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## **Family psychological support during the child's inpatient treatment (by the example of an uroandrology department)**

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***Study aim:** to study the peculiarities of parents' emotional responses to the stress caused by their child's hospitalization and operation to distinguish risk factors of losing personality potential by family members. **Study participants and methods.** The empirical study involved 82 parents (15 fathers and 67 mothers) and 76 children of preschool, primary school and juvenile age. A package of techniques involving analysis of medical cards, observation, structured conversation, mental stress calculation questionnaire, the "Incomplete sentences" technique, systematization of results and mathematical data treatment methods was defined. Theoretical analysis of the issue of emotional response of parents to stressful situations connected with their child's congenital malformations and the need in operative intervention was made. **Results.** It was shown that all members of a family as a single system are subject to stress. The reaction of parents to their child's operation depends on their personal characteristics, system of beliefs and life attitudes. **Conclusions.** The emotional condition of parents influences their child's psychological condition and the efficacy of treatment. Supporting the family psychologically during pre- and post-operative stages allows to reduce the level of emotional discomfort of children and their parents.*

***Keywords:** pathology of genital organs, operative intervention, ill child's family, psychological-pedagogical help, stress, adaptation.*

## **INTRODUCTION**

Scientists consider the influence of stress on a person based on the following factor: valence (degree of possible stress, conditional severity of the situation); controllability (possibility of influencing the situation, control over it); changeability (possibility of spontaneous situation change); uncertainty (situation uncertainty evaluation degree); awareness (degree of personal experience in overcoming similar situations) [1, 2]. The child's disease and the forthcoming

operation may be regarded as an event of high subjective significance for parents, as a severe psychological trauma, as something uncontrollable and vague. Usually, parents do not have experience of overcoming such situations. Rather, this event has an additional stressogenic quality of unexpectedness and unpredictability.

Reaction to stress is associated with the person's psychological resources and external support. Significant personal resources are: internal locus of control, self-confidence, high achievement motivation, self-efficacy, optimism, no inclination to affective behavior, no irrational attitudes etc. Many researchers note that lifestyle and life quality are also important factors of stress resistance, as they affect development and preservation of resources [1, 3, 4]. The personality responds to a stressor by launching its adaptation mechanisms. Adaptation is an overall systemic process, which characterizes a person's interaction with natural and social environment. Adaptation process depends on a person's psychological properties and personal development level, which is characterized by perfection of behavior and activity regulation mechanisms. Goal associated with the main need is the backbone factor, which organizes the process of social-psychological adaptation. We may consider not only a person's survivability and finding social station, but also general level of personality integrity, ability to develop according to one's life potential, subjective self-respect and life meaningfulness to be adaptation criteria.

Patients of the pediatric medical institution's uroandrology department are children with certain age and individual peculiarities, reaction to disease and treatment, attitudes towards doctors and medical procedures at a time when the whole system of social relations and usual life tempo are unexpectedly changing. The doctor's objective in treating children with urogenital pathology is to achieve the highest possible level of the children's somatic well-being. The medical psychologist's objective is different: to provide the optimal level of psychological comfort to children and their families during the treatment process in order to preserve life potential, prevent (or overcome) the disease's pathological influence on children's psychic and soften emotional reaction to hospitalization and operative intervention. What makes a uroandrology department specific is, firstly, the operative intervention practice, secondly, that the object of intervention is genitals. It is well-known that a person's emotional reactions to conservative treatment and operation have different "degree of stress" [5, 6]. Involvement of genitals into the sphere of medical manipulations may be a subtle and unsafe aspect of children's treatment in terms of long-term personality consequences.

**The empirical study aims** at studying peculiarities of emotional response of parents to stress caused by hospitalization and operation that their children undergo in order to distinguish risk factors of losing personality potential by family members.

## **PATIENTS AND METHODS**

### **Study participants**

82 parents (15 fathers and 67 mothers) and 76 children of preschool, primary school and juvenile age took part in the empirical study.

### **Study methods**

A package of techniques involving analysis of medical cards, observation, structured conversation, mental stress calculation questionnaire (T. Nemchin), the “Incomplete sentences” technique, systematization of results and mathematical data treatment methods was defined.

## **RESULTS AND DISCUSSION**

Theoretical analysis of literature allowed obtaining the following data. Change in the usual tempo of life, environment, impossibility of fulfilling the need in activity, lack of family and friends, physical discomfort (pain, peculiar feelings), uncertainty about the nearest future cause emotional instability, commonly defined as psychological stress [1, 2]. According to R. Lazarus, psychological stress is distinguished by purely individual response, which is not always predictable. Given the established differentiation of stressors into normative (natural changes connected with age or family dynamics) and extreme (caused by lifecycle-accidental events), disease and inpatient treatment may be seen as an extreme stressor. The severer and longer the stressor’s activity, the worse consequences for a person’s psychic it may cause. Stressor’s activity causes strain of body’s adaptive capabilities.

Mental adaptation goes through 3 development stages. On the 1<sup>st</sup> stage there are anxiety, confusion, agitation or complete inactivity, psychosomatic disorders – anorexia, sleep loss etc. This stage ends with the launch of psychological defense mechanisms (2<sup>nd</sup> stage), which provide selective resistance to psychological factors, which have caused mental deadadaptation. In case the problem situation is resolved, mental regulation reverts and the personality gains new experience of behaving in such situations and becomes more adaptive. In case mental adaptive resources are insufficient, the 3<sup>rd</sup> stage may result in mental adaptation breakdown. Researchers distinguish between internal and external adaptation conditions. The former include a person’s personality characteristics (temper, character, defense-adaptive response type, life experience etc.), the latter – environment parameters (support of family members and friends, level and quality of the professionally rendered psychological care).

Thus, conducting children's inpatient psychological examination special attention should be attracted to analysis of adaptive mental processes and non-adaptive tactics that children and their milieu use. Emotional well-being, involvement into activity which is adequate to age and level of development and integration with social environment (interaction with other children in the department) are considered to be the basic characteristics of personality adaptation.

In many children, reaction to disease starts from the moment of hospitalization. In an unrestrained conversation the patients noticed that they felt scared, sad and sometimes wanted to cry when they were admitted to hospital. Preschoolers did not define clarify their attitude to hospitalization, they just they wanted to go home. It should be noted that negative emotions were aggravating in smaller children (under juvenile age) with each hospitalization, psychological discomfort was becoming deeper and longer. As most of them did not fully realize the purpose of treatment and felt themselves physically well, they thought that they could be treated at home. Preschoolers and younger pupils were oppressed by hospital stay itself, they feared procedures and examinations. Emotional condition of children reflected in their attitude to the departmental personnel. Fear of doctors, unwillingness to fulfill their requests, remonstrative behavior and riot were external manifestations of children's frustration and anxiety.

Children could formulate the reason of hospital stay rather clearly from the age of 9-10 years; they knew about the forthcoming operation and understood how it would change their bodies. In case of repeated hospitalizations of adolescents, their emotional stress reduced in comparison with the previous hospitalization, they became close with medical personnel and perceived doctors as source of help. Negative emotional reactions remained only to procedures. Thus, children's anxiety level at hospital depends on age, number of inpatient stays, awareness of the forthcoming manipulations and degree of problem recognition. Apparently, all children should be individually prepared to hospitalization and the forthcoming operation.

The prospect of forthcoming surgical operation causes distress in a child, increases anxiety level due to the lack of similar experience, anticipation of possible pain and fear of losing control after emerging from anesthesia. Readiness for operation may be reached using psychological techniques, which allow step-by-step reproduction of the main stages of preparation and operation, discussing with children all their worries and outlining means of overcoming the possible psychological issues. Thus, a clear picture of the immediate future builds up in patients' minds; they do not only clearly conceive it, but also realize the gist and need in each stage of the medical process and how these stages improve their health.

Emotional reactions of small patients largely depend on behavior of the significant adults. In this study, we compared psychoemotional state parameters in parents and ill children [7, 8]. We noticed high correlation between anxiety in parents and frustration in children ( $r=0.906$ ). We also revealed interconnections between frustration in parents and aggressiveness in adolescents ( $r=0.768$ ), between anxiety in parents and anxiety in adolescents ( $r=0.689$ ). There is positive correlation between anxiety in parents and deadaptation coefficient in children ( $r=0,659$ ), between anxiety in parents and aggressiveness in primary school children ( $r=0.820$ ). This indicates that high anxiety in parents results in high aggressiveness in primary school children, low anxiety – in fear of aggression from other people.

We revealed high positive correlation between anxiety in parents and mental activity coefficient ( $r=0.836$ ) and average interconnection between anxiety in parents and how children evaluate their relationships with peers ( $r=0.518$ ). This indicates that high anxiety level in parents results in conflict or emotionally distant relationships of their children with peers.

In our study we also revealed ambiguous interconnections of parental attitude and adaptive characteristics of children and adolescents. One of the brightest examples was symbiotic parental attitude: it positively correlates both with adaptive characteristics of severely ill children and maladaptive behavior coefficient in healthier children. What is deemed unfavorable for the development of a healthy child may compensatorily play an adaptive role in the social situation of a severely ill patient's development. Authoritative-symbiotic parental attitude is characterized not only by control over the whole children's mental life, but also by positive attitude towards them, close interpersonal connection. The children in such families are in the focus of attention, parents strive to fulfill their needs as well as possible and protect them from difficulties and disappointments. Apparently, this is the reason behind high level of emotional comfort of many severely ill children subject to this type of parental attitude.

Thus, in this study we obtained data on the existence of multiple interconnections between psychoemotional states of ill children and their parents. They come from one family system, i.e. it is absolutely ineffective to affect only children or only parents.

When a child has a congenital or acquired pathology and a family has to undergo one or several hospitalizations, operations and long-term treatment, there arises a question of adaptation to this process. Analysis of results of the empirical study of psychological state and adaptive mechanisms of parents showed that external manifestations of the stress that the parents undergo may be different, as they depend on individual personality qualities: from

calmness, even indifference, to dramatic affective outbursts. Both kinds of manifestations result from the action of defense reactions due to the protracted mental overstrain.

We revealed that the severity of a child's condition is the most important, yet not the only parameters of parental adaptation to the child's disease and treatment process. We also noted that parental adaptation parameters were becoming lower if the child's physical condition aggravated, and higher if it improved. However, this correlation was only observed in case of the first hospitalization. When the child's condition constantly changes and different new operations are required, parental sensitivity to these changes becomes lower.

Such personality qualities of parents as low activity, commutability, trust in people, insistence, responsibility, curiosity, flexibility and low level of subjective control are predictors of low adaptation. Factors favoring high adaptation are aspiration for cooperation, respect for other people, insistence, high activity, flexibility, aspiration for development, curiosity and high level of subjective control. Parents with low adaptation level choose avoidance and dissociation as strategies for adapting to difficult life circumstances and feel an acute need in social-psychological support.

Such macrosocial factors as ban on expressing feelings, criticism from the family, perfectionism and lack of trust in people worsen parental adaptation. Attitude towards unconditional acceptance of a child improves adaptation. Gender stereotypes of emotional behavior supported by the society result in strict ban on expressing feelings; this complicates the process of overcoming them. Strict ban on expressing asthenic emotions of sadness and fear in men may result in difficulty asking for help and receiving emotional support; this complicates the process of overcoming psychological stress and aggravates the adaptation process. Strict ban on expressing anger in both women and men may cause ousting of this emotion and growth of latent hostility, which, apparently, does not favor social-psychological adaptation of parents.

Parents should receive psychological support in the form of individual consultations, sensory room relaxation classes and group lectures on psychological-pedagogic education in terms of bringing children up depending on the revealed peculiarities of adaptation to the forthcoming operation and treatment of their child.

Introduction to the departmental medical personnel, information on the departmental and clinical structure, on the location of diagnostic laboratories, medical and leisure rooms, on the rules of hospital stay and interaction with medical personnel, psychological consulting and individual psychological support may serve as organizational measures favoring psychological adaptation to the hospital stay.

Families receive urgent psychological care in care there are strange and steady negative deviations in psychological state of any of their members. In case there is no emergency, there is planned social and psychological-pedagogic rehabilitation/abilitation defined by a psychologist-pedagogue given the child's examination results, study of the social situation of development and psychological consulting of parents. Psychological rehabilitation is aimed at resolving urgent psychological problems (adaptation to hospital stay, forthcoming operation or support in the postoperative period).

Psychological state is monitored in order to control and timely render psychological-pedagogic care to patients and their families in case emotional conditional aggravates or in case of any other emergency, including direct enquiry of the family or the attending doctor. Monitoring presupposes screening-observation of the patient's psychological state and behavior in such critical moments of the medical process as preparation to operation and postoperative period.

Comparison of data on children's emotional state in case their parents received/did not receive psychological support reveals indisputable benefit of the specialized care rendered to the parents of an ill child on hospital stay. Complex medical-psychological-pedagogic management of a child and psychotherapeutic influence on the dyad "parent-child" lead to a more successful rehabilitation of a child.

## **CONCLUSION**

Analysis of national and foreign literature on the problem this study regards and analysis of empirical results suggest the following conclusion: high emotional stress of children and their parents during hospitalization and preparation to operation and complexity of personality reaction to operative intervention point out the need in rendering psychological-pedagogic care to patients and the main areas of such care.

Organizing treatment of children with a urogenital pathology, such psychological characteristics of patients and their family members as age, individual behavioral attributes, life motives and values, attributes of the social situation of development and character of "children-parents" relationship should be taken into consideration. Doctors should follow humanistic and universal principles of communication of subjects when talking with patients and communicating to them clinical information on the state of their health.

Etiology of the health problem (reproductive sphere), degree of severity, type of medical care (conservative or surgical treatment) and prognosis of the disease course have specific influence on adaptation of children and parents to hospital stay.

Peculiarities of psychological perception of children's health problems by parents and children themselves should be taken into consideration when defining the following strategy of doctor-patient communication:

- establishment of interpersonal contact;
- communication and explanation of essence and sequence of medical procedures, manipulations;
- sufficient perceptible (understandable) dialogic communication;
- positive emotional confirmation of child's progress during treatment;
- doctor's (medical personnel's) psychological support.

Psychological management of children and their families should include preventive measures for adaptation to hospital stay, psychological state and behavior monitoring on all treatment stages, timely (urgent) psychological care in case of strange steady deviation in children's psychological state, social and psychological-pedagogic rehabilitation/abilitation.

Quality of interpersonal communication between representatives of different medical specializations (between doctors, nonmedical personnel, nurses), medical personnel and patients determine the psychological climate in the department, which, theoretically, should provide patients with psychological comfort, i.e. satisfy their basic needs in respect, acceptance and safety. Favorable psychological climate in the department favors better adaptation of patients to hospital stay, reduces intensity of fears of manipulations and procedures, precipitates establishment of the doctor-patient contact and stabilizes emotional state of patients and their families.

Attending doctor's and departmental medical personnel's emotional support is the external social resource of a child's personality inducing many mental processes linked with will regulation, treatment and recovery motivation, stabilization of emotional condition and change of self-consciousness. Emotional (psychological) support is realized by emotional involvement (attention, care, interest) of the medical personnel to the children's "fate", emotional response to their psychological and somatic state, acceptance of their personality and behavioral attributes etc. Psychological aspect in organizing treatment of children is multi-faceted, wider than a single nosology's framework; it is not reduced to the materials of this study and requires further elaboration.

## **REFERENCES**

1. Lazarus A. *Kratkosrochnaya mul'timodal'naya psikhoterapiya* [Short Multimodal Psychotherapy]. St. Petersburg, Rech', 2001. 256 p.



2. Sel'e G. *Ocherki ob adaptatsionnom syndrome* [Essays on Adaptation Syndrome]. Moscow, Medgiz, 1960.
3. Berezin F.B. *Psikhicheskaya i psikhofiziologicheskaya adaptatsiya cheloveka* [Mental and Psychophysiological Adaptation of a Person]. Leningrad, 1988.
4. Vasserman L.I., Ababkov V.A., Trifonova E.A. *Sovladanie so stressom: teoriya i psikhodiagnostika / Uchebno-metodicheskoe posobie* [Coping: Theory and Psychodiagnosics. Study Guide]. St. Petersburg, Rech', 2010.
5. Karvasarskii B.D. *Klinicheskaya psikhologiya* [Clinical Psychology]. St. Petersburg, Piter, 2002. 960 p.
6. Shchelkova O.Yu., Vasserman L.I. *Meditinskaya psikhodiagnostika. Teoriya, praktika i obuchenie* [Medical Psychodiagnosics. Theory, Practice and Training]. Moscow, Akademiya, 2004. 624 p.
7. Mazurova N.V., Buslaeva A.S. "Children-parents" relations and social adaptation of primary school children. *Vopr. diagn. v pediatri. – Diagnostics in pediatrics*. 2010; 2 (5): 40–45.
8. Mazurova N.V. Pathological personality features of children as a consequence of deformed influence of family. *Reprod. zdorov. detei i podrostkov – Reproductive health of children and adolescents*. 2011; 5: 86–92.
9. *Korreksiya zabolevanii organov muzhskoi reproduktivnoi sfery u detei i podrostkov. Pod red. A.A. Baranova* [Correction of Diseases of the Male Reproductive System in Children and Adolescents. Ed. by A.A. Baranov]. Moscow, Pediatr"", 2013.