

Paediatric Consumers' Perspectives on Infection Prevention and Control and Antimicrobial Stewardship

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Declarations

No conflicts of interest to declare





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Acknowledgement of Country

I pay respect to the traditional and original owners of this land the muwinina people, to pay respect to those that have passed before us and to acknowledge today's Tasmanian Aboriginal people who are the custodians of this land.



Background

IPC and AMS are the foundations of safe, high-quality healthcare

Paediatric IPC research remains limited

Family perspectives rarely explored in existing frameworks

Including family perspectives is essential to strengthen practice and trust





Children face distinct
infection risks -
developing
immunity, frequent
procedures, shared
environments

Infection Risk



Parents observe care
closely and influence
hygiene and
antibiotic decisions

Parental Role



Children aged 0–4
received 830
antibiotic
prescriptions per
1,000, with high
usage despite a
decline since 2013

Antibiotic Use



Families often feel
uncertain about IPC
and AMS roles or
hesitant to raise
concerns

Uncertainty



Aim

To examine the parents of children admitted to an Australian tertiary paediatric hospital's:

- understanding and participation in infection prevention and control strategies
- attitudes to antimicrobial use
- understanding of antimicrobial stewardship and antimicrobial resistance





Methods

Study Design:

- Qualitative descriptive study using semi-structured interviews

Setting:

- Acute paediatric hospital - Three wards purposively selected to capture diverse IPC contexts
 - Oncology/Haematology
 - Adolescent Ward
 - Surgical Ward

Participants:

- Parents (primary caregivers) and mature minors with capacity for informed consent





Methods

Interviews:

- Conducted by experienced paediatric RNs; 10–40 mins in hospital rooms
- Focused on parental experiences of IPC, antimicrobial use, and communication with staff

Sample size:

- Guided by information power

Analysis: Thematic analysis (Braun & Clarke)

- Framework: Knowledge, Attitudes & Practices (KAP) model
- Approach: Deductive structure with inductive subthemes
- Dual independent coding





Results

Participants: 26 total

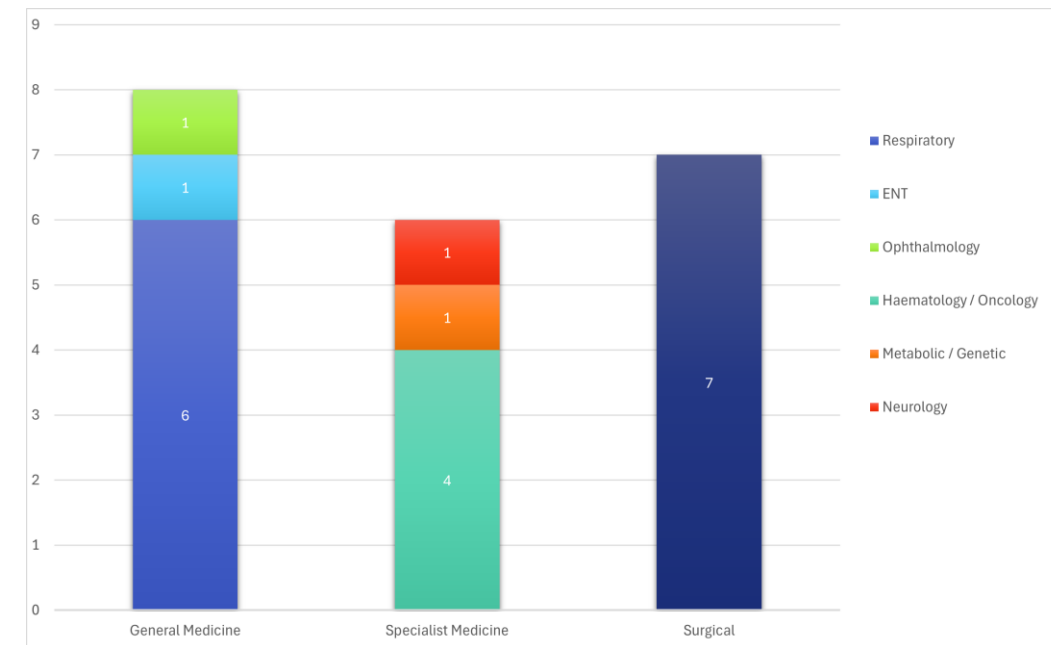
- 24 parents (18F, 6M)
- 2 mature minors (13 & 16 yrs)
- Parent age: 23–54 yrs (Mean = 37.6 ± 7.4)
- Education: Secondary (9%) | Vocational (32%) | Undergraduate (32%) | Postgraduate (27%)

Children represented

- 21 children (including MM) across three wards
- < 2 yrs (3) | 2–5 yrs (4) | 5–10 yrs (5) | 11–15 yrs (7) | > 15 yrs (2)

Clinical cohorts

- General Medicine (n = 8)
- Specialist Medicine (n = 6)
- Surgical (n = 7)





Perceived Vulnerability to Infection

- Parents expressed ongoing anxiety about infection risks in hospitals
- Clinical settings were viewed as both necessary and potentially unsafe
- Prior experiences shaped perceptions of vulnerability and trust
- Home was often seen as a safer space for recovery

“He would end up getting a worse infection being in hospital. What is it, the MRSA or whatever? It was my concern to begin with because he comes in once a month to get a transfusion.”

(P4)

“...the risk of reinfection or infection from something else in a hospital environment, and home is the best place to recover”

(P13)

“You don't want your kids getting more sick because they've come to get treatment.”

(P9)

“I'm like where did she get the blood infection?...I don't know...maybe in the surgery on Sunday? I don't know how easy it is to get blood infections. [My main concern is that]...we'll end up in NICU again.”

(P24)





"I tell you one thing [health professionals] really don't do is change sheets and ask about bathing and stuff like that. I'm not sure how much that impacts infection control because I was for three weeks changing the sheets, not once was she bathed."
(P12)

"If it's about my child's welfare and health, ...I'm not here for a haircut. If I've got concerns [I will raise them], the more I'm in here, the more experienced I get about treating him."
(P13)

"From when we got admitted... it probably wasn't till eight o'clock [till the wound got swabbed]. ... Five hours in, they hadn't even taken the bandage off. ... I think sometimes we've got these really intelligent people... looking for something bigger. ... [But] bring it back to basics."
(P5)

"I'm not listened to sometimes... [by] the nurses mainly... I feel like because I've been doing this for six years...there's always that sort of battle... You also get really paranoid because you're not sleeping."
(P21)

Parental Advocacy and Vigilance

- Parents adopted a vigilant stance during hospital stays
- Confidence declined when basic IPC practices were overlooked
- Advocacy prompts safe practice
- Constant vigilance created fatigue and eroded trust in their child's care





Communication and Confidence in Care

- Parents felt more confident in their care when their child showed active improvement
- Clear, consistent information was valued by parents
- Mixed or vague communication created confusion

"I completely trust the doctors and the nurses and everybody over here, since I'm not a doctor so you have to show complete trust in whoever it is looking after your child, especially when you see that he's getting better."
(P20)

"The doctors are quite knowledgeable...there are a few inconsistencies because this is the third time we've been here in eight weeks for the same thing...but that might be down to a learning process."
(P13)

"...the nursing team they give us a simplified version, and then if they realise that we're going "oh okay is that because of XYZ", they're like "right you understand, or you know about this"...they kind of don't throw too much at us."
(P7)

"We've had very conflicting advice from with what we had in our treatment plan with the doctors and nursing staff upon discharge."
(P22)





"one of the positives of COVID was that education piece and even kids now know about washing their hands better...I think sharing as much information as possible to help people to understand how they can prevent stuff."
(P9)

"...we were all on heightened alert around COVID...and now it's like it's just a common influenza A or B...those concerns are if he goes out there, and someone's just got COVID...that kind of heightened alert around the risk of infection."
(P2)

"...drown your kids in Glen 20 when they come home from school...washing their hands whenever you leave the house and coming back to the house, after meals, before meals."
(P13)

"I guess since COVID has hit, everyone's a lot more like "sanitisers, sanitiser, sanitiser"."
(P4)

"I think concerns have always increased since COVID because we're all so much more aware of the whole thing, but you just clean your hands and make sure that they are clean."
(P11)

Post-COVID Hypervigilance

- Parents described ongoing alertness to infection risk since COVID-19.
- Hygiene and prevention practices have become normalised in daily life.
- Health education improved understanding but reinforced caution.
- Families are balancing vigilance, fatigue, and a return to normal routines.





Deference and Parental Agency

- Parents trusted clinicians' expertise but felt like their voice was not heard
- Parents sought to understand antibiotic and treatment decisions
- Speaking up often meant finding the right way to be heard
- When concerns were dismissed, confidence in care quickly faded

"I was at the time so angry and frustrated, but ... he's better now, and we're going home...When we got here, the doctor was like, [the other hospital] should have prescribed antibiotics for an open wound, you should tell them so doctors learn."
(P5)

"And I said are you sure she doesn't need antibiotics? No, no, no it's a virus. And they should have done a chest X-ray because she had pneumonia...I think that was a really bad oversight."
(P12)

"Normally, they give us information booklets, so I just read them, looking at the side effects. I'm not in an expert position to fully understand what these antibiotics are for."
(P2)

"Well it depends on what the doctors say I'm not a medical expert, I don't pretend to be, but it's really based on if you're not improving...if nothing's improving from that then we'll go see a doctor to see if we can get antibiotics."
(P9)





"I mean, as parents, we would like to know [from the doctors and/or nurses] what is [it]. Okay, so what is consequences of not taking all antibiotics?"
(P3)

"I thought that [antimicrobial resistance] was quite a big thing anyway, I thought they don't like giving antibiotics to kids anymore because of that reason. They use them only when it's really necessary."
(P18)

"I think we'd have concerns first and foremost of why antibiotics weren't working for him...hopefully he doesn't get some resistance to it. But we'll see"
(P7)

"...I know antibiotics there's issues around what's it called [resistance]...but I just wonder if the pendulum swung too far you know?"
(P12)

"At first, like, I feel like [antibiotics are] bad, I feel bad for it, but they keep telling me that it's good for her, it's help for her...I asked what kind of antibiotics [she was on] and search it in Google, it makes me [have] more anxiety...I should be thinking about positive [things] because they're just trying to help my baby..."
(P15)

"I don't [have concerns about antibiotic resistance]. I mean, it's what's been studied through science. So if it's [antibiotic] there, why not use it?"
(P2)

Public Health Messages and Parental Instinct

- Parents understood the importance of antimicrobial stewardship
- Parents supported cautious prescribing but questioned how far restraint has gone
- Public health messages often conflicted with the realities of acute illness
- Mixed messages created uncertainty and concern





Antibiotic protect / reassurance

- Parents saw antibiotics as vital to protecting their child's health
- Antibiotics were viewed as effective, dependable, and often lifesaving
- Decisions were shaped by vulnerability and past experiences of illness
- Antibiotics provided a sense of safety and active care.

"Well if they're going to help then I'm all for it. That's my belief in what antibiotics do: try and clear up infection. I do know that they're struggling to make strong enough antibiotics these days to combat viruses because the viruses are tricky aren't they and they can pretty much keep up with what's going on."

(P18)

"I'd rather take that risk to get rid of this than put her on a long-term antibiotic that might make us even more sick. You sort of weigh it up... Just seeing her in pain is enough to kind of enough to make me make that decision."

(P18)

"I'd be happy with whatever is required to get on top of this infection...because I've seen her get worse and worse and worse because of not being given them, because of them stopping too early."

(P12)

"...he's immunocompromised. So fevers is something that we have to keep a watch of. And we may get it from anywhere. Unfortunately, it does happen. So if he needs antibiotics, then so be it."

(P1)

"IV antibiotics are a lot easier than to try and get them to take it orally."

(P4)





Conclusions

- Parents balance trust in clinicians with a need to stay vigilant
- Antibiotic use carries emotional and practical meaning
- Public messages about restraint clashed with real experiences of illness
- Strong communication and partnership build confidence in care





Implications for Practice



Thank you

