Behavioral Objectives: After reading this newsletter the learner will be able to:
1. Describe three common reactions to hospitalization during adolescence.
2. Discuss two implications for the healthcare provider to reduce adolescents’ reactions to hospitalization.

Adolescents’ understanding of reaction to, and method of coping with illness or hospitalization are influenced by the events that produce stress during this developmental stage. The major developmental task the adolescent, 12-18 years old, faces is a sense of identity versus role confusion. During this stage, adolescents are in search of a personal identity that will lead them to adulthood. Adolescents make a strong effort to answer the questions, “Who am I?; “Where am I going?; and “What do I believe in?” To form a personal identity, adolescents strive to be independent, and to integrate the values of their family with those of their peers. A major need during this stage is for teens to feel they belong and are accepted by their peer group. This is reflected in many things, such as by their choice of dress and music. The rapid physical changes in puberty contribute to the teen’s feeling of insecurity.

These developmental characteristics directly influence the adolescent’s reactions during hospitalization, including separation anxiety, loss of control and bodily injury and pain. This newsletter will describe these reactions during the adolescent period. Implications for the healthcare provider to reduce these reactions to hospitalization will be discussed.

**SEPARATION ANXIETY**
Hospitalized adolescents often experience separation anxiety. However, unlike in younger children, separation anxiety experienced in hospitalized adolescents is generally not caused by being separated from parents and home. However, in the unfamiliar environment of the hospital, it may be, particularly with younger adolescents. More often, during adolescence, the anxiety is due to being separated from peers and normal routines, such as missing a party or not being able to participate in a team activity.

Adolescents are striving to achieve more mature relations with others, both boys and girls, in their age group. Loss of peer group contact, even caused by short hospital stays, may cause a severe emotional threat because of loss of group status and acceptance. Deviations within peer groups are poorly tolerated, and although members may express concern for the adolescent’s illness or need for hospitalization they continue their group activities, quickly filling the gap of the absent member.

Not that it often has to be encouraged, hospitalized adolescents benefit from talking on the phone to their friends, as well as from visits from them. This will help keep the teen “in the loop”. However, while peers are in school or participating in after-school activities, such as sports or other group activities, boredom becomes a problem. During separation from their usual peer group, ill teens often benefit from interactions with other hospitalized adolescents.

**LOSS OF CONTROL**
Adolescents struggle for independence in an attempt to develop a personal identity. Anything that poses a threat to their sense of identity can result in a loss of control. Because of the nature of the patient role, many hospital activities cause a loss of control. Dependent activities, such as enforced bed rest, use of a bedpan and transportation in a wheelchair, can be a direct threat to independence. Adolescents are more sensitive than younger children to potential instances of loss of control and enforced dependency.

Although these activities seem routine in the hospital, they allow no freedom of choice to adolescents who want and need to act independently. Adolescents often react to dependency with rejection, uncooperativeness and withdrawal. They may also react with overconfidence. Not only does the patient role cause dependence, but also depersonalization - “Take the patient to F”. They may react to depersonalization with self-assertion, anger and/or frustration. Regardless of which behaviors adolescents manifest, healthcare providers generally tend to regard adolescent patients as difficult and unmanageable. It is important for healthcare providers to realize these behaviors are related to a sense of loss of control and depersonalization in the hospital. Adolescents, like patients of all ages, should be addressed by their name, not as “the patient in room F” or “the new admission”. They also need to be given opportunities to exert control.
Offering simple choices, such as “Do you want to play cards or checkers with your Mom or would you rather watch television?” gives the adolescent a choice of three things, thus instilling a sense of some control. The more opportunities adolescents have to exert their independence, safely, the better their adjustment to the patient role.

Adolescents seek information about their condition and rely heavily on knowing what to expect, particularly before a procedure. Adolescents, however, react not only to what information is supplied, but how it is conveyed. They may feel very threatened by healthcare providers who relate facts in a derogatory manner, talking down to them. Adolescents want to know that others, including healthcare providers, can relate to them on their level and not as a child. It is important to direct questions to the adolescent in language he or she can understand, and not to a parent. Also, assess the teen’s knowledge about his or her condition or procedure. For example, an adolescent would be expected to start from “scratch” in patient teaching.

Adolescents want to know that they are developing normally and that they are not different from their peers. Adolescents’ rapidly changing body image during pubertal development often makes them feel insecure about their bodies and if they are developing normally. Illness, medical or surgical intervention, and hospitalization increase their existing concerns for normalcy. During an assessment, it is important to reassure the patient, numerous times, that they are developing normally and that they are not different from their peers. Adolescents’ rapidly changing body image during pubertal development often makes them feel insecure about their bodies and if they are developing normally. Illness, medical or surgical intervention, and hospitalization increase their existing concerns for normalcy. During an assessment, it is important to reassure the patient, numerous times, that they are developing normally and that they are not different from their peers.

Because of the development of secondary sex characteristics, adolescents are very concerned about privacy. They may withhold or exaggerate their reaction to pain according to who is present. For example, teens usually have less of a reaction to pain around peers and more when family members are present.

Although the development of body image begins early in life, it is paramount during adolescence. Injuries and pain are viewed primarily in terms of how they affect the adolescent’s view of themselves in the present. Any change that differentiates the adolescent from peers is regarded as a major tragedy. For example, there is often a prolonged adjustment period for teens with diabetes mellitus, than for younger children.

Lack of respect for this need can lead to a profound sense of loss of control in the adolescent. During assessment, exposing only the body part to be examined is essential. Adolescents often feel a loss of control around adults, as well as typically rebel against authority figures, including healthcare providers. It is often beneficial, when possible, for younger healthcare providers to care for the adolescent patient. It may also be helpful for the healthcare provider to introduce him- or herself by their first name - “My name is Jane. Just push the call button and ask for Jane if you need me.” This allows the teen to see the healthcare provider more as a peer. Therefore, a rapport may be established quicker and the adolescent may be more likely to confide in the young healthcare provider.

**BODILY INJURY AND PAIN**

Adolescents, 12-18 years old, typically show less vocal and behavioral protest to pain. “It hurts” or “You’re hurting me” are common verbal expressions. Much self-control is usually evident. Healthcare providers need to assess for objective signs of pain, such as limited movement, and facial grimacing. However, adolescents may withhold or exaggerate their reaction to pain according to who is present. For example, teens usually have less of a reaction to pain around peers and more when family members are present.

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This disease changes the teen’s lifestyle, such as not being able to eat popcorn and candy at the movies. Many teens would rather “fit in” than to control their diabetes. Adolescents commonly view an illness, injury and/or treatment in terms of how their body image, their appearance, will be affected, rather than to any associated pain. Changes to their body, such as visible sutures, and the potential of scarring, which will make them look different from their peers, can be devastating to the adolescent. For example, consider a teen involved in a car accident. She survives, while the other two passengers are killed. She has numerous deep lacerations that require sutures and staples on her face and foot. It is not uncommon for this survivor to wish she had died, rather than to be disfigured and to fear rejection from her peer group. Although adults, including healthcare providers, would be expected to be grateful to be alive, this is not the case during adolescence. Healthcare providers need to understand this reaction and allow the adolescent to freely express their feelings and to offer support to them.

**The importance of being accepted by their peers, the rapid development of their bodies and the significance of body image all directly relate to adolescents’ adjustment to the common stressors of hospitalization - separation anxiety, loss of control and bodily injury and pain. Healthcare providers play a key role in understanding and planning interventions which minimize or eliminate these age-specific reactions.**