthcare and highlight potential areas for improvement.

## **2 Materials and methods**

The assessment of adherence to Children's rights was conducted in the multi-disciplinary paediatric department of the Children's Clinical University Hospital during the months of April and May in 2022. The methodology was carefully structured around seven internationally recognized standards delineated by the World Health Organization [9]. These standards served as a robust framework for our evaluation, ensuring that our research methods were thoughtfully aligned with our research objectives:

1. Provision of quality services for children
2. Upholding equality and non-discrimination
3. Encouraging play and learning
4. Ensuring information provision and participation
5. Maintaining safety and a conducive environment
6. Guaranteeing protection
7. Implementing pain management and palliative care

This study is an integral component of a broader research project aimed at evaluating the extent to which children's rights are upheld within a multi-profile paediatric department. The specific objectives of this study are as follows:

1. To determine the extent of involvement of children and teenagers in their interactions with doctors and nurses.
2. To investigate the level of information children and teenagers receive about their health during hospitalization.
3. To understand the perceptions of children and adolescents regarding the consideration of their opinions in their healthcare.
4. To evaluate the perceptions of safety among children and adolescents within a hospital setting
5. To discern the differences in the level of involvement between children of varying age groups.

The methodology involved the use of five distinct questionnaires, each designed to cater to different age groups, taking into account their varying levels of understanding and responsibility. Despite the variation in the surveys, they all contributed to the implementation of a consistent standard. Each questionnaire incorporated a mix of closed and open-ended questions, and every question provided an opportunity for respondents to add additional comments.

The selection of the study group followed a purposive stratified method, thoughtfully chosen to ensure a representative sample. The study was designed with a confidence level of 90%, an acceptable error margin of 10%, and a population size of 47. This population comprised children aged between 5 and 17 years who were admitted to the hospital during the study period. In addition, 8 hospital managers, 24 department workers, and 20 parents were also involved in the study.

The focus of the article, derived from the data received in the project, was to analyze if the level of respect for child rights in the form of involvement was age-dependent. Population included children aged between 5 and 11 years ( $n = 11$ ) and teenagers aged between 12 and 17 years ( $n = 18$ ), with a median age of 13.5 years. These participants were engaged through questionnaires; younger children were also provided with the option to seek clarification from their parents or the researcher. Collected data was subjected to statistical analysis using SPSS version 28.0, with a significance level set at  $p < 0.05$ .

The study protocol received approval from the Riga Stradins University Ethics Review Board. Additional permissions were granted by the Children’s Clinical University Hospital Board, department chief-doctors, and the senior nurse. In accordance with the law of the Latvian Republic, written consent was obtained from one parent for children aged 5 to 13, while adolescents aged 14 to 17 provided their own signed consent.

These refined research methods were systematically chosen and executed to align with our research objectives, ensuring that our study is conducted with precision and integrity.

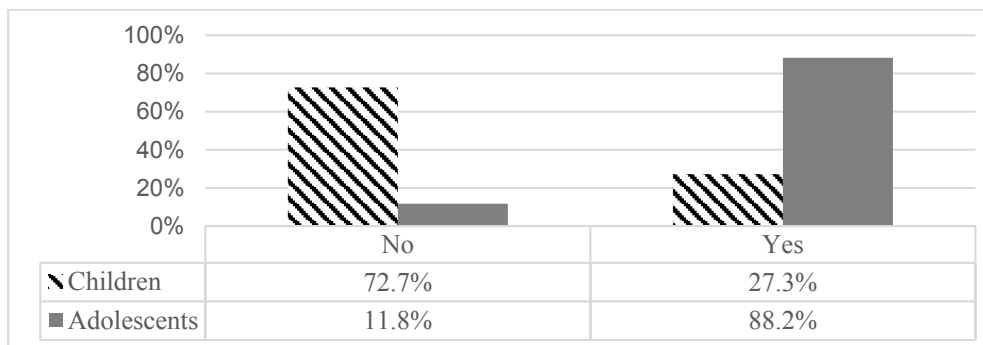
### 3 Results and Discussion

To achieve study objectives, we posed five key questions to our participants, focusing on various aspects of their healthcare experience. These questions were designed to assess:

1. The introduction of health professionals to the patients.
2. The patients’ understanding of the information provided by the health professionals.
3. The sufficiency of information given about their health problem and treatment.
4. The extent to which patients felt their thoughts and opinions were listened to.
5. The patients’ feelings of safety within the hospital.

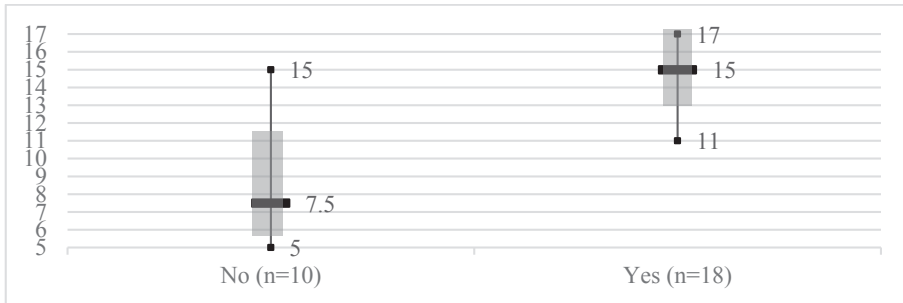
The responses to these questions provide valuable insights into the experiences of pediatric patients in the healthcare setting. They shed light on the current practices and identify areas where improvements can be made to enhance patient-centered care.

#### 3.1 “Do the health professionals looking after you introduce themselves?”



**Figure 1.** Data on children and adolescents answering question “Do the health professionals looking after you introduce themselves?”.

A significant majority of children (72.7%) reported that healthcare personnel did not introduce themselves, compared to a small minority of teenagers (11.8%). This difference was statistically significant ( $p = 0.003$ ), indicating that younger children are less likely to be introduced to healthcare personnel than teenagers are.

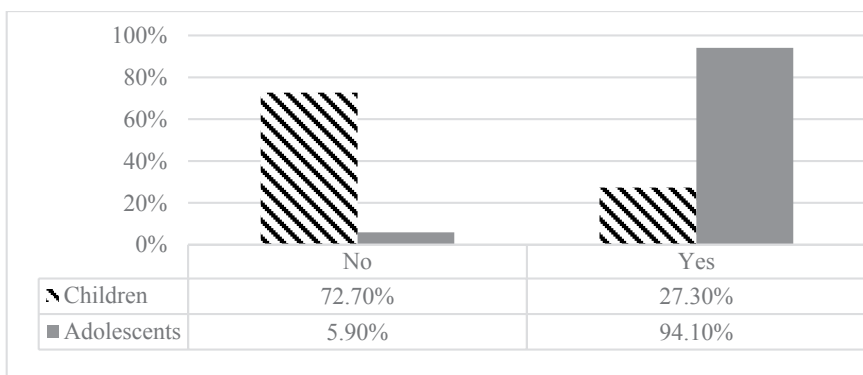


**Figure 2.** Median, maximum and minimum age of the participants, based on the response to question 1.

The group of participants who were unaware of the name or occupation of their caretaker had a median age of 7.5 years, whereas the group who knew the name and occupation had a median age of 15 years. The youngest participant who had personnel introduce themselves was 11 years old. This suggests that older children and teenagers are more likely to be aware of who is taking care of them in the hospital.

The importance of a child knowing their caretaker cannot be overstated. This knowledge fosters a sense of familiarity and trust, which can significantly alleviate the inherent anxiety associated with hospitalization. When children are aware of who is taking care of them, they are more likely to feel safe and secure, which can enhance their cooperation with medical procedures and treatments. Moreover, this awareness can empower children by involving them in their own healthcare, promoting a sense of autonomy and control in an environment that can often feel overwhelming and unpredictable [5, 6]. Therefore, it is crucial for healthcare providers to prioritize clear and consistent introductions, ensuring that even the youngest patients are aware of who is in their care team. This simple yet impactful practice can significantly improve the child’s hospital experience, promoting better psychological well-being and potentially leading to improved health outcomes [10].

### 3.2 “Did you understand everything that you were told about your health?”



**Figure 3.** Data on children and adolescents answering question “Did you understand everything that you were told about your health?”.

Understanding one’s health condition is a fundamental aspect of patient-centred care, and this holds true even for the youngest patients. Data shows that only 27.3% of children fully understood everything said about their health condition, compared to 94.1% of teenagers. Although this difference was not statistically significant ( $p = 0.269$ ), it highlights a potential area for improvement in paediatric healthcare.



**Figure 4.** Median, maximum and minimum age of the participants, based on the response to question 2.

Children who did not understand everything that was told to them about their health had a median age of 7 years, with the youngest being 6 years old and the oldest 14 years old. This suggests that younger children may struggle more to comprehend the information given to them, possibly due to the complexity of the medical language used, their cognitive development level, or the way the information is delivered.

On the other hand, those who understood everything that was told to them about their health had a median age of 15 years, with the youngest being 5 years old and the oldest 17 years old. This indicates that older children and teenagers are generally better able to understand health-related information. This could be due to their more advanced cognitive development, previous experiences with healthcare, or the ability to ask clarifying questions.

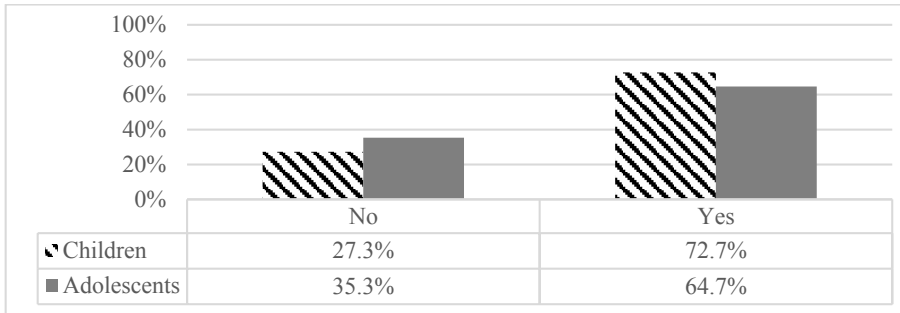
However, it is important to note that there is some overlap in the age ranges. The minimum age of the group that understood everything was 5 years, which is younger than the median age of the group that did not understand everything. This suggests that age is not the only factor influencing understanding.

Factors that can influence a child’s understanding of their health condition include the quality and clarity of information provided, the child’s cognitive development, the complexity of the health condition, the communication skills of healthcare providers, and the involvement of parents or caregivers in explaining the health condition to the child [11]. Therefore, to enhance children’s understanding of their health conditions, healthcare providers should strive to provide clear and age-appropriate information, involve parents or caregivers in the communication process, and foster an environment that encourages questions and active participation from the child [12].

It is crucial to establish hospital policies and ward guidelines that focus on information sharing and decision-making. These guidelines should underscore the importance of allowing children enough time to communicate and not making assumptions about their abilities based solely on their age. Research shows that even very young children are capable of making sensible decisions, provided they comprehend the relevant information and are given enough time to participate [5-7, 13, 14].

### 3.3 “Were you given enough information about your health problem and treatment?”

Regardless of their age, children and teenagers alike have a fundamental need to understand their health condition, which can contribute to reduced anxiety, increased cooperation with treatment plans, and ultimately, improved health outcomes. Therefore, healthcare providers should strive to ensure that all paediatric patients receive sufficient information about their health condition, tailored to their age and cognitive development level [7, 8].

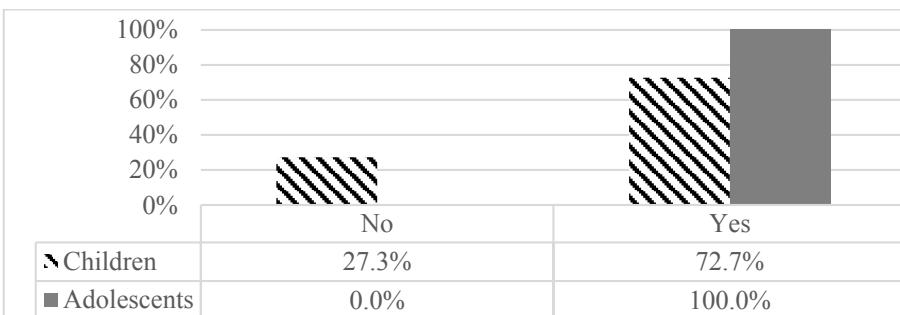


**Figure 5.** Data on children and adolescents answering question “Were you given enough information about your health problem and treatment?”.

Our data reveals a noteworthy observation regarding the perceived adequacy of information provided to paediatric patients about their health condition. Approximately a quarter to a third of both children and teenagers felt they did not receive enough information about their health condition, with 27.3% of children and 35.3% of teenagers expressing this sentiment. Interestingly, this difference was not statistically significant ( $p = 1$ ), suggesting that the need for comprehensive information transcends age boundaries in the paediatric population. This underscores the universal importance of clear, thorough, and age-appropriate communication in healthcare settings.

It is crucial to acknowledge that there are instances, such as when a child is fearful, wishes to limit exposure to potentially worrying information, or struggles to understand health professionals’ communication, they might prefer to know less and delegate decision-making to parents or healthcare professionals [6, 7]. However, even in these situations, it is important to inquire about the child’s willingness to understand the healthcare discussions. This approach not only respects their autonomy but also allows them to regain some control over their situation.

### 3.4 “Do you think your thoughts and opinions been listened to?”

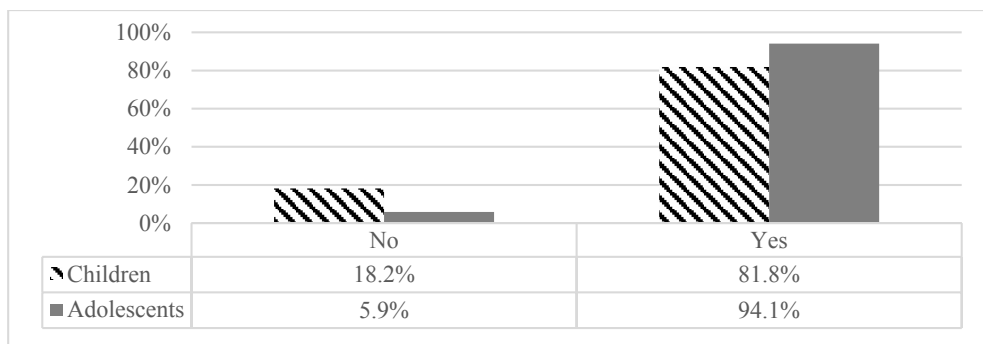


**Figure 6.** Data on children and adolescents answering question “Do you think your thoughts and opinions been listened to?”.

The consideration of patients' thoughts and opinions is a cornerstone of patient-centred care, and it is particularly crucial in the context of paediatric healthcare. Our data reveals a significant disparity between children and teenagers in this regard. While all teenagers (100%) felt that their thoughts and opinions were considered, only a little over two-thirds of children (72.7%) felt the same. Notably, 27.3% of children disagreed with this statement. This difference was statistically significant ( $p < 0.001$ ), suggesting that younger children may feel less heard than teenagers do.

This finding underscores the need for healthcare providers to involve consciously and actively younger children in discussions about their health. By doing so, we can ensure that these children feel heard and valued, which can contribute to a more positive hospital experience, enhance their understanding of their health condition, and potentially improve their cooperation with treatment plans. It is crucial that healthcare providers adapt their communication strategies to be age-appropriate, ensuring that even the youngest patients feel that their thoughts and opinions are considered [7, 8].

### 3.5 “Do you feel safe in the Hospital?”



**Figure 7.** Data on children and adolescents answering question “Do you feel safe in the Hospital?”.

Creating a safe and secure environment is a fundamental aspect of healthcare, particularly in a paediatric setting where patients may already be dealing with feelings of fear and uncertainty [8, 10]. Our data indicates that a small but significant number of children and teenagers reported feeling unsafe in the hospital, with 18.2% of children and 5.9% of teenagers expressing this sentiment. While this difference was not statistically significant ( $p = 0.543$ ), it does highlight an area that requires attention. Even though the majority of patients felt safe, the fact that any child or teenager felt unsafe is a concern.

It is important for healthcare providers to understand and address the factors contributing to these feelings of insecurity. This could include improving communication about procedures and routines, enhancing the physical comfort of the environment, or providing additional emotional support. By taking steps to address these issues, healthcare providers can help to ensure that all paediatric patients feel safe and secure during their hospital stay, which is likely to have a positive impact on their overall healthcare experience and potentially their health outcomes [8, 15].

The sense of safety in a healthcare setting is paramount for paediatric patients, as it significantly impacts their overall experience and emotional well-being. Children often experience emotional and psychological distress in healthcare environments, which can lead to healthcare-induced trauma and anxiety. When patients feel understood and validated, they feel safe, by offering children choices, setting clear expectations, highlighting their strengths, and providing emotional support, healthcare providers can help

children feel more in control and less anxious. This not only improves the child's immediate experience but can also have long-term benefits by reducing the risk of developing a fear of medical environments, improving coherence to the treatment and overall communication with health professionals in the future [15].

## 4 Conclusions

This study underscores the importance of patient-centred care in the paediatric setting. Our findings highlight several key areas where improvements can be made to enhance the healthcare experience for children and teenagers.

Firstly, the significant difference in the recognition of healthcare personnel between children and teenagers emphasizes the need for healthcare providers to introduce themselves and their roles clearly to all patients, regardless of age. This simple act can contribute to creating a more familiar and less intimidating environment for young patients.

Secondly, our data showed that a significant proportion of children and teenagers felt they did not receive enough information about their health condition. This calls for healthcare providers to ensure that comprehensive, age-appropriate information is provided to all paediatric patients, to enhance their understanding and cooperation with treatment plans.

Thirdly, the fact that a significant proportion of children felt that their thoughts and opinions were not considered highlights the need for healthcare providers to actively involve children in discussions about their health. This can help children feel heard and valued, which can contribute to a more positive hospital experience.

Lastly, our findings that a small, but noticeable proportion of children and teenagers felt unsafe in the hospital underscores the importance of creating a safe and secure environment for all paediatric patients. This can be achieved through clear communication, physical comfort, and emotional support.

The review of existing literature, coupled with the data obtained from the current study, underscores the need for further research in this area. It is imperative to identify and understand factors that influence a child's involvement in their own healthcare. This includes, but is not limited to, their comprehension of their health status, their comfort level in expressing their thoughts and concerns, and their overall sense of safety within the healthcare environment [11, 12].

Moreover, the impact of these factors on health outcomes and patient satisfaction needs to be thoroughly explored. This will provide valuable insights into how child involvement can be leveraged to improve healthcare delivery and patient experience.

Furthermore, the role of healthcare professionals in facilitating child involvement cannot be overstated. It is important to identify areas where they may require additional training or clearer guidelines [4]. It will ensure that they are well equipped to engage children in their care effectively and empathetically.

In conclusion, while this study sheds light on some aspects of child involvement in healthcare, it also highlights the need for more comprehensive and in-depth research. Such research will not only enhance our understanding of this complex issue but also inform strategies to improve child-centred care in healthcare settings.

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