



The Teddy Bear Hospital

Boaz Porter MD

Pediatrics Division, Maccabi Healthcare Services, and Sackler Faculty of Medicine, Tel Aviv University, Ramat Aviv, Israel

Key words: teddy bear hospital, children's fears, pain, hospitalization

IMAJ 2008;10:646–647

Hospitals are scary places. In most hospitals even an adult visitor feels alienated by the confusion of buildings, corridors and bustle of people milling around. Everyone likes to feel that their surroundings are orderly and comprehensible. In the hospital one feels no real control regarding where to go, or how to behave with both staff and patients.

What about the young patient who finds him or herself in a strange place with strange people who intrude not only by demanding attention but also touch the young body during a physical examination, and then culminate the experience by sticking needles into the arm or other body part? White coats and nurses' uniforms reinforce the strangeness and fearful atmosphere of the experience. Hospitalization for a child can be a traumatic life experience. If a previous hospitalization was traumatic with bad memories, future hospitalizations can be expected to enhance the trauma. Fears for their bodies, anxiety at being separated from the known and the familiar, physical pain, and a lack of control over the environment together make a pediatric hospitalization an event resulting in only negative memories.

But things are changing. In most hospital settings today, various efforts are being made to understand the needs of children and to provide an atmosphere that can help the child cope better, and even provide positive lessons for the future. The article by Bloch and Toker [1] in this issue of *IMAJ* describes one aspect of hospital user-friendliness for children. It is one small piece of a complex set of issues surrounding the childhood illness experience.

The physical aspect of children's wards has changed dramatically over the past few decades. The days of a large barrack-style room with twelve beds separated by a partial curtain are over. Any new children's ward today will have not more than four (and preferably two) beds in a room. It would be unthinkable today to hospitalize children in adult wards, as in the past when a 3 year old with his legs in traction or a shunt procedure in his brain would lie between rows of adult patients, with only the size of the bed indicating that the patient was a child. Those days reflect the Victorian view of the child as a small adult, when neurosurgeons or orthopedic surgeons demanded that children be in their domain, with no thought for the special needs of children. Today the room, with an adjoining bathroom, is planned

to accommodate a parent, with a chair that converts to a bed. The walls are painted in various colors, with drawings of familiar childhood images, whether Mickey Mouse, Dora or a host of other characters. Ample play space is always available, usually including rooms to cater for different ages. Children may be offered more child-appealing menus, and meals may be served at times suited to the children rather than to the ward staff. Routines are usually flexible, allowing different hours of waking. Nurses generally wear colored uniforms and most of the pediatricians will have discarded their white coats.

The more important aspects of the pediatric experience relate to the emotional experience of the child. Having recognized the importance of a friendly and warm environment, including attention to regular child routines for sleeping, eating and playing, attention must move to the emotional needs of the child. All involved with the care of children in hospital must ask if the child's emotional needs are being met, which relates mainly to the developmental stage of the child. From developmental theory, we know that the preschool age, between 2 and 5 years, is associated with strong fears of new situations, and a fertile imagination that thinks of unpleasant things and views the hospitalization as punishment for bad behavior. The slightly older child will have the additional fear of missing school and falling behind his peers. In addition to developmental considerations, it is important to consider individual temperament differences between children. The child with a difficult temperament, as described in the landmark studies of Thomas and Chess [2], has difficulty adjusting to new situations and may be expected to react to pain and discomfort in an extreme manner.

We know today that children can show remarkable resilience in difficult situations. How can we help each child to cope optimally with his or her personal experience of hospitalization for a chronic disease or surgical procedure? The most important step is to individualize the process, taking into account the age of the child, the developmental stage, the child's temperament, and the reason for hospitalization. Preparation for the event by the family or medical personnel involves providing the right amount of information – an opportunity for the child to ask and answer questions – and the possibility for mimicking the experience, such as the “teddy bear hospital” experiment described in this

issue. Particularly for the young child, the border between reality and imagination is easily crossed. Their imagination may be their greatest problem, or their greatest asset. Giving the teddy bear an injection can help the child cope with the real experience. Being distracted by a story during an unpleasant procedure can be an invaluable tool for reducing stress and managing pain [3,4]. The young child needs to bring familiar objects from home to help deal with the separation from normal routine, and parents must be available for ongoing reassurance. Nurses must be able to listen and respond to the child's needs, and doctors must ensure a pain-free experience, with professional pediatric analgesia and anesthesia.

Probably one of the most important elements in easing the experience of hospitalization and disease in general in children is to listen to the child. Good communication might be limited due to the nature of the illness, developmental status, limited communication abilities, or professional attitudes [5]. The presence of a family member is another important stress reducer, as is an available and empathetic nurse. At the same time, we must be aware of the prevailing reality of hospitalization, with the staff constantly under pressure and therefore unable to devote the time needed to imbue in the child a sense of trust, security and peace of mind [6].

It seems that while the provision of information and the parents' presence are necessary, they are not sufficient to help children avoid distress in hospital. Stresses may be expressed differently by various children, requiring staff with sensitive ears. Elicitation of children's views and their active participation in the care process may ease the hospitalization experience [7].

The improvement in how we manage the hospitalization of children reflects a long overdue upgrading in the way society views the child. The cheerfully painted rooms, the omnipresent

parents, and even severely sick children being entertained by clowns and interacting with trained play therapists show a major paradigm shift. Every procedure is explained, with the young child frequently an active participant in decisions regarding his or her therapy. And a program to reduce anxiety around hospitalization through teddy bears, implemented by medical students with the active support of a medical school dean, indicates that the message that children are not "little adults" has finally reached the hospital setting.

References

1. Bloch Y, Toker A. Doctor, is my teddy bear okay? A "Teddy Bear Hospital" as a method to reduce children's fear of hospitalization. *IMAJ* 2008;10:597-9.
2. Chess S, Thomas A. Temperament in Clinical Practice. New York: Guilford Press, 1986.
3. Kuttner L. Pain management in children. *Child Adolesc Psychiatr Clin North Am* 1997;6(4):783-96.
4. Butler LD, Symons BK, Henderson SL, Shortliffe LD, Spiegel D. Hypnosis reduces distress and duration of an invasive medical procedure for children. *Pediatrics* 2005;115:77-85.
5. Coyne I. Children's experience of hospitalisation. *J Child Health Care* 2006;10:326-36
6. Sorlie V, Jansson L, Norberg A. The meaning of being in ethically difficult care situations in pediatric care. *Scand J Caring Sci* 2003;17(3):285-92.
7. Forsner M, Jansson L, Sorlie V. The experience of being ill as narrated by hospitalized children aged 7-10 years with short-term illness. *J Child Health Care* 2005;9:53-65.

Correspondence: Dr. B. Porter, Director of Pediatrics, Maccabi Healthcare Services, 27 Hamered Street, Tel Aviv 68165, Israel.
 Phone: (972-3) 514-3755
 Fax: (972-3) 514-3920
 email: basil.porter@gmail.com