

Nurses make jokes instead of making injection: Determination of 3-6 year old children's views for hospital experiences

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Abstract

Background and aims: It is important to determining of hospitalization from children's perspectives. The aim of this study was to identify the toddler (3-6 years) children's experiences during hospitalization. Methods: We collected data by using "Children's Descriptive Characteristics Form", "Children's Semi-Structured Interview Form. Results: Half of children were conducted with study were scared of needle (intramuscular, port and immunization) and %22.2 percent of them were scared of being operated. In the study showed that %51.1 percent of children was cried and screamed, %8.8 percent of them wanted to lay on mothers' chests and were hugged and %8.8 percent of them postulated to not get injected due to coping with painful experience. Conclusions: They wanted the nurses to treat them well and make the injection without hurting. Also they wanted to have playgrounds and their room to be colorful with colorful walls, play games and draw pictures in the hospital. Recommendations: This study suggests to health care professionals that being aware of information importance of family centered care and preparing children for painful procedures according to their developmental stage.

Keywords: Children's experience, children's perspective, hospitalization, pediatric nursing.

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1. Introduction

Regardless of the age period, knowing the children's experiences and the expectations of healthcare professionals is extremely important. The children's expectations from pediatric nurses are related to their personality traits, their clothes, and caregiving behaviours. In a previous study, children expressed that they wanted to be informed about their own care and treatment and these interventions should be made with play (Pelander & Leino-Kilpi, 2004; Lindeke et al., 2006). In addition, children expect from the pediatric nurse that they should treat them humane, polite and kind, they should be cheerful, funny, and entertaining (telling them funny stories) (Pelander & Leino-Kilpi, 2004).

Although the determination of children's opinions and experiences seems difficult due to their developmental characteristics and limited communication skills, some techniques are extremely useful in determining their experiences and opinions. Picture drawing, storytelling, keeping a diary, video recording or movie narration, focus group interviews, and conversation with toy phone or a toy can be regarded among these techniques (Wilson et al., 2010). One of the important responsibilities of pediatric nurses is making the care children receive better and less traumatic and to actively take charge in developing the policies and procedures (Pelander & Leino-Kilpi, 2004).

2. Aim of the Study

This descriptive study was conducted to determine the 3-6 year old children's opinions and experiences about hospitalization.

2.1. Research Questions

1. What are the hospital experiences of 3-6 year old children?
2. What are the expectations of 3-6 year old children from the nurses?
3. What are the behavioral changes seen in 3-6 year old children immediately after the hospitalization?

3. Method

The population of the study consisted of 3-6 year-old children hospitalized due to different diagnoses between December 2014 and June 2015 in a university hospital in Ankara. Children who had been followed up in the hospital for at least three days any disease, and who had no communication problems were included in the study. Study was performed in 45 children hospitalized in a pediatric hospital with different diagnoses and were hospitalized in surgery departments, internal medicine departments and hematology departments. Data were collected by using the child information form and the child semi-structured interview form. The study had difficulty in collecting data during the application period with children aged 3-6 years. For this reason, literature has been searched for alternative ways that can be used to collect data more effectively. Among these ways, the child was shown to use a bag called "surprise bag" to make it easier to answer the child in the literature (Karlsson et al., 2016). It has made it easier for children to respond to questions by putting surprise toys for play. They were asked to use "surprise bag" (a small colorful and picture bag where we put the toys we bought for children) and to draw the first thing coming to their minds if someone says "hospital and nurse" by giving crayons and papers after the data collection (Figure 1). Thus, a positive effect was created among the children in the clinic and the researcher was accepted in the clinic and collected the data in the following data collection phase. After painting, the crayons were presented to the children. The analyses were completed by transferring the data to the IBM SPSS Statistics 22 program. Frequency distributions (number of persons and percentages) for categorical variables, and descriptive statistics (mean, standard deviation) for continuous variables were given to evaluate the data of the study.

4. Ethics

Written consent and ethics committee approval were obtained from the XX Children's Hospital to conduct the study. In addition to the children participating in the study, written consent was also obtained from their parents.

5. Results

It was determined that 66.6% of the children were hospitalized for one week and less, 33.3% were hospitalized due to surgery, treatment, and chemotherapy, and 33.3% were diagnosed for surgery, internal medicine and hematology. Most of the children (84.4%) were previously hospitalized. 40.5% of the children were hospitalized six times and more.

It was determined that 64.4% of the children participating in the study had knowledge about their hospitalization before being admitted to the hospital and were informed mostly by physicians and their mothers. 31.1% of the children were informed about the hospital environment. 26.7% of the informing about the hospital setting were made by the nurses. 62.2% of the children were informed about the painful procedure and half of children informed by the nurses (51.1%).

Table 1. Children's Opinions on Hospital Environment (n=45)

	n	%
What are the good things in the hospital?		
About the healthcare personnel		
Physicians	9	20.0
Nurses	8	17.7
Recovery	8	17.7
About the physical environment		
Participation in game and entertainment activities at the hospital	15	33.3
Physical properties	5	11.1
What are the bad things in the hospital		
Injection and taking blood sample	25	55.5
Physician and nurse	6	13.3
Undergoing an operation	6	13.3
Boring	4	8.8
The crowded and inadequate cleanliness of the rooms	4	8.8
What are the things that scare you in the hospital?		
Needle (IM, port and immunization)	25	55.5
Undergoing an operation	10	22.2
Machine, serum set and bandage on the head	4	8.8
Being afraid of falling (because of the splint on foot)	3	6.6
Nurses	2	4.4
What do/did you do to cope with them?		
Crying, screaming	23	51.1
Lying on the mother's chest and asking for a hug	4	8.8
Thinking as if no injection would be made	4	8.8
Playing games	4	8.8
Biting nails	4	8.8
Getting angry	2	4.4
Getting cross with my mother	1	2.2
Not giving any reaction	1	2.2
Continuously asking question	1	2.2
Praying to recover	1	2.2
What are nurses doing in the hospital? *n:53		
Injection	28	62.2
Intravenous intervention	10	22.2
Taking temperature and auscultation of heart	7	15.5
Providing care to children	5	11.1
Ensuring recovery	3	6.6

What are expectations of you from nurses?*n:49		
Treating me well	18	40.0
Making the injection without hurting me	12	26.6
Playing games with me	9	20.0
Being cheerful	9	20.0
Making jokes instead of making injections	1	2.2
If you have a magic wand or magic power, what would you like to change /what would you do in the hospital?*		
n:64		
I would like to have playgrounds in the hospital	18	40.0
I would like to want my room to be colorful with colorful walls	11	24.4
I would like to play games and draw pictures in the hospital	10	22.2
I would like to see a clown	7	15.5
I would like my friends and my sibling to be in the hospital	6	13.3
I would like to get a TV and a refrigerator in the room	4	8.8
I would not want to see serious patients	4	8.8
I would like to build a house and bring the school here	2	4.4
I would like bad-hearted and angry nurses to be warm-hearted	1	2.2
I would not want to change anything	1	2.2

*: number is multiplied

Table 1 shows the children's opinions on hospital environment. When the children participating in the study were asked about their opinions about the good things in the hospital, 33.3% of the children said to participate game and entertainment activities in the hospital (having balloons, playing games, drawing pictures). The children's opinions on bad things in the hospital were injection and taking blood sample (55.5%), physicians and nurses (13.3%).



Figure 1. A 5-year-old girl. Diagnosis: Acute Lymphoblastic Leukemia

The children participating in the study stated that they were afraid of injection (55.5%) and undergoing an operation (22.2%). In order to cope with this situation, it was determined that 51.1% of the children cried and shouted, 8.8% wanted to lie down on their mother's chest, 8.8% thought as if no injection would be made.

When the children were asked what the nurses do in the hospital in the study, 62.2% of them said that the nurses make injection, 22.2% Intravenous intervention, and 15.5% taking temperature and auscultating the heart. When the children were asked how they wanted the nurses to be, it was determined that 40% of them would like the nurses to treat them well and 26.6% would like them to make the injection without hurting. When the question "If you had a magic wand or magic power, what would you like to change in the hospital?" was asked to the children in the study, 40.0% of the children stated that they would like to have playgrounds in the hospital, 24.4% would like to their room to be colorful with colorful walls and to paint the room with silvery paints, 22.2% would like to

play games and draw pictures in the hospital, and 15.5% stated that would like to see a clown (Table 1).

6. Discussion

Hospitalization causes biological and psychosocial stress affecting the growth and development of the child negatively due to disease symptoms, side effects of treatment, invasive procedures, failure to perform activities of daily living and separation from the family and friend (Pelander & Leino-Kilpi, 2010). In Turkey, the experiences of the child about hospitalization are generally evaluated with the opinions of the parents and the perception and expectations of the child are rarely examined.

It is essential for the child to be informed appropriate for his or her age in participating in his/her own care and being a decision maker (Coyne et al., 2006). In order to reduce the fear and anxiety of the children in hospital, they should be informed about the disease and the hospital environment and they should be ensured to know the hospital environment. In the present study, only 31.1% of the children were informed about the hospital environment. It was determined that informing the child about hospitalization and evaluating the child's opinions on hospitalization that decreased the child's fear and anxiety about the operation and painful procedures and increased the child's self-confidence (Dreger & Tremback, 2006; Pelander & Leino-Kilpi, 2010; Coyne et al., 2006). It has been determined that the pain experienced by the child has diminished, the positive coping mechanism has developed, and the child has adapted to the disease and treatment process when children are informed (Justus et al., 2006; Dreger & Tremback 2006; Linder & Seitz, 2017). It was determined in the present study that 64.4% of the children already had knowledge about hospitalization before being admitted to the hospital and they were mostly informed by the physicians and their mothers.

Painful procedures and surgery are among the most frequently experienced procedures of hospitalized children (Hockenberry & Wilson 2014; Linder & Seitz, 2017). Especially children with chronic illnesses are exposed to several painful procedures and surgical operations in the diagnosis, treatment, and follow-up period (Pelander, 2010). Similarly, bad hospital experiences of the 3-6 year old children, who participated in the study, were identified as 55.5% for injection (intramuscular, port and immunization) and 22.2% for undergoing an operation (Table 1).

When we evaluate the expectations of the children about the physical environment in the study, 3-6 year-old children wanted to have playgrounds and toys, a single large room, toilet and a bathroom in the room, television and internet, balloon and flowers in the hospital, colorful walls, large bed, and a school in the hospital. Similarly it was determined that the children have physical, social, and cultural expectations such as colorful hospital rooms, corridors and nurse uniforms, sleeping in larger rooms and comfortable beds, offering more toys and play opportunities for them, having places to spend time with their friends, and a hospital environment reflecting the home environment (Pelander, 2010; Linder & Seitz, 2017). In other words, it was observed in previous studies that children's best hospital experiences were mostly related to the activities, particularly the presence of funny activities, and objects. (Linder & Seitz, 2017; Pelander, 2010; Carney, 2003; Curtis, 2004). For this reason, it is very important to provide environments where children can spend their time easily (Pelander, 2010).

Determining the effects of the changes in the daily living due to hospitalization and painful hospital procedures in terms of a child's view provides new insights for pediatric nursing care to develop as more child and family centered.

7. Conclusion

In our study, children determined that participate game and entertainment activities in the hospital (having balloons, playing games, drawing pictures) as a good things and the children's opinions on bad things in the hospital were injection and taking blood sample, physicians and nurses. They wanted the nurses to treat them well and make the injection without hurting. Also they wanted to have playgrounds and their room to be colorful with colorful walls, play games and draw pictures in the hospital.

8. Recommendations

This study suggests to health care professionals that being aware of information importance of family centered care and preparing children for painful procedures according to their developmental stage.

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