

SECTIONS 3, 4 & 5: ACCOMMODATION FACILITIES FOR FAMILIES, CHILDCARE AND VISITING HOURS

SUMMARY OF CONCEPTS

Parents are generally the best source of emotional support and comfort for their children. The continuous presence of a parent (at least for the first four days) has been recognised as one of the most important factors in preventing damaging emotional stress from hospitalisation, especially in young children (Bowlby, 1953, 1973; Robertson, 1958; Robertson & Robertson, 1989).

Even a very well adjusted and independent child may need more support than expected during a hospital stay. For the very young, the greatest distress is caused by separation from their caregiver. For the slightly older child, the fear of medical procedures and bodily harm is paramount and can be reduced by the reassurance and support of a parent. Even for adolescents, the parent can provide comfort, stability and support that assist them to cope (Thornes, 1988).

Usually the child's need for a parent's presence will be even greater at night. Many children have never slept away from home before hospitalisation. The presence of a parent is extremely reassuring and can provide an element of normality.

Siblings and other family members are often of great significance to hospitalised children and should have liberal opportunities to visit frequently. Unrestricted visiting hours for parents and siblings means less separation from normal family life and provides a sense of continuity. It also gives increased and more accurate understanding about the hospitalised sibling's condition to other children in the family, who often are themselves emotionally affected by the event (Consolvo, 1986).

However, it is often not appropriate to keep siblings on the ward for extended periods of times. They too need to be supported at times when the hospitalised child is particularly unwell or is undergoing tests or procedures. This has been found to be a major concern for many parents and an additional source of stress and anxiety, which in turn affects the child patient. Therefore, adequate childcare facilities should be available for siblings at the hospital (Flint & Walsh, 1988). Paediatric care ideally involves family care.

After meeting medical requirements, policies should enhance family ties and promote the philosophy that children 'belong' to their parents. Parents are more and more considered as important members of the health care team rather than 'visitors'. It is therefore seen as the hospital's responsibility to inform parents clearly in writing about hospital policies and parent facilities, and to make parents feel welcome and accepted and as comfortable as possible (Consolvo, 1986).

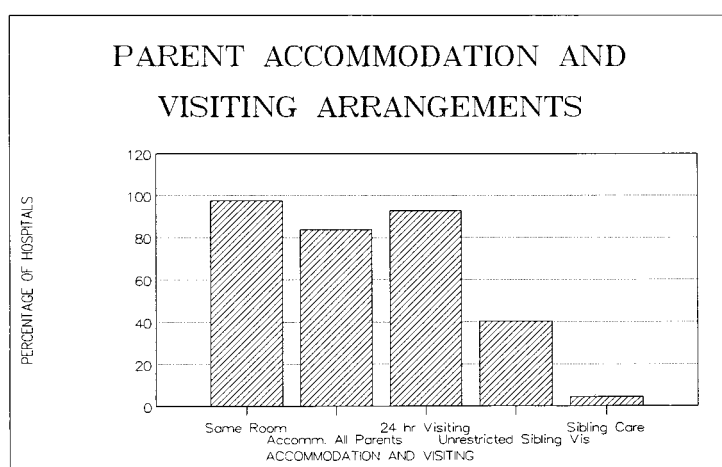
It has been found that relying simply on verbal communication in regard to visiting is often not effective (Flint & Walsh, 1988). Visiting policies and overnight arrangements should be clearly explained in the admission letter or hospital brochure. Ideally, there should be a well-positioned sign on the ward with this information.

Additionally, parents should be invited by the nurse in charge to discuss any special needs, visiting preferences or the necessity for special arrangements over the duration of the child's hospital stay. Individualised arrangements can significantly reduce parents' stress and anxiety (Proctor, 1987; Terry, 1987).

SURVEY RESULTS

- ✦ All surveyed hospitals offer accommodation for at least one parent and in 248 hospitals (98.0%) parents can sleep in the same room as the child (**Graph 7**). In the remaining 6 hospitals (2.3%) parent accommodation is off-ward including in separate rooms or in nurses' quarters.

Graph 7



- ✦ The majority of hospitals (N=194=76.7%) offer a fixed or folding bed beside the child. In 6 hospitals (2.3%) parents can spend the night next to their child accommodated in a chair, 3 of these hospitals offering off-ward accommodation.
- ✦ Other options available in a number of hospitals are recliner chairs beside the child, a bed in an area near the ward (e.g. in the play-room), flats, nurses' quarters, Red Cross rooms, mattress on the floor etc.
- ✦ 212 hospitals (83.8%), including all paediatric hospitals, reported that they are able to accommodate all parents who ask to stay with their child.
- ✦ 29 of the 167 country hospitals (17.4%) are unable to accommodate all parents who wish to stay with their child, while this applies to only 5 of the 86 city hospitals (5.8%). This situation for country families is of concern.
- ✦ 215 of all surveyed hospitals (84.9%) maintain that they routinely advise all parents of their overnight facilities. This applies to 184 public and 31 private hospitals.
- ✦ However, of those 215 hospitals, only 28.4% (N=61) inform parents about their overnight facilities in writing.

- ✦ Policies regarding charges for parents staying overnight seem to vary significantly, from state to state, and between individual hospitals. A number of public and private hospitals provide this service entirely free of charge including meals. Others apply various charges ranging from \$2 to \$43 per night in public hospitals and from \$15 to \$50 per night in private hospitals.

Parent accommodation charges are presently not covered by Medicare. Some private health funds cover this item, however, generally that is only in the top hospital plans.

Table 1: Meal Arrangements for Live-in Parents

	Number of Hospitals	%
Kiosk	133	52.6
Meal Tickets	108	42.7
Food Preparation Areas	49	19.4
Ward Food	126	49.8
Staff Cafeteria	109	43.1

- ✦ Meal arrangements for parents differ greatly between individual hospitals. While some hospitals offer a number of options, others have very limited facilities (**Table 1**).
- ✦ As shown in **Table 2**, different conveniences for parents on or near the children's ward are offered to varying degrees, with private hospitals generally providing more facilities than public hospitals.

Table 2: Facilities available for parents on or near the children's ward

	Number of Hospitals	%
Access to toilet or hand basin	241	95.3
Lounge area	411	55.7
Private space for parents to grieve or talk with staff	155	61.3
Showering facilities	209	82.6
Public telephone	238	94.1
Facilities for making tea or coffee	211	83.4
Facilities to wash/dry personal laundry	81	32.0

- ✦ The majority of hospitals (N=235=92.9%) have a 24-hour visiting policy for parents of paediatric patients. 35.7% (N=84) advise parents about this in writing, and only 29.4% (N=69) of hospitals actually have a relevant sign in the ward area. 112 hospitals (47.7%) rely on verbal communication only, which in an emergency admission can easily be overlooked.
- ✦ Those 18 hospitals (7.1%) that do not have a 24-hour visiting policy generally allow parents to visit until about 8 pm, however a number of respondents have indicated a fair amount of flexibility.
- ✦ Unrestricted visiting for siblings of patients is policy in 102 hospitals (40.3%), including 5 paediatric hospitals.