PREPARATION OF CHILDREN FOR HOSPITALISATION AT THE JOHANNESBURG HOSPITAL

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OPSOMMING

Wanneer hulie gehospitaliseer word ervaar kinders 'n verlies aan geborgenheid. Hulle het ook dikwels ernstige wanindrukke oor wat met hulle gaan gebeur. Hospitalisasie kan derhalwe die kind se toekomstige gedrag nadelig beïnvloed en voorbereiding vir hospitalisasie is dus noodsaaklik.

'n Voorbereidingsprogram om aan die kind se sielkundige behoeftes te voldoen is by Johannesburg-hospitaal ontwikkel. Algemene programme word aangebied vir kleuterskoolgroepe en kinders wat chirurgie moet ondergaan word genooi om spesiale programme by te woon. Die programme bestaan uit 'n toer, poppeteater en spel met hospitaalklere en apparaat. Kinders word met opname en na chirurgie verder ondersteun.

Children are like wet cement.
Whatever touches them makes an impression.

Author Unknown

The hospital is a strange environment

When a child enters hospital, he enters an alien environment. He is leaving the security of home and family and entering a world that is not only foreign, but intrusive. (Klein and Satterthwaite, 1980; p.60) Research has shown that one quarter of our population consists of children, and that almost half of them will spend at least one night in hospital before reaching the age of seven. A child is confronted by as many as fifty-two unknown faces during his first day in hospital. In past years the concern in the care of the hospitalised child was mainly disease orientated. This approach ignored the child's normal psychosocial development, which was restricted during the treatment of his physical illness. As a result of research, it was recognised that a child would be more responsive to physical treatment, if his emotions and psycho-social development were dealt with concurrently (Kaplan; 1980).

EFFECTS OF HOSPITALISATION

Loss of security

Hospitalisation denies the child the sense of safety and security he has developed in his own environment. He is exposed to strange uniforms and rooms and is asked incomprehensible questions by unfamiliar people. He experiences pain and has little privacy, or control over his own body, in that he is told when to eat and when to urinate etc (Klein and Satterthwaite; 1980).

He is often no longer accessible to his parents, which intensifies his sense of loss and fear. He undergoes an experience fraught with trauma and filled with fantasies. Mutilation anxieties may result in common misconceptions such as the fear that cutting during an operation will lead to castration. The traumatic experience of hospitalisation may lead to destruction of his trusting relationship with *loved ones* and may also promote anxiety in similar situations later in life (Kaplan; 1980).

Misconceptions

In a dissertation by Denise Kaplan, a social work student at the University of the Witwatersrand, on the effectiveness of a pre-operative preparation programme for the patient and his family, data obtained from her sample revealed that 40% of patients to undergo elective tonsilloadenoidectomy had no idea of the instruments used to remove their tonsils, 20% felt that the procedure was carried out with scissors, 13% with a knife, 7% with a spoon, 7% with forceps, 7% with a balloon and 7% with the doctor's hands.

Further misconceptions could result when explanations such as the dead bird on the lawn has *gone to sleep*, are offered to pre-school children. These little ones have begun to evoke a sense of life and death, and such misdirected explanations could cause problems when the child has to undergo anaesthesia for a surgical procedure, and is told that he will *go to sleep* for a short while, and he therefore develops a fear of never waking up.

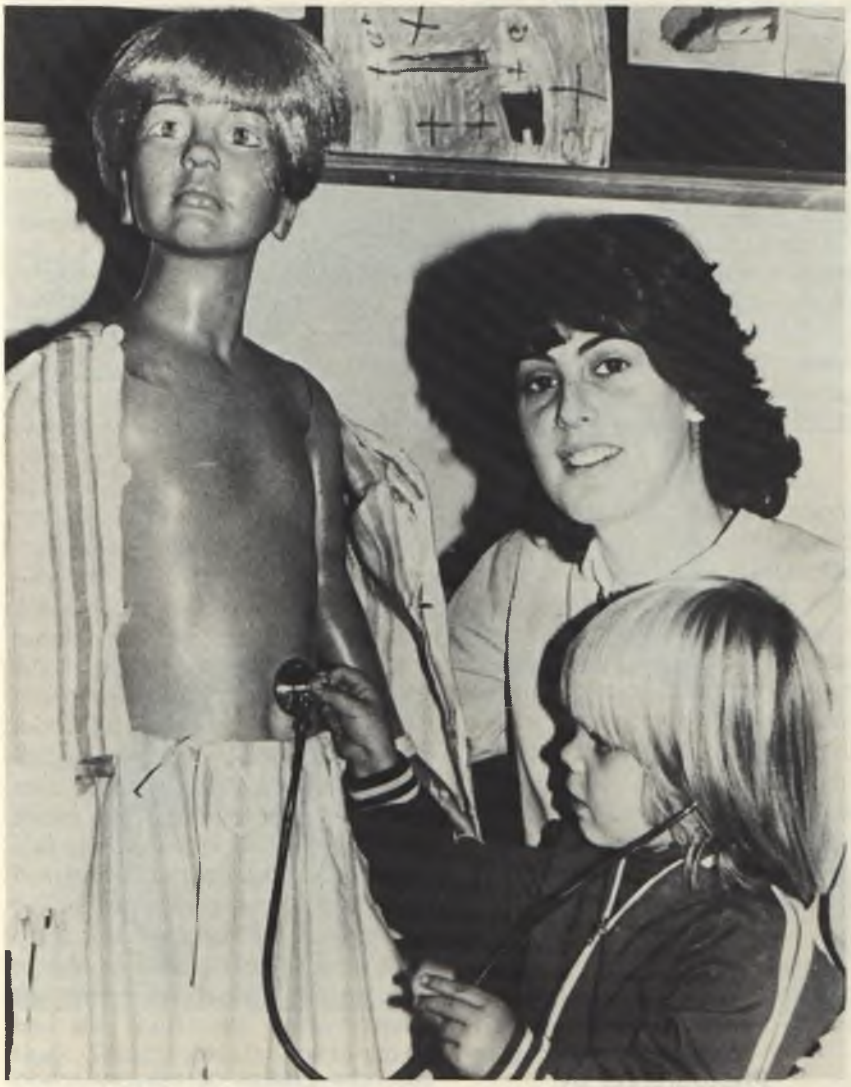
Reactions

Factors that affect the child's reaction to hospitalisation are:

— his stage of development

— his relationship with his parents and siblings

Fun and games with strange but exciting pieces of medical equipment



— previous separations from his family

— recent significant deaths

— admission to hospital of other members of the family.

If a child has enjoyed a stable relationship with his parents, the effects of hospitalisation are likely to be less pervasive and severe, than on the child who has grown up in an emotionally deprived background. He is however, still likely to manifest short-term effects of hospitalisation (Kaplan; 1980).

Robertson documented the reactions of six month to four year old children to their first hospitalisation, in three graphic stages:

- **The inital phase or phase of protest**
  During this phase the child is totally bewildered by the disappearance of *his mummy* and cries loudly and throws himself about. It may last from a few hours to a few days.

- **The middle phase or phase of despair** is often mistaken as the **settling-in period.** The child withdraws and is apathetic, and may cry intermittently, as he is in a state of mourning for the loss of his mother. During this phase the mother must be encouraged to visit frequently, as the child is only able to verbalise his grief in the presence of someone he loves.

- **In the final phase or phase of denial** the child shows more interest in his environment. The child may even appear to be happy, but is repressing his feelings for his mother, and may openly reject her.

After discharge the child may progress through a period of quietness and may regress to enuresis and encopresis, either clinging to mother or showing aggression towards her.

If children experience multiple separations due to hospitalisation, there is a risk of disturbed behaviour in later childhood and adolescence, as shown by research done by Douglas, Quinton and Rutter.

PREPARATION ESSENTIAL

It therefore follows that children need pre-admission preparation at physical, intellectual and emotional levels for their individual hospital experiences and to be helped to work through their fears. (Taken from guidelines for *To Prepare a Child* — film produced by Washington Children's Hospital)

Children should never be lured into hospital under false pretences. This would result in tremendous and perhaps permanent loss of trust in adults. If the child is allowed to experience *anticipatory anxiety* he will be able to marshall his defences and master the event (Schreier; 1980).

Visentainer and Wolfer demonstrated that systematic preparation and support increased patient cooperation, decreased their upset behaviour, improved post-hospital adjustment and resulted in less anxiety, better information and improved total patient care.

Parents play a vital role in the preparation process. Mothers can communicate their trust in the preparation team and thus facilitate the process of preparation. The objectives of a good preparation programme should include:

— assisting the child in the expression of his feelings generated by hospitalisation

— increasing the child's knowledge of what is happening to him

— making use of *anticipatory anxiety*

— reducing complications

— enabling the child to return home with a positive feeling towards the hospital and his parents (Kaplan; 1980)

PREPARATION PROGRAMME

Design

The programme at the Johannesburg Hospital has been in operation since 1979. It was modelled on a similar programme run at the Children's Hospital in Washington D.C., U.S.A. Initially it was modified and co-ordinated by the Senior Social Worker of the Department of Paediatrics, University of the Witwatersrand, to meet the needs of local patients. Subsequent to this, it was run by the Johannesburg Hospital Nursery School and teachers. Currently, the programme is co-ordinated by the Social Worker attached to the Department of Paediatric Surgery and run by a loyal band of voluntary workers (child care workers). They were carefully screened and selected, and have undergone intensive training. The attrition rate amongst these workers is amazingly low and several have been involved right from the start of their initial participation. This has resulted in a high standard and uniformity of preparation.

Nursery school children

The programme is aimed at patients who are to undergo elective surgery, which obviously results in catering to a small percentage of currently hospitalised children. In order to overcome this, an outreach programme has been instituted whereby groups of nursery school children are invited, together with their teachers and supervisors, to attend the programme which is presented in a slightly different format. These children are taken on a short selective tour of the paediatric section of the hospital. This is followed by attendance of the puppet show which initially was *Paddington Bear and his Friends Welcome all to the Hospital*, where the children followed Lindy's stay in hospital for a tonsilloadenoidectomy. They were introduced in turn to *Paddington Bear, Dr Getwell, Dr Stitchem up, and Sister Botha*. The puppet show has rapidly evolved over the years, with a professionally recorded soundtrack and the introduction of lovable, furry creatures called *Hospi* and *Tal*. The children are encouraged to dress up in various items of hospital apparel and are allowed to play with selected pieces of equipment. They are encouraged to ask questions. Flip-cards depicting various typical hospital scenes are shown and a simulated model of a ward and theatre situation are on

A little girl is introduced personally to Lindy the puppet by the social worker who co-ordinates the programme.

Photographs by courtesy of "The Star"

A prospective patient is shown a "pop-up" theatre scene by a child care worker. The model of a ward and a theatre can be seen in the background.

display — right down to the patterned curtains in current use in the hospital.

The suggestion that a *Hospital Corner* be organised at the nursery school is put to the teachers. This would enable them to facilitate feedback on the children's feelings of the programme and to indicate any residual anxieties, which could then be dealt with.

Child to undergo elective surgery

The child for elective admission is introduced to the programme on a date prior to admission. He is welcomed by the child care worker on duty, who gives him a name tag, while mother fills in an attendance register. The patient, where possible, is introduced to other patients who are to undergo similar procedures. The child care worker, by means of models, demonstrates who doctors and nurses are and shows that mom can be in the ward too. The children are then shown the puppet show where procedures such as taking of blood and anaesthesia are emphasised. They are also shown slides and flipcharts of hospital situations and encouraged to dress up in gowns, masks and caps. The children are encouraged to talk to each other. Parents have the opportunity to ask nursing staff and the child care workers questions. Siblings are allowed to attend this part of the programme, but only patients and parents are permitted to attend a tour of the wards to which they are to be admitted.

On return from the tour, and before leaving, each patient is given a specially designed colouring-in book of hospital scenes, a syringe, mask and threatre cap to take home. This enables the effectiveness of the programme to be taken into the home.

Follow-up

After eventual admission and surgery the children are visited postoperatively, wherever possible, by the child care worker who ran their particular preparation programme. She also offers support to the parents at the time of the surgical procedure as they wait in the specially allocated waiting area adjacent to the theatres. Due to tne design of the theatres it is not possible to allow parents into the induction and recovery areas. This would have been ideal to facilitate the child *going to sleep* and *waking up* in the presence of loved and familiar faces.

Anaesthetists are now specialising in paediatric anaesthesia, which has resulted in less traumatic inductions and has minimised adverse psychological problems. Relatively open visiting hours and rooming-in facilities for mothers of long term cases, have also contributed to improved quality of management of hospitalised children. Although siblings are allowed to visit in some areas, this is a field which requires some consideration, especially for children who spend long periods in hospital.

Denise Kaplan's recommendations made as a result of her research study included:

- that a special effort should be made to ensure that patients from lower socio-economic levels, attend the programme. *Not only does chronic family adversity predispose to hospital admission, but there is some indication that it may render children more likely to be damaged by repeated admission* (Rutter; 1979; p. 150)
- that patients should be telephoned or invited to the programme by means of a letter, which should state the value of the programme
- that there is a need for an information booklet which could be issued by the paediatric outpatient clinic to parents of children undergoing surgery
- that the programme should possibly be offered at a time over a weekend to accomodate children of working mothers.

CONCLUSION

Children are special, with special needs. The needs which occur as a result of hospitalisation can be catered for by a carefully thought out and well co-ordinated preparation programme.

The author would like to thank Denise Kaplan for the help she offered for the compilation of this article.

BIBLIOGRAPHY

1. Kaplan D. (1980) *When young children face surgery: the effectiveness of a pre-operative preparation programme, for the patient and his family* Unpublished B.A. (Soc. Work) dissertation. University of the Witwatersrand.
2. Klein, C.B.; Satterthwaite (1980) Preparation and the hospitalised child. *Journal of the Association for the Care of Children in Hospitals*. Vol. 8, No.3, pp 60-63. Winter.
3. Robertson J. (1970) *Young children in hospital*. London. Tavistock.
4. Rutter M. (1979) Separation experiences: a new look at an old topic *Paediatrics*. Vol. 95, No.1, pp 147-154.
5. Schreier A. (1980) Preparing young children for hospitalisation. Unpublished Paper accepted for publication in *Pre-School Years*.
6. Visentainer M.A.; Wolfer (1975) Psychological preparation for surgical paediatric patients. The effect on children's and parent's stress responses and adjustments. *Paediatrics*. Vol. 56, No. 2 pp 187-202, Aug. 1975.
7. To prepare a child, (1975) Film Produced by Washington Children's Hospital.