

9-1962

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Recommended Citation

Hillman, Susan (1962) "Adolescents' Reactions To Hospitalization," *Henry Ford Hospital Medical Bulletin* : Vol. 10 : No. 3 , 443-444.
Available at: <https://scholarlycommons.henryford.com/hfhmedjournal/vol10/iss3/5>

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ADOLESCENTS' REACTIONS TO HOSPITALIZATION*

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THE OBJECTIVE of this investigation was to examine the reactions of adolescents to the experience of hospitalization. It was assumed by the writer that adolescents who had been hospitalized for relatively long periods of time would have specific feelings about hospitalization, as distinct from those related directly to their illnesses.

There has been growing interest, in recent years, in the adolescent. He is viewed as a special person, with special needs and problems that are unique to him. Sickness and hospitalization have special meaning for all persons who experience them. Because the adolescent responds in a unique way to many of the situations he faces, we would expect rather special reactions to illness and to hospitalization, and that these reactions would not differ markedly from the ways in which he responds to other stressful situations.

The study was conducted through direct face-to-face interviews with ten adolescents, ages 12 to 18, who were inpatients admitted to the hospital for medical reasons, and who had been hospitalized for at least one week. The interviews focused on patients' preparation for the hospitalization experience, their fears and concerns while in the hospital, and their post-discharge plans. In addition to the direct interviews, the writer also explored theoretical material on adolescence, literature on the sick adolescent and on adolescent medicine, and related studies on hospitalization of children.

In the eight-week period during which the study was conducted, 37 patients between the ages of 12 and 18 who had been hospitalized for medical reasons on the pediatrics floor were found to be acceptable for the investigation. The writer was able to interview ten of this group. Of the ten patients interviewed, nine diagnoses or reasons for admission were represented. These were: arthritis, asthma, dermatitis, endocarditis, leukemia, meningitis, nephritis, rheumatic fever, and tendon transplant.

A few of the major findings of the investigation will be included here. The patients interviewed seemed to have a fairly clear understanding of their medical

*Abstract of the author's thesis presented in partial fulfillment of the requirements for the degree of Master of Social Work, University of Michigan, 1962.

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conditions, though only four of the ten used the proper names for the diagnoses in explaining why they were in the hospital. All of the adolescents in the study felt that they had been well-prepared for the hospitalization experience. Eight had had prior hospitalizations. Nine felt that their physicians had been most helpful in preparing them for the experience and in explaining traumatic diagnostic and therapeutic procedures; one found his mother the most helpful in this area.

Concerns of the adolescents in the study centered around friends, school, and siblings. School was a particularly significant area of concern, with the patients worrying about flunking, getting behind in their work, and having to catch up in summer school. The major concern related to the hospital itself was that of having to share rooms with younger children. There was also some dissatisfaction with the food and the recreational activities offered on the floor. Post-discharge plans centered around catching up on schoolwork, and some patients mentioned career plans.

It was difficult, since the size of the group studied was so small, to draw any conclusions that could be made applicable to a larger population of adolescents. It was felt to be significant, however, that although the average stay in the hospital for the patients interviewed was relatively short (an average of 16 days), the experience of hospitalization was long enough for these patients to miss certain aspects of their outside lives and to have clearly defined worries and concerns. This carries implications for the policies and practices of hospitals carrying on pediatric services for patients who fall into this age group. It was suggested that, through the employment of a teacher on the hospital floor, continuity of school assignments could greatly benefit the adolescent patient. Special effort should be made, where space is adequate and where personal problems would not be accentuated, to give the adolescent patient a roommate who is similar in age and interests. Recreation activities might be re-examined, with an orientation to special facilities for the adolescent patient. It is recognized, of course, that the primary function of a hospital is that of medical care and treatment, but a ward program oriented to the needs of the adolescent could make the patient's hospital stay a more comfortable and satisfying one.