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Determination of Children's views for their hospital experiences: Prior step for innovation

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Hospitalization is an traumatic experience for children as well as their parents. This experience of children may effect children's further lives. For this reason, it's very important to determining of meaning of this experience from children's perspectives and making this experience less traumatic. Moreover, children's views should be considered before making a regulation in the hospital. This Project was done to determination of children's view and innovating solution proposals for their problems in a children hospital It was aimed to determine 3-6 and 6-12 year-old children's view for their hospital experiences.

Methods: This was a descriptive and cross-sectional study that was conducted with 175 3-6 and 6-12 year-old children stayed in a hospital diagnosed with different diagnoses. Data were collected by using "Children's Descriptive Characteristics Form", "Children's Semi-Structured Interview Form", "Children Behavioral Change After Hospitalization", "Attitudes toward Hospital and Health Professionals Scale (AHHPS)" and "Sources of Thought that Cause Anxiety Scale (STCAS)".

Results: Children behavioral changes after hospitalization were %75.6 percent of children needed help for daily routines could be done byself, %73.3 percent of children's parents could not leave their children alone for a short while. %55.5 percent of children were conducted with study were scared of needle (intramuscular, port and immunization) and %22.2 percent of them were scared of being operated. It was determined that %51.1 percent of children was cried and screamed, %8.8 percent of them wanted to lay on mothers's chests and were hugged and %8.8 percent of them postulated to not get injected due to coping with this situation. The most common aspects that distressed, worried, or scared the children at the hospital were feeling pain during medical procedures (50%) and being operated on (35.3%). 6-12 year old children's views for good things done by nurses were doing non-painful invasive procedures (21.5%) and giving good care (12.3%) whereas their views for bad things done by nurses were doing painful invasive procedures (29.2%) and being angry (14.6%). Children's expectation for physical environment were having playing room and toys in the hospital (19.2%), having single room (15.4%) and having bathroom in the room (9.2%). Children's mean score for AHHPS was 3.36 and mean score for STCAS was 2.92. There was a significant negative linear correlation between the mean scores of the scales ($p < 0.05$, $r = -0.296$). Level of sources of thought that cause anxieties of children who were informed before admission to the hospital were significantly higher than those who were not informed ($p = 0.005$).

Conclusions: With data were acquired by project, different type of forms was developed by project team that could make children's hospital experiences more positive.

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