

## Book Reviews . . .

for a beating" or even enjoy such treatment.

I should imagine that this theoretical confusion is behind the split between Chiswick Women's Aid and the feminist National Federation of Women's Aid. In trying to avoid the separatist extremes of feminism Ms. Pizzey has ignored the fact that women do suffer specific discrimination and that unless the general inferiority women experience is countered it will not be possible to combat the violent expression of this inferior status.

This book fails to analyse why men beat their wives as opposed to assaulting other people nor does it explain why many people are critical of women who leave violent relationships. However, despite the above criticism it is a readable account of the inception of women's refuges in England and of the plight of many women using such shelters. As such it is worth looking at.

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### THE HOSPITALIZED CHILD — COMMUNICATION TECHNIQUES FOR HEALTH PERSONNEL

Author Denis R. Klinzing  
Dene G. Klinzing

168 Pages

Published by:  
Prentice-Hall, Inc.,  
Englewood Cliffs, New Jersey,  
1977.

The authors of this book outline their theme simply and clearly in the introduction after stating how a child's emotional well-being can be disrupted by hospitalization. "... there is a key that can help hospital personnel to provide emotional care for hospitalized children. That key is communication" (page 8). To many readers, the authors appear to state the obvious quite often. It is an indictment of the adult world that the obvious needs to be stated. One can only hope that those people to whom the book is directed (doctors, nursing staff and paramedical staff) will read, digest and act on it.

The book is clearly set out in sections, and each chapter has an introductory paragraph outlining the aims of that chapter, and a summary to conclude the chapter. Extensive bibliographies after each chapter not only provide further reference material, but indicate the years of work and research undertaken to produce this volume.

Chapter 1 provides a technical but basic background to the actual process of communication and the variables involved. Chapter 2 examines in more detail the two "listener variables" which influence communication between hospital personnel and hospitalized children; "(1) Children's communication behaviours and (2) children's intellectual abilities". (page 31). Again, it is an information chapter which draws heavily on Piaget's theory of intellectual development. It is stressed several times in these 2 chapters how important it is that hospital personnel listen to and watch a child in order to receive the right message a child is communicating.

After this theoretical discussion, the next 6 chapters look at specific communication areas within a

hospital setting with the many references to other research well integrated.

Chapter 3 deals with the all-important communication between paediatric personnel and children as patients, beginning with the first encounter. Practical matters, such as hospital attire for personnel and the hospital environment, are discussed and beneficial changes suggested.

The authors believe "that the time spent establishing a relationship with a child will be more than repaid" (page 51) when it comes to performing procedures on that child at a different time.

The importance of gaining a child's confidence and trust at the initial contact cannot be stressed enough. Where appropriate, treatment procedures should be clarified to allay fear.

Valuable suggestions for identifying and accepting feelings, praising, dealing with questions, giving commands, controlling criticism and threats, the use of silence, and action when verbal communication fails, make up the remainder of this section.

Chapter 4 concentrates on ways of preparing children for hospitalization and medical procedures through various methods of communication. These include pre-admission home visits to establish a primary nurse, pre-admission school visits and hospital tours, books, videotapes and films. There is much evidence from the research quoted that the prepared child copes with the problems of hospitalization far better than the unprepared child.

The authors "believe that medical personnel have an obligation to provide hospitalized children with the

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emotional support and the information that can eliminate or at least reduce the fear and emotional distress caused by medical procedures". (page 72). They further feel "that medical personnel can readily provide the needed emotional support and information through appropriate communication before, during, and after medical procedures". (page 72).

They also suggest that if parents are actively involved during such communication, not only are the parents helped, but they in turn are more able to help their children.

Chapter 5 is interesting as the authors look at "communication breakdowns" (page 85) between hospitalized children, between staff, and between parents and staff, and make practical suggestions to overcome such breakdowns. The suggestions include ward organization, physical arrangements, and use of toys, games and other activities; also methods of controlling problem behaviour amongst children. An unusual section deals with the interstaff communication problems and methods of alleviating them. Such a discussion should be incorporated in the training of all medical and paramedical staff, as basic knowledge.

Fears, guilt or separation anxieties suffered by parents of hospitalized children manifest themselves in problem behaviours of those parents. These are recognised and dealt with in a sensible, direct manner.

Chapter 6 is the longest chapter in which play is defined, described and evaluated in terms of communication. Medical staff are encouraged to understand the importance of play to children, and how it can be adapted to a hospital setting.

Professionally staffed play programmes set out to "meet the non-medical needs of hospitalized children, to support and aid the parents of paediatric patients and to assist the other members of the hospital staff in providing total patient care" (page 129). A further extension of this is an organized school program, and the support it requires from the medical staff.

Chapter 7 sets out to help medical personnel to cope with the difficult task of communicating with a dying child and his parents. Children's concepts of death and the dying child's behaviour are examined. The perennial problem of whether a child should be told he is dying and how to do this is confronted, taking care to point out that "No precise script can or should be written on how to tell a child that he is dying" (page 142). Medical personnel are encouraged to understand these factors, and also to recognize the stages that parents of dying children may experience; "denial, anger, bargaining, depression, and acceptance" (page 143). These stages plus their guilt, and consequent behaviour towards their dying child influence the communication process between parents and staff, and parents and child.

The final chapter deals with the communication process with children in doctor's offices, emergency rooms and outpatient clinics.

It is just as important to prepare children for visits to these places, and guidance for communication in these settings is offered. Medical staff should offer medical and emotional care simultaneously and there are rewards for establishing "a personal, friendly relationship" (page 154) with a child and with parents at the first contact. Again, changes to

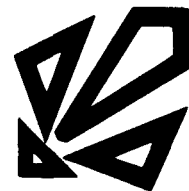
the physical environment are suggested.

### Conclusion

This book would be valuable preparation for anyone planning to work in a children's hospital setting. It should be re-read once staff are familiar with the setting, as it is too easy to lapse into bad habits.

The message, that communication is a vital key to providing essential emotional care for hospitalized children is strong, and I recommend the book to all those responsible for the care of children, particularly sick children.

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