

Nurses' Experiences of Caring for Patients in a Combined Paediatric and Adult Unit: A Qualitative Study from A Tertiary Hospital

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ABSTRACT

Introduction: Provision of care in a combined settings model for both adult and paediatric populations is uncommon, especially for general inpatient care. Despite the potential advantages of mixed-age care models, their effectiveness across age groups remains uncertain due to the need for highly skilled healthcare professionals and suitable environments. Furthermore, there is a noticeable gap in research regarding nurses' experiences within combined pediatric and adult units. This study explored the experiences of nurses working in a combined ward setting and caring for both paediatric and adult patients in the same unit.

Methods: A qualitative research was utilized to conduct this study. In-depth face-to-face tape-recorded interviews with a purposive sample of 15 nurses caring for both paediatric and adult patients.

Results: The perspective of the participants resulted in the identification of three themes: double hat: adult/paediatric nurse, age-centred care, and challenges and rewards.

Conclusion: The study results suggest that nurses can provide simultaneous nursing care for both paediatric and adult patients in one unit. This can be facilitated by having clear guidelines, teamwork, support, tailored training and age-appropriate equipment/resources to meet patients' age-specific needs.

Keywords: Paediatric unit; Adult unit; Nurses' experiences; Patient-centred care; Qualitative study

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INTRODUCTION

The provision of care in a combined settings model for both adult and paediatric populations is uncommon, especially for general inpatient care (1). However, it has been implemented as an innovative approach by a number of healthcare facilities globally (2-4). This strategy became particularly relevant during the COVID-19 pandemic, allowing for the flexible allocation of resources to meet surging healthcare needs (5). Notably, this model has been applied in emergency and intensive care units, and for adults with conditions usually diagnosed in childhood (6).

The integration of combined care settings, catering simultaneously to both adult and paediatric populations, necessitates a nuanced approach to patient safety and quality of care. Historical recognition of the need for age-specific environments, treatments, and skilled healthcare professionals underpins the importance of tailoring care to meet the unique requirements of each age group (7-9). Research highlights the critical need for an age-appropriate environment, treatment, privacy, and nursing skills to enhance children's hospital experiences (1,10). However, disparities in resource allocation have been noted, with paediatric care often facing insufficiencies within combined settings (11,12), whereas adult patients in paediatric settings express minimal concern over the care received, highlighting a potential mismatch in care provision and needs across age groups (7).

The challenges extend beyond mere resource allocation; it encompasses the need for healthcare professionals to adapt significantly to meet the diverse physical, emotional, and social needs of two distinct age groups within the same care environment (13,14). This adaptation is critical to prevent paediatric patients from receiving suboptimal care through a generalized approach and to ensure adult patients do not feel emotionally sidelined in a predominantly paediatric setting.

Navigating the complex emotional landscapes and ethical dilemmas in combined paediatric and adult care settings, healthcare professionals, especially nurses, face multifaceted challenges. The necessity for mental agility to shift rapidly between the differing care protocols and communication styles for adults and children can lead to significant emotional fatigue. This emotional labour, intensified by the ethical

complexities of consent and autonomy across age groups, layers additional complexity onto the nursing role. These realities underscore the need for ongoing education and adaptation, ensuring nurses remain abreast of best practices for both demographics, despite often lacking the chance to specialize.

Despite the critical role of nursing expertise in combined-age wards as highlighted by previous study (15), there remains a significant gap in research on service provision, healthcare structure, and the professional experiences within these settings. The disparity in nurses' abilities to treat children versus adults in general units (16) and the necessity for specialized expertise to meet paediatric needs (8,17) point to the need for comprehensive support and training. Nurses in combined-age units encounter unique challenges, including physiological differences between patient groups and issues related to safety and preparedness, leading to anxiety and a perceived lack of competencies in required knowledge and skills (18,19).

To address these challenges, the demand for specialized training extends beyond clinical skills to include interpersonal and emotional competencies crucial for managing the diverse needs of the patient population. Training programs must be holistic, covering psychological and emotional aspects of care – like managing paediatric patients' fear and anxiety, effective communication at various developmental stages, and supporting families through difficult diagnoses. Implementing support systems, including psychological support and counselling, recognizes the emotional toll on nurses and fosters a community of practice within healthcare settings, enhancing learning and resilience. Leadership and management play a pivotal role in creating a culture that acknowledges the unique challenges of combined care settings and actively seeks to mitigate their impact on staff well-being and patient care.

Numerous studies have focused on nursing experiences in care settings caring for either adult or paediatric patients. However, no study explores the unique experience of nurses working in combined adult and paediatric models of inpatient long-established care. Understanding this unique phenomenon, which presents the experience of nurses who must provide care for two distinct age groups out of their normal population, is crucial to ensure nurses who are working in combined adult and paediatric units

are supported and healthcare organizations can better support nurses navigating these complex environments, ultimately enhancing patient care across all demographics.

Study Aim

The aim of this study is to explore nurses' experiences of working in a combined ward setting caring for both paediatric and adult patients in Oman.

METHODS

A descriptive qualitative design was utilized to conduct this study. The qualitative descriptive design allowed an exploration of nurses' experiences of caring for combined-age patients in the same unit in their own social context.

Setting and Sample

A purposive sampling technique were used in this study. Nurses were recruited from a 600+ bed multispecialty tertiary teaching hospital in Oman working in a bone marrow transplant in-patient unit caring for both paediatric and adult patients in the same unit. The bone marrow transplant unit was opened in 1995. The unit admits patients from the age of <1 year to 55 years. An average of 25-28 allogeneic transplants is performed per year (8). Fifteen nursing staff working for more than a year in a combined-age unit were interviewed.

Data Collection

In-depth face-to-face tape-recorded interviews were utilized to elicit narrative data from the participants. All the interviews were conducted by two researchers between February 2021 and June 2021 using a standardised protocol. An interview guide was used that included open-ended questions and probes. The interview guide was reviewed by nursing experts and piloted with nurses from the same hospital. Each interview lasted 30-55 minutes. Furthermore, sociodemographic information of participants was gathered. Each nurse was interviewed once. All the interviews were conducted in English (as it is the second official language in the hospital)

and fully transcribed verbatim after each session by the primary researcher to ensure the accuracy of the data transcription. All the interviews were conducted in a quiet setting at the hospital at a mutually agreed time.

Data Analysis

NVivo v.11 software was used for managing and retrieving data and a thematic analysis approach was used to analyse the data. Thematic analysis is a flexible method for qualitative research that involves searching for themes or patterns (9,10). This method fits descriptive research projects and can describe phenomena of a particular group or individuals. Two researchers independently followed the six phases outlined by Braun and Clarke (9) to analyse the data. Transcriptions were read several times by the researchers so that they would become familiarized with the data, could generate initial codes and put them in order to look for potential themes. The researchers then reviewed the themes and subthemes by making comparisons between the data and defining and naming themes in order to see that they matched at a high level. Finally, the researchers produced a report that reflected the overall story of the analysis (9,11). Ongoing team meetings were conducted to discuss and negotiate the analytical process and to refine key themes until an agreement was reached. In addition, two experts were invited to review the analysis process to confirm the final results.

Ethical dimensions

The study received approval from the Medical Research Ethics Committee at the College of Medicine and Health Science in Oman (Decision No: 2361). Before the interviews, all the participants were assured that all information would be kept confidential, participation was voluntary and that they could withdraw from participation at any time without penalty. Written consent was obtained from all the participants prior to the interviews. Participants' information sheets including the study objectives, goals, and the role of the participants in the research were submitted to the participants prior to their participation in order to fully understand the research process.

RESULTS

General Characteristics of the Participants

All participants were female registered nurses (N=15), most of whom (93%) had a bachelor's degree, 33% (N=5) had paediatric nursing qualifications and 67% (N=10) had a general nursing specialty. The majority of participants were between 30-40 years old with a mean age of 33.61 years; 72% were married with children; 47%

had been working as a nurse for more than 11 years with a mean work experience of 10.35 years; 80% of the nurse participants were expatriates and 20% were Omani. In respect of experience, 53% of the participants had been working in a combined-age unit for 6-10 years; 70% had come to the unit with previous experience, of whom 40% were working in paediatric units and 30% in an adult unit; and 30% were without experience as they were employed directly to the unit after graduation (**Table 1**).

Table 1: Sociodemographic Characteristics

Characteristics	N (%)
Age (years)	
20 – 30	4 (26.7%)
31 – 40	6 (40.0%)
41 – 50	4 (26.7%)
51 and above	1 (6.7%)
Gender	
Female	15 (100%)
Nationality	
Omani	3 (20%)
Non-Omani	12 (80%)
Qualification	
Diploma	1 (6.7%)
Bachelor	14 (93.3%)
Speciality	
General Nursing	7 (46.7%)
Paediatric Nursing	5 (33.3%)
Adult Nursing	3 (20%)
Working years in the hospital	
1-5 years	2 (13.3%)
6-10 years	6 (40%)
11 or more years	7 (46.7%)
Working years as a mixed aged nurse	
1-5 years	5 (33.3%)
6-10 years	2 (13%)
11 or more years	8 (53.3%)

Thematic Findings

Data analysis resulted in the identification of three themes. The three themes are double hat: adult/paediatric nurse, age-centred care, and challenges and rewards.

Theme 1: Double Hat: Adult/Paediatric Nurse

The importance of role duality appeared in all participants' narratives as a core element of nurses preparing themselves to manage patients from a wide range of ages. The participants believed that general clinical skills that could serve a wide range of ages are more desirable and

could help to meet their general clinical demands in the combined aged unit.

"We studied general nursing in the college that covers both children and adult sciences, I did rotations in both units, I believed that nurses have a good general knowledge base in fact."

(Participant 7)

On the other hand, the participants recognized the challenges of working outside their speciality, most nurses with previous experience (either adult or paediatric) expressed the feeling that when they started working in their current unit, they were inadequately skilled and

knowledgeable, and underprepared to provide care to a wide age range. Therefore, they aimed to develop a dual status of adult/paediatric nursing through 'topping-up' competencies on which to rely and to be able to care for both age groups. In addition, serving their multiple roles demanded multiple competencies at different levels for a wide age range and could balance the age-appropriate care.

"I had not looked after adult patients for many years before joining this unit, here they expected me to wear a double hat, so I focused on my lacking side [paediatric or adult] to top up my missing skills and knowledge and to be able to provide fit care for both."

(Participant 13)

"Depends on your nursing background, your aim will be, for example, you will add what you don't have, like if you are an adult nurse you need to top up your skills with paediatric skills and vice versa."

(Participant 2)

However, the general consensus was that the study participants needed to be multi-skilled through widening their original nursing speciality to provide a wider range of competencies and knowledge that could serve the nature of their unit.

"... no more I am an adult or peds [paediatrics] here, we need to be both for both."

(Participant 12)

All participants acknowledged the need for duality in terms of competencies, responsibilities and accountability in caring for the different age levels of the patients. The nurses also recognized their transition would require extra steps and sought to top up the gap in their skills to develop their 'personal' and 'professional' skills and serve the needs of the unit. The presence of a skills-mix among nurses with previous adult and paediatric experience facilitated the process of transition to caring for the new patient population. As the process of role familiarization progressed, the nurses' prior specialty (adult or paediatrics) was gradually transferred into being an adult/paediatric nurse. In addition to role duality, nurses in the combined-age unit needed to become adaptable and flexible in order to move from the needs of one age group to those of the other. Given the anticipated knowledge and skills gaps, the nurses started to collaborate with other nurses to fill these gaps.

"I am enjoying my current role...it allows me to deal with what actually I need to care for... we don't think what we are going to receive but can we provide care with what we have for whom we have, we are a team we complete each other."

(Participant 4)

Theme 2: Age-centred Care

Most of the participants emphasized the importance of using age-tailored approaches and strategies to address patients' needs. All the nurses incorporated age-centred approaches to understand, learn and respect their patients' preferences. The participants were aware of the importance of individualized care for each population.

"It depends on my patient's age, each age has special needs, for example, I will prepare different room settings, equipment, protocols and assessment tools for each age group."

(Participant 14)

The participants also highlighted the different physiological and psychological nursing needs of each age group. Therefore, participants referred to a tailored setting layout that could fit patients of all ages and meet their needs. As one participant stated:

"We do change the room arrangement based on the patient's age, for children a baby cot and an attended bed for the parents, sized vital signs machines and sometimes toys."

(Participant 11)

In addition, the majority of the staff demonstrated a vigilant feeling towards the care provided to paediatric patients, especially the nurses with an adult background caring for children. The vigilant feeling came in the form of certain competencies.

"You want the truth, I am extra careful with our tiny patients; my eyes will be more open to every detail... I need to be an expert in many skills."

(Participant 5)

However, when it comes to patient safety, all responses appeared to reveal that nurses working in the combined-age unit in this study aimed to provide safe nursing care for all their patients, regardless of their age group. In addition, the participants were aware of the multifaceted age preparation required to provide safe care to patients.

"We are in a very dedicated unit, regardless of the patients' age, we must respond to their needs for safety, privacy, comfort and choices."

(Participant 2)

The participants also emphasized that they considered the variation between each age group. For example, the nurses believed that their patients also varied in terms of treatment, education, culture, social and economic status, personality, and interests.

"Age group is one of the differences we deal with in our unit, our patients also have unique individualized treatment regimen, interests, personalities and their background."

(Participant 8)

The nurses in this study believed that understanding their patients' specific psychological and physiological needs based on their age group, development level and accepting the characteristics of the different age groups could provide individualized and high-quality age-specific care.

"It's a matter of whom you care for... every patient has his own unique needs, either physical or psychological...by understanding this we can provide high-quality safe care, and this is our ultimate aim."

(Participant 6)

All the participants stated the importance of being part of the family of a paediatric patient, compared with adults who need to maintain boundaries.

"Our patients stay with us for a long time, children and their parents will be part of the team and we become part of their family, but adults, they like to have their own space."

(Participant 10)

The participants also believed that age-centred care improves patients' satisfaction, the nurse-patient relationship, partnership, and teamwork.

"We reach a stage that our patients are happy with our care, our physicians are confident that we will provide the tailored care to our patients, we give each person our full attention."

(Participant 12)

"We have a good relationship with parents, they can talk freely...they are happy to be involved during

care...they knew that we would look at their patient based on their unique needs."

(Participant 9)

However, children are privileged with extra preparation compared with adults. For example, appropriately sized /resources for the successful care of children will be in the room. In addition, the nurses try to create a less intimidating, safer, and more child-friendly environment for children. They also provide an appropriate ambience in individual rooms.

"Children are not like adults, their needs are more complex, children need their parents, and their care will be centred around the whole family, the room set-up will be different."

(Participant 5)

"For children, I will make a double-check, and even use less complex language...work with parents, play with them, make their place more friendly."

(Participant 14)

"If I am assigned to a child, I will wear paediatric friendly aprons."

(Participant 9)

Theme 3: Challenges and rewards

This theme emerged from data collected from participants when they described the challenging conditions encountered in their daily routine and the strategies they used to overcome them. All the participants were aware of the challenges of caring for a wide age range of patients. Several participants reported the following:

"I am always telling myself children are not small adults."

(Participant 12)

"It is not easy... I need to be always alert."

(Participant 11)

The participants revealed that spending more time in a combined-age unit had assisted them in acquiring a wide range of skills. This created harmony in their combined nursing identity and helped them to concentrate on the quality of care, despite the age groups of their patients.

"Later when things merged, collecting a wide range of skills and age factors dissolve, then you will function freely, despite the age."

(Participant 6)

The combined unit in this study was a bone marrow transplant unit, which created additional challenges for the nurses. All the participants stated that their environment was 'stressful', 'emotionally demanding' and 'challenging', but also 'rewarding' in nature.

"Our patients want us to be with them during the hardest time in their lives, we are trying to make this journey tolerable, their hair is falling, their bodies don't help them... and at the end, we might lose some... but we give others a future, hope and life."

(Participant 2)

However, they believed that safe staffing through maintaining an appropriate nurse-to-patient ratio helped them to support their patients in all aspects of their treatment trajectory.

"A ratio of 1:1 helped us a lot to focus on our patients' needs... as you know we don't only deal with age, we deal with patients with a challenging diagnosis, so we need time to involve in all their treatment journey, it needs our continuous nursing presence."

(Participant 1)

Some nurses experienced a degree of stress and fear stemming from difficulty in adjusting to their dual role in the unit. Therefore, some participants believed that resilience is one way to deal with their environment and to equip themselves for the changes in practice.

"Moving between two age groups sometimes confuses you... different doses, protocols and needs, I learned an easy lesson to go back to point zero after the daily war to start new."

(Participant 11)

However, all the participants valued the teamwork and their supportive environment. All the participants regarded the nursing administration support highly in overcoming the challenges on their unit.

"We have a strong team, the physicians and the nurses are one family, we come together to discuss our challenges, we also attend conferences together... we value them, and they value us, we really trust each other... I also believe that we have merged with no more physician and nursing issues between us."

(Participant 15)

"Nursing administration helping us in recruiting nurses with a mixed-age background as we require a

team of nurses with paediatric and adult nursing care skills."

(Participant 7)

In addition, many of the participants regarded their older colleagues as helping them build their confidence in their new roles.

"Our older colleagues usually will teach us the nuances of looking after both ages and develop our skills."

(Participant 9)

The majority of the staff had concerns about medications; however, the participants commented that they had similar concerns with both paediatric and adult patients. Therefore, the nurses in this study used strategies to overcome these challenges, such as keeping an 'inventory of drugs', maintaining a 'medication errors key performance indicator' and an 'adequate ward stock of paediatric and adult disposables and medication. In addition, to maintain the nurses' competencies, the unit team (nurses and physicians) created adult and paediatric nursing protocols. The participants believed that the unit has resources that could serve both age groups. This appropriately sized equipment helps them in adjusting their ward to fit all the ages in their care.

"We have beds of different sizes stored and shifted when required, we also have movable equipment and maintain sizeable equipment."

(Participant 10)

"Our multidisciplinary team prepared protocol-oriented management, and we are making sure that every new nurse is familiar with our different protocols, also we have to adhere to the unit policies."

(Participant 15)

In addition, the nurses in the unit prepared themselves through strategic planning for different occurrences, with relevant competencies considered, addressed, and evaluated continually. In addition, the nurses are dual-trained on both adult and paediatric mandatory courses.

"We have continuous in-house training, nursing education activities and role modelling to equip our staff."

(Participant 2)

"I have done both adult and paediatric Advanced Care Life Support, we are allowed to do all adult and

paediatric courses, but other nurses in other units are only allowed to do specific courses."

(Participant 6)

The participants also felt they usually overcame their challenges with compliments from their patients and other colleagues, as well as 'the prognosis of their patients'. Some staff felt they had developed new skills in looking after both age groups and they had a unique opportunity to care for both children and adults.

"My experience is valued by many, once I attended a conference and most of them whom I met were surprised that I work in such a unit [combined adult and paediatrics], from that day I felt that we are unique and have a special experience, I really forgot all the challenges that I face and only remember that I have a unique experience... experience that will stay with me."

(Participant 1)

"By the way, only nurses have this [adult and paediatric nursing experience], we have adult haematology/oncology physicians and paediatric haematology/oncology, we do not have mixed specialized physicians."

(Participant 13)

There was a feeling of having gained something among some of the participants that was associated with being an experienced adult/paediatric nurse. The majority of participants felt that they had developed their 'technical skills' and knowledge of 'new medications' in looking after a wide range of ages that could help them in the future.

"It's a gain, now I have very wide aged experience, very easy to deal with any situation... I am planning to apply for a job abroad, and I am sure they will value this experience."

(Participant 10)

DISCUSSION

This study stands as a pioneering exploration into the distinctive experiences of nurses in a combined paediatric and adult inpatient ward within a tertiary hospital in Oman, marking a novel contribution to the field. The necessity for age-specific nursing care across a broad patient age spectrum necessitates a multifaceted approach, encompassing a multi-skilled team, system readiness, and appropriate staffing (12). Despite the wide range of prior experience among participants, the findings suggest that extensive

experience in either paediatric or adult care did not necessarily prepare nurses for the complexities of mixed-age units. As in previous study (16), many nurses described experiencing uncertainty and stress when caring for unfamiliar age groups. However, this dual exposure also served as a catalyst for professional growth. Nurses reported that navigating the challenges of mixed-age care expanded their clinical competencies, increased their eligibility for targeted training programmes, and cultivated a broader appreciation for age-specific needs.

The global application of mixed-age care models, notably during crises such as the COVID-19 pandemic, emphasizes their relevance and potential benefits amidst challenges. Our research contributes to a sparse body of literature, offering insights into the operational success of combined departments (4), and underscoring the pandemic's role in highlighting the adaptability and resilience required in healthcare settings (5,15,24). Despite the stress associated with caring for an unfamiliar population, our study notes the preparedness and adaptability of nurses when given adequate support and time, emphasizing the critical need for staffing restructuring and fostering symbiotic relationships between paediatric and adult health systems.

Addressing care for paediatric and adult patients in a combined unit unveils inherent complexities, spanning medical knowledge of age-related conditions to ethical considerations in family-centred care (15,25). Our findings suggest that nurses' ability to provide age-centred care within the bone marrow transplant unit exemplifies the potential of a combined-age model to meet diverse patient needs through customized care strategies, supported by a robust framework of education, support, and appropriate resource allocation.

The interplay of challenges and rewards in caring for mixed-age populations underscores the transformative potential of such models on nursing practice. Experiences vary significantly with the nurses' background, with seasoned nurses facing initial uncertainty which contrasts with the enthusiasm and adaptability shown by newly graduated nurses. This dichotomy highlights the essential role of comprehensive educational and support mechanisms in leveraging the inherent benefits of role duality, not merely as a solution to staffing or resource challenges but as a strategic approach to enhance

professional growth, job satisfaction, and patient care outcomes.

While existing literature often positions role duality within nursing as problematic, our findings advocate for a re-evaluation, pointing to untapped benefits that, when supported by aggressive educational and support interventions, can significantly advance both personal and professional development. This nuanced understanding of role duality enriches the discourse, suggesting a paradigm shift in how mixed-age care models are perceived and implemented, with implications for healthcare policy, practice, and research globally.

CONCLUSION

Our exploration into the nuanced experiences of nurses working in combined paediatric and adult inpatient wards has unveiled significant insights while also highlighting the paucity of comprehensive research in this domain. Recognizing this gap, future investigations should explore deeper into the complexities of mixed-age care models to fully understand their implications on healthcare delivery and outcomes. Specifically, subsequent research should employ a mixed-methods approach, integrating quantitative measures of patient satisfaction and clinical outcomes with qualitative analyses of nurse and patient experiences. This combination would yield a multifaceted understanding of the model's efficacy, identifying both the tangible benefits and the challenges faced in these unique settings.

Moreover, longitudinal studies are crucial to assess the long-term impacts of mixed-age care models on nurse professional development, job satisfaction, and retention, as well as on patient health outcomes. Investigating the educational and support systems required to effectively implement these models will provide actionable insights into the necessary infrastructure and resources, guiding policy and practice improvements.

In focusing on these specific research avenues, the aim is to not only fill the existing gaps in literature but to also offer evidence-based recommendations that can shape the future of nursing practice in mixed-age care environments. By pinpointing the exact areas needing attention, this research trajectory seeks to optimize care delivery for diverse patient populations, enhance the nursing profession, and ultimately, contribute

to the advancement of global healthcare standards.

Implications for Nursing and Health Policy

This study underscores the urgent need for targeted research to better support healthcare providers in combined paediatric and adult units, enhancing patient care. Policymakers should explore integrated care models adaptable to both age groups, a crucial step given the global healthcare pressures, to improve outcomes for diverse patient demographics.

LIMITATIONS

This study was limited by the following. First, the study took place in one unit in one hospital in Oman. The experience of nurses providing care in other units and departments might be different from that of nurses working in a bone marrow transplant unit. Second, all the participants in this study were female nurses. Male nurses might have a slightly different experience caring for patients in combined wards. These limitations could interfere with the transferability of the study findings to other settings.

CONFLICT OF INTEREST

The authors declare no conflict of interest with respect to the research, authorship, and publication of this article.

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AUTHOR CONTRIBUTIONS

SAR: Conceptualisation, study design, supervision of data collection, data analysis, literature review, primary manuscript drafting, and overall project coordination.

RAM: Methodology development, data interpretation, and critical manuscript editing.

AA: Literature review, data collection, initial data coding, drafting of selected manuscript sections, and contribution to manuscript revisions.

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