

THE VIEWS OF A GROUP OF ADOLESCENTS CONCERNING THEIR
HOSPITAL EXPERIENCES IN ONE MONTANA COMMUNITY

by

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ABSTRACT

The primary purposes of this study were to determine the views of a selected group of adolescents towards their hospital experiences and obtain information from this group concerning their illnesses or injuries.

The study was based on a survey conducted by interviewing a selected sample of adolescents between the ages of twelve and seventeen years.

The majority of the adolescents indicated that they did not mind being hospitalized and viewed their hospitalization experiences as "an experience." The statistical analysis of the data revealed significant results in the answers to the majority of the questions asked but that there was no significant difference among the responses of the boys and girls.

THE VIEWS OF A GROUP OF ADOLESCENTS CONCERNING THEIR HOSPITAL EXPERIENCES IN ONE MONTANA COMMUNITY

CHAPTER I

THE PROBLEM

Introduction

Today's age-segregated society is composed in part of adolescents, youngsters who are neither adult nor child.

All social institutions affect adolescents in one manner or another. The primary and most influential is the family. One of the chief formal social institutions affecting the adolescent is the high school. Society deals with adolescents through its schools. Schools are morally responsible for the welfare of adolescents as complete human beings in a way that other formal social institutions are not.¹

Another social institution which affects adolescents directly or indirectly is the hospital. This social institution has been in existence for many centuries but until just recently its affect upon adolescents has not become the focus of scientific study. An adolescent, because of illness or injury, may find himself within the confines of a "gleaming white" and "cold" or impersonal hospital. He is thrust among strangers and into new and sometimes frightening experiences away from his home, school and friends.

¹Edgar Z. Friedneberg, The Vanishing Adolescent, (New York: Dell Publishing Co., Inc., 1959), pp. 67-69.

Recently the medical and nursing professions have begun to recognize that they do influence adolescent development and have a responsibility towards adolescent patients. The medical care of adolescents has not been neglected, yet it is true that they have had the benefit of neither the intensive sort of research nor the special training of physicians which have been directed toward other major age groups. It is particularly important that the special needs of hospitalized adolescents be recognized and met because they are at a crucial point in their lives.

Later when they are older they will be less malleable and conditions which might have easily been adjusted in their adolescence will then become refractory to even the most expert and prolonged effect.²

The views of adolescents concerning hospitalization are important in order to plan the kind of nursing care adolescents need. The nurse could then give more complete and rewarding nursing care. Therefore, nurses need to be interested in adolescent views toward hospitalization. How the nurse herself views adolescence will also contribute to the nursing care she gives to her adolescent patients. However, this influence was not dealt with in the study.

The Problem

Statement of the Problem. The problem of this study was to

²J. Roswell Gallagher, Medical Care of the Adolescent, (New York: Appleton-Century-Crofts, Inc., 1960), p. 2.

determine the views of a selected group of adolescents concerning their hospital experiences in one Montana community.

Purposes of the Study. The purposes of this study were to obtain:

- (1) Views from this selected group of adolescents relating to their hospitalization experiences as adolescents in one Montana community, and
- (2) Information from this selected group of adolescents concerning their views toward their illness or injury.

Definitions of Terms

Terms used in this study were defined as follows:

1. Adolescent -- A person in the transitory phase between childhood and adulthood when characteristic physical and emotional changes are taking place.³ For this study the ages were from twelve through seventeen years of age.

2. Hospitalization -- A stay in a hospital as a patient extending over a minimum of a twenty-four hour period.

Justification for the Study

Research concerning hospitalization of adolescents has been very limited until the present time.⁴ The writer was able to find very little

³Lillian Cottrell, "Understanding the Adolescent", The American Journal of Nursing, Vol. 46, No. 3, (March, 1946), p. 182.

Minnie K. Oed, "Helping the Bewildered Adolescent", The American Journal of Nursing, Vol. 50, No. 5, (May, 1950), p. 298.

⁴J. Roswell Gallagher, "A Clinic for Adolescents", Children, Vol. 1, No. 5, (September-October, 1954), p. 165.

concerning this subject. Attention has most frequently been given to the hospitalization of the younger child within the realm of pediatrics. With rising numbers of hospitalized patients, adolescents are more and more becoming a focus of interest within the hospital setting. The approach and the type of care given to adolescents varies from that given to either children or adults. The placement within the hospital where adolescents are treated and cared for also presents problems to hospital administration. Because adolescents are neither adults nor children, their needs, interests, attitudes and even some of their physical ailments differ from those of both children and adults.⁵

Adolescents may react as either children or adults. They challenge the understanding of the nurse especially at times of illness or injury. The nurse, in order to begin to understand adolescents for the purpose of giving nursing care, needs to know about their views concerning hospitalization.

Review of Literature

Literature pertaining to adolescence has been wide and varied within the discipline of psychology. However, until recently the nursing and medical professions have published little about the adolescent.

Adolescents are different than other age groups. They are in the transitional stage between childhood and adulthood when definite physical

⁵Ibid., p. 165.

and emotional changes are occurring. Paul Landis has defined the period of adolescence chronologically as those years between twelve years and twenty-four years; psychologically as the period of terminating a prolonged period of infancy; and sociologically as the period in which adolescents are attempting to bridge the gap between dependent childhood and self-sufficient adulthood.⁶

Horrocks has defined adolescence as:

. . .both a way of life and a span of time in the physical and psychological development of an individual. . . .represents a period of growth and change in nearly all aspects of a child's physical, mental, social and emotional life. It is a time of new experiences, new responsibilities, and new relationships with adults as well as peers.⁷

The physical, social, emotional maturity are all related in an adolescent. Adolescent behavior depends in part upon the physical equipment that he has and because he is growing, upon the nature of the physical changes that are occurring as he approaches adulthood.

Gallagher has placed this phenomenon as first and foremost to remember when treating and caring for adolescents. The physical growth attained by the adolescent is not a simple process. A variety of changes occur simultaneously. Perhaps the most notable change occurs in the genital tissues. This change is brought by the action of the pituitary gland which is activated just prior to the pubescent growth cycle.

⁶Paul Landis, Adolescence and Youth, (New York: McGraw-Hill Book Company, Inc., 1947), p. 23.

⁷J. E. Horrocks, "What Is Adolescence?", Education, Vol. 76, No. 4, (December, 1955), p. 218.

Sexual maturation is an important event. It is probably the most significant change from the standpoint of adolescent development and adjustment. Raymond Kuhlen has written:

This phenomenon presents new psychological tensions which need to be resolved, with new desires, and in many subtle ways affects his thinking and feelings, his strivings and adjustments.⁸

Gallagher has stated "those bodily changes and boys' and girls' changes in attitudes and feelings go hand in hand and are inextricably intertwined in their total development."⁹

The adolescent with a newly developed body is constantly making comparisons between himself and his contemporaries. Differences are almost certain to cause him some anxiety. For both boys and girls any bodily condition which is not in keeping with what is considered the 'norm' will cause them anxiety.

The normal adolescent is a conformist to his peers. The peer group structures a frame work of behavior patterns. It supports him in his explorations into a wide world by sharing with him exploratory steps and experiences. This close identification with his peers is an important source of security and encouragement for the adolescent.¹⁰

⁸Raymond G. Kuhlen, The Psychology of Adolescent Development, (New York: Harper and Brothers, 1952), p. 34.

⁹J. Roswell Gallagher, Medical Care of the Adolescent, (New York: Appleton-Century-Crofts, Inc., 1960), p. 10.

¹⁰Irene Josselyn, "Psychological Changes in Adolescence", Children, Vol. 6, No. 2, (March-April, 1950), p. 43.

The adolescent's own group dominates his thinking and his behavior. The group is composed of individuals of approximately the same emotional level of development. Membership is not lifetime in spite of the iron control of the group. An adolescent may have loyalties to one group more than another due to his degree of maturity. Josselyn states:

He will then use the standards of the particular group that is at the moment most compatible with his emotional state, swinging with little hesitation to another group as the rise or fall in his maturity level influences his needs and capacities.¹¹

Erik Erikson has defined the central problem of adolescence as the establishment of a 'sense of identity'.¹² Who is he? Will he be accepted by society? Many adolescents of primitive societies are more easily able to bridge the gap between adulthood and childhood. A young person in our society may be disturbed not only because he is not certain of himself, but also because he is not certain of who he is to become.

Adolescents out of need have developed a society apart from society at large. James Coleman reported this in a study he conducted about the adolescent society. The adolescent is "cut off" from the rest of society, forced inward toward his own age group, made to carry out

¹¹Irene Josselyn, The Happy Child, (New York: Random House, 1955), p. 125.

¹²Dorothy R. Marlow and Gladys Sellow, Textbook of Pediatric Nursing, (Philadelphia: W. B. Saunders Co., 1962), p. 675.

his whole social life with others his own age.¹³ This is due to the age-segregation of our specialized society.

Age-segregation has moved into the world of medicine and nursing also. But where does the adolescent belong? He is too old to be treated as a child and yet too young to be treated as an adult. Adolescents differ from other age groups in their interests, talk, dress, daily life; in their needs and worries; in their size and shape. For these reasons it is important that adolescents in time of illness or injury be given the type of total care they require.¹⁴

Medical care among adolescents has not been neglected by the medical personnel, but few medical clinics and hospital wards have been developed exclusively for them as have been developed for other age groups. Medical investigation of their problems has also been limited. The following comment was expressed editorially in the New England Journal of Medicine in 1953:

Until recently, the pediatrician has been preoccupied with premature babies, transfusions, feeding problems, running ears... The internist has also been busy with the ills of adulthood and advancing age and still to come to the period of adolescence. Yet the field is particularly important, marking as it does the transition from boy to man and from girl to woman.¹⁵

¹³James S. Coleman, The Adolescent Society, (The Free Press of Glencoe, 1961), p. 3.

¹⁴J. Roswell Gallagher, op. cit., p. 7.

¹⁵Ibid., p. 4., as quoted from an editorial of the New England Journal of Medicine, Vol. 248, p. 437, (1953).

Adolescent clinics and hospital wards are gradually appearing on the medical and hospital scene. One such unit was established in 1952 at Boston's Children's Hospital. The unit established is a general practice clinic which is directed toward the age group rather than specific illnesses.¹⁶

Adolescence is generally a period of good health, but adolescents tend to develop poor health habits, incorrect posture and imaginary illness because of emotional instability. Unpopularity, conflict at home, difficulties with school work or inability to adjust to social conditions may cause worry and anxiety. Defects in vision and teeth increase at this time. Adolescents require more sleep.

Illness during adolescence may have disastrous effects. During illness the young person is unable to discover the kind of person he really is or what his role in the future will be, much less develop a sense of intimacy which is important to his later adjustment.¹⁷

Nursing of adolescents also presents problems similar to those of other patients. Fear is inherent in the illness situation. The adolescent has a fear of embarrassing and incomprehensible situations, physical violence, mutilation and even death.¹⁸

¹⁶J. Roswell Gallagher, "A Clinic for Adolescents", Children, Vol. 1, No. 5, (September-October, 1954), p. 166.

¹⁷Marlow and Sellew, op. cit., p. 700.

¹⁸Cottrell, op. cit., p. 181.

The nurse in caring for adolescents needs to understand that adolescents are frequently unpredictable, that they may be emotionally unstable and torn between their desires to be dependent and independent. If the nurse is aware of a problem concerning an adolescent's acceptance of his newly developing body, she may be of great help to him at the time of a physical examination or when she carries out treatments. She can help him by explaining that fears of this sort are common among adolescents and understandable to her.

Because the adolescent tends to behave like the group with which he is identifying, a newcomer to a hospital ward usually adopts likes and dislikes of the group. He is often too proud to admit pain and will take punishment stoically. He fights back tears while denying distress. Reference to body functions should be limited to private conversations. An adolescent is baffled by his own reactions, because he now has stronger emotional feelings than at any other time in his life. Situations which make the adolescent feel different, offended, ridiculous, discriminated against or embarrassed are causes of anger and frustration to the adolescent. The sick adolescent is a supersensitive being and needs help in maintaining self-esteem. His self-esteem is aided if the medical staff is consistent in its attitudes toward the patient and makes the reasons and method of treatment comprehensible to him and his family.

John A. Lewis stated that:

...illness produces a certain degree of regression in anyone. It means falling back on the level of performance to certain fixed

points of earlier development. Behavior is not up to par.¹⁹
This phenomenon appears in the hospitalized adolescent.

He wants comforting and cuddling while demanding to be treated as an adult. During illness the younger child will demand and receive comfort. An adolescent tries to hide his fear but he needs reassurance in the form of frequent explanations. He must be made to feel that even though doctors and nurses are in the stronger and dominant position, they are respecting him as a person and are willing to do all to make him well.²⁰

It was the writer's intention to review briefly for the reader (1) the principal physical, social, and emotional changes occurring within the period of adolescence, (2) current trends in medical and nursing care of the adolescents, and (3) adolescent reactions to illness and hospitalization.

This brief review of literature about the adolescent was thought to be helpful in illustrating some of the points the writer had in mind as the interview guide was developed. The methodology including the construction of the interview guide follows.

Methodology

The survey method, employing a personal interview guide as the

¹⁹John A. Lewis, "Reflection on Self", The American Journal of Nursing, Vol. 60, No. 6, (June, 1960), p. 282.

²⁰Cottrell, op. cit., p. 181.

tool was selected as the most appropriate means of obtaining the desired information for this study. In any questionnaire or interview guide there is always the possibility for misunderstandings due to ambiguities. In order to remove some of these, the interview guide was pretested on four adolescents who had been hospitalized. This resulted in rewording and revision of some of the questions.

In constructing the interview guide, questions were included in regard to (1) the developmental tasks of adolescents, (2) areas of nursing care and hospital routine to which it was believed adolescents would react, (3) adolescent feelings towards illness and (4) identifiable data such as time of the year, length of hospitalization, diagnosis, and age. A copy of the interview guide appears in the Appendix, pages 37-39.

The sample was obtained from a universe of 129 adolescents, ranging in age from twelve years to seventeen years and excluding obstetrical patients in this age group. The universe was obtained from the admission sheets of the Bozeman hospital. This group had been hospitalized in 1962. Permission from the attending physicians to review charts or business records was obtained. Eighty-three adolescents were eliminated from the study because they did not live in the Bozeman area or attend schools within the Bozeman area.

Both public school and parochial school authorities were contacted by the writer concerning the use of the schools as a place of interview. Permission was granted to interview the adolescents in the

study. The school authorities did not feel that obtaining parental permission was necessary.

Sixteen adolescents were further eliminated from the study due to the interviewer's being unable to receive permission to interview in one school. This group of sixteen adolescents included students of junior high school age, twelve to fourteen years.

The scope of the study was limited to a sample of thirty adolescents who were hospitalized at the Bozeman Deaconess Hospital between January 1, 1962 and December 31, 1962. The thirty adolescents who were between the ages of twelve years and seventeen years lived in the Bozeman area and attended Bozeman area schools. There were eleven boys and nineteen girls.

The thirty adolescents of the study were interviewed at the schools, using the guidance counselor's office, principal's office or an empty classroom as the place of interview. The students were excused from study halls to be interviewed.

The interviewer introduced herself to the adolescents and inquired if it were permissible to ask questions about his hospitalization experience. If the adolescent had refused the interviewer would have eliminated him from the study. No one refused to be interviewed.

The questions containing both the words like and dislike were asked in this manner, "What did you like or dislike...?". If the adolescent could not give an immediate answer to the questions, his answer was marked "no opinion". Comments and answers to the open-end

questions were recorded in the comment section of the interview guide. First names were used on the interview guides only to serve for purposes of identifying who had been interviewed.

Variables presented in the study were the (1) sex of the adolescent, (2) age of the adolescent, (3) previous hospital experiences, (4) length of time since hospitalization and (5) willingness of the adolescent to cooperate.

The limitations of the study were possible biases in the sampling procedure. The sample was selected on the basis of all of the population available to be interviewed and whose medical records were available. The interview guide items could be expected to limit the information obtained. The inexperience of the interviewer and the brief time for the interview may have prevented some feelings from being revealed or recognized by the interviewer.

CHAPTER II

ANALYSIS AND INTERPRETATION OF THE DATA

Introduction

It was the purpose in this chapter to analyze and interpret the data collected from the interviews. A total of thirty interviews of adolescents were analyzed. The closed-end questions were analyzed using the chi square statistical method. The responses to the open-end questions were discussed descriptively and by citing examples.

The data obtained from the interview guides were analyzed in the categories in which the questions were formulated and in respect to the purposes of the study. A comparison of the responses of the boys and girls to identical items was made to determine the similarities and differences of their answers. Comparing the responses of the boys with girls using the chi square statistical method, it was found that there was no significant difference in the ways the boys and girls answered the questions.

Chi square is a test of significance. This statistic is very useful in research because no particular assumptions have to be made about the shape of the distributions of the frequencies being tested. In analyzing the data the writer used the general formula for chi square $(\chi^2 = \frac{(O-E)^2}{E})$ with one degree of freedom. The symbol O means the observed frequencies and the symbol E means the expected frequencies. The 10% confidence level was selected as the significant beginning point.

The results of each chi square analysis were compared with Table IV found in Basic Statistical Methods.²¹

The null hypothesis tested by the chi square statistic was:

There was no significant difference in the way in which the adolescents answered the question other than what could happen by chance.

An alternate hypothesis was derived for each question in which the null hypothesis was rejected.

In the group of adolescents interviewed there were eleven males and nineteen females. The universe was composed of thirty-eight males and ninety-one females. The mean age of the sample group was 15.43 years and the mean age of the universe was 15.93 years. The mean length of the hospital stay of the sample group of adolescents was 4.63 days. Twenty-eight of the adolescents interviewed have siblings. 93.33% of the fathers of the group interviewed were employed and 56.66% of the mothers of the group interviewed were employed outside the home. The families of the interviewed adolescents appeared to be of average to above average economic status. This was determined by parents' occupations. However, the answers to the questions asked did not appear to differ with reference to varying economic status.

The reasons for hospitalization of the sample group of adolescents are illustrated on Table I, page 17. The primary reasons for

²¹N. M. Downie and R.W. Heath, Basic Statistical Methods. (New York and Evanston: Harper & Row, Publishers, 1959), p. 266.

TABLE I

THE REASONS FOR HOSPITALIZATION OF THIRTY
ADOLESCENTS HOSPITALIZED IN BOZEMAN, 1962

Reasons	Specific Cause		Category	
	Number	Percent	Number	Percent
Car accidents	6	20.0	6	20.0
Surgical			13	43.3
Tonsillectomy and Adenoidectomy	6	20.0		
Appendectomy	4	13.3		
Other	3	10.0		
Medical			8	26.6
Observation	4	13.3		
Respiratory Infections	3	10.0		
Other	1	3.3		
Injuries	3	10.0	3	10.0
TOTAL	30	99.9	30	99.9

hospitalization of the thirty adolescents were divided into four areas: (1) Car accidents; (2) Surgical operations which include tonsillectomies and adenoidectomies, appendectomy and others such as cervical dilation; (3) Medical conditions which include hepatitis, upper respiratory diseases and observation for various symptoms, such as fainting; and (4) Injuries which include injuries other than those caused by car accidents, such as football and farm injuries.

Discussion of Data

Previous hospitalization. Question number one of the interview guide was: "Were you hospitalized before?" 50% of the adolescents answered "yes" and 50% answered "no". The chi square equaled 0. This was not significant, therefore the null hypothesis was accepted.

Question number two of the interview guide was: "Has anyone in your family been hospitalized before?" 92.8% of the adolescents answered "yes" and 7.2% answered "no". Chi square equaled 24.14. This was a significant result. Therefore, the null hypothesis was rejected and the alternate hypothesis (Members of this group of adolescents' families have been hospitalized.) was accepted.

Hospital room. The first part of question number three was: "Did you like your hospital room?" 86.2% of the adolescents answered "yes" and 13.8% answered "no". Chi square equaled 14.12. This was a significant result. Therefore the null hypothesis was rejected and the alternate hypothesis (The adolescents questioned liked their hospital

rooms.) was accepted.

The second part of question number three was: "What did you like or dislike about your hospital room?". The majority of the responses indicated that there was really nothing to like or dislike about the hospital rooms. Fourteen adolescents answered "ok" or "nothing to like or dislike". Characteristics mentioned as being liked about the hospital room were "quiet and all to myself," "fresh and clean," "nice view," "comfortable and colorful."

The rooms were disliked by four adolescents. Their responses were "not having a bathroom and having to run down the hall to the bathroom," "awful hot," "didn't like my roommate" and "it was drab and lonely."

These responses seemed to indicate that the nature of the hospital room in all but four instances did not arouse any strong negative or positive feelings of the adolescents interviewed.

Hospital food. The first part of question number four was: "Did you like the food in the hospital?". 74.3% of the adolescents answered "yes" and 25.7% answered "no." Chi square equaled 6.24. This was a significant response, therefore the null hypothesis was rejected and the alternate hypothesis (This group of adolescents liked the food in the hospital.) was accepted.

The second part of question number four was: "What did you like or dislike about the food?". The most frequent response to the question was "it was ok!" Two boys stated there wasn't enough to eat. One girl

who was isolated during her hospital stay said the food was always cold.

The responses seemed to indicate that the nature of the hospital food in all but a few instances did not arouse any strong negative or positive feelings of the adolescents interviewed.

The third part of question number four was: "Did you get enough to eat?" 92.5% of the adolescents answered "yes" and 7.5% answered "no." Chi square equaled 19.58. This is a very significant result, therefore the null hypothesis is rejected and the alternate hypothesis (This group of adolescents said they had enough to eat while hospitalized.) was accepted.

Roommates. The first part of question number five was: "Did you have a roommate?" 73.3% of the adolescents answered "yes" and 26.7% answered "no." Chi square equaled 6.53. This result was significant, therefore the null hypothesis was rejected and the alternate hypothesis (Most of the adolescents in this group had roommates while they were hospitalized.) was accepted.

The second part of question number five was: "Did you enjoy your roommate?" 72.2% of the adolescents answered "yes" and 27.8% answered "no." Chi square equaled 4.76. This result was significant, therefore the null hypothesis was rejected and the alternate hypothesis (Most of the adolescents in this group stated they enjoyed their roommates.) was accepted.

The third part of question number five was: "What did you like or dislike about your roommate?" The majority of the adolescents enjoyed their roommates because they were "talkative," "lots of fun," "nice and friendly," or "good company." Some also mentioned having common interests with their roommates. A non-communicative roommate was mentioned frequently as what was disliked about the roommates.

One twelve year old girl enjoyed her first roommate who was a school mate. However, her second roommate bothered her because she had "tubes coming out of her nose and looked miserable."

A fifteen year old girl who had been hospitalized in another hospital after she was hospitalized here did not like her roommates in the other hospital. Her roommates there were about "seventeen or eighteen and were in for miscarriages." She said that she didn't understand what was happening to them nor did she want to know. She stated she really enjoyed her roommate in Bozeman who was an old lady about seventy. She was a "panic" and "real fun and nice."

Two other girls, both seventeen, did not like each other as roommates. One complained that the other was too noisy and the other complained that her roommate was too quiet.

These responses seem to be in agreement with specialists of adolescent behavior. Adolescents are further extending their social contacts outside the home environment. Adolescents enjoy talking to other people who are interested in them and who enjoy them.

The fourth part of question five was: "What type of roommate would you liked to have had?" Twenty-three of the adolescents interviewed would like to have a hospital roommate near their own ages who is talkative, cheerful and with common interests. It was interesting to note that two adolescents did not want to have a roommate at all and did not give a reason for their answers. This may have been due to the degree of their illnesses.

There appears to be a tendency in the findings to agree with the subject specialists. Adolescents enjoy being with other adolescents. Here they feel secure and accepted by their peers and feeling this way makes hospitalization easier to face. Close identification with his peers is an important source of security and encouragement for the adolescent.

It is also important to remember that not all adolescents have interests in common as was indicated by three adolescents. Adolescents differ from each other as other people differ. In some instances adolescents may like older persons to share their hospital room. These facts should be considered in assigning rooms to adolescent patients, if possible.

Nursing personnel. The first part of question number six was: "Did you like the nurses?" 100% of the adolescents answered "yes." Chi square equaled 30. This was a significant result. Therefore the null hypothesis was rejected and the alternate hypothesis (Most of this group of adolescents like the nurses.) was accepted.

The second part of question number six was: "What did you like about the nurses?" The qualities liked about the nurses were "they were friendly and nice," "they talked, seemed interested and joked." The nurses also appeared efficient and competent to two of the adolescents.

The qualities disliked about the nurses were expressed in the following comments:

1. "One was rough and impatient. She asked embarrassing questions in front of my boy friend."
2. "They gave me too many shots."
3. "They seemed afraid of me. They weren't too friendly."

The adolescent who made the third comment was isolated during her hospital stay because of hepatitis. She seemed to feel that the nurses were more interested in her disease than in her.

The nurse referred to in the first comment appeared to exhibit inconsideration for personal modesty. Reference to bodily functions should be made in privacy, no matter what the age may be.

Subject specialists are in agreement with the nature of the findings. Adolescents desire people to be interested in them. It is important to remember that during the period of adolescence, adolescents relive their early interest in themselves. If nurses are to deal with adolescents effectively and establish good rapport, they need to be interested in them, their interests, their hopes, their worries and their needs.

The third part of question number six was: "Did the nurses make you feel comfortable?" 96.6% of the adolescents answered "yes" and 3.4% answered "no." Chi square equaled 26.26. This was a very significant result. Therefore the null hypothesis was rejected and the alternate hypothesis (The nurses helped most of this group of adolescents to feel comfortable.) was accepted.

The fourth part of question number six was: "How did they make you comfortable?" The most frequent responses to this question referred to general nursing care functions such as adjusting the bed or pillows, giving back rubs, relieving pain, talking, and showing interest and concern. One adolescent stated "they didn't treat me like I was a pest."

The fact that the nurses appeared interested and concerned helped the adolescents to feel more at ease in the hospital situation. The ill adolescent is a supersensitive being and needs help in maintaining his self-esteem.

Entertainment. The first part of question number seven was: "Did you have enough to do while you were in the hospital?" 70% of the adolescents answered "yes" and 30% answered "no." Chi square equaled 4.8. This was a significant result. Therefore the null hypothesis was rejected and the alternate hypothesis (This group of adolescents appeared to have enough to do while they were hospitalized.) was accepted.

The second part of question number seven was: "What would you have liked to do while you were in the hospital?" The most frequent

responses to this question were reading, watching television, listening to the radio, playing cards and visiting.

Irritation. The first part of question number eight was: "Did anything irritate you during your hospital stay?" 46.6% of the adolescents answered "yes" and 53.4% answered "no." Chi square equaled .133. This response was not significant, therefore the null hypothesis was accepted.

The second part of question number eight was: "What irritated you?" A review of the responses to this question indicated that the most irritating situations were physical and those over which the adolescents had no control. However, irritation with themselves is also evident. Adolescents because of their need to conform with their own group dislike being different. Because they are hospitalizaed, they feel different and become irritated with themselves.

General nursing care. The first part of question number nine was: "Were you told what was going to happen to you while you were in the hospital?" 62.5% of the adolescents answered "yes" and 37.5% answered "no." Chi square equaled 1.81. There was no significant difference, therefore the null hypothesis was accepted.

The second part of question number nine was: "Were the treatments, etc. explained to you?" 60.7% of the adolescents answered "yes" and 39.3% answered "no." Chi square equaled 1.28. There was no significant difference, therefore the null hypothesis was accepted.

This group of adolescents appeared to be fairly typical. They accepted the treatments, nursing care procedures and nursing care. The nurses did very little explaining of treatments and procedures according to the adolescents. The adolescents appeared to accept the judgment of the personnel caring for them.

The third part of question number ten was: "Were your questions answered satisfactorily?" Seven answered "yes." It was not analyzed using chi square because the number of responses to this question were too few to make any statistical interpretation.

Fright. The first part of question number eleven was: "Were you frightened at any time while you were in the hospital?" 30% of the adolescents answered "yes" and 70% answered "no." Chi square equaled 4.8. This result was significant. Therefore the null hypothesis was rejected and the alternate hypothesis (The adolescents questioned stated they were not frightened during this hospital experience.) was accepted.

The second part of question number eleven was: "Did you know why you were frightened?" This group of adolescents appeared to be frightened of physical situations affecting their bodies. Fear of the unknown was also expressed by three of the adolescents interviewed.

According to subject specialists the adolescent will try to hide his fears. It is notable that so many of the adolescents interviewed recognized fear and were able to express the fear experienced. Fear is inherent in any illness situation whether or not it is recognized.

Some of the adolescents' responses follow:

1. "First attack of muscle spasms in my throat."
2. "Had had my leg paralyzed before."
3. "Didn't know what was going on after my hypo and would liked to have known."
4. "The doctor told mother that they didn't expect me to live. I didn't want to die. On the third day I began to realize how bad I was. Knew how close to death I came. I cried."
5. "Scared at first because I only found out that day I would have to have an operation."
6. "Worried after the wreck about what happened to the other folks. The other party's face was cut badly."
7. "Just before surgery."

Embarrassment. The first part of question number twelve was: "Were you embarrassed at anytime during your hospital stay?" 13.3% of the adolescents answered "yes" and 86.7% answered "no." Chi square equaled 16.12. This was a significant result. Therefore the null hypothesis was rejected and the alternate hypothesis (This group of adolescents stated they were not embarrassed during their hospital stay.) was accepted.

The second part of question number twelve was: "What embarrassed you?" The most embarrassing situations revealed by the adolescents interviewed who had been embarrassed were concerned with elimination and bed baths. One girl was embarrassed because she began to cry.

Adolescents are very conscious of their developing bodies and any reference to their bodies or bodily functions may cause embarrassment.

Some of the responses to this question were"

1. "First time I was up, I sat too long. The stitches began pulling and I began to cry."
2. "Hard to go to the toilet."
3. "Bedpans and stuff."
4. "Bedpans."

The first part of question number thirteen was: "Were you lonesome during your hospital stay?" 34.4% of the adolescents answered "yes" and 65.6% answered "no." Chi square equaled 2.79. This result was slightly significant. Therefore the null hypothesis was rejected and the alternate hypothesis (There was a trend among this group of adolescents towards being lonesome while they were hospitalized.) was accepted.

The second part of question number thirteen was: "What did you miss?" The most frequent responses received to this question referred to the lack of companionship. Three typical responses were "people," "kids around here," and "friends." One adolescent girl mentioned having missed her parents.

Adolescents are social beings. They enjoy being with people, which appeared to be expressed by the responses received.

Differences from friends and comments about illnesses. The first part of question number fourteen was: "Did you feel different from

your friends because you were sick?" 16.6% of the adolescents answered "yes" and 83.4% answered "no." Chi square equaled 13.12. This was a significant response. Therefore the null hypothesis was rejected and the alternate hypothesis (This group of adolescents did not feel different from their friends because they were ill or injured.) was accepted.

The second part of question number fourteen was: "How did you feel different?" Those adolescents who stated they felt different indicated they felt different because of their physical ailment. Two of the adolescents stated they felt different because they were out of their normal environment, away from friends and family.

The need to conform was evident especially in five of the adolescents. Differences are almost certain to cause the adolescent some anxiety. For both boys and girls any bodily condition which is not in keeping with what is considered the "norm" will cause them anxiety and make them feel different.

Below are the responses of the adolescents interviewed who stated they felt different from their friends.

1. "Couldn't talk or eat."
2. "Mostly because secluded and couldn't have visitors."
3. "Only when people ask about my scar."
4. "Because of the type of operation."
5. "Couldn't do anything. In a cast for three weeks."

It is possible that more of the adolescents would not admit feeling different because to admit such a difference even to themselves would make them different.

The first part of question number fifteen was: "How did you feel about being sick when you were in the hospital?" The second part of question number fifteen was: "How do you feel now about your illness?" The majority of the adolescents interviewed did not enjoy being ill or injured and wanted to get well. Missing school and summer activities because of illness or injury irritated several of the adolescents. Those who were hospitalized because of injuries appeared disgusted and irritated with themselves. Health and freedom from major physical defects are important prerequisites to happiness and good adjustment. Good health is psychologically important because it provides an abundance of energy, spontaneity and good feeling which to adolescents is important. Any change in this equilibrium will cause anger and frustration and they are anxious to regain the state of equilibrium. Adolescents are more concerned with how their disease or injury will make them different from others, however, this was expressed by only five adolescents.

It is interesting to note that many of the adolescents interviewed now view their illness or injury as "an experience." This appears to be typical of adolescents who are much more concerned with the future, but who learn by past experiences.

Memories. Question number sixteen was: "What do you remember most about being hospitalized?" Most of this group of adolescents remembered environmental situations rather than what actually happened to them. There did not appear to be anything remarkable about their responses such as:

1. "The nurses."
2. "The bells ringing on the desk."
3. "My room."
4. "The food."
5. "The ride down to the operating room."
6. "Being in the recovery room."
7. "Everyone was so friendly."

Future hospitalization. Question number seventeen was: "Would you mind being hospitalized again?" 46.6% of the adolescents answered "yes" and 53.4% answered "no." Chi square equaled .133. This result was not significant, therefore the null hypothesis was accepted.

As was revealed by the chi square analysis this group of adolescents did not care whether or not they were hospitalized again. The hospital experiences of most of the group appeared to be enjoyable. However, one of the girls interviewed was very unhappy with her hospital experience. This girl had spent her entire hospital stay in isolation because of hepatitis.

The purpose of Chapter II was to analyze and interpret the responses to the interview guide. Chapter III includes the summary,

conclusions, recommendations for further study and implications for nursing.

CHAPTER III

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The purposes of this study were to obtain the views of a selected group of adolescents towards their hospitalization experiences and concerning their illnesses or injuries.

The interview guide was designed to meet the purposes of the study with regard to (1) the developmental tasks of adolescents, (2) areas of nursing care and hospital routines to which it was thought adolescents would react, (3) adolescent feelings towards illness and (4) certain identifiable data.

The study was based on a sample of thirty adolescents who had been hospitalized at the Bozeman Deaconess Hospital during the year 1962, resided in the Bozeman area and attended Bozeman schools and were between the ages of twelve years and seventeen years at the time of hospitalization. The survey method using personal interviews was selected as the best method for obtaining the desired information.

The chi square statistic was used to analyze and interpret the significance of the answers to the closed-end questions of the interview guide. The responses to the opened-end questions were discussed descriptively and by citing examples.

The interviews produced certain information that the investigator expected, but with the significance in some areas being greater than was expected and lesses in other areas.

The conclusions of the study follow.

Conclusions

The conclusions obtained from the data collected were:

1. This group of adolescents appeared satisfied with their hospital experiences and appeared to accept hospitalization as being necessary.
2. This group of adolescents showed definite trends toward the need to socialize even while ill or injured.
3. This group of adolescents stated they would enjoy having someone near their own age as roommates. Adolescents differ from each other as other people differ, however.
4. This group of adolescents showed a definite trend of conformity in views toward their illness and hospitalization.
5. The majority of this group of adolescents did not feel different from their friends because they were ill or injured.

Recommendations

Recommendations for further study are:

1. A similar study of adolescents in the twelve year to fourteen year age group.
2. Further study into embarrassing and frightening situations encountered by hospitalized adolescents.

3. Further study into nursing personnel reactions towards adolescent patients.

4. A study concerned with the reactions of parents to the hospitalization experiences of their adolescent children.

Implications for Nursing

Some implications for nursing are as follows:

1. Nurses need to be aware of normal adolescent development and behavior.

2. Nurses need to know how illnesses affect adolescent development and behavior and how the nursing care may be modified toward the adolescent age group.

APPENDIX

INTERVIEW GUIDE

NAME _____ DATE OF BIRTH _____ SEX _____ DATE OF HOSPITALIZATION _____
 DIAGNOSIS _____ LENGTH OF HOSPITALIZATION _____
 GRADE IN SCHOOL NOW _____ THEN _____
 PARENTS' OCCUPATIONS: FATHER _____ MOTHER _____
 SIBLINGS _____
 OTHER INFORMATION _____

YES	NO	NO OPINION	COMMENTS
15	15		
27	1	2	
25	4	1	
20	7	3	
25	2	3	
22	8		
13	4	5	
30			

1. Were you hospitalized before?
2. Has anyone in your family been hospitalized before?
3. Did you like your hospital room?
What did you like (dislike) about your hospital room?
4. Did you like the food in the hospital?
What did you like (dislike) about the food?
Did you get enough to eat?
5. Did you have a roommate?
Did you enjoy your roommate?
What did you like (dislike) about your roommate?
What type of roommate would you have liked to have had?
6. Did you like the 'nurses'?
What did you like (dislike) about the nurses?

	YES	NO	NO OPINION	COMMENTS
Did the nurses make you feel comfortable?	29	1		
How did they make you comfortable?				
7. Did you have enough to do while you were in the hospital?	21	9		
What would you have liked to do while you were in the hospital?				
8. Did anything irritate you during your hospital stay?	14	16		
What irritated you?				
9. Were you told what was going to happen to you while you were in the hospital?	17	10	3	
Were the treatments, etc. explained to you?	17	11	2	
Who told you?				
10. Did you ask any questions about your care?	7	21	2	
What did you ask?				
Were your questions answered satisfactorily?	5		2	
Who answered your questions?				
11. Were you frightened at any time while you were in the hospital?	9	21		
Did you know why you were frightened?				
12. Were you embarrassed at anytime during your hospital stay?	4	26		

What embarrassed you?

13. Were you lonesome during your hospital stay?

What did you miss?

14. Did you feel different from your friends because you were sick?

How did you feel different?

15. How did you feel about being sick when you were in the hospital?

How do you feel now about your illness?

16. What do you remember most about being hospitalized?

17. Would you mind being hospitalized again?

Any other pertinent information.

YES	NO	NO OPINION	COMMENTS
10	19	1	
5	25		
14	16		

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