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## Report

# Information Provided for Children in Pediatric Nursing : Report on Orientation Given before Hospitalization, Operation and Treatment

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## Abstract

### Introduction

Most of the medical care children are to receive is determined by their parents. Information to be provided for children themselves is understood by their parents beforehand, and is then chosen and given by medical employees in consideration of children's age, development stage, treatment and care. However, survey on information provided by medical employees, have never been reported. We, therefore, studied the orientation on hospitalization, treatment and operation as information provided for children to understand the present condition in Japan.

### Methods

- 1) We made the questionnaire about the orientation for children to send by mail
- 2) We studied the orientation given for children at 130 wards of 63 facilities, such as university hospitals containing children's wards and children's hospitals which answered the questionnaire.

### Results

- 1) The orientation for children themselves on hospitalization, treatment and operation is given in 121 wards (99%).
- 2) The orientation is given not only by nurses in charge but also various specialists.
- 3) A lot answered that the purposes of the orientation are to gain cooperative attitude for safe and easy hospitalization, treatment and operation and to gain mental preparation. As for the age of the children and the best time for the orientation, several tendencies are shown depending on the purpose of the orientation.
- 4) Most orientations are given verbally. Most materials such as pamphlets are written for adults and parents, while few audiovisual materials such as VCRs or picture books are prepared or used.

Consequently, it has been revealed that the orientation for children in the field of child nursing is widespread. However, materials or the way of giving orientation meeting their development stage or the ability of their understanding have never sufficiently developed and, therefore, improvement at the stage of giving information is required.

**Key words:** orientation, preparation, play therapy, pediatric nursing

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### I. Introduction

Children who are to be hospitalized or receive treatment are put in a very critical situation, being put into a new life in an unknown environment after separating from their parents or families, experiencing physical unpleasantness and pain caused by illness, and not fully understanding hospitalization, surgical operations and treatment. To prevent children's psychological confusion, it is thought to be important to give them a full explanation, suitable for their development stage. It is difficult, however, to make them understand their hospitalization and operations, and most of them are said to stay at the hospital without any mental preparation.

Meanwhile, mental preparation obtained through orientation has received attention because it eases their anxiety, increases cooperation and promotes coping against stress. In fact, nursing skills for children such as "play therapy" in Sweden and "preparation" in the U. S. are being introduced in Japan. These skills are thought to be an important means to provide information about informed consent for children. Therefore, this study researched and discussed the present condition of orientation for children and the use of picture books and picture-card shows in the field of child nursing in Japan today.

In this study, the orientation is defined as something that is done within medical facilities guiding and educating children who are put into a new environment.

### II. Methods

1 Study design: Fact-finding survey by sending questionnaires by mail

2 Subjects and methods

1) We asked the chief nurses at the nursing sections for children 113 facilities listed in a directory of hospitals and a handbook of hospitals, consisting of 92 university-affiliated hospitals and 21 children's hospitals, to help with our questionnaire survey. The following hospitals were excluded from the subjects:

- a. University-affiliated hospitals without pediatrics
- b. Children's hospitals with 50 and fewer beds
- c. Mental hospitals
- d. University-affiliated hospitals specializing in dentistry

2) The questionnaires were sent to 161 nursing sections of the total of 63 facilities consisting of 53 university-affiliated hospitals and 10 children's hospitals that agreed to help the survey. Responses were obtained from 130 nursing sections (the response rate was 80.1%).

3) Consisting of questions on orientation before hospitalization, operation and treatment targeting children, the

questionnaires were sent and collected from July to August 1999.

4) Answers of questionnaires were simply gathered and then discussed.

### III. Results

Regarding occupational classification of respondents, chief nurses accounted for 61.5%, assistant chief nurses 17.6%, chief managers 13.0% and others 6.1%. Regarding departments, mixed departments accounted for 40.0%, followed by pediatrics 22.3% and pediatric surgery 8.4%. Regarding the number of beds, 41-50 beds accounted for 24.2%, unspecified 16.8% and 31-40 beds 16.0%.

#### 1) Orientation for children

Orientation for children was conducted in 99.2% of surveyed facilities. Only one out of 130 sections was not conducting orientation. In case of hospitalization of children with their mothers, orientation for children was also conducted 70.6%.

#### 2) Target of orientation

As targets of orientation before hospitalization, children accounted for 90.3%, followed by their parents 70.1%. Regarding orientation before treatment, children accounted for 93.9%, parents 71.9%, their mothers 42.1% and their fathers 24.6%. Regarding orientation before operation, children accounted for 92.3%, parents 83.8% and mothers 40.2%. In these three items, other targets included grandparents and guardians.

#### 3) Children's age to start orientation

Regarding children's age to start orientation before hospitalization, answered no age limits accounted for 31.0%, followed by 4-7 and 7-11 years old both 22.0%. Regarding orientation before treatment, 2-4 years old accounted for 28.1%, 4-7 and 0-2 years old both 20.2%, and 19.3% no age limits. Regarding orientation before operation, 2-4 years old accounted for 31.9%, 4-7 years old 24.1% and no age limits 18.1% (Figure1).

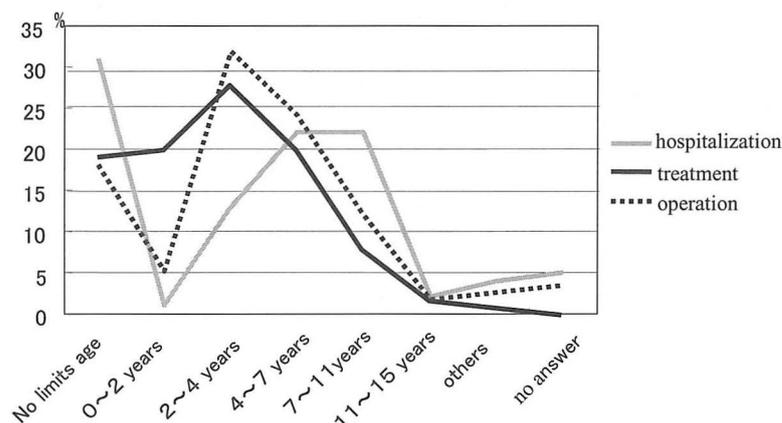


Fig.1 Children's Age to Start Orientation

#### 4) Those who give orientation

Regarding those who give orientation before hospitalization, inpatient nurses accounted for 91.3%, followed by outpatient nurses 37.5% and doctors 26.9%. Regarding those who give orientation before treatment, inpatient nurses accounted for 97.4%, doctors 80.7% and then children's mothers 22.8%. Regarding those who give orientation before operation, inpatient nurses give them in all nursing sections,

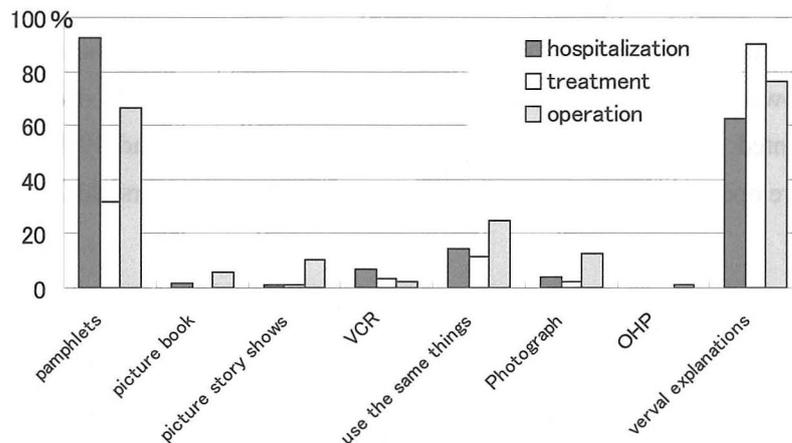
followed by doctors (76.1%) .

**5) Contents of orientation**

Regarding the contents of orientation, “life of a day in the hospital” and “hospital environment” accounted for 97.1%, followed by “rules of hospital life” 95.1%, “necessities in hospital life” 83.6% and “introduction of medical employees” 71.1%. Regarding orientation before treatment, “contents of treatment” accounted for 97.4%, followed by “purposes of treatment” 86.8% and “dos and don’ts during treatment” 81.6%. Regarding orientation before an operation, “restriction of food and water” accounted for 96.6%. Other answers included contents of operation, purpose, operation time and conditions after operation.

**6) Methods and materials for orientation**

Regarding methods and materials for orientation before hospitalization, “pamphlets” accounted for 93.6%, followed by “verbal explanation” 62.5%. Regarding orientation before treatment, “verbal explanation” accounted for 90.4%, followed by “pamphlets” 31.6% and “things used during treatment” 11.4%. Regarding orientation before operation, “verbal explanation” accounted for 76.1%, followed by “pamphlets” 66.7%. Regarding question on whether they use different things for orientation depending on their ages, “use the same things” accounted for 69.8% and “use different things” 27.1% for orientation before hospitalization. Regarding orientation before treatment, “use the same things” accounted for 51.0%, followed by “use different things” 42.3%. These results showed that most of them use the same things for orientation (Figure2).



**Fig.2** Methods and Materials for Orientation

**7) When to give orientation**

Regarding when to give orientation before hospitalization, 88.5% answered “2 to 3 days before hospitalization,” 26.9% “on the day of hospitalization” and 10.6% “on the day before hospitalization.” Regarding orientation before treatment, 76.3% answered “on the day before treatment,” 65.8% “just before treatment,” and 58.8% “on the day of treatment.” Regarding orientation before operation, 73.5% answered “on the day before” followed by 56.4% “2-3 days before”

**8) Purposes of orientation**

Regarding the purposes of orientation before hospitalization, “introduction of smooth hospitalization” accounted for 95.2%, “ease of children’s and their family’s anxieties and fear” 92.3% and “prevention of accidents” 69.2%. Regarding orientation before treatment, “ease of children’s and their family’s anxieties

and fear” accounted for 97.4%, “introduction to the smooth treatment” 95.6% and “prevention of accidents” 73.3%. Regarding orientation before operation, “ease of children’s and their family’s anxieties and fear” accounted for 97.4%, “introduction of smooth operation “ 95.7% and “prevention of accidents” 67.5%.

#### 9) Opinions on orientation for children

Orientation should be given taking into consideration their stage of development or ages, utilizing VCRs, picture books, pamphlets and toys. Orientation for their parents should receive more attention because parents usually explain to their children. As orientation sometimes only make children afraid, it is important to consider how much should be explained in orientation.

**Note:** In this result, the total scores exceed 100% for the items they chose multiple answers (\* is shown in graphs). The total of the nursing sections where orientation is given before hospitalization, treatment and operations: 'N' before hospitalization = 104, 'N' before treatment = 114, and 'N' before operation = 117.

### IV. Discussion

#### 1. The actual conditions for orientation of children

Being on the developing stage of recognition and lacking in experience, children may misunderstand the conditions of disease, unknown hospital environment and medical employees, and examinations for diagnosis and treatment. They also may think of their condition as punishment<sup>4)</sup>. To prevent such mental confusion and give them orientation suited to their development stage, the effect of orientation for children has received attention these days.

The results of this study showed that 99.2% of inpatient departments gave orientation for children as well as their mothers, though hospitalization of children with their mothers accounted for 70.6% of all the hospitalization. This indicated that orientation targeting children are thought to be meaningful in the field of child nursing in university hospitals and medical facilities in Japan, and orientation for children themselves besides for their parents are widely given.

In over 90% of inpatient departments, children receive orientation before hospitalization, treatment and operations. However, orientation may make children anxious or afraid if it is carried out too early or too precisely about their would-be conditional changes. Therefore, it seems important to examine how far, when and how orientation should be given to children. Regarding the age at which orientation was started before treatment and operations, children 2-4 years old accounted for approximately 30%, and those 7 years old and younger accounted for over 50%. This showed that orientation is given even for children with limited ability to comprehend and that orientation to obtain agreement and cooperation has been increasing. It is said that children under 3 years old cannot understand why they have to enter the hospital but those 3 years old and older have interest in their diseases and can cooperate for the cure of their illness. In this survey, the largest percentage answered 2-4 years old as the age at which to start orientation before treatment and operations.

Meanwhile, the largest percentage answered that there was no age limit to start orientation before hospitalization. This may be because orientation before hospitalization is mostly about life in the hospital, which is not accompanied by anxiety or fear, and is easier for children to understand than that before treatment or operations. In addition, for children 4-7 and 7-11 years old, there were high percentages because it was assumed that children of these ages could concretely understand how things were related and,

if their hospitalization, as a change of the living environment, were not sufficiently explained, they would become anxious or suspicious. Therefore, the assessment of children's ability to understand and self-care ability is important when orientation is given, and their reaction should be confirmed during orientation.

Regarding when to give orientation, orientation before hospitalization or operations was given more than a week before hospitalization or operations at the earliest, while orientation before treatment was on the day before treatment at the earliest. This may be because of the opinion that, if orientation before treatment is given too early, children may suffer from stronger anxiety or fear, ending in insomnia.

As fear of the unknown is said to be greater than that of the known, orientation is a necessity for children who will be put in a difficult situation with limited understanding of hospitalization, treatment and operations. However, those who give orientation should carefully consider seriously when to give it.

## **2. Those who give orientation, content of orientation and when to give orientation**

Inpatient nurses accounted for over 90% of all those who gave orientation before hospitalization and treatment, and all inpatient nurses gave orientation to children before operations. It is thought that inpatient nurses, who would be closest to the children during their life in the hospital, should give orientation before hospitalization to establish good relations with the children, and that they gave orientation before treatment and operations because they had already established such relations with the children to some extent.

Regarding those who gave orientation other than nurses, doctors accounted for 80.7% before treatment and 76.1% before operations. On the other hand, they accounted for only 26.9% before hospitalization. This showed that, as orientation before hospitalization was basically on life in the hospital, it was given by nurses, who assist the children during their hospital stay, while orientation before treatment and operations was given by doctors for safe implementation.

This survey was carried out for nurses and the orientation given by mothers was not surveyed. It may be desirable that orientation for children should be given by their mothers who know their character well and mothers can give orientation in addition to healthcare professionals. In that case, however, it should be remembered that mothers may not give exact explanations to their children and that the children may be shocked by the thought that invasions of their bodies, like operations, were planned by their beloved mothers.

Next, regarding the content of orientation, 90% of that before hospitalization was on life itself such as the rules and environment in the hospital in order to minimize the effect of the environmental changes. Over 80% of orientation before treatment was on the purpose and precautions of treatment, because cooperation from children is thought to be necessary to carry out treatment safely. As much as 96.6% of orientation before operations was on the restriction of food and water, because children tend to be anxious about unknown experiences and things directly related to their life after operations were explained. It is assumed that only a very low percentage of orientation before operation was on the operation itself because operations were conducted under anesthesia and cooperation from children was not required.

## **3. Orientation methods and materials to use**

It was revealed that pamphlets were used for orientation before hospitalization and orientation before treatment and that operations was given orally. Although it is generally said that audiovisual materials are effective to obtain children's understanding, very few wards used picture books, picture-card shows or VCRs.

Additionally, though there were many opinions that materials should be changed according to age, only 27% answered that they changed materials for orientation before hospitalization. Judging from answers to questions and pamphlets that were sent after the survey, the reasons for that are that original pamphlets for children are rare and many pamphlets are made for parents.

In fact, audiovisual materials such as pamphlets are effective for children with scarce understanding because they help children to easily imagine the situation and understand what medical professionals explain. However, it is sometimes difficult to prepare suitable materials according to age. Few wards changed materials according to age, but they covered this by oral explanation. It is, therefore, thought to be necessary not only to show them pamphlets but also to explain to them orally, confirming that they understand properly.

In the meantime, regarding orientation before treatment and operations, most answered that they gave oral orientation; 31.6% and 66.7% answered that they used pamphlets before treatment and before operations, respectively. They used audiovisual materials other than pamphlets for orientation before treatment and operations more often than for orientation before hospitalization. This result is thought to be related to the fact that orientation before hospitalization is mostly on life in the hospital, which is almost the same for every child, while the treatment and operations they have vary and seldom have much in common. In addition, as mentioned before, because most pamphlets used before hospitalization are for adults and parents, audiovisual aids according to children's ages and understanding are thought to be insufficient. Picture books, picture card shows and photographs, however, are used a little more often before operations than before hospitalization and treatment. It can be said that audiovisual materials are used before operations for children to help them understand their situation more specifically.

## V. Conclusion

Orientation is given even for children with underdeveloped comprehension ability at university hospitals and children's medical facilities in this country. Most orientation is given by those who are directly involved with the children, and sometimes, depending on the content, by medical professionals other than nurses. In addition, orientation is given to obtain cooperation from children and to help them psychologically prepare for what they are to experience.

However, materials and teaching aids used for the orientation were mostly pamphlets for adults and parents, and audiovisual materials according to their developmental stage or individuality were insufficient.

Consequently, in orientation for children, variation of audiovisual materials seems to be a future issue for childcare. The method of orientation for parents, not only for children, should also be examined.

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