

## CHAPTER 1

### INTRODUCTION

#### Background and significance of the research problem

Children are the major part of a family system and have an important role in the family (Smith, Goodman, Ramsey, & Pasternack, 1982). They are very important to their parents because they satisfy some of the parents' emotional, psychological, social and even spiritual needs. They can prevent loneliness and boredom of the parents' life and prolong the parents' existence into the future (Marlow, 1977). In China, one family can have only one child because of the government policy of birth-control to avoid overpopulation. Therefore, the child is likely to be more important to the parents than in the past.

On the other hand, parents are the primary resources to support their children. They not only foster their children's biological and moral development, but also provide psychological support to them. Therefore, parents and children are interacting and dependent on each other for fulfilling their needs. A health problem of a child has effects on not only his or her own growth and development

but also the health of the parents (James & Mott, 1988).

Hospitalization is a stressful experience for both the child and the parents (Pillitteri, 1981; Snowdon & Kane, 1995). To the child, hospital is a strange setting with strange people, they may face the physical harm such as discomfort and pain as well as separation from parents and friends. Therefore, they may show varying degrees of upset and do make considerable physical and mental demands on their parents. Parents must take care of the child in the hospital and support them to accept and adapt to the hospitalization (Muller, Harris, & Wattley, 1986). Mostly, parents do not know what happen to their child and worry about the emotional reaction of the child as well as the risk or outcome of the treatment (Hymovich, 1984; Schmeltz & White, 1992; Smith et al., 1982; Whaley & Wong, 1991). Because the parental role as the primary caregiver and protector is interrupted, parents may feel less control, helplessness and have decreased self-esteem (Jackson & Vessey, 1992; Thompson, 1995). Also, the stable pattern of family's daily routines and normal structure are changed (Amico & Davidhizar, 1994; Kirschbaum, 1990). Parents must cope with everyday tasks, concern about home and /or work responsibilities and may also worry about financial problem caused by the child's hospitalization (James & Mott, 1988; Muller, Harris, & Wattley, 1986).

Therefore, parents need help and support during this hard period (Petrillo & Sanger, 1980).

Providing comprehensive care to the parents of hospitalized children begin with identifying their needs (Hinds et al., 1996). Understanding what parents require, nurses may be able to respond to them. Obtaining knowledge about the child's condition is the first step for parents to take care of their child (Jackson & Vessey, 1992). Then, parents need a defined role in the hospital to show them what they could do and how to do to help their child (Muller, Harris, & Wattley, 1986). Parents want to be assured that their child get the best care and want to participate in taking care of the child (Kasper & Nyamathi, 1988). At the same time, parents need emotional support to help them cope with the child's hospitalization (Kristjansdottir, 1991; Terry, 1987). Furthermore, parents spend a great deal of time and energy to take care of the ill child in the hospital and then lack of time and energy to fulfill their own needs (Smith et al., 1982). Sometimes, parents need financial support especially if it is a long-term hospitalization (Kasper & Nyamathi, 1988).

Unmet parents' needs are likely to create stress to them (Kasper & Nyamathi, 1988). The stressful parents are poor resources to support their child (James & Mott, 1988;

Rollins, 1991). In addition, if parents are nervous or uneasy, the child may be sensitive to this and become frightened themselves. Therefore, parents' stress and anxiety can easily transfer to the child with a potentially negative impacts on the child's adjustment and recovery (Schepp, 1991; Muller, Harris, & Wattley, 1986). Also, parents' ability to cope with the child's hospitalization will be influenced (Kasper & Nyamathi, 1988), and parents' coping ability can influence the child's understanding, acceptance of and adaptation to hospitalization, and the treatment outcome (Hinds et al., 1996; Gibson, 1988; Schmeltz & White, 1982). Furthermore, according to Smith and colleagues (1982), unmet parents' physical need would cause physical exhaustion. Therefore, both parents' own health and their ability to take care of their child will be influenced if parents' needs have not been met.

Responses to parents' needs are very important, since only after parents' needs were met, they are able to help professionals to meet the needs of their child (Farrell, 1989; Petrillo & Sanger, 1980; Wolfer & Visintainer, 1976). Receiving information and emotional support can reduce the parents' stress and anxiety and can help them cope with their children's hospitalization or illness effectively (Hardgrove & Roberts, 1989; Smitherman, 1979; Whaley & Wong, 1991).

Through meeting parents' needs, communication between parents and nurses can be improved (Algren, 1985). Parents may feel less helplessness, less distress and more confident and more self-esteem. Their ability to take care and support their children can be enhanced, and both the children and the parents' adaptations to hospitalization is promoted (Jackson & Vessey, 1992; Schmeltz & White, 1982; Smitherman, 1979). Children can be cooperated more with procedures, so their recovery will be promoted (Page & Boeing, 1994; Marlow, 1977; Vincent et al., 1996; Wolfer & Visintainer, 1976). Therefore, meeting parents' needs facilitates a more satisfied holistic and high quality care to both the children and the parents (Fisher, 1994; Jackson & Vessey, 1992).

Some studies considered the factors associated with needs of parents of hospitalized children including age of the child, type of illness, duration of the illness, the number of the child's prior admissions, family income and educational level of the parents (Fisher, 1994; Hymovich, cited in Wills, 1983; Moyer, 1989; Phongkampan, 1994). The results of these studies showed no significant association between the needs of parents and these factors. However, children with different age have different cognitive development level. As children's reactions to hospitalization may be different because of their different cognitive

development level (Neff & Spray, 1996; Pillitteri, 1981), age of children may influence the parents' needs. Types of illness, acute and chronic illness are two opposite kinds of disease and have a different nature. Having an acute illness is an abrupt unscheduled and frightening experience to the child and the parents (Foster, Hunsberger, & Anderson, 1989; Neff & Spray, 1996). For children with chronic illness, long-term and repetitive hospitalizations are evident. So the parents may concern more about child's development issues and need more financial support and information than those whose children have acute illness (Jackson & Vessey, 1992; Meeropol, 1991). Thus, the needs of parents may be varied according to the types of illness of their children.

Most studies regarding the needs of parents of hospitalized children have been conducted in western countries, in which the contexts are different from China. Nowadays, more and more Chinese mothers are full-time workers. However, most of them have to take care of the child when he/she is admitted to hospital. These mothers may not have enough time and energy to take care of the child and other family members. Also, they might have to absent from work, which will affect family income. The mother, therefore, may need more support from others and need more time to rest.

When the child is hospitalized, the hospital fee of the child is paid depend on whom the parents work for. In the past, if the parents work for the government, the government pay all the cost. At present, since the health insurance system has been implemented, the parents must assume 20-50% cost for their children's hospitalization by themselves. For other parents who do their own business or work for a private company, they must pay all the cost by themselves. The more troublesome is the medical expenditure increased year by year. All of these may cause financial problem to the parents.

In the three Teaching Hospitals of Sun Yat-sen University of Medical sciences(SUMS) in GuangZhou, China, according to the annual record of these hospitals, there were approximately 12,000 children admitted from 1994 to 1996 and there is a trend of increasing number of hospitalized children. Because the child is the only one child in the family, parents want he/she recover as soon as possible and tend to choose hospitalization when the child was sick. In general pediatric wards, which both acutely and chronically ill children are admitted, parents are allowed to room-in if their children are younger than 6 years old. Mostly the mothers accompany the children. However, since there is no special room for parents to rest, they have to

sleep on the chairs beside the children's bed. For the parents whose children are over 6 years old, they are allowed to visit the children only from 3 P.M. to 8 P.M every day. In pediatric ward, nurses are so busy with other works because one staff nurse must care for at least 4-5 children when they are on duty, that they have not sufficient time to answer the parents' question or give explanation. Nursing care plan mainly focus on the child, but consider little about the needs of parents. From the researcher's observation, parents usually look worry when they have not get clear explanation, and they cannot take care of their child as well as they should. Sometimes they express their unpleasant feelings and even quarrel with the nurses. Probably, the relationship between the parents and the nurses can be destroyed. It is possible that some needs of parents have not be recognized and let alone to be responded in these hospitals.

In China, research regarding the needs of parents of hospitalized children has not been reported, and in the researcher's experience, Chinese nurses have little understanding and knowledge about parental needs of hospitalized children. Therefore, it is needed to study the needs and received responses of parents of hospitalized children. The influencing factors including child's age and



types of illness of children need to be investigated.

#### **Objectives of the study**

1. To describe the needs of parents of hospitalized children.
2. To describe the received responses for the needs of parents of hospitalized children.
3. To compare the needs among parents of hospitalized children with different age and different types of illness..

#### **Research hypothesis**

Needs of parents of hospitalized children with different age and different types of illness are different.

#### **Assumption**

All human beings have both physical and psychosocial needs to maintain health.

#### **Scope of the Study**

The study was conducted with parents whose children were admitted to the three Teaching Hospitals of SUMS during November, 1997 to January, 1998.

### Definition of terms

**Needs of parents** are all necessary things the parents of hospitalized children required to maintain physiological and psychological homeostasis for their health or life. The needs of parents were categorized into 6 groups: 1) information need; 2) need for the best medical care and nursing care for the child; 3) need for parental role; 4) need for emotional support; 5) physical need; 6) need for financial support, which were measured by inventory of needs and received responses of parents of hospitalized children.

**Received Responses** are responses to the parental needs received from nurses, physicians, family members, or others, which were measured by inventory of needs and received responses of parents of hospitalized children.

**Hospitalized children** are children aged under 14 years who are admitted to the general pediatric wards of the three Teaching Hospitals of SUMS.

**Acute illness** has rapid onset, last short time and usually has severe symptoms. It may or may not threaten survival, but requires immediately treatment.

**Chronic illness** is the unhealthy physical conditions that occur and require diagnostic and therapeutic measures continuously and usually longer than 3 months.