

Rethinking Children's Nursing: Critical Learnings from Childhood Studies

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Abstract

Within this commentary, I contest dominant views and practices regarding im/maturity within Children's Nursing that are rooted in refuted age-based conceptions of child development. I highlight how these operate as forms of epistemological oppression that perpetuate the exclusion of young people's voices and experiences in research, policymaking, and practice development that affects them. These dominant approaches breach their participation rights and can generate significant distress and trauma. To counter these oppressive views and practices, I discuss an inclusive participatory framework that is centered on the recognition of young people as human agents, acknowledging their voices as forms of agential expression and action. I argue that all research, policymaking, and practice development that affects young people should be informed by their aspirations and concerns expressed through respectful – not tokenistic - youth engagement initiatives. I argue for an urgently needed restructuring of Children's Nursing theory and practice.

Key words: children's nursing, childhood ethics, childhood studies, pediatric nursing

Within this commentary, I aim to further advance recent work in Children's Nursing – the VOICE Children's Nursing Framework - which has been informed by ideas within the interdisciplinary field of Childhood Studies (Carnevale, 2022).¹ Specifically, I contest dominant views and practices regarding im/maturity within nursing and other child-focused professions, which are rooted in empirically refuted age-based conceptions of child development. I highlight how these views and practices operate as forms of epistemological oppression that perpetuate the discounting and exclusion of young people's voices and experiences in research,

policymaking, and practice development that affects them. These views and practices breach their participation rights and can generate significant distress and trauma. To counter these dominant oppressive views and practices, I discuss an inclusive participatory framework that is centered on the recognition of young people as human agents, acknowledging their voices as forms of agential expression and action. All research, policymaking, and practice development that affects young people should be informed by their aspirations and concerns expressed through respectful—not tokenistic—youth engagement initiatives. Specifically, I describe a significant restructuring of Children's

Nursing theory and practice that is urgently needed. Moreover, this commentary provides a theoretical backdrop for the two empirical studies reported in this special issue on Children's Nursing published in sixth Issue of *Witness: The Canadian Journal of Critical Nursing Discourse*.

Calling for a Critical Turn in Children's Nursing

The work described in this commentary is based on current shifts in understanding "vulnerability". A dominant body of literature and norms relating to young people is premised on conceptions of young people as immature and vulnerable (Carnevale et al., 2021). This vulnerability is used to justify a number of so-called "protective" practices. I argue below that these protections can be experienced as coercive or oppressive, which can lead to significant distress and trauma for the young people being "protected". Current rethinking of vulnerability is calling for a social conception of this concept (Katz et al., 2019). Some scholars have argued that vulnerability is socially constructed. Social contexts can "vulnerabilize" particular people or groups. Vulnerability can be amplified or diminished by social contexts. For example, disability tends to be defined exclusively in terms of physical differences or alternations. Rather, a person's disability is shaped by the degree of adaptations and accommodations available within their environment (Gibson, 2016). Physical and social environments can "disable" or "enable" – as they amplify or diminish disability. Similarly, I argue below that dominant conceptions of young people as immature depicts young people as incomplete and incapable which can powerfully vulnerabilize them, by discrediting the ethical significance of their voices and justifying the discounting of their participation in matters that affect them. The vulnerabilization of young people is deeply rooted in Western history where until a couple of centuries ago, young children were treated as a form of family property, whereby fathers could do as they wished with them (Lee, 2001; Wright, 1988).² In fact, it was not until the beginning of the 1900s that infant

mortality was considered a medical problem within Western contexts (Wright, 1988). Until that time, families had had many children; some lived, and some died. As family size diminished during that period, with industrialization and populational shifts towards urban centers, Western states expressed concern about the future economic and military strength of their nations. Medicine was then recruited to help combat infant mortality to help preserve population numbers. Children were not valued as persons in themselves. Rather, they were valued in terms of what they could eventually contribute to their states. In short, young people have been and continue to be vulnerabilized by dominant social conceptions regarding their social value in the future, when they become "grownups", discounting the significance of their "here and now" childhood experiences.

The works within Childhood Studies that I am referring to have also been called "The New Sociology of Childhood," or "Social Studies of Childhood," among other terms (James & Prout, 1997; James et al., 1998; Qvortrup, 2005). These terms highlight how this work is deeply rooted within the social sciences yet has seen little diffusion within the health sciences. The VOICE Children's Nursing Framework has drawn on this Childhood Studies literature as well as some nursing initiatives—primarily within the United Kingdom. The latter have tended to use the term "children's nursing" rather than "pediatric nursing." This fosters a shift away from a medical pathology focus (i.e., *pediatric* nursing) to a person-centered focus on children (i.e., *children's* nursing).

I lead the VOICE Childhood Ethics Project, a multi-university research collaborative that involves interdisciplinary partnerships among faculty researchers, youth advisors/co-researchers, and community partners.³ Using participatory hermeneutical approaches, VOICE has been striving to (a) focus on ethical concerns related to childhood research and practice, as well as (b) promote the inclusion of health-related disciplines within Childhood Studies research. Within this work, we have articulated a nursing orientation on childhood, mobilizing

ideas within Childhood Studies in general and Childhood Ethics in particular, which we refer to as the VOICE Children's Nursing Framework (VOICE CN) (Carnevale, 2022).

Our VOICE CN work can be considered a “critical turn” within Children's Nursing that bridges and builds on (a) prior work within person-centered Children's Nursing and (b) social sciences research within Childhood Studies. Drawing on ideas within the latter, VOICE CN has contested dominant age-based stages conceptions of child development, which continue to prevail within pediatric nursing textbooks, as well as other health professions textbooks (Makansi et al., 2018). These sources, which are used in clinical education programs, rely on simplistic tables that present caricatural portrayals of children as having universal attributes that are rigidly tied to their ages (Attaran Kakhki et al., 2024; Eaton Russell et al., in press). These dominant views have perpetuated conceptions of young people as “immature” and “incapable,” which are used to justify their exclusion from discussions and decisions that affect them (Carnevale et al., 2015). This exclusion is commonly framed as “protective.” One of the earliest critical analyses of these “protective” practices was detailed within Myra Bluebond-Langner's 1978 ethnography of a pediatric oncology unit in *The Private Worlds of Dying Children* (Bluebond-Langner, 1978). Bluebond-Langner demonstrated how adults commonly excluded children from discussions about their cancer and potential death, claiming to protect them from difficult feelings, given their “immaturity.” However, this research demonstrated that these children had a greater awareness about their illnesses and mortality than adults acknowledged and that their exclusion from such discussions were not only not protective but actually led to significant feelings of solitude and distress. Moreover, these children had inferred that discussing these topics with them made adults uncomfortable, so they did not raise questions, ironically, in order to protect adults from discomfort. Bluebond-Langner's research remains a seminal work that fostered current work within Childhood Studies.

The Childhood Studies literature has repeatedly revealed how so-called protective practices can be distressing and traumatic for the children that they are supposed to protect (e.g., exclusion from discussions about death or grief; use of powerful control measures to restraint them) (Eaton Russell et al., in press; Montreuil et al., 2020). Our VOICE work has referred to the dominance of these age-based stages views and practices as forms of “epistemological oppression”. These characterize young people as “human becomings” rather than full (adult) human beings—valued for what they can become in the future as adults rather than their current experiences as children.

These age-based conceptions have been compellingly refuted as ethnocentric (Shweder et al., 1987) and sexist (Gilligan, 1982). The Childhood Studies literature – including our own VOICE research—has demonstrated how children can develop in highly variable ways within the same age group and that this variation is strongly tied to the opportunities they can have to participate meaningfully in activities that affect them. Pushing back against dominant views that characterize young people as immature “human becomings” (Lee, 2001), Childhood Studies researchers have advanced conceptions of young people as human agents (Esser et al., 2016). We have referred to this focus on agency as an ontological shift (Carnevale et al., 2021). Within a published concept analysis, we proposed this definition of children's agency: Children's capacity to act deliberately, speak for oneself, and actively reflect on their social worlds, shaping their lives and the lives of others (Montreuil & Carnevale, 2015). This entails that multiple forms of expression can be used to speak for oneself (e.g., speech, bodily expressions, silence, artwork).

This focus on human agency has revealed how young people are sentient beings for whom things matter, continually sensing and discerning the moral salience or meaningfulness of the matters that they encounter (Carnevale, 2021). Sometimes this can involve moral views on how things matter that can differ from outlooks that

may be dominant among older people (i.e., “adults”), but they are no less morally significant for the young people involved. Recognizing a young person’s humanity requires a recognition of their voices (verbal or other forms of expression) as agential expression (Carnevale, 2020)—as their articulation of what matters for them. This recognition of children’s voices as morally significant aligns with Article 12 of the United Nations *Convention on the Rights of the Child*, which highlights their right to be heard and have “due weight” attributed to their voices.

The Childhood Ethics research promoted by our VOICE team has contributed to this research by advancing research on children’s moral experiences within a diversity of social contexts. We have defined moral experience as encompassing a person’s sense that values that [they]⁴ deem important are being realised or thwarted in everyday life (Hunt & Carnevale, 2011). This includes a person’s interpretations of a lived encounter, or a set of lived encounters, that fall on spectrums of right-wrong, good-bad or just-unjust.

Emphasizing the moral dimensions of young people’s experiences reveals the morally significant aspirations, concerns, and capacities within their agency (Siedlikowski et al., 2022). Moreover, our VOICE team has striven to disrupt dominant ways of construing young people’s “best interests,” which is acknowledged as a foundational ethical principle in all matters that affect young people (United Nations, 1989). This work has highlighted that children’s best interests is commonly construed in terms of what authoritative adults (e.g., parents, healthcare providers, teachers, youth protection workers, courts) say is best for children, without necessarily requiring input from children themselves. Our VOICE team, drawing on the agential conception of young people described above, has argued that a determination of a child’s best interests should always be informed by what they have expressed as meaningful for them (Carnevale et al., 2021). We have called for children’s best interests to be imagined in terms of each child’s own moral experiences and

agential expressions. This approach to understanding a child’s best interests provides an operational frame to relate the recognition of young people’s agency, voices, and experiences into practice. We have described how this “agency informed best interests” can be applied in practice, including case discussions, within our VOICE publications.⁵

Priority Future Directions

Despite the advances in Children’s Nursing described here, which have been pushing back on dominant views and their inherent oppression, the critical aim of this work needs to be further developed and explicitly articulated. I will close this paper by highlighting two key priorities for continuing development of this critical work.

Explicitly Recognizing the Political Dimensions of Young People’s Agency

Although the work described above (i.e., promoting the recognition of young people as human agents) can help advance the inclusion of young people in discussions and decisions that affect them individually, little has been done to acknowledge their agential interests and aspirations toward other people that matter to them. The definition of young people’s agency presented above highlights that they have morally significant concerns for others. This was particularly evident during the COVID-19 pandemic, when the wellbeing of their grandparents and other adults in their lives was imperiled (Campbell & Carnevale, 2022; Heck et al., 2021). This can also be evident when young people act as advocates for their peers or their communities (e.g., climate change activism). This political form of engagement is slowly being recognized and promoted through a variety of youth engagement structures and processes, such as youth advisory councils (YACs). Some YACs have been developed within a number of health or social services organizations and research teams. Our VOICE youth advisors and faculty researchers partnered to publish an editorial to call for the inclusion of young people’s input in the development of

research, policy, and practice that relates to them, where we described various youth engagement approaches that have been reported to date (Macdonald et al., 2023).⁶ A major concern about youth engagement in these ways is that there is little robust knowledge on how youth engagement can be effectively and respectfully promoted.⁷ Many youth have described how their participation experiences have felt “tokenistic”; where their input was sought but was not attributed serious consideration. Our VOICE team is currently conducting a major study on how youth engagement practices can be improved.⁸

Understanding Childhood Diversities

Some Childhood Studies scholars have called for greater attention to understanding the diversities of childhood experiences, particularly those that are associated with cultural and racial diversity. Some researchers have drawn on intersectionality as a frame for understanding children’s experiences within non-dominant cultural or racial perspectives (Epstein et al., 2017; Konstantoni & Emejulu, 2016; Webster, 2021). These scholars have highlighted that important particularities are lost by solely using a Childhood Studies or Cultural/Racial Studies lens, without directly attending to the intersections of childhood and culture and/or race (e.g., Indigenous childhoods; Black childhoods). There is an urgent need to relate these intersectional perspectives within Children’s Nursing and practice, to help improve nurses’ understandings of these young peoples’ experiences and the ways that nursing can be optimally attuned to their aspirations and concerns.⁹ Moreover, this work should also examine additional diversities and related intersections that can affect young people’s lives (e.g., neurodiversity, disability, poverty, gender identity/sexuality). This work should be advanced in partnership with young people, drawing on the arguments presented above regarding the recognition of the political dimensions of their agency.

Turning to the Empirical Research Presented in this Special Issue

The two empirical studies reported in this theme issue on Children’s Nursing examine some of the concerns that I have discussed within this commentary. The work presented by Passos dos Santos and colleagues (2024) demonstrates how the voices of children with medical complexity—whose expressions may be difficult to understand—can be better elicited and interpreted. Drawing on participatory qualitative data generation methods and hermeneutic analytical methods, this research reveals the young participants’ moral experiences and their agency. Moreover, this work was conducted in a “global south” context (i.e., Brazil), demonstrating as well how Children’s Nursing inquiry can be advanced within the childhood diversities I have highlighted above as a priority future direction.

Gautrin and colleagues (2024) have examined an approach to promoting Children’s Nursing education that is aligned with the ontological orientation described in this commentary. Specifically, the authors created an open-access training module focused on ethical considerations for children undergoing surgery, challenging dominant conceptions of children as immature and incapable. A qualitative descriptive study was conducted to evaluate learning among participating graduate nursing students. This work demonstrated high levels of cognitive and affective learning among participants, which enhanced their recognition of children as active moral agents.

I invite readers to help bolster this ongoing work, by developing their own research and practice innovations that can further attend to the concerns that I have highlighted in this commentary.

Concluding Statement

I present this commentary as a call to action within the Children’s Nursing community—within nursing research, education and practice—

to urgently attend to the oppressions perpetuated by current practices with young people.

Statement re Conflict of Interest:

As guest editor, I was completely recused from any role in reviewing submissions to this special issue that I had contributed to. Further, the reviews of these articles were fully anonymized, again to avoid any inadvertent influence my serving as guest editor may have in the review of manuscripts involving myself as a scholar.

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Endnotes

¹ In this article, the terms children and young people are used interchangeably and along with childhood refer to persons below the age of majority. I acknowledge that children may not seem to adequately include older young people or youth. I have used children to maintain congruence with terms used in the field of Childhood Studies and with the definition of children in the United Nations *Convention on the Rights of the Child* (United Nations, 1989).

² The historical and current social outlooks regarding children, described here, refer exclusively to Western contexts. For discussions of children and childhood within other global contexts, including Indigenous perspectives, see (these also include some VOICE research): Abede et al. (2024); Behan et al. (2021); George et al. (2022); Heck et al. (2021; 2023); Kutcher et al. (2019); Liberty & Carnevale (2021); Passos et al. (2022; 2023); Sebti et al. (2019); Tisdall (2023).

³ VOICE is an acronym for Views On Interdisciplinary Childhood Ethics. For more information about VOICE, see www.mcgill.ca/voice.

⁴ The term “they” is used as a non-binary replacement for the outdated “he/she” term used in the cited source.

⁵ See VOICE website for an extensive list of related references: www.mcgill.ca/voice

⁶ VOICE is currently working with some journal editors to promote a requirement of youth input on all child/youth related manuscripts submitted to their respective journals, calling for an explanation of why this was omitted when this was not provided by the authors.

⁷ For the results of a VOICE narrative review on youth engagement research, see:

https://www.mcgill.ca/voice/files/voice/narrative_review_youth_engagement_short_version.pdf

⁸ This research is funded by an Insight Grant from the Canadian Social Sciences and Humanities Research Council (SSHRC).

⁹ Our VOICE team has conducted some initial work in developing an educational curriculum for Indigenous Children’s Nursing. For a detailed report, see:

https://www.mcgill.ca/voice/files/voice/ipc_final_report_for_mcgill_sshrc.pdf