

A survey-based study of adolescents and their healthcare providers in a tertiary pediatric hospital



Alon **Coret** MD¹, Dennis **Newhook** MA², Megan E. **Harrison** MD FRCPC^{1,2} | ¹Department of Pediatrics, Faculty of Medicine, University of Ottawa; ²Children's Hospital of Eastern Ontario (CHEO) Research Institute

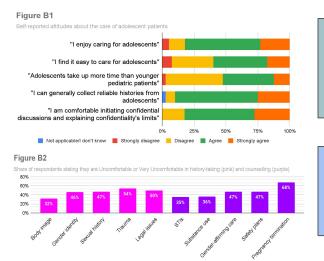
BACKGROUND & METHODS

- Adolescents admitted to hospital face unique challenges, including feelings of social isolation, lack of privacy, sleep loss, and poor communication with health professionals.
- This single-centre study explores the experiences and perspectives of both adolescent patients (age 10-19) and their healthcare providers within a general pediatrics setting. Data were gathered via anonymous surveys, designed with input from youth and family advisory groups.

RESULTS & DISCUSSION: ADOLESCENT PATIENTS Demographics: n =25; 6 males, 9 females, 2 non-binary, and 8 who identified as 'other' or did not specify. Mean age 14.6 (11-17). For 76% of participants, this was their first CHEO admission; 82% reported feeling well-supported during their hospitalization Self-reported recollection shows that key areas of adolescent health may go unassessed in hospital settings, especially around gender, sexuality, body image, and safety issues (see Figure A3). Positive aspects of hospitalization identified included interactions with care providers; time spent with loved ones; as well as structure and routine. Challenges identified included noise levels; lack of privacy; and leisure activities that were felt to be childish. Key recommendations included correct use of pronouns; increased privacy and quiet space; as well as continuity of care and clarity about team members' roles. Figure A1 Satisfaction with healthcare provider interactions (5 = best) "Although being admitted under unpleasant circumstances the workers here made the Being treated Positive nurse Consistent Being taken Positive experience at the hospital much physician more pleasant than I could have introductions interactions (including expected. I was always met with trainees) professionalism and Figure A2: compassion." Self-rated satisfaction with different aspects of hospitalization (5 = best) "Being able to be myself without judgement. I could ask a question without being looked at weird." Figure A3 Percentage of patients who recall being asked about these domains (any time during admission) 75 25

RESULTS: HEALTHCARE PROVIDERS

- **Demographics:** n =40; 7 males, 29 females, and 4 who identified their gender as 'other' or did not specify. Represented multiple professions: physicians (18), nurses (13), dietitians (2), occupational therapist (1), physical therapist (1), and pharmacists (2).
- Overall expressed positive attitudes about working with adolescents, though did identify challenges pertaining to the need to spend extra time with this patient group as well as some perceived deficiencies in terms of the adequacy of both their education/training and physical work environment (see Faque B1 below).
- Report discomfort in several areas of both history-taking and counselling of adolescent patients, especially in areas pertaining to
 body image (32%), gender identity and gender-affirming care (46% and 47%, respectively), taking a sexual history (47%), or sexual
 health counselling (35% for STI counselling; 66% for pregnancy termination counselling). See Figure B2 below.
- Areas of need that have been identified include continuing education/training; the creation of more teen-friendly spaces; and added adolescent-specific/mental health supports (both inpatient and community).



"Helping teenagers understand their health needs so they can advocate for themselves and take responsibility of their health...Makes you feel as though you have made a real difference in their lives."

"I think CHEO is good at looking at adolescents as a whole and supporting them in multiple ways, not just for the sole issue they were admitted/ consulted for."

Select reference literature: (1) Findlay, S., Pinzon, J., Goldberg, E., Frappier, J. Y., Canadian Paediatric Society, & Adolescent Health Committee. (2008). Issues of care for hospitalized youth. Paediatrics & Child Health, 13(1), 61-64. • (2) Clift, L., Dampier, S., & Timmons, S. (2007). Adolescents' experiences of emergency admission to children's wards. Journal of Child Health Care, 11(3), 195-207. • (3) Standards of Care for Adolescents – In Hospital and in Ambulatory Settings (BCCH document):

http://www.bcchildrens.ca/Youth-Health-Clinic-site/Documents/Standards200f20Care20for20Adolescents1.pdf. • (4) Linder, L. A., & Seitz, M. (2017). Through their words: Sources of bother for hospitalized children and adolescents with cancer. Journal of Pediatric Oncology Nursing, 34(1), 51-64.