

# **Emotional and psycho-social effects of the hospitalized children in the pediatrics of Tirana.**

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## **Abstract**

This study "Emotional and psycho-social effects of the hospitalized children in the pediatrics of Tirana" aims to address the main matters of hospitalizing children, considering these effects in the Albanian reality. The findings are based on the collected data and on interlacement of researching instruments through two questionnaires (one for the parents of hospitalized children and one for the staff of the hospital), individual interviews and from the observations in the pediatrics hospital in Tirana. Literature was the other source, which not only directed the process but also supported the analysis of the data and recommendations considering these effects in a contemporary dimension focused in the children's welfare.

## **Introduction**

Hospitalizing may create difficult emotional and psycho-social situations for children and their family. The children manifest various reactions in the hospitalized cases. These reactions have different forms depended on factors such as personality, development level, how the child faces stress in different situations and previous experiences in the hospital. The process of hospitalizing may be experienced strongly or naturally, this depends if they are prepared or not for this process.

In fact the latest researches show that the precursory preparations of the family and of the child for the hospital, helps in reducing their stress and anxiety. These preparations may start in the elementary forms of bringing up the child. Avoiding phrases such as “you have to eat because then the doctor comes” or “don’t make mistakes otherwise I’ll call the doctor to make you an injection” helps the child in experiencing the process not traumatically.

Emergencies or unexpected cases of hospitalizing children lack time for preparations. However it’s important that parents, care-takers or cousins of the child should be sincere for what’s happening and what will happen in the future to their children.

## **Psycho-social effects that children experience as the result of the process of hospitalizing**

As the result of hospitalizing, children experience various psychological and social effects which are fundamental during

their therapy or during their health and psychological and social development.

- Children feel confused.  
Children feel confused for their illness, hospitalizing procedures and the therapy, and all these because of the lack of information or because of the transmitted way in a suitable or unsuitable manner.
- They feel frail.  
They are not able for physical experience and this prevents them from activities which offered them pleasure before.
- Children feel sad.  
Their sadness can be caused from different factors, but according to the studies they feel so because of the medical instructions to be physically healed.
- Children feel disappointed.  
They perceive the disease as something that pricks physical pain and if they don't find any possibility for recovery makes they experience soreness.
- Children are afraid of pain.  
There are different manners of measuring fear including what the child expresses, what he does and how he reacts. They feel scared of the hospital environment and medical treatments (injections, medicaments, serum, and surgery). They are afraid of separation, they fear if parents leave them at the hospital.
- They experience misbalancing of the normal living.  
Being sick prevents them from many daily activities. The daily routine differs and they find difficult to adapt with.
- They feel nervous.

Because of the disorder and the impossibility of changing for a long time they start to show nervousness, refusing eating or medicaments.

- They are out of control.

They don't respect family rules as before, they can't control their emotions and actions.

- They lose their personal tranquility.

Because they can't stand at the home, at their room but even they have to share the room with someone without pleasure.

- They miss their friends or their classmates.

Being in a hospital prevents them to interact with their friends

- They feel lonely.

They can't meet their brothers and sisters or their cousins during almost all period.

- Children look forward to come back home.

They are not as interested in their recovery as they are in the return at home, for them this means more activities less pain and reunion with the family.

- They experience lack of answers for their questions. Parents often don't inform them about what's happening and this happens because they want to protect them from bad news. However children want to know everything in most of the cases they don't get the needed answers.

- They are worried of leaving their parents.

They fear darkness and loneliness. Time of being alone should be minimized. Mum or dad, one of them should

always be there. If this is not possible, something from them such as a scarf or a jumper should be left there.

- They may experience regress in the behavior.  
They may forget previous aptitudes and during hospitalizing they start to undergo regress in their behavior such as thumb sucking, bedwetting.
- Children start to have disorder with nutrition.  
Therefore the disease they lose appetite and their normal weight.
- Children have problems with their sleeping routine.  
This may be caused because of the pains, moving in to another place and because of not a suitable accommodation.
- They fear the death.

Scholastic children feel the same fears as they that are younger. Approximately they of 7-10 years start to conceive that the death is everlasting. They have a clear definition of time so they consider death as the end. Other situations of death experienced in their family, community or even in TV help them to conceive their concept of death. At that moment they need information about the reasons of death also that hospitalizing not always leads to death (it depends on the disease)

One of the most difficult confrontations during the process of hospitalizing is pain. Physical pain is an unpleasant feeling and varies in different scales according to the disease. Typical pain signs include:

Crying

Fast and frequent movements

Perspirations

Fibrillation

Irritation

Another form to evaluate child's emotional and psycho-social effects is the information gathered from the parents as they are the ones who can distinguish differences between normal behavior and problems such as in feeding, sleeping, moving and crying.

However, the best and effective manner to understand what is experiencing the child is to get information from them.

Physical, emotional, psycho-social condition of the hospitalized children in the Pediatrics of Tirana.

The condition of the hospitalized child, analyzed from the open questions reported from parents is as below:

- Physical pain because of illness
- Physical tiredness
- Afraid of pain from medical equipments
- Annoyance
- Withdrawn and not easily expressed as before
- Wish to bear in mind pieces from home, classmates.
- Embarrassment for the status of being ill, they don't support it.
- They are less frightened than before
- Looking forward to get out.
- They want to play with others
- Traumatized from injections

- Agitation
- Irritation
- Using expressions such as “medicaments are bad”

Reasons of emotional and psycho-social condition of the hospitalized children in the pediatrics of Tirana.

Taking in consideration the answers of the parents, the main reasons are : (1) 43 % form medical equipments (such as injections, serum, medicines etc); (2) 18% because of not being familiar with the hospital environment; (3) 7% because of contact with the doctors; (4) 7% from surgical intervention; (5)11% because of the above mentioned elements. Only 11% feel calm because of being familiar with hospital.

Demonstration of physical, emotional and psycho-social condition of the hospitalized children.

Considering the answers from parents, doctors, specialist of psycho-social service, we may say that the forms of manifesting these emotions are as below:

- Crying
- Yelling
- Nervousness
- Expressions such as “I want to get back home” “I don’t want to stay here anymore, I ‘m afraid”
- Refusing feeding
- Refusing having the necessary medicaments

## **Children emotional condition and their ability to transmit them**

From the results of the questionnaires, 80 % of the children had good ability to express emotions through words, 44% of them express calmness; 14% wornness; 14% fear feeling and 8% sadness.

The remaining part communicates tiresome through crying, nervousness and sadness.

(Please refer to the table 18 Child emotional condition and their ability to transmit emotions and feelings)

The taking away of the child from the daily routine.

One of the social consequences of the hospitalized child is not living the daily routine, away from family and from the activities that before were amusing for them such as playing. Parents affirmed that : (1)43 % of the children miss the family and relatives; (2) 32 % miss games; (3) 14 % miss their classmates; (4) 11% say that children miss the friends of the community where they live.

## **Frequent visits during hospitalizing**

According to the parent those who visit them most in the hospital are family members as: grandmother, grandfather, uncle, aunt etc they should not stay more than the scheduled time also because of their financials and the distance where they live.



## **Activities during the time in hospital**

Parents and children do different activities while they stay in hospital. From the gathered information, 61% of parents confirm that they talk with them for subjects they like to; 29% confirm that play games that don't hurt their wealth; while 7% read books together. (For more information please consult table 20 Amusing activities while being hospitalized)

## **Sleeping schedule while being in hospital**

50% of the children had the same sleeping schedule as before. Only 46% changed it or had disorders. According to the parents reports as well from the our observations resulted that the main reasons of sleeping disorders were because of uncomfortable conditions in 11% of cases; 32 % because of feeling pain; 3% for other reasons.

## References

National Association of Social Workers Policy Statement -2000-2003- "Social Work Speaks" Social Work In hospital" Pages: (151)  
Eduart and Srivastava, Pediatrics "Child health research findings 2006" Hospitalization page: (117).

Malkin, Keeler, Broder, et al, Pediatrics 3(4) -2003-"Helping your child cope" Page (316)

Mosby, I. -2005- Chapter 21"Family-Centered Care of the Child During Illness and Hospitalization"

Dr. Crisp, S. Dr.Greenlee, S. "The Effect of Hospitalization on Aggressive Behavior in Children" pages (2-8)

Dooley, S.D. (23-July 2007) "Children Hospital Association California" Pages: (1-2)

"ASPETTI PSICOLOGICI DEL BAMBINO IN OSPEDALE" - 1989/1990-Tesi di Nocchi, L. M. Università degli Studi di Perugia - : Prof. Faina, P. Anno – Accademico. Faq (12,13)

The World Health Report 2005. Chapter 6 "Redesigning child care, survival, growth and development" Dealing with children, not just with deseases faq: (107,108)

AWCH "The Psychosocial Care of Children and their Families in Hospital". NATIONAL SURVEY REPORT" -2005- Faqe (12, 25, 37).

<http://www.awch.org.au>

<http://www.dukechildren.org/patient and visitor/>

<http://www.pediatrics.org>

<http://www.childrennow.org>

<http://www.worcestershire.gov.uk>

<http://www.kidshealth.org/parent>