

# **MAJOR CONCERNS OF HOSPITALIZED SCHOOL-AGE CHILDREN AND THEIR PARENTS IN HONG KONG**

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## **ABSTRACT**

*This study identified major concerns of hospitalized children and their parents, including the interruption of the child's pace of academic study, his/her health condition and fears of medical treatment and therapy, his/her loneliness in the ward, and time management problems of both children and parents. Data indicate that a number of children's and their parents' concerns were related to their specific demographics. Findings from the study may increase hospital school teachers' awareness, and provide useful guidelines for them to evaluate present hospital school programs and plan for future approaches to meet their students' needs.*

In Hong Kong, the first hospital school was established by the Hong Kong Red Cross in 1954. At present, there are 17 school units attached to major hospitals throughout the Hong Kong Island, Kowloon, and the New Territories. The main objective of hospital schools is to provide tuition for hospitalized school-age children who are well enough to study so that, upon discharge, they will encounter fewer difficulties in resuming regular schooling (Hong Kong Red Cross Hospital Schools, 2002). Moreover, under the compulsory education system, these children have the opportunity to maintain progress of their academic capabilities despite being absent from regular schools (Poon-McBrayer & Lian, 2002).

When children are hospitalized, it is often a difficult time for both the children and their parents (Brown, Frank, Blount, & Smith, 1997; Epstein & Wayman, 1998; Zarin, 1998). In order to meet the needs of hospitalized children effectively, hospital school teachers need to understand their concerns and, based on these concerns, provide most effective educational services (Crossland, 2002). Since hospitals in Hong Kong allow parents' companion with their children, teachers often have the opportunity to be in contact with the parents. Parents are good sources for additional information regarding their children's needs and concerns. In addition, parents' own concerns and expectations are of reference value in the design of hospital school programs. The parents' and children's concerns can provide useful guidelines for hospital school teachers to evaluate the present hospital school programs and to better plan for future educational approaches.

A review of related literature revealed that the effects of hospitalization for school-age children and their parents have been explored. Over 25 years ago, Clouser (1976) identified hospitalization of children as a time of potential crisis for the children and their parents. They may experience fears, uncertainties, and anxiety upon the hospitalization of the children. In addition, they tend to need help for coping with emotional stress and depression (Butler, 1977; Zarin, 1998). While at the same time, crises like hospitalization could have a permanent harmful effect on children's academic performance (Cook, 1982). The children may also face potential motivational and behavioral regression during hospitalization (Crossland, 2002).

Singer and Nixon (1993) reported that the concerns of parents of children with acquired brain injury included the health condition of the children, relationship with the children, coping with personality change and behavior problems, social isolation of the children, the children's siblings, and financial problems. Robinson (1989) examined the perspectives of parents on hospital care for their children with chronic illness. An issue that emerged was the need to understand parents' perspectives so as to provide effective hospital care for their children. Although the study was only related to their medical care of the children, the findings suggested that parents' perspectives were necessary for better service to the children.

Lynch, Lewis, and Murphy (1993) examined families' perceptions of the needs of children with chronic illnesses. Results indicated that parents tended to express concerns regarding children's need for social and emotional support, as well as academic assistance. Teachers need to be aware of these needs and concerns as they develop programs and services for children with chronic illnesses.

Epstein and Wayman (1998) emphasized the importance of personnel preparation and staff development of competent educational service providers for them to be equipped with related knowledge and appropriate techniques. Therefore, personnel can be more effective in teaching hospitalized children and team-work with parents of these children.

Most of the previous studies focused on children with chronic or serious illness. These studies did not approach hospitalized children with other types of illness (e.g., common illness, surgery, or orthopedic accidents). In the present study, children who had short-term hospitalization and their parents were the focus through four research questions:

1. What are school-age children's major concerns of being hospitalized?
2. What are the major concerns of parents of hospitalized school-age children?
3. Are children's concerns related to their specific demographics?
4. Are parents' concerns related to their and their children's specific demographics?

## METHOD

### PARTICIPANTS

Twenty-three children admitted to a hospital in Hong Kong during the school year of 2000–2001 and their fathers or mothers were interviewed. Slightly more than half of the children were male (56.5%); 47.5% were female. About half of the children were 1st- through 3rd-grade students (52.2%), followed by preschool to kindergarten students (17.4%), junior high school (7th- through 9th-grade) students (17.4%), and 4th- through 6th-grade students (13.0%). Slightly over half of the children's current school performance was above average (52.2%), followed by average school performance (39.1%), and below-average school performance (8.7%).

The children were admitted to the hospital because of general illness (e.g., influenza, fever, diarrhea, and headache) (47.8%), surgery (21.7%), orthopedic accidents (e.g., bone fractures and cuts) (17.4%), and chronic illness (e.g., asthma and epilepsy) (13%). Slightly more than half of the children had a mild health condition (56.5%), followed by children with moderate conditions (30.4%), serious conditions (8.7%), and critical conditions (4.3%). The possible length of stay in hospital was within 1 to 3 days (65.2%), 4–7 days (17.5%), 8–14 days (4.3%), and over 14 days (13%).

The parents who were interviewed in the study were mothers (87.0%) and fathers (13%). Most of the parents completed high school education (73.9%); the rest were elementary school graduates (26.1%). Monthly family earnings were, in U.S. dollar, above-average income of \$2,568 to \$5,135 (17.4%), average income of \$1,284 to \$2,567 (43.5%), below-average income of \$642 to \$1,283 (17.4%), and low income of \$0 to \$641 (21.7%).

### INSTRUMENTS

A questionnaire was developed to elicit information from the children and the parents (see Appendix A). Part I of the questionnaire contained the purpose of the study and assurance of confidentiality. Part II was a checklist for hospitalized children's demographic information and Likert scales for gathering their concerns. Part III of the questionnaire was a checklist and Likert scales for parents' demographics and concerns.

A teacher from another hospital school, a parent of a hospitalized child, and a university faculty member with expertise in physical disabilities and health impairments reviewed and helped establish content validity of the questionnaire. Revisions, including changing wording and adding two demographic items for children, one demographic item for parents, and one Likert scale item for both children and parents were made based on these validators' input.

### PROCEDURE

Face-to-face interviews were conducted individually with the children and, then, with the parents in the hospital. The purpose of the study was described to the potential subjects in order to invite their voluntary involvement in the study. If they agreed to participate, a convenient time for the interview was scheduled. During the interview, the demographics of the participants were elicited. Then, information about their concerns was collected. Their responses were recorded on the questionnaire. The duration of each interview lasted for approximately 20 to 30 minutes.

## RESULTS

*What are school-age children's major concerns of being hospitalized?*

Table 1 shows the percentage of children's responses. Data indicate that 73.9% of the children are concerned about the interruption of their pace of academic study during their hospitalization, followed by the concerns of their health condition (65.2%), fears of medical treatment and therapy (65.2%),

**TABLE I**  
**Percentage of Children's Responses (N = 23)**

	SA	A	N	D	SD
Interruption of my pace of academic study	13.0	60.9	0	26.1	0
My health condition	21.7	43.5	8.7	26.1	0
Unfamiliar environment in ward	4.3	34.8	4.3	56.5	0
My loneliness in ward	8.7	47.8	0	39.1	4.3
My safety in ward	0	4.3	0	82.6	13.0
The fears of medical treatment and therapy	21.7	43.5	4.3	30.4	0
Isolation from my school friends	8.7	26.1	4.3	56.5	4.3
Isolation from my siblings	4.8	23.8	9.5	57.1	4.8
My daily needs in ward	4.3	39.1	4.3	47.8	4.3
Other family members at home	4.3	30.4	0	56.5	8.7
Financial problems	4.3	17.4	4.3	60.9	13.0
Time management problems	17.4	39.1	0	30.4	13.0

Note: SA = strongly agree; A = agree; N = neutral; D = disagree; SD = strongly disagree

feeling of loneliness in ward (56.5%), time management problems (56.5%), their daily needs in ward (43.4%), unfamiliar environment in ward (39.1%), feeling isolated from their school friends (34.8%), other family members at home (34.7%), feelings isolated from their siblings (28.6%), financial problems (21.7%), and their safety in ward (4.3%).

*What are the major concerns of parents of hospitalized school-age children?*

Table 2 lists the percentage of parents' responses. Data reveal that 95.7% of the parents are concerned about their children's health condition during their hospitalization, followed by the concerns of the interruption of their children's pace of academic study (78.3%), fears of medical treatment and therapy experienced by their children (56.5%), time management problems (43.4%), other family members at home (39.1%), their children's daily needs in ward (34.7%), financial problems (30.4%), unfamiliar environment in ward experienced by their children (21.7%), their children's loneliness in ward (17.3%), their children's safety in ward (13.0%), isolation from their children's siblings (9.5%), and isolation from their children's school friends (8.7%).

**TABLE 2**  
**Percentage of Parents' Responses (N = 23)**

	SA	A	N	D	SD
Interruption of my child's pace of academic study	17.4	60.9	0	21.7	0
My child's health condition	26.1	69.6	0	4.3	0
Unfamiliar environment in ward experienced by my child	4.3	17.4	0	73.9	4.3
My child's loneliness in ward	4.3	13.0	0	78.3	4.3
My child's safety in ward	0	13.0	4.3	78.3	4.3
The fears of medical treatment and therapy experienced by my child	4.3	52.2	8.7	30.4	4.3
Isolation from my child's school friends	0	8.7	4.3	82.6	4.3
Isolation from my child's siblings	0	9.5	4.8	76.2	9.5
My child's daily needs in ward	4.3	30.4	0	52.2	13.0
Other family members at home	8.7	30.4	0	56.5	4.3
Financial problems	0	30.4	0	56.5	13.0
Time management problems	13.0	30.4	4.3	47.8	4.3

Note: SA = strongly agree; A = agree; N = neutral; D = disagree; SD = strongly disagree

Data indicate that both children and parents tend to be more concerned about the child's health condition and medical treatment and therapy, the child's daily needs in ward, as well as the interruption of child's schoolwork and time management problems. Both groups seem to be somewhat concerned about the child's unfamiliar environment and loneliness in ward, but less worried about the child's safety in ward and his/her isolation from siblings. Children tend to be more worried about isolation from school friends, while parents are more concerned about other family members at home and financial problems.

*Are children's concerns related to their specific demographics?*

Data analysis of hospitalized children's responses results in no significant differences by gender, academic level, and reason for hospitalization. Further Chi-square comparisons reveal that children's concern of their loneliness was related to their current school performance ( $\chi^2 = 26.846$ ,  $df = 6$ ,  $p < .01$ ).

A higher percentage of children with below-average school performance (100%) express this concern as compared to children with average school performance (54.5%) and above-average school performance (45.5%). Children's concern of interruption of their pace of academic study is related to the severity of their health conditions ( $\chi^2 = 15.023$ ,  $df = 6$ ,  $p < .05$ ). There were more children with mild health conditions (78.6%) who express this concern as compared to those with moderate (21.4%), severe (0%) and critical (0%) health conditions.

Children's concern of interruption of their pace of academic study is related to their possible length of stay in hospital ( $\chi^2 = 14.923$ ,  $df = 6$ ,  $p < .05$ ). A higher percentage of children whose possible length of stay in hospital was 1 to 3 days (85.7%) express this concern as compared to those whose possible length of hospital stay was 4 to 7 days (14.3%), 8 to 14 days (0%) or over 28 days (0%).

*Are parents' concerns related to their and their children's specific demographics?*

Data analysis of parents' responses finds no significant differences by parents' gender, educational level, and family income, as well as child's gender, academic level, and reason for hospitalization. Further Chi-square comparisons reveal that severity of children's health condition is related to parents' concerns of their children's loneliness in ward ( $\chi^2 = 24.966$ ,  $df = 9$ ,  $p < .01$ ), their children's safety in ward ( $\chi^2 = 20.494$ ,  $df = 9$ ,  $p < .05$ ), and their children's daily needs in ward ( $\chi^2 = 17.969$ ,  $df = 9$ ,  $p < .05$ ). A higher percentage of parents of children with mild health conditions (66.7%) expressed the concern of their children's loneliness in ward as compared to those of children with moderate (27.8%), severe (0%) and critical (5.6%) health conditions. On the contrary, there are more parents of children with mild health conditions (66.7%) who are less concerned about their children's safety in ward as compared to those of children with moderate (27.8%), severe (5.6%) and critical (0%) health conditions. A higher percentage of parents of children with mild severity (57.1%) express the concern of their children's daily needs in ward as compared to those of children with moderate severity (28.6%), severe severity (0%) and critical severity (14.3%).

A Chi-square comparison revealed that parents' concern for their children's health condition is related to the possible length of stay in hospital ( $\chi^2 = 13.193$ ,  $df = 6$ ,  $p < .05$ ). A higher percentage of parents of children whose possible length of stay in hospital was 1 to 3 days (81.3%) express this concern as compared to those of children whose possible length of stay was 4 to 7 days (12.5%) or 8 to 14 days (6.3%).

## DISCUSSION

The study highlights the concerns of hospitalized school-age children and their parents. The major concerns of hospitalized children are the interruption of their pace of academic study; their health condition; their loneliness in ward; their fears of medical treatment and therapy; and time management problems. Findings in the present study confirm Mukherjee, Lightfoot, and Sloper's (2000) concern that being absent from school means missing school work. Hospital school teachers can help children to catch up with their school work so that, upon discharge, they will encounter fewer difficulties in resuming their regular schooling. Mukherjee et al. also stated that it was particularly problematic for children taking school tests and examinations. Hospital school teachers can play the role of liaisons between the children and their previous schools, and assist the children's previous schools to conduct school tests and examinations in the hospital. Moreover, children will not feel as lonely in hospital when they have a chance to participate in educational activities. Furthermore, hospital school teachers can explain the nature of medical treatments and therapies through educational activities so as to reduce the children's fears of medical treatments and therapies. Brunnquell (1987) stated that educational activities were helpful to reduce the concerns of hospitalized children and to promote adaptation during their hospital stay. He found that provision of ongoing education activities was important to minimize disruption during extended hospitalization. Hospital school teachers can contribute to such adjustment of children. Rowan's (2000) personnel preparation package is an applicable example to provide techniques training, hands-on experiences through multi-media presentations and interactive activities that are based on adult learning principles.

The major concerns of parents of hospitalized children cover the interruption of their children's pace of academic study; their children's health condition; and the fears of medical treatment and therapy experienced by their children. Findings of the present study add to the list of parents' concerns given by Robinson (1989), Singer and Nixon (1993), and Lynch, Lewis, and Murphy (1993). Hospital school teachers usually cater to the needs of hospitalized children and might easily overlook the unrecognized needs of parents (Bradford, 1990). Concerns for their children might lead parents to enmeshment and overprotection of their sick children or protective withdrawal from emotional closeness (Mescon & Honig, 1995). Those reactions are harmful for the children's emotional well-being. Therefore, hospital school teachers should increase their awareness of the concerns of parents so that the needs of both children and their parents can be met.

Although hospital school teachers are not the most suitable ones to explain the health condition to children and their parents as compared to the hospital staff and medical professionals, hospital school teachers can comfort and encourage them. They can also refer their concerns to doctors and nurses so as to raise those professionals' awareness to cater for children's and their parents' needs.

Apart from increasing hospital school teachers' awareness of the major concerns of hospitalized children and their parents, this study further finds the possibilities that children's and parents' concerns may be influenced by their specific demographic factors. With reference to the obtained information, hospital school teachers may increase their awareness of hospitalized children's and their parents' needs based on their specific demographic situations, such as the level of child's school performance, severity of child's health conditions, length of hospital stay, and daily needs during hospital stay.

The study provides reference value for hospital school teachers to evaluate the present hospital school programs and to better plan future programs to suit their needs. However, limitations in the extent to which findings of the present study can be generalized should be noted:

1. Data were collected by a small-scale study.
2. Readers should be reminded that the circumstances per each hospital stay of each child are unique.
3. The inclusiveness of the questionnaire to reflect broader knowledge regarding children's and parents' concerns need to be re-visited and updated.

It is recommended that more extensive and continuous studies with further efforts for triangulation (i.e., to involve the teaching staff and hospital personnel) be conducted.

**APPENDIX A****Child's and Parent's Survey**

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*Child's Survey:* During my hospitalization, I am concerned about:

1. interruption of my pace of academic study.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

2. my health condition.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

3. unfamiliar environment in ward.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

4. my loneliness in ward.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

5. my safety in ward.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

6. the fears of medical treatment and therapy.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

7. isolation from my school friends.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

8. isolation from my siblings.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

9. my daily needs in ward.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

10. other family members at home.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

11. financial problems.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

12. time management problems.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

Others: \_\_\_\_\_

*Parent's Survey:* During my child's hospitalization, I am concerned about:

1. interruption of my child's pace of academic study.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

2. my child's health condition.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

3. unfamiliar environment in ward experienced by my child.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

4. my child's loneliness in ward.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

5. my child's safety in ward.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

6. the fears of medical treatment and therapy experienced by my child.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

7. isolation from my child's school friends.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

8. isolation from my child's siblings.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

9. my child's daily needs in ward.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

10. other family members at home.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

11. financial problems.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

12. time management problems.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

Others: \_\_\_\_\_

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