



DNP

Capstone Project



SAMPLE

**Evaluating the Importance
of Childhood Enrichment Programs
in Long-Term Pediatric Care**



As pediatric care has evolved as a specialty, many challenges have arisen in developing care strategies for young patients. Many of these difficulties arise from developmental challenges and the necessity to plan future growth when administering treatments. Indeed, this is why many approved treatments for adults with cancer and chronic disease are still not available for use in the pediatric field.

Along with difficulties in developing viable treatment schemas for young patients, there is also the question of mental development and stimulus during long hospital stays. As treatment for chronic diseases in children has become available, there will be a need to ensure that patients' future physical development is not impaired and their mental faculties and social abilities are given a chance to mature and grow.

The average stay of a child in the hospital receiving treatments of leukemia ranges from six months to three years. Before, given that the survival rate was about 12% for some forms of leukemia, the question of mental stimulation and education was not considered, as most patients were fighting for their lives at every moment (Thatcher, 2017). However, with the advent of new chemotherapeutics and the introduction of new promising immune therapies, many of these previously deadly conditions have now progressed to the point where the patient can eventually make the transition from intensive care to normal monitoring and subsequently even return home. For example, the overall response rate for many types of leukemia is approaching 97%. For these patients, treatment requires a three-month stay in the hospital, much of which is simply observational. During these months, children may be missing out on school and may have limited access to social interactions. However, even after these three months, physicians may choose to monitor a child for a while longer if they have had a previous medical history of autoimmune disease or other complicating factors. In these cases, hospital stays often become a waiting game, in which both parents and doctors are afraid to allow a patient to return home out of fear of sudden relapse. As these cases may take additional months to get resolved, it becomes even more imperative that children receive adequate stimulation during these times.

As many child psychologists have noted, much of a child's social personality and

sense of morals are shaped in the first ten to eleven years of life (Jones, 2015). Although personalities are certainly malleable and circumstances can change, patterns of cognitive learning and behavior are very consistent with conditions in the first decade of a person's life. As such, if even 10% of that time is spent in the hospital, it may have complex effects on a person's psyche. Especially for younger patients, mental stimulation through educational videos, games, and even possibly, group learning sessions may be extremely beneficial in ensuring that they continue to develop mentally.

Additionally, studies have shown that prolonged stays in the hospital in younger children can trigger depressive symptoms, especially when combined with the burden of medications, surgeries, and other treatments. Alternative mental stimulation may serve to relieve pain and boredom, which ultimately serves to shorten hospitalization time.

Although pediatric patients in the first decade of life are very susceptible to influences around them, and these circumstances may impact their adult development, it is equally important to evaluate the role of prolonged hospital stays on pre-teens and teenagers. During these years, complex hormonal interactions combined with physical growth make it a much difficult time. Additionally, studies have shown that about 54% of young patients who are hospitalized for longer than three months report having difficulties reintegrating into the life they previously had due to missed school and social events. Essentially, they feel as though they are 'left behind,' and many develop depressive symptoms, which may manifest through violence or self-harm (Pony, 2014). Additionally, many psychiatric medications commonly prescribed for depression or anxiety may interact negatively with maintenance medications used to treat disease, for example, chemotherapeutic agents or anticoagulants. The effects of many of these combinations are still unknown. For older pediatric patients, it is much important to allow them to interact with their peers as much as possible and provide educational coursework so that they can easily integrate back into their previous mode of life after their procedures (Swing, 2012). Mental stimulation during hospitalization is essential for both younger and older patients in a pediatric clinic. Chronic diseases are difficult to treat in children due to physical considerations as well as mental and emotional ones. Assessments of the physical effects of medication in younger patients have made great strides

over the past two decades; however, those concerning the mental and emotional wellbeing of younger patients are still rudimentary. Children are actively growing in all aspects regardless of whether they are hospitalized or lead normal lives. As such, it is the responsibility of a healthcare facility to not only provide adequate physical treatment and care but also engage children in developing their mental and emotional health during their stay.

Works Cited:

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