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(Article begins on next page)

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Speaking about emotional events in hospital: The role of health-care professionals in children emotional experiences

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Abstract

This paper presents a qualitative study aimed at exploring the role of health-care professionals in hospitalized children's emotional experiences. A total of 27 children and adolescents from ages 6 to 15 years admitted to the Pediatric Hematology and Oncology ward of an Italian hospital participated in the study. Each participant was asked to talk about an emotional experience of happiness, anger, sadness and fear, felt in the presence of a doctor or nurse on the ward. The emotional tales were coded and analyzed qualitatively. The results showed that all the emotions considered were experienced when the staff was present, nurses in particular. Doctors and nurses played a role of active participants, encouraging children's emotions, especially for happy events. More research is needed to clarify the role of the staff in supporting children to cope with negative emotions.

Keywords Children's participation, nurse-child interaction, nurse-patient relationship

Introduction

The relationship between hospitalized children and health-care professionals, nurses and doctors, is an emerging issue. In recent years, many studies have paid attention to the different dimensions of this 'special' relationship, recognizing the importance of directly involving young patients in the evaluation of health care (Lindeke et al., 2006; Randall, 2012). In particular, three main topics were investigated: communication between young patients and the health staff, children's perception of their relationship with nurses and doctors and children's expectations concerning health-care professionals. As regards the first topic, Haskard et al. (2009) found that affective and instrumental communication between children and nurses predicted each other's satisfaction. More recently, Noren ~a and Cibanal (2011) demonstrated that hospitalized children described their relationship and communication with the health staff as an interaction that contained a range of affective and social elements. Finally, Lambert et al. (2011) showed that, in communication with health staff, children can have a role of both being passive bystanders and active participants, depending on their needs in specific situations. Overall, these studies demonstrated that hospitalized children were able to describe their role (listeners, observers or participants) in communication with the staff and to appreciate nurses and doctors who expressed proximity, empathy and attention to their emotions. Different qualitative studies

investigated children's perceptions and expectations about the health-care staff. In particular, they showed that hospitalized children were able to describe 'the good nurse'. He/she must smile and use kind words, promote positive well-being, security, comfort and support, reduce pain and provide diversion (Schmidt et al., 2007). He/she must be able to communicate and provide safety (Brady, 2010) and information about care (Coyne and Kirwan, 2012). Moreover, for hospitalized children, doctors and nurses should be involved in their care (Randall, 2012), be familiar, accessible and available and demonstrate empathy and acceptance (Robinson, 2010). Finally, Corsano et al. (2012) found that hospitalized children perceived and wished their relationships with health-care professionals, in particular with the nurses, as close, intimate and cohesive. Most of this research has highlighted the importance of the emotional and empathic components of the relationship between children and health-care staff, but few studies have specifically investigated the emotional events lived in the presence of nurses and doctors. In contrast, the emotional state of young patients during their stay in hospital has been extensively explored from the first pioneering studies conducted in the 1950s and 1960s (Bowlby and Robertson, 1952; Alsop-Shields and Mohay, 2001; Bowlby and Robertson, 1952). Many studies have reported that hospitalized children experience different feelings, such as anxiety, fear, pain, loneliness and anger. Opposite emotions can also coexist, such as being scared/confident, sad/cozy and hurt/having fun (Forsner et al., 2005; Wilson et al., 2010). The young patient may also experience feelings of exclusion, suspicion and fear when the health-care staff do not involve them in their communication (Coyne and Kirwan, 2012). All these emotional states may be enhanced in preadolescents and adolescents, who realize both the severity of their disease and the possibility, in some cases, that they will not get better (Bartolozzi and Guglielmi, 2008). Therefore, it is well known and accepted that there are many feelings experienced by children during hospitalization. It is important, however, to stress that children often share their emotional states with the health-care staff. In particular, with regard to doctors, nurses share the children's emotional states more, since they are usually closer to them and have more frequent physical contact during the day with them. The aim of the present study was to explore the emotional events experienced by children with the nurses and the doctors. Specifically, through the analysis of the narrations of children's emotions, we focused on the role played by health staff. The study of this topic may improve the understanding of hospitalization experiences during childhood and early adolescence. In addition, the investigation of emotions through the voice of children themselves can enrich our comprehension of young patients' representation of their relationship with nurses and doctors and of the health-care professionals' role in the promotion of the psychological and physical health (Forsner et al., 2005; Wilson et al., 2010). We focused on the experiences of children admitted to the Pediatric Hematology and Oncology ward, who had a long experience of hospitalization and contact with hospital staff. We expected a more detailed and articulated emotional experience shared with nurses than with doctors because of the more physical and intimate contact and greater amount of time spent together (Corsano et al., 2012). We also expected that adolescent patients would show a more complex and richer narration of their emotional experience than younger children because of their greater narrative and emotional competence and their increased awareness of emotional experiences (Li et al., 2011).

Method

Participants

A total of 27 school-aged children and adolescents (55% female and 45% male) admitted to the Pediatric Hematology and Oncology ward of an Italian hospital participated in the study. Of the children, 15 were aged between 6 and 10 years ($M = 7.56$; $SD = 1.41$) and 12 were between 11 and 15 years ($M = 12.15$; $SD = 1.52$). In all, 15 participants were suffering from haematological malignancies, 4 from solid tumours and 8 from blood disorders. All patients were hospitalized for at least 1 week and most of them had previous experience of hospitalization for at least a year. The psychology department contacted the parents and explained to them the purpose and procedure of the research. Each participant and their family gave informed consent. Ethical approval was obtained from the Local Ethics Committee.

Instrument

The ‘speaking about an emotional experience’ method was used in order to explore the children’s emotions experienced with nurses and doctors. This method was developed by Zammuner and Cigala (2001) in order to investigate the emotional understanding of sadness, happiness and anger in typically developing children aged between 7 and 14 years. In the present study, children were asked to provide an event for four different emotions (happiness, anger, sadness and fear) experienced in the presence of the health-care professionals at the hospital. The experimenter asked each child: ‘Tell me about an event experienced in the hospital while you were with your doctor or nurse, when you felt happy/angry/sad/when you were afraid’. The order of specific emotions was counterbalanced among the participants.

Procedure

Once informed consent was obtained from the parents and child, the experimenter accompanied the child to the living room of the ward, where the task was administered. The task was audio-recorded.

Coding

All of the emotional tales produced by the children were audio-recorded, then transcribed and coded using different categories adapted by Zammuner and Cigala (2001). In the previous research, the categories were used to encode the emotional stories of happiness, sadness and anger (oral and written) produced by children between the ages of 6 and 14 years. Specifically, the coding system used in our research included the following categories:

- emotional antecedents (happiness, anger, fear, sadness);
- kinds of emotional antecedents (pleasant/unpleasant event, pleasant/unpleasant interaction, pleasant/unpleasant event anticipation, other);

- emotional terms (all terms that indicate an emotion, both positive and negative; i.e. happiness, fear, surprise, embarrassment, relief, shame);
- medical terms (all terms that refer to a medical specialist language, or at least to actions and contexts related to the hospital environment; i.e. lumbar injection, needle aspiration, anaesthesia)
- participants in the emotional event (parents, health-care professionals, none);
- role of participants in the emotional event (sharing, intensifying, attenuating, provoking, none);
- behavioural reactions (absence, opposition, verbal reaction, other).

Every emotional tale was analyzed according to these categories. In particular, we proceeded first with a qualitative analysis of the content, in order to identify the various types of categories. Subsequently, the frequency of occurrence for each category was calculated. The two researchers encoded the events separately according to the categories considered. The mean accordance between the coders was .89 (Cohen's κ).

Results

Qualitative analysis indicated that most of the tales were very short and did not present a complex narrative structure. They were mostly composed of some examples encouraged by the researcher. However, the analysis of the narrations allowed us to identify a number of aspects associated with feelings of happiness, anger, sadness and fear, experienced during interactions with the health-care professionals.

Emotional antecedents

The analysis of the emotional antecedents for each emotional tale indicated that 23 of 27 children (85%) reported a specific episode that occurred in the hospital with the staff in the narratives about happiness, while for the other emotions, the percentages are slightly lower: 'anger' ($n = 17$, 63%); 'sadness' ($n = 20$, 74%) and 'fear' ($n = 19$, 70%). The rest of the children said that they did not remember any event or, alternatively, that they had never experienced moments characterized by these emotional states in the hospital. One patient did not want to speak about the remembered event in the case of becoming angry. Specifically, with regards to happiness, 37% of the children indicated pleasant interactions, 30% of the children indicated pleasant events and with 23%, the pleasant event anticipation was the cause of the emotion. Young patients narrated episodes in which they played and joked with nurses:

I celebrated my birthday in the hospital and they (the nurses) sang happy birthday, I got a Barbie and a pair of pajamas with a penguin...;

Table 1. Number of emotional and medical terms.

	Emotional terms	Medical terms	Total tales
Happiness tales	15	9	23
Anger tales	16	10	17
Sadness tales	18	15	20
Fear tales	24	17	19

Other episodes included when they knew they would return home, ‘when they told me I had to have an anesthetic and after I went home...’; and the anticipation of a pleasant event:

When the care and hospitalization will be finished, and I will speak with the doctors in the room, and they finally say that I can go home.

Finally, children also reported pleasant sensations such as ‘we went to put a dressing on my tummy and the nurse tickled me.’. Emotional antecedents mentioned in tales about anger were expectations of a possible adverse event (55% of the children) and unpleasant events (45% of the children). Young patients narrated episodes in which they knew they could not eat their favourite food because of medical treatment or disease such as ‘when I knew I had celiac disease, I could not eat baguettes!’ or when they realized they would not go home: ‘when they told me I had to stay a long time here...’. Most of the children (80%) mentioned an unpleasant event as the cause of the emotion of sadness, in particular physical and psychological suffering (30%) and separation and loss experience (10%) such as ‘when Giocamico¹ did not come into my room, I felt sad’, and ‘high fever’ and ‘I’m sad every time I come here’. In some cases, children said they had never felt sad when they were with the nurses and doctors:

I always talked and played with them, I never felt sad,

There is not a sad time.

Finally, with regard to the emotion of fear, most of the children (52%) identified unpleasant events and the anticipation of an unpleasant event (30%) as an emotional antecedent. In particular, the episodes that caused fear concerned the surgery room and medical procedures:

I was afraid to wake up during surgery. The first time I had to do a blood test.

Emotional and medical terms

As can be noted in Table 1, the children reported several medical and emotional terms. In particular, they reported 15 emotional and 9 medical terms in 23 happiness tales, 16 emotional and 10 medical terms in 17 anger tales, 18 emotional and 15 medial terms in 20 sadness tales and 24 emotional and 17 medical terms in 19 fear tales. For example, with regard to medical terms the children mentioned: lumbar injection, needle aspiration, anesthesia, sleeping pills. With regard to emotional terms they reported: angry, sad, frightened, happy, ashamed, embarrassed.

Emotional terms Medical terms Total tales

Participants in the emotional events In most cases (85%), children indicated nurses and doctors as participants in emotional events. The qualitative analysis found that doctors were present to a lesser extent. Few children (13%) referred to their parents. One child said:

I felt happy when the nurse played with me on the Play Station, or when another nurse called for pizza in the ward.

In the tales that related to negative emotions, some children did not refer to any particular person (anger 7%, sadness 7% and fear 13%). The role of participants in each event differed depending on the emotions they evoked. In the narratives related to happiness, most of the subjects attributed an active role in determining (39%), sharing (13%) and intensifying (10%) their emotional state to the health-care team (in particular to the nurses). Some children (23%) did not specify the role of the participants. In contrast, participants in the event did not seem to have a specific role in the narrations about other emotions (anger 32%, sadness 32% and fear 42%). Nevertheless, some patients attributed to participants the role of intensifying anger (16%) and fear (13%) and as a cause of anger (16%) and sadness (16%). Only 3% of the children referred that participants may have attenuated their sadness and fear.

Behavioural reactions

Most of the children did not mention behavioural reactions (more than 70%) in the narrations of happiness, sadness and fear. In contrast, in the tales about anger, children reported some examples of opposition behaviour, in certain cases probably unrealistic:

when I have to have an injection, I feel very angry. I cannot sit quietly, four people have to hold me still;

Other examples included damaging objects and people that are responsible for their emotions:

I was so angry that I fired them all. I broke the room.

Children also reported verbal reactions such as 'I said some swear words', and in some cases, they said they stopped what they were doing: 'I went away because I was frightened'.

Age, gender and pathology differences

In order to verify whether the characteristics of emotional tales varied in relation to age (6–10 years vs. 11–15 years), gender and pathology, a Mann-Whitney non-parametric test for independent samples was carried out. Data analysis showed that adolescents (11–15 years old) used a higher frequency of emotional antecedents associated with fear than younger children (6–10 years old) ($Z = 2.74$; $p < .01$). In addition, the tales of adolescents are richer in anticipation of pleasant and unpleasant future events ($Z = 1.89$; $p < .05$) compared with younger children. No differences emerged in relation to gender and pathology ($p > .05$).

Discussion

The aim of the present study was to explore the emotional events that children experienced with the nurses and the doctors. First, even if most of the tales were very short, children reported their hospital experience, and their relationship with hospital staff, as rich regarding the emotions experienced, in particular in the case of happiness. This confirmed other studies reporting hospitalized children's ability to experience many different emotions, but what is new here is the specific focus on the role of doctors and nurses. Some differences emerged in the children's narrations in relation to the emotion experienced. For example, patients reported emotional episodes and their antecedents in a greater extent for happiness than for negative emotions such as anger, sadness and fear. In order to explain this data, it is possible to hypothesize that some children, encouraged to remember emotionally painful moments of their experience, failed to evoke the memory of specific episodes or that they perhaps preferred not to report them. It is plausible that for these children, the most painful events, concerning anger, sadness or fear, had not yet been fully personally elaborated, and therefore they were not always narrated with spontaneity and immediacy. However, it is interesting to note that children who narrated emotional events associated with anger, sadness and fear showed greater emotional awareness, evidenced by a higher frequency of emotional terms. These data should confirm the idea that negative emotions experienced in the hospital can be told by children only if they have been sufficiently elaborated. In conclusion, negative emotions have not been elaborated by some children (they cannot remember them or do not want to recount them), while other children have personally worked through their negative emotions and they narrated them with a greater use of emotional words. The narration about negative emotions displayed a higher frequency of medical and technical terms. It is possible to hypothesize that, through these words, hospitalized children wanted to set-up a barrier between themselves and the emotions they felt (Barbieri, 2012), or exercise control over a reality perceived as uncertain and painful (Barbieri et al., 2012). In any case, the narration about happiness showed a wealth of emotional antecedents. It can be stated that, despite the critical situation, positive moments marked by a relaxed, carefree and welcoming environment were reported by hospitalized children. They contributed to provide a more acceptable stay at the hospital. As we have seen, these moments were shared in particular with the nurses, but also with the doctors. It is interesting to note that (as in the example above) with them, the children never felt sad. This finding showed that hospitalized children experience emotions with the health-care professionals, especially positive ones. In particular, this sharing of happiness could enrich their relationship with the staff, and make it intimate and cohesive (Corsano et al., 2012). Regarding the participants in the emotional tales, it emerged that nurses were more present than doctors. This finding is related to greater physical proximity, highly frequent contact and, as hypothesized, higher sharing of significant emotional moments with nurses than with doctors. Nurses were more significant figures than doctors for young patients because they accompanied them in different moments (mentioned in some examples above), during routine ward duties, play and leisure. However, doctors were present in the emotional tales too, in particular in the cases (mentioned above) in which their words, remembered or anticipated, had a reassuring function. Thus, young patients seemed to recognize the doctors' competence and authority. The role played by nurses and doctors was more evident for happiness. They were seen as those that caused or intensified the emotion. This role was less reported for the narrations involving

other emotions, such as negative ones. In these tales, the antecedents of emotions were associated with unpleasant events (experienced or anticipated) rather than with unpleasant interactions, even if the health-care professionals through their medical procedures could make the children sad, angry or afraid. Doctors and nurses seemed to have a neutral role. It almost seems that the young patients recognized that the medical procedures are inevitable and necessary to the health. They only attributed the cause of their suffering to health-care staff in some cases, and they respected the role of care and the status of these professionals. Another interesting aspect that emerged from the research was that hospitalized children used different levels of reality when talking about emotions. Emotions were associated with events effectively experienced, but also with memories and desires and anticipated events. This finding could mean that emotional telling helps the children to remember the emotions experienced, but also to distance themselves from reality. In fact, the hospitalized children evoked desires and expectations and projected themselves in a real future. This could be seen as an attempt to escape from a painful situation, or it could be interpreted as a sophisticated strategy finalized to regulate negative emotions that develop after 10 years of age (Harris, 1989). In fact, in the present study, this strategy was reported more by the older patients. As hypothesized, their tales were richer. In particular, adolescents mentioned more frequently anticipated pleasant and unpleasant events, and spoke more explicitly of events that caused fear, maybe because of a greater awareness of the effects of their disease (Bartolozzi and Guglielmi, 2008). Finally, in some cases (as in the examples above), the episodes narrated were highly unlikely. These situations can be interpreted as an attempt to exert control over reality in a condition in which they often feel at the mercy of events. In this direction, Coyne (2006) has pointed out that one of the biggest fears of hospitalized children regards their loss of self-determination and control over reality.

Conclusion

The children's emotional tales have allowed us to highlight important aspects of the relationship between hospitalized children and health-care professionals. Overall, our data supported the main hypothesis of the research, namely that the relationship between hospitalized children and healthcare professionals has an emotional significance for children. This emerged especially for happiness: doctors and nurses play a role of active participants in the children's tales, encouraging and intensifying their emotions. This is undoubtedly an interesting finding in order to better understand the experience of hospitalization of children. In particular, it suggested the importance of the role of care staff in promoting well-being of children who are suffering because of their disease and their stay in hospital. However, these findings do not clarify whether health-care professionals may have a specific role in improving children's emotional competence, particularly in helping them to cope with their negative emotions. In these situations, nurses and doctors were perceived as neutral, neither as a cause of emotion or as a support. It would be appropriate, therefore, to continue research in this direction in order to better understand hospitalized children's emotional experiences and their ability to cope with negative emotions. More research is also needed to find out what kind of intervention and training health-care professionals may carry out to help children cope better emotionally.

Note

1. Volunteers playing with hospitalized children

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