

## **SECTION 1: SEPARATE PAEDIATRIC AND ADOLESCENT FACILITIES**

### **SUMMARY OF CONCEPTS**

The needs of children in hospital are different from those of adult patients and they should be nursed in separate wards (Lindquist, 1985; Ministry of Health, 1959).

When surroundings are welcoming, comforting and supportive they may actually assist in treatment and recovery (Olds, 1988). The ward environment and treatment rooms can be designed and decorated to help children and parents feel more comfortable and relaxed, to gain a sense of control and status.

Children need the stimulus of other children. Adequate play and educational facilities are necessary to give children the opportunity to carry on with as normal a life as possible. They may require parents and possibly siblings to be accommodated with them. A children's ward can be designed and organised to fulfill these needs.

Children require different patterns of nursing from adult patients (Laurent, 1990). Paediatric-trained and experienced nurses are an essential component of any children's ward.

A significant percentage of children who are hospitalised, especially between 6 months and 6 years of age, face repeated hospital stays. A children's ward provides for re-admissions to a familiar environment.

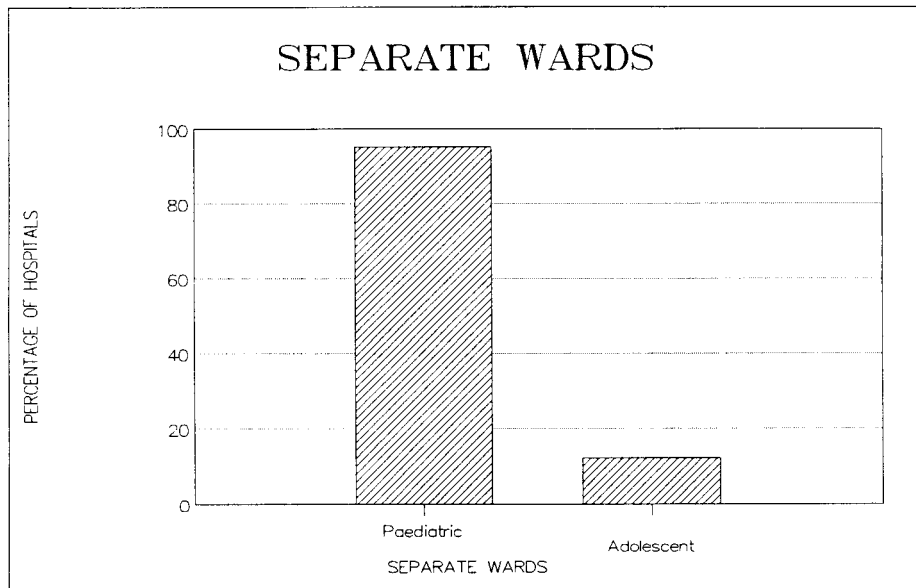
Children's wards are not only essential to cater for the specific needs of children, they are also a necessary alternative to nursing adults and children together. Children can be noisy and demanding, their behaviour may intrude on adult patients' privacy.

NSW private hospitals define a child as a person who is under the age of ten years (NSW Government Gazette, 1990).

### **SURVEY RESULTS**

- ❖ As shown in Graph 4, 95.1% (N=234) of the 246 general hospitals surveyed provide separate wards for children.
- ❖ However, at least 14.6% (N=34) of these hospitals also place children among other patients in a number of situations, e.g. on weekends or public holidays, depending on staff numbers. Other hospitals reported that they place adults within the children's ward when beds are vacant. While it was frequently indicated that attempts are made in many of the above circumstances to place children together but separate from adults, this cannot always be achieved. Thus a number of facilities and services which are part of a paediatric ward may not be available to these children and their families.
- ❖ 13 hospitals (4.9%) indicated that they do not have separate paediatric wards.

**Graph 4**



- ❖ Policies regarding minimum and maximum ages of children being admitted to paediatric wards vary significantly.
- ❖ Some hospitals indicated that their age brackets are flexible depending on a child's development, usually allowing boys to be older than girls before they are separated. A frequent criterion for admission to a children's ward is whether or not a child has reached puberty.
- ❖ Overall, the average maximum age of children nursed on paediatric wards is 14 years. However, the amount of variation between individual hospitals is extremely high, ranging from 8 to 21 years.
- ❖ The issue of ward decoration was addressed very briefly. Among respondents 9.9% (N=25) felt that the décor as inadequate, 41.1% (N=104) indicated that it could be better and 49% (N=24) felt that it was adequate. Private hospitals rated higher than public hospitals on this parameter.

Due to the increasing financial constraints experienced by hospitals, a large number of paediatric wards are currently under threat of being reduced in size or being closed. Reduction in staff and facilities may affect the quality of care and creative solutions are required to meet the needs of children and their families adequately.

### **Adolescent Needs**

Caring for adolescents requires a different approach to that of nursing children or adults. Adolescents have distinct needs for privacy, autonomy, confidentiality, independence and peer support. When adolescents come into hospital, these needs

may be intensified by anxieties related to illness, together with fears of death and concerns about body image and function (Thompson, 1985). A major cause of hospitalisation in this age group is injury (NSW Health Department, 1990), which may result in long-term physical and emotional consequences.

Adolescent patients have expressed dissatisfaction with the psychological atmosphere and ward rules when placed into a paediatric ward with much younger children or in a ward with adults. They prefer to be nursed in separate adolescent units (Louis & Lovejoy, 1975; Rigg & Fisher, 1971).

The establishment of adolescent units, either as a special part of or separate from the paediatric ward, has been advocated for many years (Hofman, Becker & Gabriel, 1976; Lindheim, Glaser & Coffin, 1972; Great Britain, Ministry of Health, 1959).

Guidelines recently prepared in England (NAWCH, 1990) for requirements of adolescent units suggest the provision of single, 2- or 4-bed units with bathrooms and toilets, designed to provide adequate privacy for adolescents. Other facilities recommended include parent accommodation, school and reading rooms, areas for noisy social activities, as well as kitchen facilities for preparing snacks and drinks.

It is preferable that medical and nursing staffs in the unit have a special interest in adolescents and have appropriate skills to respond with sensitivity to this unique patient group. It is recommended that staff consist of both male and female nurses, and support personnel also be aware of the emotional and social needs of this age group. Social workers and counsellors, as well as education and recreation staff, should be part of the adolescent unit.

Adolescent patients should be informed about their condition and adequately prepared for treatments, as well as being supplied with clear information regarding the adolescent unit's guidelines and rules. They should be encouraged to develop independence and to participate in treatment decisions whenever possible.

In an environment where their emotional, social and educational needs are understood and met, adolescent patients can adjust more effectively to their illness or injury, and are more likely to co-operate with hospital routines and treatments. This may not only affect their current recovery but also attitudes towards health care in the future.

Even though the present survey did not specifically address adolescent issues, there are indications that this client group is not generally catered for in separate adolescent units.

- ✦ Only 31 hospitals (12.3%) provide separate adolescent units. Some respondents indicated that they attempt to place similarly aged patients together, or to bed them in rooms separate from young children or adults, if possible.
- ✦ Play and recreation materials for adolescents were reported to be adequate by only 30.8% of participants, compared to 87.7% for pre-school aged children and 79% for school-aged children.