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Children's Voices of Hospitalization: A Descriptive Phenomenological Study Exploring the Lived Experiences of School-Age Children in a Private Paediatric Hospital in South India

Dr. Christy S. K.

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

Abstract: ***Background: Hospitalization is a significant life event that may influence the emotional, psychological, and social well-being of children. For school-age children, admission to a hospital involves separation from familiar surroundings, interruption of daily routines, exposure to medical procedures, and reduced interaction with peers. Although healthcare professionals primarily focus on diagnosis and treatment, understanding children's personal experiences during hospitalization is essential for providing holistic and child-centred care. Listening to children's voices provides valuable insights into their fears, needs, coping strategies, and perceptions of the hospital environment. Aim: The aim of this study was to explore and describe the lived experiences of hospitalization among school-age children admitted to a private paediatric hospital in Coimbatore, Tamil Nadu. Methods: A descriptive phenomenological study design was adopted. Ten school-age children aged 7–11 years who were hospitalized for 4–7 days were selected using purposive sampling from a private paediatric hospital. Data were collected through individual open-ended, semi-structured conversational interviews conducted by the researcher in Tamil and English. Children's drawings were used as an additional expressive method to facilitate communication of their experiences. The interviews were audio-recorded, transcribed, and analysed using Colaizzi's seven-step phenomenological analysis method. Results: Four major themes emerged from the analysis: (1) Experiencing hospitalization as an unfamiliar and challenging environment, (2) Longing for connection with friends and family, (3) Finding personal comfort during hospitalization, and (4) Children's inner world reflected through drawings. Children described fear related to medical procedures, unfamiliar hospital surroundings, and night-time experiences. Participants expressed missing their friends, siblings, and normal childhood activities. Some children identified personal sources of comfort, including mobile phone use and relief from school-related responsibilities. Drawings reflected children's attachment to home, family, and positive experiences rather than hospital-related situations. Conclusion: Hospitalization is experienced by children as a complex event involving fear, separation, adjustment, and individual coping experiences. The findings emphasize the importance of recognizing children's emotional needs alongside physical care. Paediatric nurses should incorporate child-friendly communication, emotional support, opportunities for expression, and activities that maintain children's connection with their normal life experiences.***

Keywords: Hospitalization; School-age children; Lived experiences; Descriptive phenomenology; Paediatric nursing; Child-centred care; Qualitative research

1. Introduction

Hospitalization during childhood is a challenging experience that extends beyond physical illness and medical treatment. Children admitted to hospitals are introduced to unfamiliar environments, healthcare professionals, medical equipment, procedures, and routines that differ significantly from their everyday lives. These changes may result in feelings of fear, uncertainty, loneliness, and loss of control. For school-age children, who are developing independence, social relationships, and understanding of their surroundings, hospitalization can significantly influence their emotional well-being.

Children perceive hospitalization differently from adults. Experiences such as injections, investigations, restrictions on movement, unfamiliar sounds, and separation from family members may create distress. Night-time hospitalization can further intensify feelings of insecurity due to reduced environmental familiarity and absence of usual comfort sources. In addition, school-age children may experience disruption in peer relationships, academic activities, and recreational opportunities during hospital admission.

The emotional experience of hospitalization is influenced not only by illness and treatment but also by the social and environmental context surrounding the child. Family relationships, friendships, opportunities for play, communication with healthcare providers, and the ability to express feelings contribute significantly to children's adaptation during hospital stay. Therefore, understanding children's perspectives is essential for developing care practices that address their physical, emotional, and developmental needs.

Paediatric nursing has progressively moved towards a child-centred approach, recognizing children as active participants in their healthcare experiences. However, children's own voices are often less represented in healthcare decision-making and research. Many studies have focused on measuring anxiety, pain, and clinical outcomes, whereas fewer studies have explored how children themselves interpret and give meaning to hospitalization experiences.

Qualitative phenomenological research provides an opportunity to understand children's subjective experiences and the meanings they attach to hospitalization. Through direct interaction with children, researchers can explore their fears, sources of comfort, coping strategies, and personal

interpretations of hospital life. Such understanding can guide nurses in creating supportive environments that promote emotional security and positive coping.

In the Indian paediatric healthcare context, there is limited qualitative evidence exploring hospitalization experiences from the child's perspective. Cultural factors, family relationships, and healthcare practices may influence how children experience and respond to hospitalization. Therefore, exploring children's lived experiences can contribute valuable knowledge for improving paediatric nursing care.

Hence, this study was undertaken to explore and describe the lived experiences of hospitalization among school-age children admitted to a private paediatric hospital in Coimbatore, Tamil Nadu.

Aim of the Study
To explore and describe the lived experiences of hospitalization among school-age children admitted to a private paediatric hospital.

Research Question
"What are the lived experiences of school-age children during hospitalization?"

2. Materials and Methods

Research Design
A descriptive phenomenological research design was adopted to explore the lived experiences of hospitalization among school-age children. Phenomenology was selected because it enables researchers to understand the personal meanings, perceptions, and emotions associated with a particular lived experience from the participants' own perspectives.

A descriptive phenomenological approach was used to capture the experiences of children without imposing external interpretations. Data analysis was performed using **Colaizzi's seven-step phenomenological method**, which provides a systematic approach for identifying significant statements, formulating meanings, developing themes, and describing the essence of the phenomenon.

Study Setting
The study was conducted in a private paediatric hospital located in Coimbatore, Tamil Nadu, India. The hospital provides specialized healthcare services for children and includes paediatric inpatient facilities for the management of various childhood illnesses. The study was conducted among children admitted to the paediatric inpatient unit.

Participants and Sampling
The participants included school-age children aged between **7 and 11 years** who were admitted to the selected paediatric hospital. A total of **10 children** participated in the study.

A **purposive sampling technique** was used to select participants who could provide meaningful descriptions of their hospitalization experiences. Children who had experienced hospitalization for **4–7 days** were included, as this duration allowed them sufficient exposure to the hospital environment, routines, procedures, and interactions.

Inclusion Criteria
Children were included in the study if they:
- Were between 7 and 11 years of age.
- Were admitted to the paediatric hospital for 4–7 days.
- Were able to communicate their feelings and experiences verbally.
- Were willing to participate in the study.
- Obtained parental consent and child assent.

Exclusion Criteria
Children were excluded if they:
- Had cognitive or communication difficulties that interfered with participation.
- Were critically ill or unable to participate in an interview.
- Were unwilling to participate in the study.

Ethical Considerations
The purpose, procedure, and nature of participation were explained to parents and children in an age-appropriate manner. Written informed consent was obtained from parents, and assent was obtained from children before data collection. Participants were informed that participation was voluntary and that they could withdraw from the study at any time without affecting their treatment.

Confidentiality and anonymity were maintained throughout the study. Participant codes (C1–C10) were used instead of names during data analysis and reporting.

3. Data Collection Procedure

Data were collected by the researcher through individual open-ended, semi-structured interviews. A flexible conversational approach was adopted to allow children to freely express their feelings, perceptions, and experiences related to hospitalization.

The researcher initiated conversations using broad questions such as:
- "Can you tell me about your experience of staying in the hospital?"
- "How do you feel about being in the hospital?"
- "What do you like or dislike about staying here?"
- "What are the things you miss when you are in the hospital?"

Based on the children's responses, probing questions were used to explore their emotions, fears, relationships, coping experiences, and perceptions of the hospital environment.

The interviews were conducted in **Tamil and English** according to the child's comfort and communication preference. The conversational style helped children express their experiences naturally and provided deeper understanding of their perspectives.

Use of Drawings as an Expressive Method
Children's drawings were incorporated as an additional child-friendly expressive method. The children were encouraged to draw anything they wanted related to their

thoughts and experiences. After completing the drawings, children were encouraged to describe and explain the meaning of their drawings.

The drawings were not used as a diagnostic tool but as a supportive method to facilitate communication and understand children's perspectives.

During the drawing activity:

- One child drew a house with four family members.
- One child drew mountains.
- One child drew the sea with fishes.
- One child drew cartoon figures.
- Two were having IV Line at their right hand.
- Four children were not interested in drawing.

Interestingly, none of the children represented hospital-related images in their drawings.

Data Analysis

The interview data were analysed using **Colaizzi's seven-step phenomenological analysis method**.

The steps included:

Step 1: The researcher read all transcripts repeatedly to gain an overall understanding of children's experiences.

Step 2: Significant statements related to hospitalization experiences were identified.

Step 3: Meanings were formulated from the significant statements while maintaining the original context of participants' experiences.

Step 4: Formulated meanings were organized into theme clusters and emerging themes.

Step 5: An exhaustive description of children's hospitalization experiences was developed.

Step 6: The fundamental structure of the phenomenon was identified.

Step 7: A comprehensive description representing the essence of children's lived experiences was developed.

The researcher maintained reflexive notes throughout the analysis process to remain aware of personal assumptions and ensure that findings were grounded in participants' narratives.

Trustworthiness of the Study

The trustworthiness of the qualitative study was ensured based on the criteria of **Lincoln and Guba: credibility, dependability, confirmability, and transferability.**

Credibility

Credibility was maintained through direct interaction with children, audio-recorded interviews, repeated reading of transcripts, and careful interpretation of participants' descriptions.

Dependability

A systematic record of the research process, including data collection and analysis procedures, was maintained to ensure consistency.

Confirmability

Reflexive notes were maintained throughout the research process to ensure that findings reflected children's experiences rather than researcher assumptions.

Transferability

A detailed description of the study setting, participants, and research process was provided to enable readers to determine the applicability of findings to similar paediatric settings.

4. Results

Characteristics of Participants

A total of 10 school-age children aged **7–11 years** participated in the study. All participants were admitted to a private paediatric hospital and had a hospitalization duration of **4–7 days**. Among the participants, four were male and six were female. Data were collected through open-ended conversational interviews conducted in Tamil and English, supported by children's drawings as an expressive method.

Table 1: Demographic Characteristics of Participants (n=10)

Participant Code	Age (years)	Gender
C1	9	Male
C2	9	Female
C3	7	Female
C4	11	Male
C5	8	Male
C6	7	Female
C7	11	Male
C8	9	Female
C9	8	Female
C10	8	Female

Emergent Themes

The analysis of children's narratives revealed four major themes representing their lived experiences of hospitalization:

Themes	Subthemes
Theme 1: Experiencing hospitalization as an unfamiliar and challenging environment	Fear of procedures; Fear during night-time; Difficulty adjusting to hospital routines
Theme 2: Longing for connection with friends and family	Missing friends and normal activities; Missing siblings and family relationships
Theme 3: Finding personal comfort during hospitalization	Mobile phone as a source of comfort; Hospitalization as a temporary escape from academic responsibilities
Theme 4: Children's inner world reflected through drawings	Representation of family and home; Expression through nature and imagination; Individual differences in drawing preference

Theme 1: Experiencing Hospitalization as an Unfamiliar and Challenging Environment

Children described hospitalization as an unfamiliar experience that differed greatly from their normal home environment. Many children expressed that they did not want to continue staying in the hospital. When further explored, their responses revealed that this feeling was

associated with fear of procedures, unfamiliar surroundings, and changes in routine.

Subtheme 1.1: Fear of Medical Procedures
Children expressed fear related to procedures performed during hospitalization. The anticipation of injections and other medical procedures contributed to discomfort and reluctance towards hospital stay.

One child expressed:
"I don't want to stay here because they do procedures."
— Child participant

The children's narratives indicated that procedures were not experienced merely as physical events but also as emotional challenges associated with fear and uncertainty.

Subtheme 1.2: Fear During Night-Time
Some children experienced increased fear during nighttime when the hospital environment became different from their usual surroundings. The absence of the familiar home environment and changes in lighting appeared to increase feelings of insecurity.

One child described:
"When the lights are switched off, I feel different. It is not like my home. I feel some fear."
— Child participant

This reflected how environmental factors, particularly during nighttime, influenced children's emotional comfort during hospitalization.

Subtheme 1.3: Difficulty Adjusting to Hospital Routines
Children described hospital life as different from their usual daily routine. Restrictions, unfamiliar schedules, and being away from home contributed to difficulty adapting to the hospital environment.

Theme 2: Longing for Connection with Friends and Family
Hospitalization interrupted children's normal social interactions and family relationships. A common experience expressed by participants was missing their friends, siblings, and familiar activities.

Subtheme 2.1: Missing Friends and Peer Interactions
All children expressed missing their friends during hospitalization. For school-age children, friendships represented an important part of their everyday life and emotional well-being.

One child remembered the routine of outpatient visits and playing with peers:
"Now it is outpatient time and everyone will be playing."
— Child participant

This statement reflected the child's awareness of being separated from normal peer interactions and childhood activities.

Subtheme 2.2: Missing Siblings and Family Relationships
Children expressed emotional attachment towards their family members. One child particularly described missing her younger sister and wished that she could spend time with her during hospitalization.

The child expressed:
"I feel she could be here for playing."
— Child participant

When asked about her sister's visit, the child explained that her sister had visited but left soon, and they could not spend time playing together. This reflected the importance of sibling relationships as a source of comfort during hospitalization.

Theme 3: Finding Personal Comfort During Hospitalization
Although children described hospitalization as difficult, they also identified individual experiences that provided comfort, enjoyment, or temporary relief.

Subtheme 3.1: Mobile Phone as a Source of Enjoyment
One child identified mobile phone use as a positive experience during hospitalization. The child explained that phone access was usually restricted at home, making it an enjoyable activity during hospital stay.

"I like using the phone here because at home they don't give it."
— Child participant

This finding suggests that children may use familiar entertainment activities as personal coping strategies during hospitalization.

Subtheme 3.2: Hospitalization as a Break from Academic Responsibilities
While most children described hospitalization negatively, one child identified a positive aspect related to school responsibilities.

The child expressed:
"Here I need not study for my tests."
— Child participant

This demonstrates that children's interpretations of hospitalization can vary depending on their personal experiences and daily responsibilities.

Theme 4: Children's Inner World Reflected Through Drawings
Children's drawings provided additional insight into their thoughts, emotions, and areas of importance. Interestingly, none of the children drew hospital-related images. Instead, their drawings reflected familiar relationships, home, and positive experiences.

Subtheme 4.1: Representation of Home and Family
One child drew a house with four family members. The drawing reflected the importance of family connection and

the child's association of comfort with the home environment.

Subtheme 4.2: Expression Through Nature and Imagination

Some children expressed positive and imaginative thoughts through nature-related drawings.

- One child drew mountains.
- One child drew the sea with fishes.

These drawings reflected creativity, imagination, and the children's tendency to express experiences beyond the hospital environment.

Subtheme 4.3: Individual Differences in Expression

Four children were not interested in drawing. This demonstrated that children differ in their preferred ways of expressing thoughts and feelings. While drawings facilitated expression for some children, others preferred verbal communication.

5. Discussion

The present study explored the lived experiences of hospitalization among school-age children admitted to a private paediatric hospital. The findings revealed that hospitalization was a complex experience involving fear, unfamiliarity, separation from meaningful relationships, individual coping strategies, and personal expressions through drawings. The children's narratives demonstrated that their experience of hospitalization extended beyond illness and treatment; it involved changes in their emotional security, social connections, and everyday childhood experiences.

Hospitalization as an Unfamiliar and Challenging Experience

The findings revealed that children experienced hospitalization as an unfamiliar environment associated with fear and discomfort. Fear of procedures emerged as an important concern among participants. Medical procedures such as injections and investigations are commonly reported as distressing experiences among hospitalized children, particularly when children lack adequate preparation and understanding about what will happen.

The present finding is consistent with previous qualitative studies reporting that children often associate hospitalization with painful procedures, unfamiliar healthcare environments, and uncertainty regarding their treatment. Fear may be intensified when children perceive limited control over events happening around them. Therefore, providing age-appropriate explanations before procedures and involving children in communication may help reduce feelings of uncertainty.

An interesting finding from the present study was the expression of fear during nighttime. One child described feeling different when the lights were switched off because the hospital environment did not feel like home. Nighttime may represent a particularly vulnerable period for hospitalized children due to reduced distractions, separation from family members, and increased awareness of the unfamiliar environment. Paediatric nurses should recognize these periods of increased emotional vulnerability and provide additional reassurance and comfort.

Longing for Connection with Friends and Family

A prominent finding of the study was children's desire to maintain connections with their usual social environment. All children expressed missing their friends, highlighting the importance of peer relationships during school-age development. Hospitalization interrupted their routine interactions, play activities, and school-related experiences.

School-age children are increasingly influenced by friendships and social participation. Being separated from peers may contribute to feelings of loneliness and isolation during hospital admission. This finding emphasizes the need for maintaining opportunities for social connection, such as virtual communication with friends, recreational activities, and child-friendly hospital environments.

Children also expressed missing family members, particularly siblings. One child expressed a desire for her younger sister to be present for playing. While parental support during hospitalization is widely recognized, the emotional importance of sibling relationships may receive less attention. Facilitating family interaction and encouraging meaningful connections with siblings may contribute to children's emotional comfort during hospitalization.

Finding Personal Comfort During Hospitalization

Although hospitalization was primarily described as challenging, children identified individual experiences that provided comfort. One child expressed enjoyment of mobile phone use because it was restricted at home. This finding highlights that children may develop personal coping strategies based on familiar activities and sources of enjoyment.

Distraction and recreational activities can support children's emotional adjustment during hospitalization. Access to age-appropriate entertainment, play opportunities, and activities that resemble normal childhood experiences may help children cope with the hospital environment.

Another interesting finding was that one child viewed hospitalization positively because it provided a break from school and examination-related responsibilities. This demonstrates that children's interpretation of hospitalization is influenced by their individual circumstances. While hospitalization may create distress, some children may identify certain aspects as beneficial or enjoyable.

Children's Drawings as Expressions of Their Inner World

Drawings provided additional understanding of children's thoughts and emotional experiences. Interestingly, none of the children represented hospital-related images in their drawings. Instead, children drew familiar and positive elements such as home, family, mountains, and the sea with fishes.

This finding suggests that children's emotional focus during hospitalization may remain connected to familiar places, relationships, and imaginative experiences rather than the hospital environment itself. Drawing can serve as a child-friendly communication method, particularly when children find it difficult to verbally express complex emotions.

However, four children were not interested in drawing, demonstrating individual differences in children's preferred modes of expression. Therefore, paediatric nurses and researchers should provide multiple opportunities for children to communicate, including verbal interaction, play, drawing, and other expressive activities.

Implications for Paediatric Nursing Practice

The findings of this study have several implications for paediatric nursing care:

1) **Strengthening Child-Centred Communication**
- Nurses should explain procedures using simple, age-appropriate language.
- Children should be informed about what will happen before procedures to reduce fear and uncertainty.
- Opportunities should be provided for children to ask questions and express concerns.

2) **Addressing Emotional Needs During Hospitalization**
- Nurses should recognize signs of loneliness, fear, and separation distress.
- Additional emotional support may be required during nighttime or unfamiliar situations.

3) **Promoting Family and Social Connections**
- Family involvement should be encouraged during hospitalization.
- Opportunities for children to maintain relationships with siblings and friends should be supported whenever possible.

4) **Providing Developmentally Appropriate Activities**
- Play, drawing, storytelling, and recreational activities should be integrated into paediatric care.
- Activities that promote normal childhood experiences may enhance coping.

5) **Training Paediatric Nurses**
- Nursing education should emphasize therapeutic communication, emotional support, and recognition of children's psychosocial needs in addition to clinical care.

Strengths of the Study
- The study explored hospitalization from the child's own perspective.
- A phenomenological approach provided deeper understanding of children's emotional experiences.
- Use of drawings supported children's expression beyond verbal communication.
- The findings provide practical insights for paediatric nursing care.

Limitations of the Study
- The study was conducted in a single private paediatric hospital; therefore, experiences may differ in other healthcare settings.
- The sample size was limited to 10 children, although adequate for qualitative exploration.
- Children's ability to express experiences may have been influenced by age, comfort level, and communication ability.
- Drawings were used as an expressive method but were not analysed using a standardized drawing assessment tool.

6. Conclusion

Hospitalization represents a multidimensional experience for school-age children involving fear, unfamiliarity, separation from meaningful relationships, and individual coping responses. Although children experience distress related to procedures and hospital routines, they continue to seek connection with their family, friends, and familiar childhood experiences.

The findings highlight the importance of listening to children's voices and recognizing their emotional and developmental needs during hospitalization. Paediatric nurses play a crucial role in creating supportive environments through effective communication, emotional reassurance, family involvement, and opportunities for expression and recreation.

Understanding hospitalization from the child's perspective can help healthcare providers move towards more compassionate, child-centred, and holistic paediatric care.

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