B ehavioral Objectives

A fter reading this newsletter the learner will be able to:

1. Describe three common reactions adolescents have to being hospitalized.

2. Discuss implications for the healthcare provider to minimize reactions adolescents commonly have to being hospitalized.

Adolescents’ understanding of, reaction to, and method of coping with illness or hospitalization, are influenced by the events that produce stress during this developmental stage. The major developmental task the adolescent, 12-18 years old, faces is a sense of identity versus role confusion. During this stage, adolescents are in search of a personal identity that will lead them to adulthood. Adolescents make a strong effort to answer the questions, "Who am I?"; "Where am I going?"; and "What do I believe in?" To form a personal identity, adolescents strive to be independent, and to integrate the values of their family with those of their peers. A major need during this stage is for teens to feel they belong and are accepted by their peers. This is reflected in many things, such as by their choice of dress and music. The rapid physical changes in puberty contribute to the teen’s feeling of insecurity. These developmental characteristics directly influence the adolescent's reactions during hospitalization, including separation anxiety, loss of control, and bodily injury and pain. This newsletter will describe these reactions during the adolescent period. Implications for the healthcare provider to reduce these reactions to hospitalization will be discussed.

SEPARATION ANXIETY

Hospitalized adolescents often experience separation anxiety. However, unlike in younger children, separation anxiety experienced in hospitalized adolescents is generally not caused by being separated from parents and home. However, in the unfamiliar environment of the hospital, it may be, particularly with younger adolescents.

More often, during adolescence, the anxiety is due to being separated from peers and normal routines, such as missing a party or not being able to participate in a team activity. Adolescents are striving to achieve more mature relations with others, both boys and girls, in their age group. Loss of peer group contact, even caused by short hospital stays, may cause a severe emotional threat because of loss of group status and acceptance. Deviations within peer groups are poorly tolerated, and although members may express concern for the adolescent’s illness or need for hospitalization they continue their group activities, quickly filling the gap of the absent member. Not that it often has to be encouraged, hospitalized adolescents benefit from talking on the phone to their friends, as well as from visits from them. This will help keep the teen "in the loop". However, while peers are in school or participating in after-school activities, such as sports or other group activities, boredom becomes a problem. During separation from their usual peer group, ill teens often benefit from interactions with other hospitalized adolescents.

LOSS OF CONTROL

Adolescents struggle for independence in an attempt to develop a personal identity. Anything that poses a threat to their sense of identity can result in a loss of control. Because of the nature of the patient role, many hospital activities cause a loss of control. Dependent activities, such as enforced bed rest, use of oxygen, a bedpan and transportation in a wheelchair or on a stretcher, can be a direct threat to independence. Adolescents are more sensitive than younger children to potential instances of loss of control and enforced dependency. Although these activities seem routine in the hospital, they allow no freedom of choice to adolescents who want and need to act independently. Adolescents often react to dependency with rejection, uncooperativeness and withdrawal. They may also react with overconfidence.

Not only does the patient role cause dependence, but also depersonalization - “Take the patient to F”. They may react to depersonalization with self-assertion, anger and/or frustration. Regardless of which behaviors adolescents manifest, healthcare providers generally tend to regard adolescent patients as difficult and unmanageable. It is important for healthcare providers to not take such behaviors personally and to realize they are related to a sense of loss of control and depersonalization in the hospital.
Adolescents, like patients of all ages, should be addressed by their name, not as “the patient in room F” or “the new admission”. They also need to be given opportunities to exert control. Offering simple choices, such as “Do you want your laptop or would you rather play checkers with your Mom or just watch television?” gives the adolescent a choice of three things, thus instilling a sense of some control. The more opportunities adolescents have to exert their independence, safely, the better their adjustment to the patient role.

Adolescents characteristically seek information about their condition and rely heavily on knowing what to expect, particularly before a procedure. Adolescents, however, react not only to what information is supplied, but how it is conveyed. They may feel very threatened by healthcare providers who relate facts in a derogatory manner, talking down to them. Adolescents want others, including healthcare providers, to relate to them on their level and not as a child. It is important to direct questions to the adolescent in language he or she can understand, and not to a parent. Also, assess the teen’s knowledge about his or her condition or a procedure. For example, an adolescent who has had diabetes mellitus for five years is likely to have knowledge about the disease and management, even though the diabetes may now be uncontrolled. It’s important to assess the patient’s knowledge base instead of starting from “scratch” in patient teaching, regardless of the patient’s age.

Adolescents want to know that they are developing normally and that they are not different from their peers. Adolescents’ rapidly changing body image during pubertal development often makes them feel insecure about their bodies and if they are developing normally. Illness, medical or surgical intervention, and hospitalization increase their existing concerns for normalcy. During an assessment, it is important to reassure the patient, numerous times, when findings are normal. Again, being different from their peers can cause great emotional distress. Because of the development of secondary sex characteristics, adolescents are very concerned about privacy. Lack of respect for this need can lead to a profound sense of loss of control in the adolescent. During assessment, exposing only the body part to be examined is essential, as well as giving the adolescent privacy to dress and use the bathroom.

Adolescents often feel a loss of control around adults, as well as typically rebel against authority figures, including healthcare providers. When caring for an adolescent patient, it is often helpful for the healthcare provider to introduce himself or herself by their first name - “My name is Jane. I’m a nurse and will be helping you today. Just push the call button and ask for Jane if you need me.” This allows the teen to see the healthcare provider more as a peer. Therefore, a rapport may be established more quickly and the adolescent may be more likely to confide in the healthcare provider.

BODILY INJURY AND PAIN

Adolescents, 12-18 years old, typically show less vocal and behavioral protest to pain. “It hurts” or “You’re hurting me” are common verbal expressions. Much self-control is usually evident. Healthcare providers need to assess for objective signs of pain, such as limited movement, and facial grimacing. However, adolescents may withhold or exaggerate their reaction to pain according to who is present. For example, teens usually have less of a reaction to pain around peers and more when family members are present.

Although the development of body image begins early in life, it is paramount during adolescence. Injuries and pain are viewed primarily in terms of how they affect the adolescent’s view of themselves in the present. Any change that differentiates the adolescent from peers is regarded as a major tragedy. For example, there is often a prolonged adjustment period for teens with diabetes mellitus, than for younger children. This disease changes the teen’s lifestyle, such as not being able to eat a huge amount of junk food at the movies. Many teens would rather “fit in” than to control their diabetes. Adolescents commonly view an illness, injury and/or treatment in terms of how their body image, their appearance, will be affected, rather than to any associated pain. Changes to their body, such as visible abdominal sutures, and the potential of scarring, which will make them look different from their peers, can be devastating to the adolescent. For example, consider a teen involved in a car accident. She survives, while the other two passengers are killed. She has numerous deep lacerations that require sutures and staples on her face and left foot. It is not uncommon for this survivor to wish she had died, rather than to be disfigured and to fear rejection from her peer group. Although adults, including healthcare providers, would be expected to be grateful to be alive, this is not always the case during adolescence. Healthcare providers need to understand such a normal reaction and allow the adolescent to freely express his or feelings and to offer support.

The importance of being accepted by their peer group, the rapid development of their bodies, and the significance of body image all directly relate to adolescents’ adjustment to the common stressors of hospitalization - separation anxiety, loss of control and bodily injury and pain. An upcoming newsletter will discuss common population-specific reactions adults and aging adults typically have to being hospitalized.
POPULATION/AGE-SPECIFIC EDUCATION POST TEST  
GROWN UP...  
Caring For Adolescents, Adults, and Aging Adults  
June 2013  

Competency: Demonstrates Age-Specific Competency by correctly answering 9 out of 10 questions related to Reactions to Hospitalization... Adolescents.

REATIONS TO HOSPITALIZATION... ADOLESCENTS

1. Dave Lang, 15 years old, is admitted to the hospital. It is announced, “Dr. Bell’s patient is here.” Dave is escorted to his room and instructed to put on a hospital gown. During this process it is priority for the healthcare provider to:

   a. give Dave privacy as he changes out of his clothes.  
   b. ask about what after school activities he participates in.  
   c. inquire about his chief complaint.  
   d. encourage Dave to verbalize his fears.

2. When meeting Dave, it is most beneficial for the healthcare provider to introduce her- or himself by saying, “My name is Nurse Brown. How are you Mr. Lang?”

   a. True  
   b. False

3. Once Dave is in bed, you begin your assessment. Dave responds in one word answers and has his arms folded. This behavior is most likely due to him:

   a. feeling dependent and depersonalized.  
   b. being an adolescent with a bad attitude.  
   c. missing his parents and siblings.  
   d. experiencing pain.

4. Hospitalized adolescents typically experience the most anxiety related to being separated from:

   a. parents.  
   b. siblings.  
   c. peers.  
   d. home.

5. A 15 year old, Steven, is to have an x-ray of his chest. It is proper to provide Steven's mother an explanation first, including what to expect and how long he will be in radiology.

   a. True  
   b. False
POPOPULATION/AGE-SPECIFIC EDUCATION POST TEST

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REACTIONS TO HOSPITALIZATION... ADOLESCENTS

6. Adolescents strive to do all of the following EXCEPT:
   a. become increasingly independent.
   b. develop a personal identity.
   c. integrate their family values with their peers.
   d. please their parents.

7. Angie, 16 years old, is scheduled for an appendectomy. Which of the following questions would this adolescent typically ask, based on fears during this developmental stage?
   a. “Will my scar show?”
   b. “How long will I have to stay in the hospital?”
   c. “Is it going to be painful?”
   d. “Can my parents be with me in the recovery room?”

8. Steven is undergoing a painful procedure. He is by himself. What reaction to pain is typical in adolescents?
   a. Using stalling behaviors until his parents arrive.
   b. Protesting with control, such as saying, “Ouch, that hurts.”
   c. Thrashing around.
   d. Screaming.

9. Adolescents commonly view an injury in terms of:
   a. how their body image will be affected.
   b. the length of time they will experience pain.
   c. whether they will die from it.
   d. how many days they will miss school.

10. Based on their needs during adolescence, which of the following would be considered most difficult for an adolescent to deal with?
    a. Mononucleosis
    b. Sutures on the face
    c. Strep throat
    d. A broken arm