

Significant factors in the treatment process of children and adolescents

Vesna Hercigonja Novković
Kocijan Hercigonja Clinic
Lipovečka 17, Zagreb
E-mail: vesnahnovkovic@gmail.com

Suzana Jurač Štefančić
Kocijan Hercigonja Clinic
Lipovečka 17, Zagreb

Prof.dr.sc. Dubravka Kocijan Hercigonja
Kocijan Hercigonja Clinic
Lipovečka 17, Zagreb
E-mail: kocijanhercigonja@inet.hr

Summary

The success of treatment outcomes, especially in children and adolescents, depends on a number of factors; from the etiology of the disease itself, the influence of the environment, the approach to understanding the needs of the child in relation to the stage of development and mental functioning. In this process, apart from the disease process itself, the relationship between parents and health care staff, the way of establishing a relationship, ie communication, plays an important role. In working with sick children, especially those who were involved in many forms of medical interventions due to the type of disease, we gained insight into the dissatisfaction of children, parents and health professionals regarding organizational and professional needs, which reflects on the treatment process and requires additional education and help.

Key words: sick child, communication, sick child - health worker relationship

Sažetak

Reakcije i ponašanja djece i adolescenata pod utjecajem su brojnih faktora, a posebice ranijih iskustava, odnosa u obitelji i okruženju, kao i same faze razvoja. Isto najviše dolazi do izražaja u posebnim, za dijete drugačijim, situacijama, kao što je npr. bolest. Rani odnosi roditelj-dijete bitan su preduvjet za razvijanje osjećaja sigurnosti i utječu na djetetovu percepciju svijeta i sebe u tom svijetu; točnije dijete stvara sliku o sebi, svojim vrijednostima, odnosima i samopouzdanju, što bitno utječe na funkcioniranje i odnose kasnije u životu. Isto posebice dolazi do izražaja u novim situacijama, uključujući bolest te sve promjene vezane uz bolesna stanja. Često se postavlja pitanje kako neko dijete ili adolescent prihvaća nove situacije, uključujući separacije, promjene načina življenja, dok neka druga djeca to ne mogu. Bitni čimbenici koji utječu na proces stvaranja odnosa su nasljeđe, biološke promjene i karakteristike, psihološko funkcioniranje koje je povezano s ranim odnosima i slikom koju je dijete stvorilo o sebi i svom okruženju. Ako se radi o bolesnom djetetu, tada je neophodno dobro poznavanje djetetovih psiholoških potreba, kao i poznavanje karakteristika faza razvoja te odnosa s okolinom jer samo kroz poznavanje navedenog moći ćemo razumijeti reakcije bolesnog djeteta, koje bitno utječu na tijek i ishod bolesti. Zdravstveni djelatnici u tom procesu imaju bitnu ulogu.

Ključne riječi: bolesno dijete, komunikacija, odnos bolesno dijete - zdravstveni radnik

Introduction

The reactions and behaviours of children and adolescents are influenced by a number of factors, especially previous experiences, family and environmental relationships, as well as the developmental stages themselves. The same is mostly expressed in special, different for the child, situations, such as illness.

Early parent-child relationships are an essential prerequisite for developing a sense of security and affect a child's perception of the world and of themselves in that world; more precisely, the child creates an image of himself, his values, relationships and self-confidence, which significantly affects the functioning and relationships later in life. The same is especially evident in new situations, including illness and all changes related to illness. The question is often asked how a one child or adolescent accepts new situations, including separations, lifestyle changes, while some other children cannot. Important factors influencing the relationship formation process are heredity, biological changes and characteristics, the psychological functioning associated with early relationships, and the image the child has created of himself and his environment.

If it is a sick child, then it is necessary to have a good knowledge of the child's psychological needs, as well as knowledge of the characteristics of developmental stages and relationships with the environment because only through knowledge can we understand the reactions of a sick child, which significantly affect the course and outcome. Healthcare professionals play an important role in this process.

The child, especially at the earliest age, needs a close relationship with the mother, i.e. another close person that he perceives as inseparable from himself, and he experiences separation from the mother at that earliest stage as a loss of himself. Today, knowing the importance of attachment and all the consequences, we also understand the many developmental transformations from childhood to the end of adolescence. A child with insecure attachment, as well as a child who has undergone changes in relationships and functioning, will develop numerous deviations in the way of functioning, and if it is a sick child, then the same will have negative reflections on the course of treatment. The disease changes parent-child relationships in different ways; from separation as a result of hospitalization or rehabilitation process to changes in parental relationships that the child often does not understand, especially if the same applies to changes in previous behaviours, lifestyles, denials, isolations, or feelings of stigmatization. All of the above has a significant impact, both on the psychological development of the child and on the treatment process itself.

The important question is how to help a sick child. In order to be able to help the child as health professionals, it is necessary to know the child's needs that are related to the developmental stages and the influences and relationships in which the child grew up. How to help a child overcome the fears arising from separation, learn to deal with numerous procedures during treatment that he does not understand, and often the present fear of death? In this new situation, the family can very often, by their actions, which are the result of their fears and insufficient knowledge of the outcome of the disease, make it difficult for the child to accept the changes brought about by the disease. Very often, parents feel insufficiently informed about the course of the disease, which leads them to a state of helplessness, sometimes guilt, which is reflected in the relationship with the sick child.

Healthcare professionals are faced with a number of problems that arise not only from the disease itself, but also from the relationship with the sick child and his parents. There are often many organizational problems, such as lack of time, insufficient knowledge of how to approach the child, as well as many other factors that significantly affect the relationship with the sick child and his family, and often reflect on the outcome of the disease.

The purpose of the research

Based on the above, we wanted to determine through our pilot research which are the needs of a sick child, and which of parents and health professionals.

We are encouraged by the experience of working in children's and adolescent psychiatric clinics, where one of the reasons for coming are certain mental problems related to treatment of a chronic disease, most often according to our experience in the form of anxiety, depression, fears, resistance to previous forms of functioning and denying positive outcomes. One example is a 10-year-old girl suffering from leukemia, and she was brought to the clinic for lethargy, sleep problems, writing off previous interests because "nothing makes sense". During the interview, it was reported that she was treated with a group of peers in one pediatric ward, and they all had the same diagnosis. Upon discharge, they had joint check-ups to which, as the girl stated, some members would not come because they had died in the meantime. She verbalized the fear of who would not be on the next check, whether it was her or someone else. No one talked to them about it, and the feeling of writing off the future, desires, and plans became more and more intense.

Furthermore, we have the example of a 14-year-old girl who was severely injured in an accident with numerous burns and organ damage, which required surgical procedures. Numerous problems in the muscular system indicated appropriate physical therapy. Although she was involved in the help of a psychiatrist during her stay in the ward, she found it very difficult to endure rest, pain, numerous tests and procedures, and she responded to everything with tears and resistance. The physiotherapist did not establish a relationship with the child, but reacted violently to her resistance, refusing to perform physical therapy, even though it was indicated. The nurses found it very difficult to cope with the girl's resistance to any changes and procedures and avoided communicating with the girl as much as possible, except for the most necessary procedures, which resulted in psychological changes in the girl in the form of reluctance, refusal to communicate and any more active therapy. Given the serious threat to her health, and on the advice of a psychiatrist, the parents moved the girl to another institution where the staff treated her with a lot of understanding and encouragement, which changed her way of functioning. She accepted therapeutic procedures, became more active and after a several-month stay in the hospital was discharged in a significantly improved condition.

Methodology

Based on the above experience, a questionnaire (attached) was compiled for health professionals in the final grades of medical schools, a questionnaire for health professionals who are employed, as well as a questionnaire for hospitalized, sick children and their parents.

The study was conducted at the Medical College in Pakrac under the leadership of _____, in Tuzla under the leadership of _____ and in Zadar under the leadership of _____. 169 high school medical students were included (Tuzla 30, Pakrac 49, Zadar 90). An important question was how much information they received during schooling to work with hospitalized, seriously ill children. The range of grades was from 1 to 5. Students from Tuzla answered with an average grade of 2.57, from Pakrac 3.43, and from Zadar 3.87. A special problem was their insufficient knowledge in working with children under three years of age, oncology patients, children with mental problems, as well as with children where long-term hospitalization is required. When assessing the negative and positive sides of the profession, most students emphasized helping and saving lives, while the negative sides were stress due to excessive responsibility, poor working conditions, encounters with death and insufficient knowledge of emotional problems and needs of newborns. Most respondents estimate that they know a lot (13.3%) and well (34.4%) about emotional development, and through that about the needs of children.

When enumerating the needs of health care workers, the sample consisted of 30 health care workers. A large number of respondents (Tuzla - 76.6%, Pakrac - 75.51%, Zadar - 54.4%) expressed the need for better knowledge of the needs of children, especially seriously ill children with a fatal outcome, which teachers did not talk to them. The majority of employees, 90% of them, expressed the need for continuous education, especially in working with cancer patients, working with children with mental health problems, as well as with children where long-term hospitalization is required. Only 10% of employees think that they do not need it.

In relation to the examined children, the analysis was performed on 19 hospitalized children and their parents in Zadar and 11 children who came to seek help in the polyclinic, ie a total of 30 children. All the children answered that the most difficult thing for them was separation from their parents, taking blood and waiting for the findings. 6 out of 30 of them answered that they did not need to change anything, while the others listed the need for more attention, games, conversations by nurses. In relation to parents, out of 30, only four felt satisfied with the information and communication received, while the rest needed more communication, patience, being informed in an appropriate and understandable way, optimism and encouragement.

These data, although deficient given the inability to include more children, still indicate the need for a more comprehensive approach to hospitalized and chronically ill children and parents, but also assistance to health professionals in their work, which, in our opinion, necessitates more extensive testing on a larger sample.

It is important to emphasize the need for a good knowledge of children's needs arising from the stage of development of the child and adolescent, the characteristics of family and social relationships and specific influences and changes associated with the current situation, in this case the disease. Changes related to the disease relate to the process of the disease itself and to its reflection on the changed way of life that this process brings. All these factors are important for the form of communication, both with the sick child and his environment. It is important to provide the child with a sense of security through understanding his problems and accordingly apply optimal approaches, without the health professionals themselves developing symptoms of burnout, and parents through appropriate help develop optimal approaches for the child and for themselves that lead to improvement or healing.

Furthermore, each age and each condition has its own specifics and that successful communication includes not only communication skills that are modified according to the psychological needs of the child, but also continuous assistance to health professionals in acquiring new knowledge and help in gaining knowledge about the specifics of addictive approaches. of age, the child's problems and his family's reactions. In doing so, it is important to preserve your stability and the quality of your work.

In conclusion, we emphasize the importance of this in the process of treating children, helping families, but also preserving the stability of employees and we consider it important to expand the study to a sufficiently large cause to be able to draw appropriate conclusions regarding approaches and organization.

Attachments:

SURVEY FOR HOSPITALIZED CHILDREN:

1. How long are you at the hospital?
2. What do you find the hardest?
3. What do you need?
4. Has anyone explained to you why you are here?

SURVEY FOR PARENTS:

1. Are you satisfied with the amount of information received about the hospitalization of your child by the medical staff?
2. What knowledge and skills do you need to make the course of your child's stay in the hospital easier?
3. What knowledge and skills do you need to make it easier for your child to stay in the hospital?
4. Which support system did you use during hospitalization?
5. What did you need from the medical staff?

SURVEY FOR HEALTHCARE STAFF:

1. Do you think you have enough knowledge to work with hospitalized children?
2. Do you think you have enough information and knowledge to work with?

a. Long-term hospitalization	1	2	3	4	5
b. Oncology patients	1	2	3	4	5
c. Psychological difficulties	1	2	3	4	5
d. Physical injuries	1	2	3	4	5

3. How competent do you feel to work with sick / hospitalized children?

1	2	3	4	5
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4. Do you think that you need additional education on this topic and which ones?
5. State what are the positive and what are the negative sides of your profession.

SURVEY FOR STUDENTS:

1. Do you think that during your schooling you received enough information to work with hospitalized children?

2. Do you think you have gotten enough information and knowledge to work with:

a. Long-term hospitalization 1 2 3 4 5

b. Oncology patients 1 2 3 4 5

c. Psychological difficulties 1 2 3 4 5

d. Physical injuries 1 2 3 4 5

3. How competent do you feel to work with sick / hospitalized children?

1 2 3 4 5

4. Do you think that changes are needed in the education system on this topic and which ones?

5. List what are the positive and what are the negative sides of your profession for you.

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