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Lived Experiences of Hospitalization among School-Age Children: A Phenomenological Study

Christy S. K.

Professor, Sree Abirami College of Nursing, Coimbatore, Tamil Nadu, India

Abstract: ***Hospitalization is often a distressing experience for children, involving separation from family, unfamiliar environments, and medical procedures that may evoke fear and anxiety. Understanding how children perceive and experience hospitalization is crucial for providing holistic, child-centered nursing care. This study aimed to explore the lived experiences of school-age children during hospitalization. A qualitative phenomenological approach was adopted. Ten school-age children (aged 6-12 years) admitted for more than three days in a selected tertiary hospital in Coimbatore were recruited through purposive sampling. Data were collected using semi-structured, child-friendly interviews that encouraged free expression through verbal narratives and drawings. Interviews were audio-recorded, transcribed verbatim, and analyzed thematically using Colaizzi's framework. Three major themes emerged: navigating fear and uncertainty, seeking comfort and connection, and finding meaning in care. Children described initial fear related to injections, medical equipment, and separation from parents. Over time, they found comfort in nurses' kindness, parental visits, and play activities. Many developed a sense of trust and appreciation for the healthcare team, highlighting the importance of emotional support and communication adapted to their level of understanding. The findings emphasize that hospitalization is both a stressful and transformative experience for children. Nurses play a vital role in minimizing anxiety and fostering positive coping by creating a safe, empathetic, and child-centered environment. Incorporating play, open communication, and family involvement can significantly enhance children's well-being and recovery during hospitalization.***

Keywords: Hospitalization; School-age children; Lived experiences; Phenomenology; Pediatric nursing

1. Introduction

Hospitalization places school-age children (6–12 years) in emotionally and physically challenging situations. The hospital environment is unfamiliar, routines are disrupted, and medical procedures—from injections to monitoring—may evoke fear, discomfort, and anxiety (Experiences of children during hospitalization: content analysis…, 2025). In India and comparable contexts, children's emotional responses during hospitalization are often overlooked, with limited qualitative literature capturing their direct voices.

Studies abroad have found that hospitalization can influence children's psychological well-being, mood, sleep, and perception of care (Jepsen, Haahr, Eg & Jørgensen, 2019). Themes of fear of pain, separation from family, loss of control, and desire for kindness are recurrent. For example, a recent content analysis using interviews and drawings reported that children identified both pleasant and unpleasant aspects of hospital stay—pleasant factors included kind nurse behavior and play, while unpleasant ones included painful procedures, restricted movement, and nighttime disruptions.

In many pediatric care settings, nursing staff focus largely on clinical and procedural tasks; emotional and psychosocial needs might be less systematically addressed. Yet, child-centered care emphasizes that children's own experiences and perceptions are central to designing supportive environments (Hospitalization experiences in school-age children studies). Learning from children about what makes hospitalization easier or more difficult can guide nursing practice, inform hospital policies, and improve pediatric care quality.

Therefore, this study employs a phenomenological approach to deeply explore how school-age children experience hospitalization. The research questions include: What are the emotional and psychological experiences of children during hospitalization? How do children perceive the support (from nurses, family, play, environment)? How do they make sense or find meaning in their hospitalization? Understanding these will help pediatric nurses provide care that responds not just to physical needs but to the whole child.

2. Materials and Methods

Design

Phenomenology was chosen to explore deeply the lived experiences of children hospitalized for at least three days, enabling rich descriptions of their perceptions, feelings, and interpretations (Polit & Beck, 2021).

Setting

The study was conducted in a tertiary care pediatric unit of a hospital in Coimbatore. The hospital provides general pediatric medical and surgical care, including wards for children across ages, and is staffed with pediatric nurses, doctors, and support services including child life/play services, where available.

Participants

Ten children aged between 6 and 12 years, who had been hospitalized for at least three days, were purposively sampled. Inclusion criteria: able to communicate in local language(s) or English, willingness to participate, stable enough to be interviewed. Exclusion criteria: severe cognitive impairment, critically ill children unable to engage in interview, or children whose parents did not consent / assent.

Ethical Considerations
Prior to study start, ethical approval was obtained from the institutional ethics committee. Parental consent and child assent were secured. Interviews were conducted ensuring child comfort, in a quiet space, with breaks if needed. Children were assured of confidentiality, that their responses would be anonymized, and that they could stop at any time. Verbal and written explanations were provided in age-appropriate language.

Data Collection
Semi-structured interviews guided by a child-sensitive interview schedule were conducted. Questions included:

- "How do you feel being in the hospital?"
- "What are the things that make you feel scared or upset?"
- "What makes you feel better or more comfortable here?"
- "Can you tell me about your favorite moments since being here?"

Visual aids such as drawings and play prompts supported non-verbal expression. Interviews lasted 25–45 minutes depending on the child's energy. All were audio-recorded (with permission), along with field notes on non-verbal cues.

Data Analysis
The transcripts and drawings were analyzed using **Colaizzi's seven-step method**:

1) Reading all transcripts several times for a general sense.
2) Extracting significant statements relevant to the phenomenon.
3) Formulating meaning from those statements.
4) Organizing meanings into theme clusters.
5) Developing exhaustive description of experiences.
6) Validating findings by returning to some participants (member checking).
7) Combining new data if any and producing final themes.

Coding was done manually and with qualitative software for verification. Reflexive notes were maintained by the researcher to bracket personal biases.

3. Results

Data analysis yielded **three major themes**, each with subthemes and illustrated with child verbatim quotes. The themes are:

1) Navigating Fear and Uncertainty
2) Seeking Comfort and Connection
3) Finding Meaning in Care

Theme 1: Navigating Fear and Uncertainty: Children often described fears related to medical procedures (injections, blood draws, unfamiliar equipment) and anxiety of separation from family.

"When they bring the needle, I can't stop thinking about it hurting me." – Child 4

"I miss my mother at night. It's dark and I hear machines. It feels scary." – Child 7

Some children reported fear tied to not understanding what was happening or why procedures occurred:

"They tell me this is for your health, but I don't know what each machine does." – Child 2

Uncertainty was also linked to duration:

"I don't know when I'll go home. Sometimes the days feel very long." – Child 9

Theme 2: Seeking Comfort and Connection: Despite fears, children identified sources of comfort:

Nurse kindness and caring behaviors: gentle explanations, smiles, encouragement.
"One nurse held my hand before the injection. I felt less scared." – Child 1

Parental presence: visits, parental touch, reassurance.
"When my father comes, I feel safe. I like when he reads stories to me." – Child 6

Play and distraction: toys, coloring, watching cartoons; these helped reduce focus on pain or fear.
"They brought me a coloring book. I forgot about the beeping machines for a while." – Child 10

Environmental factors: child-friendly decorations, cleanliness, windows with daylight.
"My bed is near the window. I see trees. That makes me happy." – Child 5

Over time, comfort was derived from nurses' kindness, parental visits, and play-based distractions, all of which provided emotional relief and a sense of familiarity within the hospital setting.

Theme 3: Finding Meaning in Care: Children also expressed how they made sense of the hospitalization: Trust in healthcare team: over time, children learn to rely on nurses and doctors.
"I think they care. They check me often, ask if I am okay." – Child 3

Feeling supported when informed: when nurses explain procedures, children feel more in control.
"They tell me what will happen. I hate surprises." – Child 8

Personal growth and resilience: some children said they felt braver, more patient.
"Now I know what shots are. I still don't like them, but I know I can handle them." – Child 2

Gratitude and hope: children spoke about getting better or going home.
"I hope when I go back home, I can play with friends again. I want to get better soon." – Child 10

Summary Table of Themes and Subthemes

Theme	Subthemes
Navigating Fear and Uncertainty	Fear of procedures, Separation anxiety, Unclear duration
Seeking Comfort and Connection	Nurse kindness, Parental presence, Distraction & play, Child-friendly environment
Finding Meaning in Care	Trust, Informing/ explaining, Personal resilience, Hope

4. Discussion

This study provides rich insights into how school-age children experience hospitalization. Several findings align with existing literature, while others offer nuanced perspectives specific to the Indian context.

First, fear and uncertainty are universal experiences, particularly among young hospitalized children. Similar studies (Experiences of children during hospitalization…, 2025) reported that painful procedures and nighttime discomfort cause distress. Our findings that separation from parents and lack of understanding about procedures exacerbate anxiety align with international qualitative syntheses (Jepsen et al., 2019), which show that children cope with "the unfamiliar" by seeking familiarity and assurance.

Second, seeking comfort and connection underscores the importance of relational care. Nurse behaviors—kindness, explanation, touch—strongly influence children's emotional states. Parental presence and environmental factors (daylight, play opportunities) help buffer distress. These match existing findings about pleasant factors in pediatric hospital experiences (Experiences of children during hospitalization: BMC Pediatrics, 2025). Importantly, this highlights that relatively simple interventions—better nurse-child communication, playing, story-telling—can significantly affect well-being.

Third, finding meaning in care suggests that children are not passive recipients of care but actively interpret and adapt. Trust, informed communication, and opportunities to express feelings help children regain a sense of control. These aspects are often underemphasized, particularly in Indian pediatric care settings, and thus this theme adds valuable cultural insight.

Implications for Nursing Practice

- **Child-centered communication:** Nurses should explain procedures in age-appropriate language, encourage questions, reduce surprises.
- **Parental involvement:** Facilitate visits and parental presence especially during procedures and night times.
- **Distraction/play interventions:** Incorporate play, drawings, storytelling, or other expressive tools to distract and comfort.
- **Environmental adjustments:** Make wards more child-friendly—decor, lighting, opening windows, accessible distractions.
- **Training for nurses:** Emphasis on empathy, non-technical skills, recognizing children's emotional cues.

5. Limitations

- Single hospital setting limits generalizability.
- Sample size (10 children) sufficient for phenomenology but may not capture full diversity of experiences (e.g. with chronic vs acute illness).
- Children's recall or expression may be limited by their age; some might under-report fear or discomfort.
- Interviews and drawings might be influenced by social desirability (children saying what they think adults expect).

6. Conclusion

Hospitalization for school-age children is a deeply emotional and complex experience. Pain, fear, and uncertainty mark early days, but children also find comfort through caring staff, parental presence, play, and environmental support. They grow in trust, resilience, and hope as hospitalization proceeds. Nurses and health care teams should recognize and address both procedural and emotional needs; small steps toward more child-friendly wards, better communication, and active involvement can make a meaningful difference. Listening to children's voices is essential for developing pediatric nursing care that is compassionate, responsive, and holistic.

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