

Quality of Care for Hospitalized Children

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ABSTRACT

The study evaluates the existing services for hospitalized children at the Davao Medical Center (DMC) and how they measure up to the standards pre-set by the international community through the guidelines of the United Nations' Convention on the Rights of the Child (UNCRC). Said guidelines include having a safe and a caring environment; practicing child-sensitive or friendly medical procedure; obtaining open communication among the patients, their families, and the medical personnel; providing accessibility to the development opportunities for hospitalized children; and placing significant value on children's participation in their hospitalization. This research used the descriptive research design. A survey questionnaire based on the handbook "Rights of the Hospitalized Child" and focused group discussions were utilized to obtain the needed data. The respondents in the questionnaire were composed of 25% of the total and actual pediatric in-patient admissions when the survey was conducted. Parents or guardians were the respondents in behalf of those below six years old since the ability to communicate well at this stage would still be limited, hence, answers might not be derived. Two separate focused group discussions were conducted, one for the pediatric patients and another for the parents' group. It also used the concept of the Donabedian major accessible dimensions of quality focusing on structure and process. The researcher recommends that the Davao Medical Center, along with its partners in the community and private sectors, work more to provide learning and play for hospitalized children. The hospital and the Kythe Foundation have to look into the possibility of a tie-up with a school that offers courses in education, early childhood, special education and psychology to come up with trainings and exposures. An orientation on the child life program should be incorporated into the hospital's orientation to the existing workforce and trainees.

Keywords: Quality; care; hospitalized children

INTRODUCTION

A child's world is the home where a kid grows up. In it, the child looks up to the parents for valuable lessons. The school is also part of that. The child's world also consists of the community where social skills and peer

relations are honed. Part of that community is the hospital where the child is rushed by helpless parents when an illness or accident threatens the life of this beloved of theirs.

UNICEF's 2001 report on the State of the World's Children shows lack of investment in child health. Limited work has been addressed to this concern of children and adolescents.^[1] This report and other U.S. based studies have clearly pointed out that health policy makers, clinicians and advocates need high-quality evidence to be able to recommend appropriate services for children and improve the care they deliver.

Numerous books in psychology and child development have repeatedly quoted environmental theorists namely Watson, Skinner and Bandura for establishing the principle that the child's environment shapes learning and behaviour and that human behavior, development and learning are reactions to the environment. Thus, whether in school or in any place such as the hospital, learning is expected to continue. Piaget, Montessori and Vygotsky have also been recognized as advocates of the principle that learning and development occur when young children interact with their environment and the people around them.

This study aims to evaluate the present worth of care of services at the Davao Medical Center (DMC) according to the guidelines of the United Nation's Convention on the Rights of the Child or UNCRC in line with their being reliable and affectionate; child-sensitive or child-friendly in medical procedures; open to information and communication with the patients and their families; accessible to the development opportunities of the hospitalized children and; appreciative on the children's participation in their treatment. It further intends to identify areas that the pediatric patients and their guardians see, receive and perceive to be in need of improvement to develop the services given.

DMC is a 400-bed capacity, fully-departmentalized, tertiary government hospital with sixteen fully accredited specializations. Its catchment areas are Mindanao and Sulu. Being a government hospital, it is flocked by C and D class patients who look forward to availing, if not free, a generously discounted hospitalization through the socialized billing scheme. It is also the only hospital in Mindanao which has its own child life program; a tie-up between it and a non-government organization, the Kythe Foundation.

STATEMENT OF THE PROBLEM

This study evaluated the quality of care of the existing services for hospitalized children at the Davao Medical Center from the clients' perspectives. This study sought to answer the following questions:

1. What is the quality of care services at the Davao Medical Center in terms of having
 - 1.a. safe environment;
 - 1.b. caring environment;
 - 1.c. available information and open communication among the patients, their families and the medical personnel;
 - 1.d. accessible development opportunities for hospitalized children;
 - 1.e. child-sensitive or child-friendly medical procedures; and
 - 1.f. significant value on the children's participation to their treatments?
2. What categories under structure and under process facilitate the provisions of high-quality care to pediatric patients?
3. What services for the hospitalized children are areas that need improvement?
4. What areas under structure and process are rated as unobserved, not availed, non-existent and unable to provide high-quality of care to pediatric patients?
5. What is the quality of the technical aspects of the provisions and delivery of appropriate care are afforded to hospitalized children?
6. What is the quality of interpersonal relationship between the patients and the medical personnel in relation to the consistent, humane and patient-preferred care?

METHODS

This study was descriptive in nature. It employed a survey questionnaire and a focused group discussions to describe the quality of care rendered to pediatric patients of the Davao Medical Center according to the standards of the UNCRC in the handbook "Rights of the Hospitalized Child. The focused group discussion was aimed to validate the initial responses and results in the survey. The data gathered used the concept of the Donabedian's major assessable dimensions of quality on structure and process. The instruments were validated and pre-tested.

Random sampling was used to identify the respondents composed of 25 percent of the total and actual pediatric in-patient admissions of the Davao Medical Center at the time the survey was conducted. Said patients fell between the ages of one-day and thirteen years old. Upon initial survey, a total of 117 admitted pediatric patients were recorded. Patients in the Pediatric Oncology Ward were then excluded. The researcher opted for 30 respondents. The said number of participants was further screened by looking at the duration of stay at the hospital. The minimum requirement was from five days to one week. Parents or guardians were the respondents in behalf of those below six years old since the ability to communicate well at this stage was still limited thus answers might not be derived. Children aged seven to thirteen were the ones who answered the children's version of the questionnaire. The respondents were those who met all the inclusion criteria and none of the

exclusion criteria. The excluded ones comprised those children who were isolated due to their critical conditions and those who were admitted for less than five days. The scale used had the following mechanics:

1.00-1.49	Quality of health care service is not availed. It is unobserved or non-existent
1.50-2.49	There is insufficient quality of health care services provided and these need improvement
2.50-3.49	There is good or average/sufficient quality of health care services provided.
3.50-4.00	There is very high quality of health care services.

Two separate focused group discussions (FGD) were conducted in the hospital, one group for the pediatric patients and the other for the parents/guardians group. Both groups were interviewed in an enclosed playroom due to its structure which made it convenient for them to respond cause there was less noise and audience distractions. The selection of participants was from the pool of those who answered the questionnaires with consideration on the mobility of the patients and the types of illnesses that afflicted them. Children with infectious diseases were excluded to prevent the other child-patients from acquiring communicable diseases.

As a result, only three pediatric patients out of the identified six child-patients who qualified appeared. The other three were not able to make it due to the following reasons: one was in a condition of being immobile; another had abscess and pus from the left thigh that made it painful for the child to move about; and the other one was already discharged on the day the focused group discussion was conducted.

In group two or the parent participants, there were ten who were invited. Only five attended on time while the sixth parent caught up with the rest of the group after waiting for an alternate watcher to look after her child. Four parents were not able to come for they could not, at that time, leave their posts both as parents and watchers. The researcher attempted to look for alternates but it was consuming much of the valuable time intended for the focused group discussion thus, she opted to proceed with the session in spite of the number of participants.

FINDINGS AND CONCLUSIONS

Five of the six categories were rated as good in delivering quality of care for hospitalized children. These were on safe environment; caring environment; available information and open communication between the patients, their families and the medical personnel; child-sensitive or child-

friendly medical procedures; and the significant value on the childrens' participation in their treatment. However, one category, which was on accessible development opportunities, was rated as lacking and in need of improvement. It is important to note that the patient respondents rated the significant value on children's participation also as lacking and in need of improvement, a contrast to the assessment of the parents which fell under good or sufficient. Although one category was assessed as lacking and in need of improvement, none of the six categories had an overall mean that fell under the rating as unobserved, not availed or non-existent. On interpersonal relationships between the patients and the medical personnel in relation to the consistent, humane and patient-preferred care, the parents rated it as sufficient. However, hospitalized children or the pediatric patients had assessed it as insufficient.

RECOMMENDATIONS

Of the six categories in measuring the quality of care for hospitalized children at the Davao Medical Center, only the accessibility of development opportunities received the rating as insufficient. Thus, the researcher recommends that the Davao Medical Center, along with its partners in the community and private sectors, work on creating and providing more facilities within close proximity to the different pediatric wards. The re-opening and re-activation of the existing playroom at the second floor will be valuable in helping the hospital achieve a sufficient mark on this category.

The child life program of the DMC and Kythe who provide psychosocial care for hospitalized children are encouraged to extend their services to other pediatric patients other than those belonging to oncology or the cancer ward. Regular activities and conduct of activities to the different wards of the hospital can aid in providing the sick children venues for learning and playing while confined in the hospital.

The researcher also recommends that the hospital and DMC-Kythe look into the possibility of a tie-up with a school or university that offers courses in education, early childhood, special education and psychology and come up with trainings and/or exposures that will provide a regular attendance of volunteer workers who will be assigned to the hospitalized children. An orientation on the rights of the hospitalized child and of the hospital's child life program must be incorporated into the hospital's orientation program for its existing workforce, new employees and trainees. Posters and bulletin boards with these pieces of information will also be helpful in increasing the awareness and advocacy for children's rights in the hospital. Suggestion and comment boxes must be placed in every pediatric ward so that the administration will be able to gather data and know how to best improve the services for hospitalized children.

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