

Child Life program had been advocated by management and was accepted by Interhealth Canada. The challenges to the ex-pat staff were enormous! The task was to set up a Child Life program, in an adult institution, on a pediatric floor in a brand new hospital in a country where the customs and environment were unfamiliar. Language, culture and religion were added new elements that needed to be built-into the new Child Life program by a professional staff who could not anticipate the possible cultural dissonance.

The religion of the United Arab Emirate nationals is exclusively Muslim. As a nation, the country is barely 30 years old. The families trace their roots to recent tribal affiliations and nomadic life-styles. Although the modern Emirati is educated, sophisticated, and affluent, traditional medicine and folk practices are still more trusted by many than is modern western medicine. Societal norms dictate that once a child reaches the age of thirteen, one is considered an adult. Unlike many other pediatric centers around the world, here at Shaikh Khalifa Medical Center, the pediatric ward on the unit accepts patients only twelve and under.

The predominant language is Gulf Arabic hence Child Life uses pediatric friendly translators for in depth discussions and education with the patients and families. Many families also speak fluent English. Spoken language is only a component of a therapeutic relationship. A respectful, caring and empathic manner transcends all language and is solely from the heart. Families understand and can appreciate this effort.

However, in order to develop an effective Child Life program western staff had to learn in-depth the family culture of the Middle Eastern Gulf Region, the philosophy and beliefs of Islam, cultural beliefs of health and illness, and culturally appropriate ways to divulge bad news to families. Integration of cultural and religious perspectives was imperative. Newly developed Arabic teaching tools and resources also needed to be created and adapted to the culture.

The Shaikh Khalifa pediatric ward has a 40 bed capacity that admits both medical and surgical patients. The top 10 medical admissions are asthma, gastroenteritis, pneumonia, viral illness, chronic lung disease, metabolic disease, diabetes, neonatal sepsis, bronchiolitis, and hematological disorders. The surgical admissions include tonsillectomies, adenoidectomies, myroidectomies, circumcisions, inguinal hernia, osteotomies, fractures, skin grafting, neuro procedures, cleft lip and palate repairs, and urology repairs.

When children are admitted to the hospital they and their families can expect the child to stay overnight and probably several days. Over the five year period from 1997 to 2001 the average length of hospital stay for children in both medical and surgical was nearly 4 days .

Disease is a frequent cause for admission. Illnesses typically associated with hospitalization in the UAE include scarlet fever, both bacterial and viral meningitis, food poisoning including salmonella, malaria, Hepatitis A and TB. Hepatitis A and food poisoning are the leading causes of hospitalization over the five year period for 1997 to 2001. Hepatitis A accounted for 34.25% of hospitalizations for children between the ages of birth through 14, followed by food poisoning (13.45%) and Salmonellosis (10.26%) in children aged birth through 14 years of age. These illnesses can be attributed to general unawareness of the methods of proper food handling and storage. Scarlet fever and malaria also account for over 28% of hospitalizations during the five year period, with both tied at fourteen percent. Ten percent of children were hospitalized with both viral and bacterial meningitis (10.82%) during the same time period.

Sometimes children's illnesses are terminal. Preparation for the possibility of death, and coping with the loss and grief afterward takes special care and cultural sensitivity. In one family where a two-year old, first born son, died of cancer complications, the grieving mother returned to her university classes within a week. Her family burned all pictures, toys, and clothes of the lost son in order to help her cope with her overwhelming grief. (Mitchell, 2003) This is not a common custom, but in

this case the family felt the will of Allah in the death of the boy must be accepted with finality and grace.

In the UAE between 1999 and 2001 the average rate of death for pediatric medicine and surgery was 41.25 per 10,000 admissions. This represents approximately 108 deaths per year in children of ages birth through 14.

Table 1: Percent of illnesses resulting in hospitalization for children of ages birth through 14 years, UAE 1997-2001						
Illness	1997	1998	1999	2000	2001	5 yr avg
Pulmonary TB	1.52	1.29	2.10	2.19	2.56	1.93
Scarlet Fever	16.35	18.65	10.60	15.19	13.60	14.88
Bacterial Meningitis	5.80	6.94	4.82	10.20	3.72	6.30
Viral Meningitis	3.61	4.46	3.50	2.08	8.95	4.52
Hepatitis A	32.70	35.91	46.76	30.07	25.81	34.25
Salmonellosis	7.13	8.33	8.58	12.28	15.00	10.26
Other food Poisoning	16.06	10.12	9.19	12.80	19.07	13.45
Malaria	16.83	14.29	14.45	15.19	11.28	14.41

UAE Ministry of Health

Between 1997 and 2001, in the UAE, there were between 58,000 to 70,000 new visits per year in both pediatric surgery and medicine and 138,000 to 170,000 repeat visits per year for an average of five to seven visits per person per year for these two pediatric services (UAE Ministry of Health, 2001.)

Emirati life-style can inadvertently contribute to child injuries such as burns, broken bones, and poisoning. Family dinners typically are conducted sitting on the floor where braziers with hot coals are low and within reach of small children. Also, modern conveniences of electric coffee pots have been introduced which also contribute to burns. Although there are seat belt laws for buckling up in the front seat, there are no car safety seat laws and children of nationals and expatriates can be seen standing in back seats of automobiles, or sitting in the lap of mothers in the front passenger seats. Also, it is not unusual for small children to be left alone in high rise apartments while parents or care givers step out for quick errands. This has resulted in many children falling out of windows or getting into dangerous household materials while parents are not able to keep watch. Children are treated or admitted to hospitals with injuries as a consequence of these cultural conditions. Although information about admissions or treatment due to motor vehicle crashes, falls, burns, and other accidental injuries was not available, the number of deaths due to these causes can be an indication of the prevalence of these injuries. Table 2 lists deaths by type of injury between 1997-2001.

Table 2: Child Accidental Deaths by Cause and Age, 1997-2001					
Cause	1997	1998	1999	2000	2001
Accidents	15	5	5	1	11
MVC	74	11	14	11	17
Poison	2	0	0	0	0
Falls	9	6	3	1	15
Fires	3	0	0	2	2

UAE Ministry of Health

Children who come to hospitals as outpatients, or for emergency one-day treatment, need the care and attention of a Child Life Specialist who can prepare the child and family for procedures and treatments. Although some hospitals have social workers who do what they can to be of help, their job descriptions and training are far different from that of the Child Life Specialist.

Thus, the spectrum of Child Life programming on the ward is vast due to the large variety of patients and psycho-social needs. It includes procedural intervention, teaching and support to patients, family counseling support, medical play, supervision of the nursing assistant staffed playroom, collaboration with the medical staff and participation on daily patient rounds where Child Life observations provide additional insight about individual medical treatment.

On the pediatric ward, a large space has been converted to a playroom staffed by two Nursing Assistants, seven days a week from 8 in the morning till 8 at night. An open-air courtyard within the pediatric unit is being converted into a playground.

Over the course of these three years the Child Life program has become an integral part of the hospital as well as the pediatric ward. Initiatives and partnerships have been created with other departments and areas servicing pediatric clients.

Child Life is actively involved not only on the ward but also in other areas throughout the hospital where children may need support. The Child Life Specialist works within the intensive care unit with pediatric patients, providing emotional support to the child and family, advocating for parental and sibling presence, and legacy building with palliative patients. The Child Life Specialist also works one day a week within the pre-op clinic where all children having day surgery, or being admitted for surgery or MRI under sedation are prepared at a developmentally appropriate level for what will occur through photos and hands-on medical play. The Child Life Specialist also has a partnership with the Radiology Department where all patients, aged seven and over, and their families receive education and support during the MRI procedure without having to need any sedation.

The role of the Child Life Specialist at Shaikh Khalifa Medical Center also entails belonging to various committees and writing proposals in order to strongly advocate through expertise, statistics and research the need for various pediatric specific services, protocols, programs, philosophies and approaches. The main battle has always been to differentiate adults from pediatrics and that children are not miniature adults hence require specialized care.

It was through such initiatives that the pediatric ward was redecorated to reflect its pediatric nature, a playground was approved and numerous teaching materials, education sessions, a weekly pediatric pre-op clinic day, pediatric topical anesthetic pain protocols, Child Life services as part of care maps and numerous pediatric specific pamphlets were endorsed.

Child Life Services was approached by Zayed University to supervise one of their students from the College of Family Science. The experience was beneficial and insightful not only for the student but also for the pediatric unit staff.

Not only is it the responsibility of Child Life Specialists to focus on the emotional and developmental needs of children and families, they also have a responsibility to provide education to the community. Zayed University College of Family Services and Shaikh Khalifa Medical Center are working in together to develop culturally appropriate educational materials for the public about home safety.

Child Life Services has been pleased to strengthen the bonds between the two institutions. Through the efforts of the Dean of Family Sciences and the dedication of ZU faculty, two courses (Medical Terminology and The Hospitalized Child) have been created for the Zayed University curriculum with the hope of establishing a Child Life Specialist program. Site visits to Shaikh Khalifa Medical Center and guest lectures by the CLS have been implemented for the university in support of their new curriculum and training in Child Life.

The profession of Child Life has enormous potential to expand in other areas of the world as awareness increases about the importance of the field to the well being of children, and as hospital administrators become cognizant of the economic efficacy of creating “child friendly” hospitals. Along with other organizations locally based, the International Child Life Council, which includes the voices of doctors, nurses, and other professionals, needs to be involved in the movement toward child-friendly hospitals and healthcare. Professional Child Life workers and programs based on the developmental philosophy of Child Life need to be created in hospitals globally for the better care of children.

VII. Economic Challenges and Cost Effectiveness.

The most pressing issue in addressing the question of how to create child-friendly hospital environments is now one of cost effectiveness. It can be demonstrated that Child Life services increase efficiency and are cost effective for hospitals. It has been found, for example, that with asthma patients, who receive preparation for their emergency medical care are less frequently hospitalized because they are calmer and can accept the treatment with less stress.

It inevitably takes longer to do a procedure – whether sewing stitches or taking an X-ray – when a child needlessly becomes hysterical or refuses to be pried from mother’s arms. It is much better for a CLS to take 20 minutes at the outset to go over the procedure with the family and to teach the child deep breathing, story telling, the magic glove, or another coping skill. Not only is this easier for the child, but it reduce medical costs by making procedures more effective, using time and equipment more efficiently, and results in better less costly healthcare.

Cost effectiveness can also be measured in faster healing. Children tend to get well faster if their psychological needs are taken care of. Mental health is directly related to physical health. A patient’s emotional state can be helpful or detrimental to healing.

Students from around the world, trained in Child Life in the United States and Canada, have returned to their home countries and have created culturally appropriate and economically sound ways to initiate Child Life programs for sick children in hospitals. For example, in the United Arab Emirates, Saudi Arabia, Kuwait, India, and in Japan may be found examples of Child Life Programs modified to fit the culture and the hospital — but working on behalf of children and families. Beginning a program is difficult and many barriers must be overcome, but soon mothers, families, and hospital staff become appreciative supporters. Eventually, even the direct costs will no longer be in question as the program shows up on the “bottom line” as economically beneficial.

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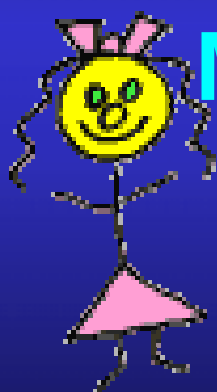
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Child Life Program at Shaikh Khalifa Medical Center



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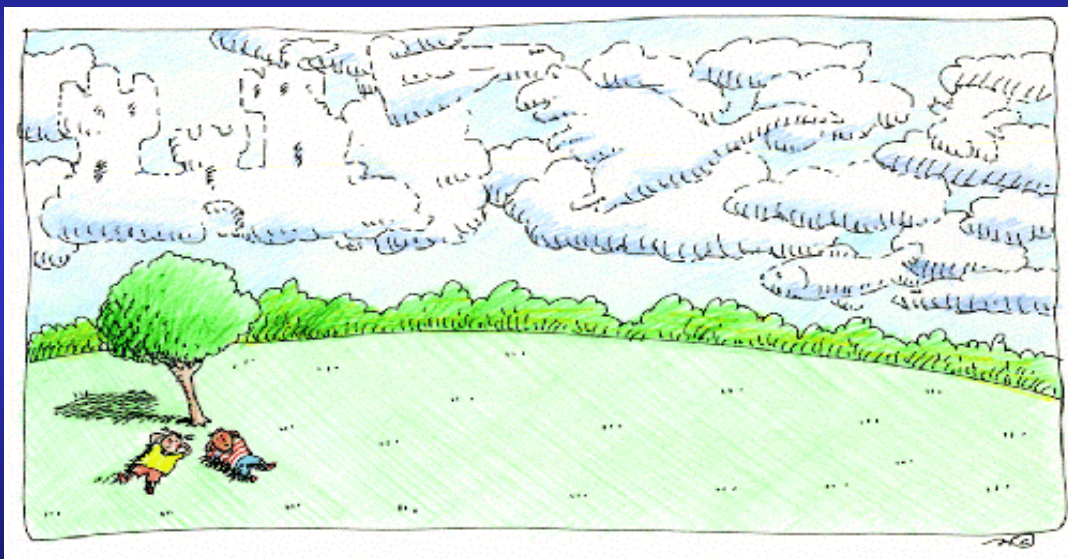


Abu Dhabi, United Arab Emirates

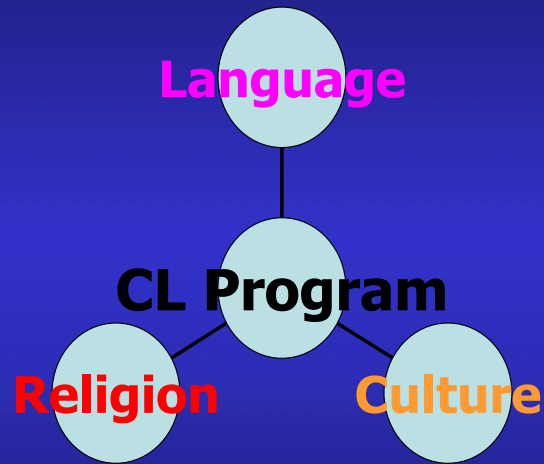




Creation of a Child Life Position



Adapting to Environment



Culture



Religion



E10

WORKSHOP X

Language



Top 10 Admissions (Medical)

- Asthma
- Gastroenteritis
- Pneumonia
- Viral Illness
- Chronic Lung Disease
- Metabolic Disease
- Diabetes
- Neonatal Sepsis
- Bronchiolitis
- Hematological Disorders



Top 10 Admissions (Surgical)

- Tonsillectomies, Adenoidectomies, Myoidectomies
- Circumcisions
- Inguinal Hernia
- Osteotomies
- Fractures
- Skin Grafting
- Neuro Procedures
- Cleft Lip and Palate Repairs
- Urology repair



Role of Child Life at SKMC

- Care to all patients in pediatrics
- Coverage of ICU
- Pediatric Pre-Op Clinic



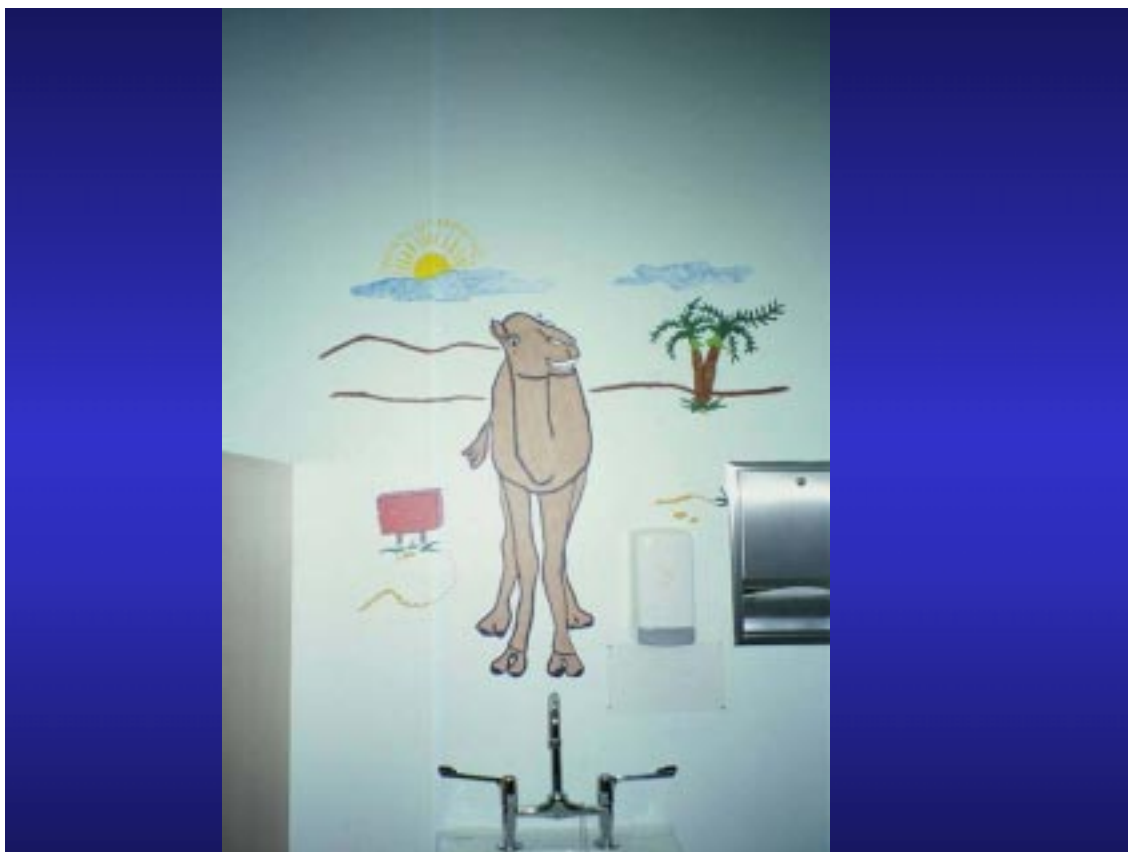
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WORKSHOP X



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WORKSHOP X

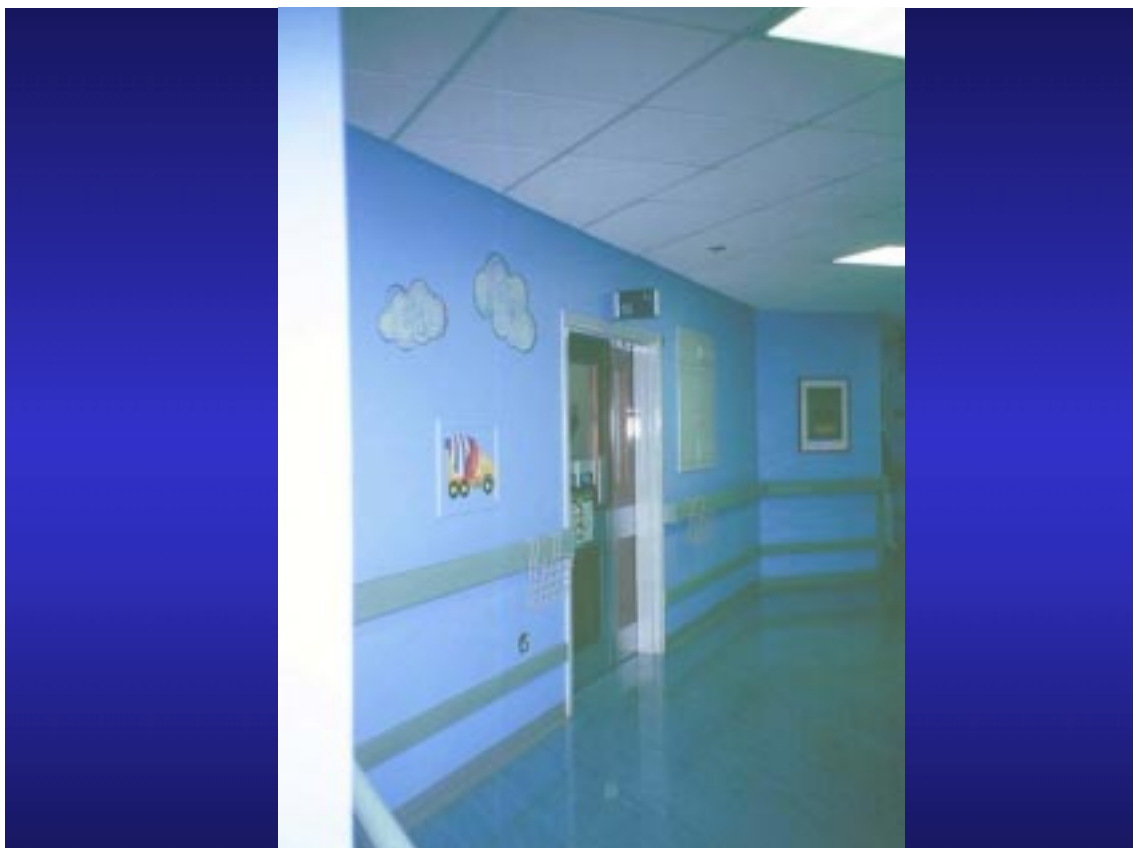


Child Life Program at Shaikh Khalifa Medical Center



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WORKSHOP X



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WORKSHOP X



Partnership with Zayed University

- 2 month placement of students from the Family Science program.
- Introduction of a Medical Terminology Course and the Hospitalized Child Course.
- Hiring of two of the graduate students from Zayed University to work as Child Life Assistants in 2004.

E10

WORKSHOP X

Shukran!

Masalama!



Creating a Setting for Child Friendly Procedures

Strategies to Help Children and Caregivers Cope With Hospitalization and Medical Procedures

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Factors Influencing a Child's Reaction

- › Previous experience
- › Developmental level
- › Parent's anxiety level
- › Coping patterns
- › Fears
- › Emotional support (family, friends, staff)
- › View of illness

Top 10 Stressors

- › Separation
- › Inability to eat or drink
- › Immobility (being in bed, being restrained, etc)
- › Unfamiliar environment (sound, equipment, etc)
- › Sense of urgency or lack of urgency/concern by hospital staff
- › Lack of control
- › Lack of knowledge or understanding
- › Pain (needles, injections, etc)
- › Sleep deprivation
- › Lack of privacy

The Powerful P's

- › Preparation for healthcare procedures
- › Parental involvement
- › Pain management
- › Positions for comfort
- › Procedure support
- › Play
- › Psychosocial support

Positions for Comfort

Used With Permission.

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IV Start

- § Position if child prefers not to observe
- § Distraction can also be provided



IV Start

E10

WORKSHOP X

- § Two person hold
- § Child may observe



IV Start - Team Approach

- § Patient held by parent
- § Arm held by nurse
- § Medical professional inserts IV
- § Child Life involvement for distraction
- § Arm supported on folded sheet



The Powerful P's

- › Preparation for healthcare procedures
- › Parental involvement
- › Pain management
- › Positions for comfort
- › Procedure support
- › Play
- › Psychosocial support

Important Things to Remember

- › Children and families perceive events differently than healthcare providers.
- › Healthcare workers are familiar with hospital routines, procedures, and services, families are not!
- › Children are not “little adults”. They have varying needs, depending on developmental level.
- › Illness and hospitalization are stressful to all family members, regardless of diagnosis.