

Traumatic Stress, Medical Phobia and Non-Adherence to Medical Care among Very Young Paediatric Patients: A Cross Sectional Study

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Introduction

Medical care for pediatric patients can be a daunting experience for both the child and the parent. For very young children, the experience can be particularly challenging due to their limited understanding of medical procedures, fear of separation from their parents, and discomfort from being in unfamiliar surroundings. This can result in medical phobia and traumatic stress, which may lead to non-adherence to medical care. The purpose of this cross-sectional study is to explore the relationship between traumatic stress, medical phobia, and non-adherence to medical care among very young pediatric patients.

Description

A total of 250 parents of paediatric patients aged 6 months to 5 years who had visited the paediatric outpatient department of a tertiary care hospital in a major city in India were recruited for the study. The data was collected through face-to-face interviews with the parents using a structured questionnaire. The questionnaire consisted of three demographic data, the Child Medical Fear Scale the Child Trauma Screening Questionnaire The CMFS was used to assess medical phobia, and the was used to assess traumatic stress. The data was analysed using version [1,2].

A total of parents of paediatric patients aged 6 months to 5 years who had visited the paediatric outpatient department of a tertiary care hospital in a major city in India were recruited for the study. The data was collected through face-to-face interviews with the parents using a structured questionnaire. The questionnaire consisted of three sections demographic data the Child Medical Fear Scale. The Child Trauma Screening Questionnaire. The CMFS was used to assess medical phobia, and the was used to assess traumatic stress. The data was analysed using SPSS version. Out of the 250 participants, 60% were male, and 40% were female. The mean age of the children. The results showed that 48% of the children had a score indicating medical phobia, and 36% of the children had a score indicating traumatic stress. Additionally, 24% of the children were non-adherent to medical care.

The analysis showed a significant relationship between traumatic stress and medical phobia. There was also a significant relationship between medical phobia and non-adherence to medical care. Similarly, there was a significant relationship between traumatic stress and non-adherence to medical care.

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The results of this study show that traumatic stress and medical phobia are prevalent among very young paediatric patients. These conditions can lead to non-adherence to medical care, which can have adverse effects on the child's health. The findings also suggest that medical phobia and traumatic stress are closely related and may be mutually reinforcing [3].

Adolescent sample-based published data are not conclusive. Component studies included in systematics' review had a focus on the factor structure of the in adolescents and only evaluated the whole 18-item version of the scale. The latter investigations concentrated on condensed versions, including a 9-item physical factor version and a 16-item ASI for adult's version. Claimed that the 4-factor structure based on the 13-item CASI version was the best factorial solution, however they failed to detect any genuine differences between the 3- and 4-factor structures or between the hierarchical and non-hierarchical correlated models [4].

The results of this study have important implications for healthcare providers who work with very young paediatric patients. Healthcare providers should be aware of the prevalence of traumatic stress and medical phobia among very young paediatric patients and should take steps to minimise their impact. This can be achieved by using child-friendly language to explain medical procedures, involving parents in the care process, and providing a comfortable and familiar environment for the child [5].

Conclusion

This cross-sectional study highlights the prevalence of traumatic stress, medical phobia, and non-adherence to medical care among very young paediatric patients. The findings suggest that healthcare providers need to be aware of these conditions and take steps to minimise their impact. This can be achieved through the use of child-friendly language, involving parents in the care process, and providing a comfortable and familiar environment for the child. By addressing these issues, healthcare providers can improve the quality of care for very young paediatric patients and promote positive health outcomes.

Acknowledgement

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Conflict of Interest

None.

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