

## Section 2

### Preparation for Admission

For a child, admission to hospital can be a difficult and frightening experience (Price, 1991). It can cause a radical change to a child's life, through separation from parents, siblings and familiar surroundings. A move to a hospital environment also means that the child's health and well-being are placed in the hands of strangers.

In the 1950s, the research findings of Bowlby and Robertson highlighted the emotional distress of children separated from their parents. In the light of these findings, the Platt Report (1959) made several recommendations concerning the admission of children to hospital. One recommendation was that both parents and children should be prepared for hospital admission in order to increase their knowledge, and thus reduce their fears, about what happens in hospitals (Price, 1991). Child Health Services, the American Academy of Pediatrics and the World Health Organisation have made similar recommendations.

Stress can be clearly anticipated when good quality information about forthcoming events is provided. Anticipated stress is less distressing to children than unexpected stress (Visintainer & Wolfer, 1975). Giving children timely and accurate information means that they can retain a sense of control and psychological well-being regarding their hospitalisation. It has been well documented that advance preparation for hospitalisation, health care procedures or impending surgery provides children with a sense of mastery over the hospital environment and helps them to cope more effectively with this potentially stressful situation.

Reducing fears of the unknown and related anxiety fosters the better adjustment and cooperation of children during their hospital stay, produces better responses to treatment (Harris, 1981) and improved behavioural outcomes at follow-up (e.g. fewer regressive behaviours) (Adams, Gill & McDonald, 1991; Ellerton, Caty & Ritchie, 1985; Bar-Mor, 1997; Price, 1991; Thompson, 1985). Regressive behaviours include changes such as thumb sucking, nail biting, eating or sleeping difficulties, aggression and indifference to parents, bed wetting and stuttering (Bar-Mor, 1997).

Physically involving children in preparation activities such as role-playing procedures has been shown to reduce their fears and anxiety to a greater extent than the mere provision of information (Rodin, 1983). Effective preparation programs are specifically designed to take

children's ages and development stages into account (Beckmeyer & Bahr, 1980; Skipper & Leonard, 1968). Story books, pictorial information and audio-visual materials are beneficial to their understanding of events, and are recommended in the preparation of both parents and children (Melamed & Siegel, 1975). In addition, particularly for pre-school and school-aged children and their parents, preadmission hospital tours or ward visits have been found to be very effective preparation tools, as they allow children the opportunity to ask questions and have hands-on experience (Adams, Gill & McDonald, 1991; Gross, 1986; Pass & Pass, 1987; Gaynard et al., 1990). For those who do not have the opportunity to attend a pre-admission preparation activity, interventions such as information about sensations, emotions and procedures can still be effective in reducing stress (Bar-Mor, 1997; Brantly & Rollins, 1990).

More recently, hospitals have been improving their preparation and familiarisation programs, with the basic goal of preventing and reducing a child's negative responses to hospitalisation and surgery. These programs also have other benefits, including the child's better compliance with treatment, their greater satisfaction from the hospital service, an atmosphere of trust between staff, parents and child, and the feeling of being better able to cope with stressful and challenging situations (self-efficacy).

The cost of a preparation program is relatively low, while its immediate and subsequent value to the child and family is high. Hospital staff must consider the needs of each individual child when choosing appropriate preparation and familiarisation methods. Preparation activities are, therefore, an additional source of information, and an important part of the psychosocial care of young patients and their families.

Survey results

Almost two-thirds (65.5%) of hospitals offer some pre-admission preparation activity such as ward visits or audio-visual (AV) presentations. Of these, 60.9% offer ward only visits, 1.5% offer AV only and 17.8% offer both ward visits and AV presentations.

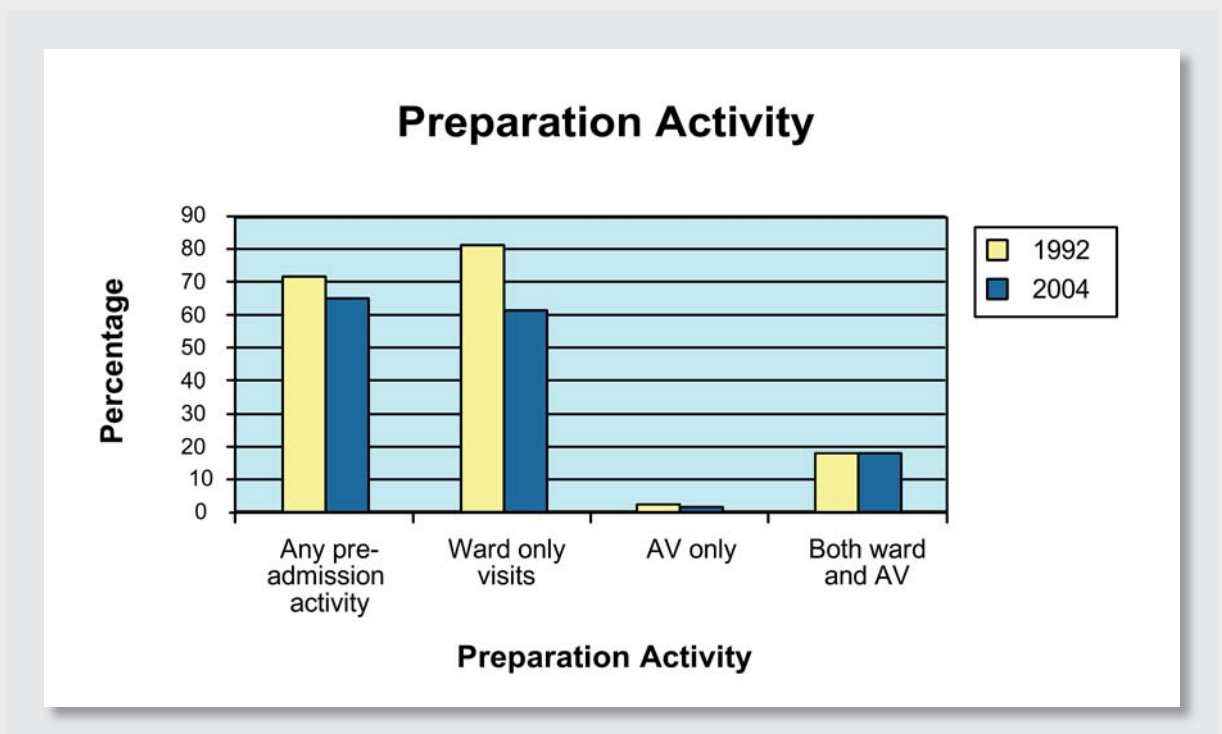
Hospitals inform parents of the pre-admission preparation activities in a variety of ways. Over a third (34.7%) rely on medical staff to verbally communicate the information, 31.5% send an admission letter, 18.9% indicate that school or community groups communicate the information to families, 22.8% use 'other' preparation methods such as a phone call from a staff member, colouring-in books, or the hospital website. A considerable proportion of hospitals (34.5%) offer no pre-admission preparation

activities whatever, and of these, 69.3% would like to, but are unable to do so, due to lack of staff (87.5%) or lack of finances (87.3%). The remainder (30.7%) are either not interested in offering pre-admission preparation activities, have a small number of planned admissions, or only have short stay patients and feel that such activities are not necessary.

Private hospitals are more likely than public hospitals to offer pre-admission preparation activities: 86% compared with 61%. These figures correspond well with the number of hospitals having scheduled admissions (defined as at least 10% of admissions are scheduled), with 88.8% of private hospitals and 63.5% of public hospitals having some scheduled admissions.

Comparison Table

| Pre-admission preparation activity | 1992 | 2004 | Difference | % change |
|------------------------------------|------|------|------------|----------|
| Any pre-admission activity         | 72.3 | 65.5 | -6.8       | -9.41    |
| Ward only visits                   | 80.9 | 60.9 | -20        | -24.72   |
| AV only                            | 2    | 1.5  | -0.5       | -25.00   |
| Both ward and AV                   | 17.5 | 17.8 | 0.3        | 1.71     |



## Written information for parents

*The Patient's Charter: Services for Children and Young People* (Department of Health, 1996a) highlighted the importance of giving information to children and their families. Health care professionals have also recently acknowledged that sharing relevant knowledge and information is a fundamental right of the patient and their family (Robertson, 1995). Psychologically preparing both children and their families is considered a vital element of care (Stone & Gasper, 1997), and helps them to prepare for their respective roles during the hospital experience (NAWCH, 1980; Gross, 1986; Meng & Zastowny, 1982; Petrillo & Azarnoff, 1985).

Comprehensive written information helps parents prepare themselves and their children for the hospital experience. Such information can be provided in clearly written, well-designed, multilingual brochures (Jackson, Bradham & Burwell, 1978). Many parents find it difficult to recall details given during the admission process, hence the importance of having written material available for them. Pre-admission materials can correct any misconceptions that parents and the child may have about the hospital experience; provide a discussion point; and be a source of contact with the hospital prior to admission.

Young children are affected by their parents' emotional state, which can manifest in their behaviour (Gasper & Stradling, 1989; Heffernan & Azarnoff, 1971; Mahaffy, 1965; Skipper & Leonard, 1968). If parents are well-prepared for their child's hospitalisation and know what to expect in advance, anxieties and fears are reduced for all concerned. Parents can then help their child prepare (Wolfer & Visintainer, 1975; Price, 1991). While hospital staff can provide accurate and timely information to children, parents can also interpret this information and tailor it to suit their child. Parents are thus the ideal source of information about hospital for their children (Rodin, 1983). Educating parents on how to prepare their child for hospital as well as educating the parents themselves, empowers and involves them from the outset in the care and hospital experience of their child.

Children who receive some form of pre-admission preparation cope more positively with hospital, exhibit less anxiety, display fewer behavioural problems after their discharge, recover sooner and return to school faster than those who receive no such preparation (Stone & Gasper, 1997).

Written information should include:

- Details of hospital routines, including clearly stated visiting hours and policies, e.g. for siblings
- A simple, truthful explanation of the reason for hospitalisation
- Encouragement for the child to bring a favourite toy or rug
- A reminder to tell the ward staff family names for the toilet, a child's eating habits, etc.
- An invitation to bring day clothes and their own pyjamas, and other requirements
- A reminder about the need for frequent visiting by all family members and the importance of saying goodbye 'in spite of tears'
- Information on the value of using live-in facilities for parents (particularly those with young children), including details of accommodation, meals and other facilities, and costs
- Information on whether or not meal tickets are provided, cafeteria or kiosk opening hours, etc.
- Details of which aspects of basic care or nursing procedures parents are encouraged to participate in
- Information about any play programs or suggested activities for the child while in hospital
- An explanation of possible behaviour changes in the child during and after hospitalisation
- Encouragement to seek further information or assistance.

Studies evaluating parents' perceptions of their child's care in hospital have shown that parents would like to receive more information than is available to them (Stone & Gasper, 1997). Providing comprehensive and accessible information for both parents and children improves patient and family satisfaction.

## Survey results

Basic written information about the hospital is provided to parents by 85.9% of respondents; no written information is given in 14.1% of cases. Printed information to help parents prepare their child for the hospital experience is provided by 47.6% of respondents. Only 11.9% of respondents provide written information in other languages, despite the fact that 54.7% of hospitals are providing services to families with limited English skills.

In country areas it is often more difficult for patients to attend ward visits prior to admission. This has been acknowledged by the country

hospitals, who provide written information in 83% of cases.

When asked about knowledge of AWCH, respondents indicated that only 47.3% were aware of AWCH and the services it provides prior to receiving the survey questionnaire. A breakdown of this figure shows that 30% of general hospitals and 50% of paediatric hospitals had an awareness of AWCH prior to distribution of the questionnaire.

## Section 2 Recommendations

- Hospitals accepting paediatric admissions must provide adequate, child-appropriate pre-admission programs
- Information about the hospital should be available in a number of languages, and hospitals must consult families about the information they want or need and in what format or medium
- Resources should be allocated for translation of information
- Hospitals should develop and implement policies that ensure staff are aware of cultural diversity and become culturally sensitive.

