

THE MOST COMMON FEARS IN CHILDREN UNDERGOING INPATIENT TREATMENT: THEORETICAL INSIGHTS AND EMPIRICAL ANALYSIS

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Abstract. According to Hakim et al. (2023), based on WHO reports, more than 6 million children are hospitalised each year for a wide range of conditions, and overall, every child is hospitalised at least once in their lifetime due to some illness, so research related to children's fears during inpatient treatment is very valuable – more and more evidence-based information is being disclosed about the fears children face during hospital admissions, ways to effectively reduce them, and how general practice nurses can contribute to the overall process of identifying and overcoming these fears. This study is also expected to contribute to improving the nursing care of paediatric patients by assisting in identifying the fears of hospitalised children, identify the most effective approaches to reducing and overcoming them, and define the significance of general practice nurses in the inpatient treatment of children suffering from fear during hospitalisation.

Keywords: hospitalised children, hospital (related) fears, hospitalisation, nurse support

INTRODUCTION

Epidemiological data show that the number of unscheduled hospital admissions for children is steadily increasing in Europe. This increase in admissions is particularly pronounced among infants and children with conditions such as upper respiratory tract infection, viral infection, tonsillitis, bronchiolitis, and lower respiratory tract infection (Malcolm et al., 2022). Therefore, it is imperative to emphasize that common stressors in childhood are illness and hospitalisation (Nasab et al., 2020). Hospitalisation is a stress-inducing event that can have adverse effects on children and their families, causing fear-related reactions in children (Suminar et al., 2017). An unfamiliar environment, uncertainty about treatment outcomes, and painful interventions are just a few factors that cause fear during hospitalisation of children (Monteiro et al., 2014). During hospitalisation, a child's routine changes, and being in a hospital environment causes stress, fear, anxiety, and, often, emotional trauma. And in this sense, inpatient treatment can be detrimental to children's physical and psychological health, as well as interfere with their ability to cope with interventions, cause changes in their behaviour, and impair recovery (Ciuffo et al., 2023). Fear can affect children's behavior throughout their lives, which is why researchers are increasingly interested in studying negative emotions such as fear, anxiety, and stress-related concerns that occur as a result of illness and hospitalisation (Nasab et al., 2020). Children under the age of 12 report more episodes of fear than pain during inpatient treatment, so it is particularly important to analyse approaches that may assist them in overcoming this emotion (Kleye et al., 2023). Insufficient research on the specific characteristics of childhood fears does not allow for an effective definition of their impact on the further development of children's personalities and its outcomes, including fears experienced during inpatient treatment (Konkabayeva et al., 2016). Various research related to children's inpatient treatment experiences is imperative to improve the quality of paediatric nursing and care in healthcare settings (Ali et al., 2022). Although reducing the fear of hospitalisation is one of the roles attributed to nurses, and based on their knowledge and experience, nurses can support children in coping with the stressful conditions of hospitalisation and reduce their complications, unfortunately, this nursing care dimension has not been fully explored (Sadeghian et al., 2017).

Work subject: The most common fears in children undergoing inpatient treatment. **Work objective:** To assess the most common fears in children undergoing inpatient treatment. **Work tasks** are as follows: 1. To define the theoretical concept of hospitalisation fear in children. 2. To identify the characteristics of the most commonly hospitalised children. 3. To identify the main types of fears suffered by hospitalised children and the factors that cause them in relation to inpatient treatment. 4. To determine the most effective and mostly unused methods for reducing and overcoming fears in children undergoing inpatient treatment. 5. To determine the role of nurses in reducing and overcoming fears in children during inpatient treatment.

Research methods: 1. Analysis of scientific literature. 2. Questionnaire survey. 3. Mathematical data calculation and graphical and descriptive analysis.

THE MOST COMMON FEARS IN CHILDREN UNDERGOING INPATIENT TREATMENT: THEORETICAL INSIGHTS

Fear in children is a normal phenomenon of their mental development and social activities (Konkabayeva et al., 2016). Although fear and pain are closely linked and affect one another, it is presumed that children aged 7 and older can

distinguish between these two emotional experiences. It is particularly important for children to be able to recognise their fears and inform their parents and healthcare professionals thereof, as the experienced instances of fear may be retained in memory and recalled from previous experiences, which may lead to physiological, psychological, and emotional outcomes that can be difficult for a child to overcome (Kleye et al., 2023).

Nursing staff play an important role in assisting children and their families in attaining better health outcomes, including prevention of fear in patients (Mohamed et al., 2022). The experience of nursing care teams in paediatric units shows that it is imperative to acquire a more in-depth knowledge of children and nursing care, as such insights allows for the identification of new care approaches and actions that reduce children's fear during hospitalisation (Barbosa et al., 2023).

THE CONCEPT OF CHILDREN'S FEAR OF HOSPITALISATION

According to Halmatov & Aleksandrovna (2021), one of the most common emotional reactions in childhood is fear, because the instinct for self-preservation is highly pronounced, while life experience has not yet been developed. Fear helps children to be cautious in unfamiliar situations and prevents them from demonstrating confidence, and autonomy. Fear is a warning that is triggered in response to a known, external, perceived or non-confrontational threat (Sadeghian et al. 2017).

Halmatov & Aleksandrovna (2021) note that there are eight types of childhood fears, one of the most common being medicine-related fears, however, depending on the situation, these can overlap:

1. Medicine-related fears (fear of injections; pain; blood; doctors; fear of getting sick; fear of infection). Since childhood is a fundamental stage of human life that influences his or her development, in some cases this phase can be interrupted by undesirable medical events such as illnesses, pathologies, painful and invasive interventions, trauma, or prolonged hospitalisation (Godino-Láñez et al., 2020);
2. Fears related to sources of physical harm (fear of unexpected noises; physical attacks; transport (cars, trains, planes); flames, fire; natural phenomena (storms, hurricanes, thunderstorms; earthquakes; floods), wars;
3. Fear of death (fear of dying; fear that loved ones or parents will die);
4. Fear of animals and insects (dogs, wolves, bears, crocodiles, spiders, snakes, etc.);
5. Sleep-related fears (fear of falling asleep; nightmares, darkness);
6. Mystical fears, fear of fairy tale characters (monsters, demons, skeletons, mummies, zombies, etc.);
7. Socially-mediated fears (fear of certain people; mother or father; fear of being punished (punishment); fear of being late to kindergarten or school; loneliness (being alone); fear of making a mistake, doing something wrong, fear of not being able to get somewhere or do something);
8. Space-related fears (fear of heights; depths; water; enclosed spaces (elevators, small rooms); open spaces (large spaces).

Hospitalisation is defined as a traumatic childhood experience that can cause stress and anxiety during inpatient treatment and lead to emotional or behavioural disorders several weeks or months after the child has been discharged from the hospital (Hasnani, 2023). Paediatric patients are admitted to a hospital for a variety of reasons, including scheduled tests, interventions, or surgeries, urgent medical care, administration of medication, or stabilization or monitoring of an existing condition, however hospitalisation is not an uncomplicated or routine event, and can even be a frightening and traumatic experience for a child (Suminar et al., 2017). Inpatient treatment is a source of fear, confusion, and emotions that is difficult for young children to process, especially for those who have delays in development and underdeveloped communication skills (Sharma et al., 2021). A child's fear of being admitted to a hospital is a fear characterised by anxiety, automatic stimulation of the nervous system and avoidance-based behaviour (Sadeghian et al., 2017).

FACTORS CAUSING FEAR IN CHILDREN RELATED TO INPATIENT TREATMENT

During inpatient treatment, children may suffer from fear not only because of their health condition, but also due to other important factors (Erola et al., 2023). Monteiro et al. (2014) note that inpatient treatment causes the greatest level of fear in the child's personal and environmental areas, and also has a negative impact on the procedural and interpersonal areas of the paediatric patient. According to Nasab et al. (2020), there are five main factors that increase fear in children related to inpatient treatment: illness, hospitalisation, physical and social environment of the hospital, repetitive treatment processes, and pain.

The physical factors that determine children's fear of hospitalisation are pain, symptoms of illnesses, and the illness itself. Pain and anxiety are perhaps the most commonly identified causes of fear among children in healthcare settings (Hasnani, 2023). In hospitals, children often experience unpredictable pain, which is often related to an intervention and can have both emotional and psychological implications (Krishnegowda et al., 2023). Children may feel fear due to various treatment and diagnostic interventions, such as infusions, medication injections, and blood sampling (Hasnani, 2023). Also, when a child is scheduled for a surgical intervention that requires general anaesthesia, unfamiliar medical equipment, separation from their parents, and induction of anaesthesia are just a few of the many unknowns that children will have to process in order to cope with potentially frightening inpatient treatment (Grissim et al., 2020).

Psychological factors during hospitalisation have a significant impact on triggering fear in children—children experience separation from their families and peers. They are unable to perform their usual activities, thus losing their independence, especially if their physical function is impaired (Hasnani, 2023). School-age children begin to socialize and play with their peers, so hospitalisation can be an obstacle to their growth and development because children cannot meet and communicate with their friends, causing them anxiety and stress (Dewi et al., 2021). Children also fear the uncertainty of the duration of hospitalisation and the uncertainty of the stage of treatment, as well as the loss of privacy (Nasab et al., 2020). However, the psychological factor that causes the greatest fear in children is separation from their parents and family (Suminar et al., 2017). Researchers note that parents' fears and anxieties regarding hospitalisation are not based on their knowledge of symptoms, but rather on their emotions at the time, which has a significant impact on triggering fear in children (Malcolm et al., 2022). The changes between home and hospital environments cause fear in children due to the altered routine – unusual meal and washing times, different food and hygiene routine, as well as different rest schedule (Sharma et al., 2021).

Social factors have a significant impact on triggering fear in children. Children must adapt to the hospital inpatient environment and the healthcare professionals providing care (Hasnani, 2023). Since professional care also requires specific social relationships between the patient and healthcare professionals, embedded in a social context, children exposed to a new and unfamiliar environment fear being misunderstood, lonely, or rejected (Barbosa et al., 2023). Poor communication between nursing staff and paediatric patients due to the child's characteristics or behaviour can negatively impact the overall treatment experience for children, whose fears, anxieties, confusion, or discomfort related to hospitalisation may remain unresolved in the long term (Ali et al., 2022).

Physical factors related to the environment, such as the unfamiliar surroundings of a healthcare establishment (Hasnani, 2023), insufficient space and privacy (Nasab et al., 2020), inappropriate room temperature, smells, and noise, as well as social environment factors such as separation from home and family, can trigger fear in children (Clarke, 2021).

THE ROLE OF NURSES IN REDUCING AND OVERCOMING FEARS IN CHILDREN DURING INPATIENT TREATMENT

Hospitalised children suffer from fear, so it is necessary to help them to adapt to new situations by mobilising internal resources (most often affective and behavioural) and external resources, such as the environment (Lima et al., 2020). Children need to be provided with an appropriate medium during hospitalisation in which they can develop their own strategies for overcoming fear, express their fears and concerns, and obtain knowledge about their illness and treatment (Godino-Iáñez et al., 2020). Visual and auditory distraction, such as animated videos, can be used with children. This is a simple, time-saving, and easily administered technique that reduces children's pain and suffering during hospitalisation and serves as an effective psychological intervention as it helps to create positive emotions in a distressing situation, focuses attention on more positive thoughts, modulates attention through other senses, and forms positive memories of the experience, especially in children aged 5-10 (Krishnegowda et al., 2023). Fear in children can be prevented by using play therapy – socio-emotional, sensory pleasure, dramatic, and/or collaborative games (Hasnani, 2023). Games could be used by healthcare team members to help hospitalised children prepare for and adapt to the difficult treatment process and the stress associated with hospitalisation procedures (Nasab et al., 2020). The children's hospital environment that helps reduce fear can also be an effective step towards their recovery (Nasab et al., 2020). The paediatric unit patients themselves point out that a variety of activities, access to technologies, a person assisting them in play, i.e., a play specialist, a large playroom adapted to the children's age, in other words, toys that are not boring, help children calm down and forget their fears (Clarke, 2021). According to Nasab et al. (2020), the hospital environment should provide conditions for children to engage in entertaining activities, interact with their peers, and allow visits with their parents, creating a sense of comfort and security.

Nurses are among the first healthcare professionals who can directly provide support to vulnerable patients – children – by alleviating their pain, providing excessive care, and protecting these patients from inappropriate behaviour on the part of healthcare professionals (Mohamed et al., 2022). Considering the possibility of an episode of fear, according to Saptano & Dewi (2023), nurses in the paediatric unit can contribute to increasing the comfort of infants, children, and parents during medical interventions, including: preparing the child and parents/guardians as best as possible before the intervention; inviting parents/guardians to be present during the intervention performed on a child; using the examination room for stressful situations; ensuring a comfortable position for the child during the intervention; maintaining a calm and positive atmosphere. To increase children's awareness and reduce fear, anxiety, and pain during stressful healthcare experiences, nurses should be trained to provide developmentally appropriate interventions for children, such as therapeutic play, preparation for procedures, intervention fear management, and education. Nurses who work with children during hospitalisation should educate children and families about health conditions, prepare children and their families for medical interventions and procedures, and develop, plan, and implement beneficial strategies for overcoming fear, stress, and anxiety with paediatric patients and their families. The paediatric unit nursing care team should also recognise that children themselves can provide meaningful feedback about their healthcare experiences, including painful procedures, chronic illnesses, and their inner states, such as emotional experiences, fatigue, fear, etc.

THE MOST COMMON FEARS IN CHILDREN UNDERGOING INPATIENT TREATMENT: EMPIRICAL ANALYSIS

An analysis of scientific literature revealed that both qualitative and quantitative research methods are used to study fears in children undergoing inpatient treatment. Following the assessment of the research idea and its feasibility, and taking into account the recommendations of authors who previously performed similar studies, a quantitative research strategy was proposed. In order to obtain representative results on the fears suffered by hospitalised children, a questionnaire survey was decided upon. To conduct the questionnaire survey for this study, the author developed an authentic questionnaire designed to analyse the fears among hospitalised children, based on the experience and recommendations of similar studies published in scientific publications. Parents/guardians who had experienced at least one hospitalisation of their child were selected as participants in the study, and each respondent who met this criterion was included in the study for a certain period of time.

Reviewing the organization of the study, the research instrument was made publicly available via the website www.manoapklaus.lt. Respondents participated voluntarily in the questionnaire survey by independently completing the provided questionnaire, having first familiarized themselves with the idea and aim of the study, the content of the questionnaire, the principles of anonymity and confidentiality of the research, and the possibility to contact the author of the study in case of any uncertainties. The planned availability period of the questionnaire in the public space was one month. Since the study participants were parents/guardians who had experienced at least one instance of their child's hospitalization, each respondent who met this research criterion was included in the study for a certain period. The questionnaire survey was distributed on the social networking platform Facebook, using targeted parent/guardian groups related to experiences of children's hospitalization, in order to reach as many respondents as possible. During the defined one-month period, the questionnaire on hospitalized children's fears was completed by 103 respondents. After reviewing the content of all completed questionnaires, 4 respondents' questionnaires were excluded from the analysis due to improper completion. Taking this into account, 99 questionnaires were used for the mathematical analysis of the data and the presentation of overall results. Responses to closed-ended questionnaire items were expressed as percentages from 0 to 100%, while recurring responses to open-ended questions were grouped together and key observations were identified. The analyzed results are presented according to the four main sections of the research instrument: respondent characteristics, factors contributing to hospitalized children's fears, fear reduction/coping methods, and the role of nurses.

First, the characteristics of the respondents were determined. Questions related to the age, education, place of residence, marital status, employment, relationship with the child, and number of children were asked. The results obtained revealed that the vast majority of respondents were aged 20-39, one-third being aged 40 and older, and only 4 per cent were younger than 19. The data indicate that almost half of the respondents had a higher education, one-third had a vocational or secondary education, and the rest had a lower level of education. It is also evident that the vast majority of urban residents participated in the survey, with just over a fifth of rural residents taking part. When discussing family status, it can be noted that the majority of respondents have a partner, while more than a fifth are divorced, single or widowed. It can also be stated that the majority of respondents are employed, slightly more than a tenth are self-employed, and the rest are in managerial positions or unemployed. The results of the survey show that mothers of hospitalised children, who made up the vast majority of respondents, actively participated in the survey, while fathers made up one-fifth and guardians only 4 per cent of all respondents. It is also noteworthy that most respondents have one or two children, and one-tenth raise three or more children. It was disclosed that in evaluation of the most common hospitalisation-related fears children aged 1-5 years predominate, one third are under one year of age, and more than one tenth are children aged 11 years and older. The majority of the children surveyed are female. The data obtained suggests that infectious and non-infectious diseases – the causes for which the children were hospitalised – were evenly distributed. The responses of respondents reveal a significant finding of the study: the vast majority of children were hospitalised for the first time, one-fifth of them were hospitalised for the second time, and more than one-tenth of them were hospitalised for the third time or more. The data analysis disclosed that the majority of respondents' children generally suffer from socially-mediated fears, but when hospitalised, almost half of the respondents' children continued to experience this fear. It should be noted that the majority of respondents also stated that their children generally experience medicine-related fears, but during hospitalisation, the vast majority of children experienced such fears. Meanwhile, although space-related fear generally predominates among almost a tenth of the children surveyed, this type of fear was felt by almost 10 times more children when they were hospitalised. It can also be emphasized that fear related to causes of physical harm at the time of hospitalisation prevailed among a quarter of the respondents' children, although overall this fear is most commonly felt by slightly more than a tenth of them. In both cases, the children of respondents were least likely to feel fear of mystical characters, animals, and death (see Table 1).

Table 1

Common fears in a child and fears in a child during hospitalisation

Child's fear	Common fears	Fears during hospitalisation
Death	10%	5%
Animals and insects	17%	5%
Mystical, fairy tale characters	14%	9%
Sleep related	19%	16%

Related to causes of physical harm	12%	25%
Socially-mediated	84%	47%
Space-related	8%	79%
Medicine-related	64%	99%

According to the parents who participated in the survey, medicine-related fear is the most common fear suffered by hospitalised children. Ninety-seven respondents who indicated that their children experienced medicine-related fear during hospitalisation were asked to clarify what specifically caused this fear. Half of the respondents indicated that their children were afraid of having samples taken and undergoing tests, while less than half indicated that being in the hospital was the the greatest medicine-related fear suffered by their child. Nearly a third of respondents indicated that their hospitalised child was afraid of pain, invasive procedures, blood, and doctors, while fear of the hospital environment, medicines, medical equipment, and instruments was prevalent among up to a quarter of children. It is important to note that slightly more than a tenth of children feared general practice nurses. The least feared by hospitalised children were trauma, surgery, and prolonged hospitalisation (see Table 2).

Table 2

Medicine-related fears in children during hospitalisation		
Extreme fear	Severe fear	Mild fear
40% stay at the hospital 50% sample taking/tests	16% hospital environment / medicines 19% medical equipment 20% medical instruments 23% doctors 25% blood 26% invasive procedures 28% pain	6% trauma/surgeries 9% prolonged hospitalisation 10% medical measures 11% smells and noise 12% illness, being sick 13% nurse / disease symptoms

18 respondents who noted that their children experienced sleep-related fear during hospitalisation also elaborated on how this fear manifested itself during hospitalisation. A trend emerged that for the vast majority of the respondents' children sleep-related fears were falling asleep or sleeping, for one third it was fear of nightmares, and for one fifth of them fear of darkness was predominant (see Figure 1).

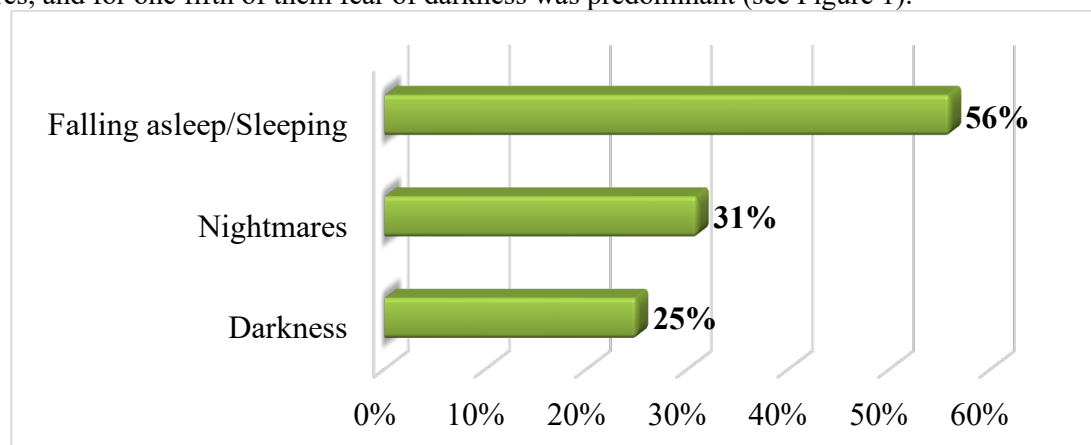


Figure 1. Sleep-related fears in children during hospitalisation

46 respondents who reported that their children experienced socially-mediated fear during hospitalisation additionally noted the nature of this fear. The results show that the vast majority of respondents' children suffer from fear of separation from their parents, unfamiliar situations, and strangers. More than a third of respondents stated that during hospitalisation, children experience fear of loneliness and separation from their friends, and a quarter of them suffer from fear of separation from their pets. It can be observed that the smallest percentage of respondents stated that children are afraid of unacceptable behavior, miscommunication or non-attendance at kindergarten/school during hospitalisation (see Figure 2).

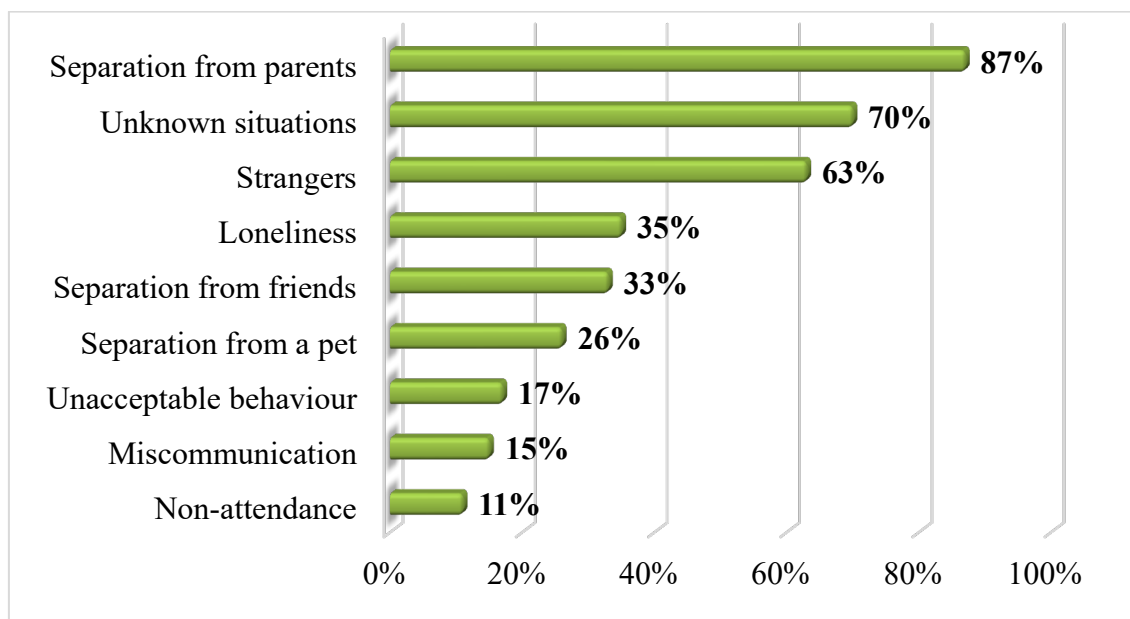


Figure 2. **Socially-mediated fears in children during hospitalisation**

Space-related fear is the second most common fear among children during hospitalisation. Ninety-three respondents who reported that their children suffered from space-related fear indicated how this fear manifested itself. More than a third of the respondents who participated in the study stated that their hospitalised children were afraid of small rooms and elevators, a quarter had fear of heights, and slightly less than a fifth were afraid of large rooms (see Figure 3).

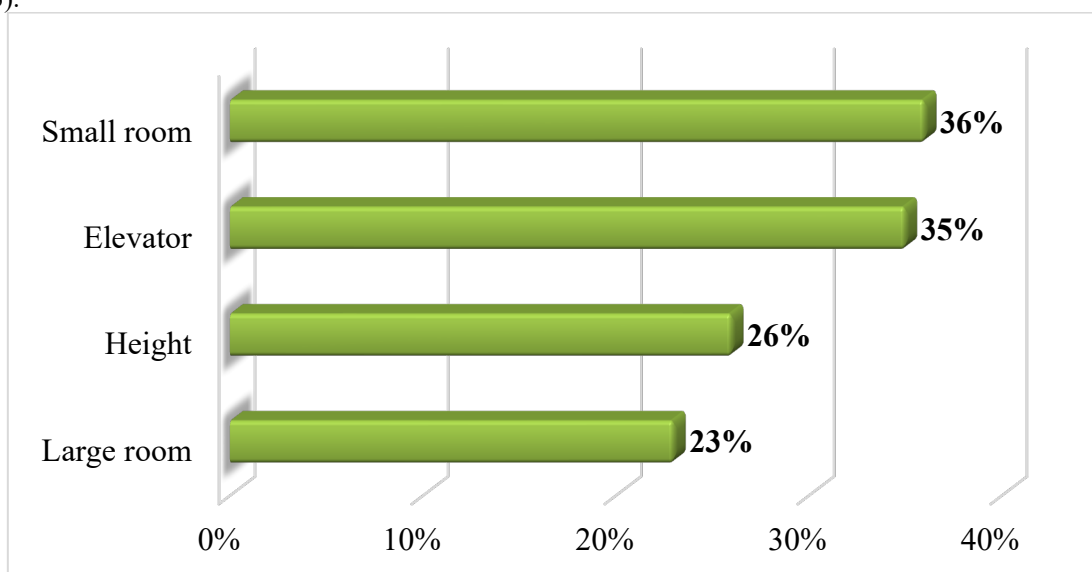


Figure 3. **Space-related fears in children during hospitalisation**

The results suggest that the most effective methods of reducing and overcoming fear during a child's hospitalisation are support from parents, nursing staff, doctors, family, and play therapy using personal toys. This was stated by more than half of the parents surveyed. It must be emphasized that these most effective methods for alleviating fear were not used at all for about one-fifth of the respondents' children. The responses also indicate that for a quarter of the respondents, neither the support of nursing staff nor doctors was effective in alleviating the fears of hospitalised children, and for almost a third, familiarising the child with the unit environment or the attractiveness of the hospital also did not yield positive results in reducing fear. It is evident that the majority of the children surveyed were not subject to fear alleviation and coping methods such as green areas, local anaesthesia, procedure simulation games, playrooms or outdoor spaces, music therapy, and art workshops. And half of those surveyed noted that the attractiveness of the hospital's environment, listening to fairy tales, peer support, play therapy using hospital toys, and computer games were not applied at all, although a third of the respondents indicated that these methods were effective in allaying fears of hospitalised children (see Table 3).

Table 3

Proven, failed, and not applied methods for alleviating/overcoming fears in children fears during hospitalisation

Alleviation/overcoming methods	Proven	Failed	Not applied
Support of parents	68%	16%	16%
Nursing staff support	53%	26%	21%
Support of doctors	52%	25%	23%
Family support	56%	21%	23%
Play therapy using personal toys	53%	18%	29%
Proximity of general practice nurses' station	42%	23%	35%
Animated films and videos	41%	20%	39%
Mobile phone / tablet	47%	13%	40%
Introduction to the unit environment	27%	28%	45%
Introduction to the treatment course	31%	24%	45%
Playful pictures / posters	40%	14%	46%
Providing comfort	32%	21%	47%
Private area for examination or treatment procedure	26%	25%	49%
Television	31%	20%	49%
Attractiveness of the hospital environment	22%	27%	51%
Listening to fairy tales	30%	19%	51%
Peer support	34%	15%	51%
Play therapy using local toys	28%	17%	55%
Computer / computer games	29%	15%	56%
Green area	30%	10%	60%
Local anaesthesia	24%	14%	62%
Procedure simulation games	20%	17%	66%
Playroom / outdoor space	25%	12%	63%
Music therapy	17%	17%	66%
Art workshops	16%	13%	71%

Respondents were asked what measures a general practice nurse took to identify fears of hospitalised children. Upon calculating the data the study showed that for almost half of the respondents' children, the general practice nurse performed no actions whatsoever to identify their fears. The other half of the respondents, however, indicated that the general practice nurse did take measures to identify the child's fears – for more than a third the general practice nurses observed signs of fear in the child's behaviour, and one-fifth of respondents' children underwent a clinical fear assessment (e.g., completed a questionnaire) or conducted a child's fear reflection (see Figure 4).

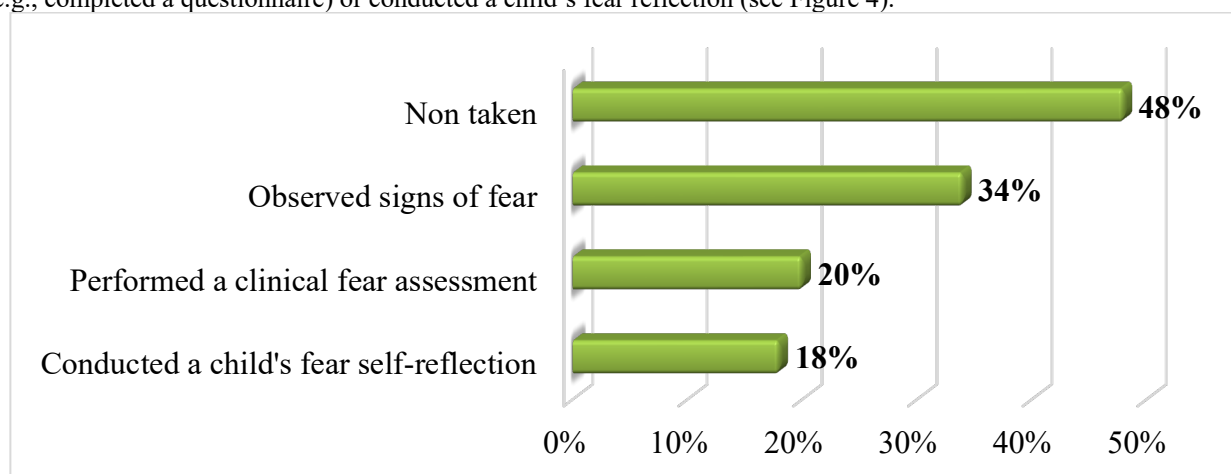


Figure 4. Steps taken by a general practice nurse to identify fear in a hospitalised child

Increasing comfort is one of the most important aspects of hospitalisation for children. When asked how the general practice nurse contributed to increasing the child's comfort, more than half of the respondents said that he or she contributed by maintaining a calm and positive atmosphere. For a third or more of the respondents, the general practice nurse familiarised them with the medical equipment used during procedures, explained the treatment and procedures to the child, and invited parents to participate in the procedures. For almost a quarter of the respondents children, the general practice nurse devoted sufficient time to meeting the child's personal needs, and for more than a quarter, he or she ensured that the child was in a comfortable position during the procedures. Only for almost a fifth of the children surveyed the general practice nurse took no actions to increase the child's comfort during hospitalisation. For the smallest number, just a tenth, the general practice nurse used the stress management tools available in the procedure room (see Figure 5).

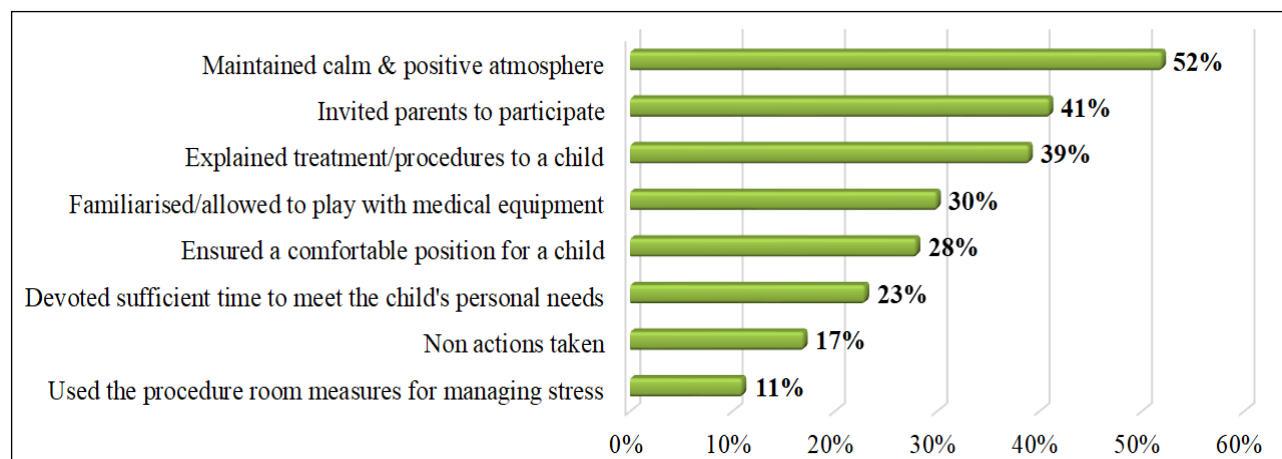


Figure 5. **Actions taken by a general practice nurse to increase a child's comfort during hospitalisation**

The study found that nearly half of the children interviewed had pleasant communication with the general practice nurse throughout their hospitalisation, and for more than a third of the surveyed children, inquired into their healthcare experience. For almost a third of the children surveyed, the general practice nurse made an effort to learn how children were feeling and ensured their safety, while for more than a fifth, the nurse familiarised children with the hospital environment and staff and provided a playful environment. For almost a fifth of those surveyed, the general practice nurse used playful medical measures or engaged in play therapy during the procedures. Only 15 per cent of the parents surveyed indicated that the general practice nurse did nothing to alleviate their hospitalised child's fear. The smallest share of respondents reported that the general practice nurse used visual or auditory distraction, impersonated a fun character, or wore a playful outfit (see Table 4).

Table 4

Actions taken by a general practice nurse to alleviate a child's fear during hospitalisation

Frequently used actions	Commonly used actions	Rarely used actions
32% made an effort to find out about a child's healthcare experience 46% communicated with a child in a pleasant tone during his/her hospitalisation	24% ensured playful environment 26% familiarised a child with the hospital unit's environment and staff 27% ensured safety 28% made an effort to learn a child's inner state	7% used visual and/or auditory distraction 8% wore a playful outfit / impersonated a fun character 14% provided continuous feedback about the child's condition and interventions 15% engaged in play therapy / took no actions 17% used playful medical measures

The comparison of the results with the data from other researchers indicates that the role of general practice nurses in alleviating and overcoming children's fears during hospitalisation is particularly important. Malcom et al. (2022) conducted interviews with parents of hospitalised children and healthcare professionals, which revealed that reliable and immediate support from healthcare professionals (both doctors and nursing staff) and easy and/or direct access to them and communication, a competent fear monitoring and assessment period, and effective teamwork of professionals and parents during the child's hospitalisation are key principles of short-duration and fear-free hospitalisation. In comparison with the results of the study conducted, parents also emphasized that the support of doctors and nursing staff is one of the most effective methods for alleviating fear, however, not all general practice nurses assessed a child's signs of fear and tried to allay it and increase comfort, although almost all of them pointed out that they must perform such duties during the child's hospitalisation. In other words, child-centred nursing care, where a general practice nurse explains procedures and treatment to a child and maintains a positive atmosphere and ensures comfort, according to a study by Kleye et al. (2023), reduces the child's fear during hospitalisation by as much as 50 per cent. Thus the results of the study are encouraging, as general practice nurses have contributed to reducing the fears of most children during inpatient treatment in such manner. Therefore, it may be maintained that children undergoing inpatient treatment indeed experience various types of fear, and it is particularly important for general practice nurses not only to identify the causes of such fear, but also to be able to recognise the signs. It is also essential to note that a general practice nurse should devote sufficient attention to a child and personalise fear alleviation process by using methods that are as familiar and as acceptable to the child as feasible.

CONCLUSIONS

- The analysis of scientific literature disclosed that fear of hospitalisation is defined as a complex, multifaceted, and trauma-inducing fear in children, most prominently linked to social and medicine-related fears.
- The analysis of the results of the study demonstrates that children under the age of 5 and female, are the most frequently hospitalised patients, treated in a hospital for the first time for up to five days, and hospitalisation was caused determined by both infectious and non-infectious diseases.
- It was discovered that hospitalised children most often experience medicine-related, space-related, and socially-mediated fears. The study revealed that medicine-related fears during hospitalisation are mostly triggered by tests, taking samples, and being in the hospital itself, space-related fears are caused by small rooms and elevators, and socially-mediated fears are triggered by separation from parents, unfamiliar situations, and strangers in the hospital.
- The following most effective ways to reduce and overcome the fears of hospitalised children are established: support from parents, nursing staff, doctors, and family, as well as play therapy using personal toys. The results showed that during hospitalisation, the methods least used with children were those related to creative workshops, various forms of play, and elements of the hospital environment.
- The study clearly shows that general practice nurses did not identify fear in all children, but for the vast majority of them they increased their comfort in various ways, most common being alleviating children's fear through various forms of communication.

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