

## CHAPTER 5

### CONCLUSION AND RECOMMENDATIONS

A descriptive correlational design was used to describe selected factors associated with medical fear among hospitalized Chinese school-age children. This chapter presents conclusion of findings, implication for nursing practice and education, and recommendations for further research.

#### Findings and Conclusion

Based on the findings from the present study, the following conclusion are drawn:

1. The amount of medical fear perceived by hospitalized Chinese school-age children was moderate. When considering subscales, environmental, intrapersonal, interpersonal fear were moderate and procedural fear was relatively low. For individual items, the children had most fear of being away from family and death.

2. Age was a predictor of medical fear and of its two subconcepts; environmental fear and interpersonal fear.

3. Sex was a predictor of procedural fear.
4. Type of illness was a predictor of interpersonal fear.
5. Living area was a predictor of environmental fear.

#### Implications of Findings

##### Implications for Nursing Practice

It is hoped that the findings of this study will help professional personnel work with school-age children to minimizing their medical fear.

1. The information concerning what, and how much, the school-age children fear in hospitals is meaningful for nursing practice. The school-age children were less afraid of procedures than environmental, intrapersonal, and interpersonal fear. They were extremely fearful of being away from their family and possible death. These findings give directions to help conduct and prepare teaching program. Specifically, the great dependence of school-age children on the family suggests the fundamental role of a close parent-child relationship in nursing care. Additionally the common fear response to death highlights the importance of clarifying

the child's distorted concepts and to interpret the reality of circumstances honestly.

2. The finding of age as a positive predictor is noteworthy. Although it is often thought that younger children are more vulnerable to hospitalization in this study the older school-age children reported significantly higher amounts of medical fear than the younger ones. This should act as an alarm to nurses and health care professionals not to underestimate the older children's medical fear. Assessment of their medical fear and providing appropriate interventions for their specific fears are also encouraged.

3. Since sex was a predictor of procedural fear, it indicates that it is necessary for nurses to consider the influence of sex on medical fear when caring for them. Girls reported more procedural fear than boys, therefore, girls have a greater need for procedural preparation in hospitals.

4. As indicated, type of illness was a predictor of interpersonal fear. Chronically ill children had less interpersonal fear than acutely ill children. This provides suggestions for nurses to interact with hospitalized children. It reflects the significance of the nurse establishing a rapport and trust with the children as well as providing psychological support for them.

5. Given the indication of location of family home on environmental fear, attempts to make the ward more

personalized and comfortable as well as means to increase the child's adaptation to hospitalization are called for, especially for urban children.

6. Although the sample of this study is limited, findings could be used by pediatric nurses to understand how developmental level may affect children's psychological reactions.

#### **Implications for Nursing Education**

Findings of this study provide ramification for nurse educators to emphasize the effect of developmental stages on child's psychological reactions. What the school-age children fear should be taught to students and nurses. Also, the proper associated factors with medical fear need to be considered when developing curriculum content of pediatric nursing.

#### **Limitations**

One of the limitations of the study is that the sample was restricted to the hospitalized school-age children of the affiliated three hospitals of Hunan Medical University. The generalization of the findings is therefore limited. The second limitation is the relatively small sample size and nonrandom sampling method used.

### Recommendations for Further Research

1. It is recommended that the study be replicated with larger sample size to increase its generalization. More selected factors, such as temporary parents' behavior may need to be considered in further study because the proportion which all the predictive variables accounted for was low.

2. Research is needed to evaluate the effectiveness of intervention in reducing the children fear related to hospitalization.

3. Longitudinal study might be a productive means of investigating the change of medical fear across the time of hospitalization and/or in different developmental stages.

4. Comparison of medical fear between hospitalized and nonhospitalized population is needed to refine its situation-specific. It may provide a clearer picture concerning the real influence of hospitalization on a child's medical fear.

5. Qualitative studies may provide better understanding in this aspect.