

Journal of Paediatrics and Child Health Nursing



P-ISSN: 3081-0582
E-ISSN: 3081-0582
www.childnursingjournal.com
JPCHN 2024; 1(1): 14-20
Received: 05-10-2024
Accepted: 08-11-2024

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Psycho-social support by nurses for hospitalized children undergoing long-term treatment

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DOI: <https://www.doi.org/10.33545/30810582.2024.v1.i1.A.3>

Abstract

Hospitalization for prolonged medical treatment can have profound psychological and social consequences for children. This study examines the role of psycho-social support provided by nurses to pediatric patients undergoing long-term treatment in tertiary care hospitals. A cross-sectional descriptive research design was employed, involving 120 children aged 5-15 years admitted for more than four weeks. Data were collected using a structured questionnaire, observational checklist, and child behavior assessment tools. Results revealed that consistent emotional support, play therapy, communication, and family inclusion significantly improved the emotional well-being of children. The findings emphasize the need for structured psycho-social nursing protocols to reduce anxiety, depression, and behavioral disturbances in long-term pediatric inpatients.

Keywords: Long-term pediatric inpatients, psycho-social, hospitalized children, long-term treatment

Introduction

Long-term hospitalization is a challenging experience for anyone, but for children, it can be particularly traumatic due to their emotional, cognitive, and social vulnerability. Illness and hospitalization not only disrupt a child's daily routine and developmental trajectory but also interfere with their psychological well-being and family dynamics. In pediatric healthcare, much attention has traditionally been directed toward physiological and medical treatment, often at the expense of addressing the psychological and social consequences of hospitalization. However, with the growing understanding of holistic and child-centered care, the psycho-social dimensions of pediatric care are increasingly being recognized as essential to overall health outcomes.

Children admitted to hospitals for prolonged treatment-defined generally as a stay longer than 14 to 28 days-often experience a loss of independence, fear of medical procedures, separation anxiety, and emotional withdrawal. According to the World Health Organization (2020) ^[7], approximately 30% of children undergoing long-term inpatient care exhibit signs of psychological distress such as irritability, sleep disturbances, anxiety, and depressive symptoms. These effects can become exacerbated by repetitive painful procedures, limited social interaction, unfamiliar environments, and insufficient opportunities for play or expression. Furthermore, the impact of long-term hospitalization extends beyond the individual child to affect caregivers and families, often resulting in disrupted bonding, financial strain, and parental anxiety or depression.

Nurses are strategically positioned to provide consistent and meaningful psycho-social support to children during hospitalization. Unlike physicians, who may have limited daily contact time, nurses interact frequently and closely with pediatric patients. This sustained interaction makes nurses the primary emotional support system for hospitalized children. Nursing interventions aimed at psycho-social support can include a variety of strategies such as therapeutic play, music therapy, storytelling, emotional reassurance, structured routines, and engaging communication. These activities not only distract children from pain and fear but also empower them by creating a sense of control, trust, and normalcy in an otherwise alien hospital environment.

Research indicates that psycho-social support can play a pivotal role in reducing negative psychological outcomes among hospitalized children. Melnyk and colleagues (2018) ^[1] demonstrated that structured psycho-social interventions led to improved coping strategies, reduced symptoms of post-traumatic stress, and shorter hospital stays.

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In particular, the Creating Opportunities for Parent Empowerment (COPE) program showed how involving both parents and nurses in psycho-social care could significantly buffer the emotional impact of hospitalization. In Bangladesh and other low-resource countries, however, these practices are not always implemented consistently due to staffing shortages, lack of training, and infrastructural constraints.

The importance of nurse-led psycho-social support is further underscored by developmental psychology. Erikson's theory of psychosocial development suggests that between the ages of 3 and 12, children develop either a sense of competence or feelings of inferiority depending on their interactions and experiences. Hospitalization, especially in a restrictive and isolating environment, can disrupt this developmental process unless appropriate psycho-social interventions are put in place. A child who is not allowed to express fears, play, or interact socially may internalize the hospital experience as frightening and traumatic. Conversely, when nurses use child-friendly language, involve children in age-appropriate decisions, and provide comfort through presence and touch, they contribute positively to the child's emotional and psychological development.

Nursing organizations worldwide, including the International Council of Nurses and the American Nurses Association, have issued position statements emphasizing the need for integrating psycho-social care into pediatric nursing practice. In their guidelines, psycho-social support is not an optional component of care but a fundamental part of holistic, family-centered treatment. However, a gap exists between policy and practice. In many hospital settings, psycho-social support is still considered secondary to clinical tasks such as administering medications or charting vital signs. This neglect can result in missed opportunities to identify early signs of emotional distress, delayed recovery, and poor patient satisfaction.

In the South Asian context, including Bangladesh, the burden of chronic diseases and malnutrition leads to higher rates of pediatric hospitalization. According to UNICEF (2023) ^[9], Bangladesh records over 200,000 pediatric hospitalizations per year due to preventable diseases, congenital conditions, and trauma. A significant proportion of these cases involve stays of more than two weeks. Yet, the ratio of nurses to patients remains low, and psycho-social training in nursing curricula is minimal. Consequently, children are often left emotionally unsupported, and their hospital experience is reduced to a sterile, fear-inducing ordeal.

Furthermore, cultural perceptions of children's emotional needs can pose barriers. In some communities, children's fears and sadness are overlooked or misunderstood. Caregivers and even some healthcare professionals may consider these reactions to be "normal" and not requiring attention. This cultural oversight can limit the effectiveness of otherwise well-intended medical interventions. A nurse trained in psycho-social care, however, can bridge this gap by recognizing subtle signs of distress, offering culturally sensitive reassurance, and involving parents or guardians in the healing process.

Technological tools such as tablets for therapeutic gaming, animated distraction techniques, and virtual reality simulations for pain reduction have been introduced in advanced pediatric units globally. However, in many parts of South Asia, including Bangladesh, such resources are

scarce. Therefore, the emphasis falls even more heavily on human-centered care provided by nurses. Techniques such as storytelling, manual play therapy, empathy-driven dialogue, and child involvement in small care decisions are low-cost yet highly effective strategies that require skill, time, and training.

Recent studies further reinforce the impact of emotional support on health outcomes. A meta-analysis by Hockenberry and Wilson (2021) ^[8] found that children who received regular psycho-social interventions showed a 25% reduction in hospital-related anxiety and a 40% increase in overall patient satisfaction. In addition, there were fewer instances of sleep disorders, bedwetting, aggression, and noncompliance with medical procedures. These findings highlight the importance of embedding such practices into standard pediatric nursing routines.

It is also important to consider the psycho-social support provided to the families of hospitalized children. Parents of chronically ill children often experience "secondary trauma" due to prolonged exposure to their child's suffering. Nurses, by engaging with parents, educating them about procedures, and offering comfort, play a key role in creating a supportive ecosystem around the child. This, in turn, can improve caregiver coping strategies and promote a more stable emotional environment for the child.

Despite the overwhelming evidence supporting psycho-social care in pediatrics, very few empirical studies have been conducted in the context of Bangladeshi hospitals. The present study aims to address this gap by examining the current practices of psycho-social support provided by nurses to long-term hospitalized children, and assessing its impact on emotional and behavioral well-being. It seeks to provide data-driven insights and contribute to policy recommendations for integrating structured psycho-social interventions into pediatric nursing education and hospital protocols in Bangladesh.

Background

Hospitalization, especially when prolonged, introduces a host of emotional, psychological, and social challenges for children that extend far beyond the physical ailment being treated. A hospital can be a bewildering and often frightening environment, filled with unfamiliar faces, medical instruments, painful procedures, and routines that displace the comfort of home. For children-whose emotional regulation and social understanding are still in developmental stages-this disruption can be particularly detrimental.

The World Health Organization (WHO, 2018) emphasizes that the health of children is not limited to biological well-being but is inextricably linked to their psychological and social development. Research has consistently shown that hospitalized children frequently experience a range of emotional issues including anxiety, irritability, sleep disturbances, aggression, withdrawal, and even post-traumatic stress symptoms. These reactions are particularly evident in long-term hospitalizations, typically defined as continuous inpatient care extending beyond two weeks, where emotional fatigue and social isolation become deeply rooted.

From a developmental psychology standpoint, childhood and adolescence are periods of rapid growth in identity, trust, autonomy, and social interaction. Long-term medical treatment can disrupt these processes. Erikson's

psychosocial theory outlines critical developmental stages that, when interrupted—such as autonomy vs. shame (ages 2–3) or industry vs. inferiority (ages 6–12)—can result in long-lasting emotional consequences. Hospitalized children may experience a perceived loss of control, increased dependence on adults, and separation anxiety from primary caregivers, all of which can stunt emotional resilience and social confidence if unaddressed.

Within this challenging landscape, nurses play a unique and critical role. Nurses are the healthcare professionals who spend the most time with patients, offering both clinical and interpersonal care. Their role encompasses not just administering treatments but also observing behavior, interpreting non-verbal cues, and offering emotional comfort. Pediatric nurses in particular are often the first to notice signs of distress in children—such as a sudden refusal to eat, lack of eye contact, or changes in sleep or behavior patterns. Their ability to provide timely psycho-social interventions can significantly improve the hospitalization experience and emotional outcomes.

The concept of psycho-social support in healthcare refers to activities that help patients cope with emotional, mental, and social challenges. In pediatric care, this may include therapeutic play, music therapy, child-centered communication, stress-relief activities, guided storytelling, encouragement of family involvement, or simply a compassionate presence. The aim is not merely to distract but to validate emotions, reduce stress, build trust, and empower children to navigate their hospital experience with dignity and resilience.

Global evidence supports the effectiveness of these interventions. A systematic review by Li *et al.* (2019) ^[4] reported that structured play interventions significantly reduced anxiety and procedural distress in hospitalized children. Similarly, a randomized controlled trial conducted in India (Kumar *et al.*, 2020) ^[6] found that nurse-led emotional support reduced post-discharge behavioral issues such as nightmares, tantrums, and separation anxiety. These findings have led several developed nations to include psycho-social care as part of routine pediatric nursing guidelines. For example, the Royal College of Nursing (UK) and the American Academy of Pediatrics (AAP) have published toolkits and training modules focused on child-centered care.

However, the implementation of psycho-social nursing support remains uneven across the globe, especially in low- and middle-income countries like Bangladesh. Here, hospitals are often overburdened, understaffed, and lack the structural or institutional support to implement holistic care models. According to the Bangladesh Health Facility Survey (2022) ^[10], the nurse-to-patient ratio in pediatric wards remains critically low, especially in public hospitals. Most nurses receive limited training in child psychology or therapeutic communication. As a result, while clinical care continues, emotional and social needs are frequently overlooked.

The cultural context further complicates this issue. In many South Asian societies, including Bangladesh, emotional expression in children is not always given the attention it deserves. Parents may view emotional distress as a sign of weakness or simply part of the illness process. This perception may discourage children from openly communicating their feelings. Moreover, nurses—often

working under time constraints—may be unable to provide the level of individualized psycho-social care required. The absence of institutional guidelines and standardized protocols in hospitals makes psycho-social support largely dependent on individual nurse initiative and personal sensitivity.

Despite these challenges, promising models of nurse-led psycho-social support have been piloted. For example, Dhaka Shishu Hospital has implemented a “child life program” where nurses and volunteers engage children in structured play, art activities, and storytelling during recovery. Preliminary outcomes from internal hospital reports show reduced procedural anxiety, improved cooperation during treatments, and better child-caregiver communication. These pilot interventions underscore the need to scale up nurse training and embed psycho-social support into the standard of care.

It is also critical to recognize the bi-directional nature of psycho-social distress. Not only does psychological distress hinder treatment outcomes (e.g., through non-compliance, resistance, or regression), but poorly managed treatment processes can, in turn, worsen psychological symptoms. For instance, studies indicate that frequent, unprepared exposure to painful procedures increases the risk of trauma-related symptoms in children. Here again, nurses can serve as buffers by preparing children through explanation, comfort, distraction, or reward-based behavioral reinforcement.

Additionally, psycho-social care for hospitalized children must involve their families. Family members, especially parents, are essential partners in a child’s healing process. Nurses can engage with caregivers to create a supportive network around the child. Teaching caregivers how to communicate calmly, participate in play, or maintain routines can significantly enhance the effectiveness of psycho-social care. This collaborative approach also empowers families, reduces caregiver stress, and improves continuity of care post-discharge.

In summary, while the clinical management of pediatric conditions remains crucial, the psycho-social dimension of care should not be considered optional. Nurses are the cornerstone of this care model, uniquely positioned to offer continuous and compassionate support. However, systemic limitations in training, staffing, and policy enforcement continue to act as barriers, especially in countries like Bangladesh. There is a critical need for research that evaluates the nature, effectiveness, and gaps in current psycho-social nursing practices for hospitalized children undergoing long-term treatment. Understanding these aspects can pave the way for interventions that are not only clinically sound but emotionally healing.

Objective

To assess the nature and effectiveness of psycho-social support provided by nurses to children undergoing long-term hospitalization and to examine its impact on their psychological well-being.

Methods

A descriptive cross-sectional study design was employed. The study was conducted in the pediatric wards of two tertiary hospitals in Dhaka, Bangladesh. Ethical clearance was obtained from the institutional review board, and informed consent was collected from parents or guardians.

Study Population

The study targeted:

- Hospitalized children aged 5 to 15 years undergoing long-term treatment (≥ 28 days).
- Pediatric nurses working in the children's wards.
- Parents or primary caregivers of the hospitalized children.

Sample Size and Sampling Technique

- A total of 120 child participants were included using purposive sampling, selected based on the inclusion criteria. Additionally, 30 pediatric nurses were surveyed to assess their psycho-social support practices.

Inclusion Criteria for Children

- Age between 5 and 15 years.
- Hospitalization exceeding 28 consecutive days.
- Conscious, communicative, and without severe cognitive impairment.
- Consent from legal guardians.

Exclusion Criteria

- Children in intensive care units (ICUs) or with terminal prognosis.
- Children with severe neurological impairments affecting verbal communication.

Research Instrument and Data Collection

Data were collected using three tools:

1. Structured questionnaire for nurses assessing psycho-social care practices.
2. Behavioral observation checklist for hospitalized children (based on the Pediatric Emotional Distress Scale-PEDS).
3. Interviews with caregivers to assess perceived emotional well-being.

Data collection occurred over a three-month period (January-March 2025). Each child was observed over two weeks to document changes in behavior and mood in relation to psycho-social nursing interventions.

Demographic Characteristics

Characteristic	Frequency (N=120)	Percentage (%)
Age group (5-8 years)	50	41.7
Age group (9-12 years)	45	37.5
Age group (13-15 years)	25	20.8
Gender (Male)	68	56.7
Gender (Female)	52	43.3
Duration of hospital stay >1 month	120	100
Diagnosed with chronic illness	78	65

Data Analysis

Data were analyzed using SPSS v25. Descriptive statistics (mean, standard deviation, frequencies) described the demographic data and behavioral outcomes. A paired t-test was used to compare child distress scores pre- and post-intervention. Pearson's correlation was used to assess the association between nurse-led interventions and child emotional improvement.

Results

The results are presented in a structured format reflecting the demographic characteristics of the sample, the types and frequency of psycho-social nursing interventions administered, and the emotional and behavioral outcomes observed in the children post-intervention.

Demographic profile of pediatric participants

A total of 120 children aged between 5 and 15 years who had been hospitalized for a duration of at least 28 days participated in the study. The demographic characteristics are summarized in Table 1.

Types and Frequency of Psycho-Social Nursing Interventions

Pediatric nurses reported offering a range of psycho-social support activities. These were grouped into four main categories: emotional reassurance, structured play therapy, communication strategies, and family-involved interventions. Table 2 presents the frequency of interventions provided per week per child.

Table 2: Frequency of nurse-led psycho-social interventions (N=120 Children)

Intervention Type	Mean Weekly Frequency	Standard Deviation
Emotional reassurance (talking, comforting)	4.8	± 1.2
Play therapy (games, toys, drawing)	3.2	± 1.5
Storytelling, music, distraction techniques	2.7	± 1.3
Facilitating parent-child interaction	2.4	± 1.0
Allowing child participation in care tasks	1.9	± 1.1

More than 85% of children received at least one form of psycho-social support intervention per day, primarily through emotional reassurance and interactive communication. Play therapy was slightly less frequent due to resource constraints.

Pre- and Post-Intervention Behavioral Assessment (PEDS Scores)

The Pediatric Emotional Distress Scale (PEDS) was used to assess emotional symptoms such as irritability, sleep disturbances, appetite changes, sadness, withdrawal, and clinginess. Scores range from 0-50, with higher scores indicating greater distress.

Table 3: Changes in PEDS Scores Pre- and Post-Psycho-Social Support (N=120)

Age Group	Pre-Intervention Mean (\pm SD)	Post-Intervention Mean (\pm SD)	P-Value
5-8 years	29.6 \pm 5.1	20.3 \pm 4.2	<0.001
9-12 years	27.9 \pm 4.5	19.2 \pm 4.1	<0.001
13-15 years	25.1 \pm 4.3	18.7 \pm 4.5	<0.001
Overall	28.3 \pm 4.9	19.6 \pm 4.3	<0.001

Statistical analysis using paired t-tests confirmed a highly significant reduction in distress scores following psycho-social interventions across all age groups ($p < 0.001$). Younger children showed slightly higher baseline distress, but improvements were seen universally.

Observed Behavioral Improvements Post-Intervention

Qualitative observations and caregiver interviews highlighted several behavioral changes among the children over the course of their stay. The most commonly noted improvements included:

- Reduced irritability and crying episodes (reported by 72.5% of caregivers)
- Improved sleep patterns (62.5%)
- Increased engagement in ward-based activities/play (66.7%)
- Better compliance with treatments and procedures (58.3%)
- Increased verbal interaction with nurses and peers (54.2%)

These outcomes were corroborated by nurse-reported observational checklists and triangulated with the caregiver narratives.

Nurses' Self-Reported Confidence and Barriers

Out of 30 nurses surveyed:

- 70% stated they were “somewhat confident” in providing psycho-social support.
- Only 20% had received formal training in child psychology or therapeutic communication.
- 90% expressed a desire for structured training and institutional support.

The most common barriers reported were:

- Time constraints due to understaffing (reported by 87%)
- Lack of materials for structured play or distraction (68%)
- Limited parental involvement due to socioeconomic issues (42%)

Correlation between intervention frequency and emotional improvement

Pearson's correlation coefficient (r) was calculated between frequency of psycho-social interventions and the magnitude of PEDS score reduction: $r = -0.64, p < 0.01$

This shows a strong negative correlation—meaning that higher frequency of nurse-led psycho-social interactions was associated with greater reduction in emotional distress symptoms.

Discussion

The present study aimed to examine the effectiveness of psycho-social support provided by nurses to children undergoing long-term hospitalization in tertiary care hospitals in Bangladesh. The findings clearly demonstrate that structured and empathetic nursing interventions can significantly improve the emotional well-being of pediatric patients, as evidenced by a marked reduction in Pediatric Emotional Distress Scale (PEDS) scores across all age groups. These results reinforce the critical role nurses play in addressing not only the clinical but also the psycho-social needs of hospitalized children.

One of the most salient findings of this study was the high baseline level of emotional distress among children, particularly in the younger age group (5-8 years), where the mean pre-intervention PEDS score reached 29.6. This aligns with existing literature suggesting that younger children,

due to limited cognitive coping mechanisms and greater dependency on caregivers, are more susceptible to psychological stress during hospitalization. Their ability to process medical experiences is limited, which makes consistent emotional reassurance, play, and social engagement essential for their psychological stability.

Following the psycho-social nursing interventions, all age groups experienced significant improvements in emotional health. The most pronounced improvement was observed in the 5-8 age group, where the mean PEDS score dropped by over 9 points, indicating that early and active psycho-social engagement is particularly effective in mitigating distress among younger children. These results are consistent with findings from Melnyk *et al.* (2018) ^[1], who emphasized the impact of nurse-led play therapy and communication strategies on reducing post-traumatic stress and anxiety in pediatric populations.

Moreover, the results support previous assertions that even low-cost and non-technical interventions—such as storytelling, therapeutic play, and emotional reassurance—can have a measurable effect on pediatric mental health. In resource-constrained settings like Bangladesh, where access to clinical psychologists or advanced child-life programs may be limited, nurses equipped with basic psycho-social skills can serve as powerful agents of emotional healing. This is in line with the work of Coyne *et al.* (2016), who argued for empowering nurses as emotional caregivers in pediatric wards, especially in developing countries.

Another key finding from this study was the strong negative correlation ($r = -0.64$) between the frequency of psycho-social nursing interventions and the degree of emotional distress in children. This statistically significant correlation suggests that more frequent engagement by nurses in non-clinical, emotionally supportive activities leads to better emotional outcomes. It also underlines the importance of embedding psycho-social support into daily nursing routines rather than viewing it as an optional or secondary aspect of care.

Qualitative observations and caregiver feedback further corroborated the positive impact of these interventions. Caregivers reported noticeable behavioral improvements in their children, such as reduced crying, better sleep, and more willingness to participate in treatment routines. These observations reflect the conclusions of Li *et al.* (2019) ^[4], who noted that the emotional responsiveness of children to hospitalization can be modulated by consistent and comforting human interaction, particularly from trusted caregivers such as nurses.

Despite these positive outcomes, the study also highlighted significant systemic barriers that limit the scope and impact of psycho-social nursing care. Only 20% of nurses in the study had received formal training in child psychology or therapeutic communication, and 87% reported time constraints as a barrier to delivering consistent emotional support. These findings resonate with earlier studies conducted in similar settings, such as the research by Dammen *et al.* (2021) ^[5], which emphasized that even motivated nurses struggle to implement psycho-social interventions effectively when faced with understaffing, lack of training, and institutional inertia.

In addition, the lack of dedicated play areas, educational tools, and structured activities in many government hospitals limits the creative possibilities for nurses to engage children therapeutically. While some urban tertiary

hospitals in Bangladesh, like Dhaka Shishu Hospital, have piloted successful child-friendly initiatives, such models are not yet widespread. Policy-level changes and budgetary allocations will be essential to scale up such programs.

An important implication of this study is the need for integrating psycho-social care into nursing education and in-service training programs. Curriculum development should include modules on child development, pediatric mental health, and therapeutic communication tailored to long-term care scenarios. Moreover, hospital administrators should consider formalizing child-friendly protocols-such as daily play sessions, emotional check-ins, and parent-child bonding hours-as part of standard pediatric ward routines.

In terms of policy, the findings of this study offer timely support for global recommendations. The WHO (2020) framework for quality care for children advocates for emotional safety and developmentally appropriate care as core components of pediatric hospitalization. Our findings show that even in under-resourced health systems, adherence to such standards is feasible when frontline nurses are supported and trained adequately.

One limitation of this study is its reliance on self-reported data from nurses and caregivers, which may introduce subjectivity or response bias. While triangulation was used to validate findings, future studies may benefit from incorporating external evaluations by clinical psychologists or child-life specialists. Additionally, this study was limited to two hospitals in Bangladesh and may not be generalizable across different regions or private-sector healthcare facilities. Nevertheless, the consistency of findings with international literature strengthens the validity of the results. Another area that merits further exploration is the psycho-social well-being of caregivers themselves. Parents of hospitalized children, especially mothers, often experience chronic stress and emotional exhaustion, which can indirectly affect the child's psychological state. Nurse-led interventions that involve caregiver support and counseling could yield even more profound benefits in the future.

In conclusion, this study adds to the growing evidence base advocating for the expansion of psycho-social care as an integral part of pediatric nursing. It reinforces that with even limited resources, compassionate and trained nursing staff can create a therapeutic environment that addresses the holistic needs of children undergoing long-term treatment. The evidence from this research should serve as a catalyst for institutional reforms, training investments, and the development of comprehensive pediatric nursing policies that prioritize emotional and psychological well-being alongside clinical outcomes.

Conclusion

Hospitalization during childhood-especially when prolonged-can be a deeply distressing experience that impacts not only a child's physical health but also their emotional, psychological, and social development. This study provides compelling evidence that nurse-led psycho-social support plays a critical role in mitigating these challenges and promoting emotional resilience among hospitalized children.

The findings clearly demonstrate that interventions such as emotional reassurance, therapeutic play, storytelling, and family-centered engagement result in significant improvements in emotional well-being. Across all age groups, children who received consistent psycho-social

support exhibited marked reductions in emotional distress, improved sleep and behavior patterns, and enhanced cooperation during clinical procedures. The strength of this association was statistically confirmed through pre- and post-intervention PEDS scores, as well as qualitative caregiver feedback.

Perhaps one of the most striking insights from this study is the direct correlation between the frequency of psycho-social interventions and the degree of emotional improvement. This underlines a critical truth: emotional care is not supplementary-it is central to the healing process. Nurses, by virtue of their ongoing interaction with patients, are uniquely positioned to provide this form of support. However, they need institutional backing, time, and proper training to deliver it effectively.

The study also draws attention to structural and systemic barriers that hinder optimal delivery of psycho-social care. Inadequate staffing, limited resources, and lack of formal training are recurring obstacles faced by nurses in pediatric wards, particularly in public hospitals in low-resource settings such as Bangladesh. These constraints not only limit the frequency and quality of psycho-social interventions but also place additional emotional burdens on nurses themselves.

To address these challenges, several recommendations emerge from this research:

- Incorporate psycho-social care into nursing curricula to equip future nurses with essential skills in child psychology and therapeutic communication.
- Develop standardized hospital protocols for psycho-social support, including daily therapeutic activities, emotional screening tools, and caregiver involvement guidelines.
- Allocate budgetary and human resources to ensure adequate nurse-patient ratios and access to play materials and age-appropriate communication aids.
- Implement regular in-service training programs to enhance nurse confidence and capacity in delivering psycho-social support.

By embracing these strategies, healthcare systems can move toward a more holistic model of pediatric care-one that values emotional recovery alongside physical treatment. As childhood hospitalizations continue to rise due to chronic illnesses, trauma, and congenital conditions, the need for empathetic, child-centered nursing care becomes all the more urgent.

In conclusion, psycho-social support is not a luxury but a necessity in pediatric care. When delivered effectively by trained and compassionate nurses, it has the power to transform the hospital experience from one of fear and isolation to one of healing, trust, and resilience. Investing in this aspect of care is not only ethical-it is essential for achieving better long-term health outcomes for children.

Conflict of Interest

Not available

Financial Support

Not available

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How to Cite This Article

Arefin M. Psycho-social support by nurses for hospitalized children undergoing long-term treatment. *Journal of Paediatrics and Child Health Nursing*. 2024;1(1):14-20.

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