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## An Annotated Bibliography of Fiction Books on Hospital Related Fears Kindergarten through Sixth Grade

Cinda Searles  
*University of Northern Iowa*

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## **An Annotated Bibliography of Fiction Books on Hospital Related Fears Kindergarten through Sixth Grade**

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### **Abstract**

This study focused on the development of an annotated bibliography of fiction books exploring the theme of hospitalization to be used as a tool by media specialists, teachers and adults doing reading guidance for children in grades kindergarten through six (ages five through twelve).

Information from the data gathering instrument identifying bibliographic citation, grade levels, story contents and pre-admission and in-hospital fears reflected from the thirteen books read was compiled identifying those fears, their frequency rates and their location in the titles in the bibliography. A subject index alphabetically listing those hospital fears and location sites follows the annotated bibliography.

An Annotated Bibliography of Fiction

Books on Hospital Related Fears

Kindergarten through Sixth Grade

A Research Paper

Presented to the

Faculty of the Library Science Department

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Arts

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Cinda Searles

March 5, 1989

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Read and approved by

Elizabeth Martin

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Leah Hiland

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Accepted by Department

Elizabeth Martin

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Date April 3, 1989

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## ABSTRACT

This study focused on the development of an annotated bibliography of fiction books exploring the theme of hospitalization to be used as a tool by media specialists, teachers and adults doing reading guidance for children in grades kindergarten through six (ages five through twelve).

Information from the data gathering instrument identifying bibliographic citation, grade levels, story contents and pre-admission and in-hospital fears reflected from the thirteen books read was complied identifying those fears, their frequency rates and their location in the titles in the bibliography. A subject index alphabetically listing those hospital fears and location sites follows the annotated bibliography.

## Table of Contents

	Page
List of Tables .....	iii
Chapter	
1. Statement of the Problem. ....	1
Introduction .....	1
Significance of the Study/Problem Statement .....	3
Hypotheses .....	4
Assumptions .....	4
Definitions .....	5
Limitations .....	6
2. Review of the Literature .....	8
3. Methodology .....	14
4. Annotated Bibliography .....	20
Analysis of the Data .....	24
5. Conclusions, Recommendations and Summary .....	32
Appendices	
A. Hospital Stress Rating Scale .....	38
B. Data Gathering Instrument .....	39
C. Summary Tables--Study Sample .....	40
Bibliography .....	41

## Tables

Table	Page
1. Pre-admission Fear, Frequency and Title Location ....	28
2. In-hospital Fear, Frequency and Title Location .....	31

## CHAPTER 1

### The Problem

#### Introduction

Children under fifteen years of age made up 22.6 percent of the total U.S. population in 1980.<sup>1</sup> Of these children, about 30 percent (or 316 out of every 1,000) required hospitalization either because of illnesses or accidents during the course of a year. Seventy-three percent of the hospitalized children had short-term stays of "7.3 days or less with the average stay around 4.4 days."<sup>2</sup>

These statistics reflect only a child's physical well-being. As indicated from the above data, a large number of children will be admitted into hospitals throughout the course of a year. Their physical needs will be nurtured, but the emotional fears and anxieties these children have regarding hospitalization may be largely ignored.

Perhaps, the most important aspect of helping young people cope with these emotional fears is the willingness of adult guides to encourage children to better understand their anxieties. The use of books may be one approach which adults can use to help children work through those worries precipitated by illness, medical procedures and hospitalization. This approach is not new and has been recognized as

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<sup>1</sup> U.S. Department of Commerce, Bureau Of the Census, 1980 Census Of Population: Age, Sex, Race and Spanish Origin Of Population By Regions, Division and States (Washington D.C.: GPO, 1981), p. 3.

<sup>2</sup> B.J. Haupt, Utilization Of Short Stay Hospitals Annual Summary: Vital and Health Statistics. U.S. Public Health Service Publication No. 65 (Washington, D.C.: GPO, 1982), p. 29.

far back as ancient Grecian times. The door of the Greek library at Thebes bore the inscription "healing place of the soul."<sup>3</sup>

Robert Ruddel, author of Resources In Reading-Language Instruction, suggests that literature can serve as a guidance resource for letting children gain insights into themselves so that they can possibly change behavior.<sup>4</sup> He goes on to state that "not all literature can do it, nor can it always be done prescriptively...but everyone of us has in his life probably read at least one book that helped to give him insight about himself at a time when he needed it."<sup>5</sup>

Joan Fassler remarked in her book, Helping Children Cope, that "the experiences of story book characters may provide the emotional distance a child often needs to facilitate the nonverbal, indirect, disguised, or explicit expressions of feelings."<sup>6</sup>

The assumption can be made that the physical needs of a child facing hospitalization will be nurtured, but for those adults who do not wish to ignore a child's emotional needs, a book might be the key to opening up a whole new world of understanding and sensitivity to fears encountered.

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<sup>3</sup> Joanne E. Bernstein, Books To Help Children Cope With Separation and Loss, 2nd ed. (New York: R.R. Bowker, 1983), p. 19.

<sup>4</sup> Robert B. Ruddell, Resources In Reading-Literature Instruction (Englewood Cliffs, New Jersey: Prentice-Hall, 1974).

<sup>5</sup> Ibid., p. 348.

<sup>6</sup> Joan Fassler, Helping Children Cope: Mastering Stress Through Books and Stories (New York: Free Press, 1978), p. 9.



### Significance of the Study/Problem Statement

The fact that the reading process is a private endeavor can be an advantage to children faced with hospitalization. In Books To Help Children Cope With Separation and Loss, Bernstein states, "If children wish to rehearse solutions to their problems, they can do so without observation or interference."<sup>7</sup>

The identification process, then, may evoke thoughts about solutions when readers realize that a character has coped with a similar situation such as hospitalization. Children may then become more amenable to translating their thoughts into action and to making decisions that maybe had been repressed, postponed, or even thought to be impossible. Fosson and Husband in their report on "Bibliotherapy For Hospitalized Children" commented that "reading may actually be better than life, for it is sometimes easier to accept an unfortunate aspect of ourselves from the distance literature offers."<sup>8</sup>

In education, the approach through literature as used by teachers and media specialists can take the form of reading guidance. It should be understood that as the process of reading guidance is applied in this study, the emphasis is not on a highly structured bibliotherapeutic program of activities to resolve anxieties but, instead, on the more informal activity that is within the realm of any educator or even parent who gains familiarity with literature and a respectful awareness of possible beneficial effects upon young people.

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<sup>7</sup> Bernstein, loc. cit.

<sup>8</sup> Abe Fosson and Elizabeth Husband, "Bibliotherapy For Hospitalized Children", Southern Medical Journal, 77 March 1984: 432.

With the use of literature as a tool to be applied in education for reading guidance, can an annotated bibliography of recommended books isolating and realistically portraying pre-admission and in-hospital fears precipitated by illness or accident be developed to aid those adults whose job or desire it is to help children better understand and cope with hospitalization?

### Hypotheses

In further examination of the above stated problem, the following hypotheses were tested.

1. A number of children's books whose story contents explore the theme of hospitalization can be identified and used as a resource for those adults doing reading guidance.
2. Those pre-admission fears which are exhibited by children prior to hospitalization will be reflected in the story content of children's books.
3. Those in-hospital fears which are exhibited by children after admittance will be generally ignored in the story content of children's books.

### Assumptions

There were three basic assumptions underlying this study. These assumptions were as follows:

1. Children can identify with the situations and characters through reading.
2. Children do have and hold common concerns and fears precipitated by hospitalization.

3. There are stories written for children that do portray realistically those concerns and fears.

### Definitions

In order for the reader to gain a better understanding of the concepts discussed in this study, some terms need to be more fully defined.

The phrase, reading guidance, will imply a "more general, informal activity done by any adult guide to provide reading materials suitable towards meeting the needs and interests of children."<sup>9</sup>

The term, bibliotherapy, will appear frequently in the discussion of the use of books as a tool in reading guidance. In the review of the literature, definitions of bibliotherapy varied greatly from the inclusion of highly formalized structured programs administered in clinical settings by trained physicians, psychiatrists or psychologists to the very relaxed activity that anyone may administer.

The intent of this study is to support the definition of bibliotherapy as it is used in the educational rather than the clinical setting. Bibliotherapy, therefore, will be defined as in the Dictionary Of Education as "a concept that ideas inherent in selected reading material can have a therapeutic effect upon the mental or physical ills of the reader"<sup>10</sup> versus the clinical description found in Longman Dictionary Of Psychology and Psychiatry where bibliotherapy is a "form of supportive therapy in which carefully chosen readings are recommended for such purposes as helping the patient gain insight into his personality

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<sup>9</sup> Nancy Polette and Marjorie Hamlin, Reading Guidance In a Media Age (Metuchen, New Jersey: Scarecrow Press, 1975), p. 6.

<sup>10</sup> Carter Good, Dictionary Of Education (New York: McGraw-Hill, 1973)

dynamics, facilitating communication with the therapist...and inculcating basic principles of mental health."<sup>11</sup>

Pre-admission fears will be identified as those fears which are exhibited by children prior to hospitalization. In-hospital fears will be those fears which are exhibited by children after admittance into the hospital. The definition of a short-term stay will imply an admittance of one week or less due to illness or accident.<sup>12</sup>

### Limitations Of The Study

This research project contained the following limitations:

1. The titles selected for the annotated bibliography were limited to those available from the University of Northern Iowa's Youth Collection, the Cedar Falls Public Library, the Carnegie-Stout Dubuque Public Library or inter-library loan.

2. The titles chosen have a 1980 and later copyright in order to reflect a more current story content and to produce a sufficient number of titles to be considered for the bibliography.

3. The titles gleaned were those stories whose contents deal with short-stay hospitalization and are appropriate for the age ranges of kindergarten through sixth grade (ages five through twelve). Non-fiction was not included as it was the intent of this study to focus on those titles containing story book characters that young people

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<sup>11</sup> Robert Goldenson, ed. Longman Dictionary Of Psychology and Psychiatry (New York: Longman Inc., 1984).

<sup>12</sup> B.J. Haupt, Utilization Of Short Stay Hospitals Annual Summary: Vital and Health Statistics. U.S. Public Health Service Publication No. 65 (Washington, D.C.: GPO, 1982), p. 29.

may identify with for purposes of further insight into their personal emotional nurturing.

A brief set of criteria was used to justify the inclusion of the book in the annotated bibliography.

## CHAPTER 2

### Review of the Literature

There seems to be a general acceptance of the idea throughout the literature that separation from loved ones and from familiar surroundings are two of the most frequent anxieties faced by children before admittance into the hospital. For the child younger than five years of age, the anxiety of separation from loved ones can be especially traumatic. The children of this age group have not yet been able to work through their identity problem simply because of their young maturation level; most often the child still closely identifies with the caretaker present, usually the mother.<sup>13</sup> The research confirms that the journey to become a separate self, to separate both literally and emotionally, to be able to outwardly stand alone and to inwardly feel oneself to be unique has not been successfully completed at this early age.

The anxiety of separation from mother, however, does not seem to affect the older child to the same degree. With the older age group, children are seen attempting to work through the image of their psychic self, and much of the ego now is invested in oneself and in the relationship towards others. In McDevitt and Mahler's article on "Object Constancy, Individuality and Internalization", the formation of this identity requires knowing where the body ends and the world begins, being able to organize memories, establishing inner images of the outer world,

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<sup>13</sup> Alex J. Haller, ed. The Hospitalized Child and His Family. (Baltimore, Maryland: John Hopkins Press, 1967).

tolerating mixed emotions and acquiring a healthy and stable narcissism.<sup>14</sup> Review of the literature supports that the anxiety towards hospitalization by the older child seems to be manifested through separations from activities at school and play, from friends and from belongings.

Children confronted with hospitalization also tend to blame themselves for their illnesses or accidents. In many young minds, there is a fixed belief that these misfortunes are self-induced. James Robertson, the author of Young Children In Hospitals, writes that "...an infection caught is understood by many children as the consequence of naughtiness..." and "what weighs heavily on the child can be the symbolic value resulting in a retribution of some kind because that child disobeyed."<sup>15</sup>

These words make sense when one looks at the admonitions by parents directed at their children not to ride their bikes in the street because they might get hit by a car or for catching a cold because they forgot to wear their boots. These warnings need not be done in a harsh manner but they, nevertheless, inadvertently place the blame on the child.

Doctors, too, have been used as threats. Parental warnings are similar here as those admonitions just previously mentioned. Again, these threats by parents can contribute towards self-blame by the child and, hence, may increase the child's fear of the doctor.

Another common anxiety children have prior to hospitalization is the fear of having an operation. Children may feel that something is going to

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<sup>14</sup> John McDevitt and Margaret Mahler, "Object Constancy, Individuality and Internalization", The Course Of Life, ed. Stanley Greenspan and George Pollock, vol. 1 (Washington D.C.: GPO, 1980), pp. 915-919.

<sup>15</sup> James Robertson, Young Children In Hospital (London: Tavistock, 1970), p. 79.

be done to their bodies that will alter their physical appearance and perhaps destroy them. For the older child, the anxiety of surgery can also be centered around the fear of losing control of impulses while under anesthesia. In his Pre and Post Operative Care In the Pediatric Surgical Patient, Kieswetter states that "the prospect of being narcotized or put to sleep is a threatening one. Fantasies of passive submission to external assault are frequent and are often accompanied by fear of being incontinent."<sup>16</sup>

Perhaps the most intense fear voiced by children when they learn that they have to be admitted into the hospital is the fear of having to get a shot. In a study conducted by Eland and Anderson, a group of 119 hospitalized children between the ages of four and ten years were asked to identify what hurt them the most while in the hospital. Sixty-five of the children replied a shot or needle. This is particularly significant since six of the children had each undergone twenty-five or more operations, and they still considered the shot worse than the operations.<sup>17</sup>

The pre-admission fears, those fears children have before entering the hospital, seem to create much stress and anxiety. Once inside the hospital, however, there are then the in-hospital fears to be faced. Exhaustive investigation has been conducted into the fears children have prior to hospitalization and for those long-term and terminally ill children;

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<sup>16</sup> W.B. Kieswetter, Pre and Post Operative Care In the Pediatric Surgical Patient (Chicago: Year Book Medicine, 1976), p. 18.

<sup>17</sup> J. Eland and J. Anderson, Pain: A Source Book For Nurses and Other Health Professionals (Boston: Little, Brown and Co., 1977) p. 107, cited by A. Jann Davis, Listening and Responding (St. Louis: C. V. Mosby Co., 1983), p. 142.



however, very little research has been conducted into the fears that children have once inside the hospital in a patient role for short-term hospital stays. Indeed, through the review of the literature, frequent references were made concerning this limitation. Although not much discussion was found centering on these fears exhibited during short-term stays, identification has been made on the anxieties felt by children in a patient role.

In a 1975 study conducted by Volicer and Bohannon, lay people, nurses and physicians were interviewed on their experiences with stress regarding hospitalization. From these interviews, forty-nine events were selected that satisfied certain criteria. These standards specified that the anxiety would be fairly commonly experienced by the hospital patient, experienced within one or two days after admission into the hospital, would not be too dependent on the seriousness of the illness or accident, and would be specific enough that the patient could easily determine whether it had been experienced. Finally, 261 hospitalized patients were asked to rank the forty-nine anxieties. The Hospital Stress Rating Scale became the end product of the Volicer and Bohannon study.<sup>18</sup>

The Hospital Stress Rating Scale now became a viable tool and one which could be used to quantify the measurement of psychosocial stress experienced by short-term stay patients. The scale ranges from the least to the most stressful event. Because the anxieties are too numerous to list here, the reader should refer to Appendix A in order to

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<sup>18</sup> L. Volicer and M. Bohannon, "A Hospital Stress Rating Scale", Nursing Research (1975), p. 352, cited by A. Jann Davis, Listening and Responding (St. Louis, Missouri: C.V. Mosby, 1983), p. 169.

glean more insight into these in-hospital concerns.

One approach in lessening a child's fear of hospitalization can be disclosure by the attending physician or health care staff of the possible experiences and sensations that the child's medical care might generate. This approach can eliminate surprises and can address the child's fear of the unknown. Too frequently, however, this is either not done or not done in-depth because of the time element on the part of the busy hospital staff. Depending upon the intensity of the fear, counseling services by well-trained individuals may also be obtained. For those adults, though, who lack clinical training, the use of books through reading guidance may be a way to help reduce children's anxieties. This approach can be used by parents/guardians, school media specialists, and classroom teachers.

In the application of reading guidance, however, we must first assume that the child becomes personally involved with the situations and characters in the books; we must also be aware of the limitations existing in this approach. The Cornetts in their book, Bibliotherapy: The Right Book At the Right Time, have defined these following limitations as the readiness of the child to see him/herself in a mirror, the degree and nature of the child's problem, the availability of quality material, the tendency of some children to rationalize away problems and the ability of the child to transfer his/her insights to real life.<sup>19</sup>

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<sup>19</sup> Claudia E. Cornett and Charles F. Cornett, Bibliotherapy: The Right Book At the Right Time (Bloomington, Indiana: Phi Delta Kappa Educational Foundation, 1980), pp. 38-39.

For reading guidance to work, not only must these limitations be recognized, but awareness must also be given to the stages which a child must go through before insight is successful. Caroline Schrodes in her article, "Bibliotherapy", has identified three such stages. Her first stage discusses identification with the character(s) in the story. This identification can only take place when the child actually comes to empathize with the character(s) in the book. The second stage is when that empathy reaches its peak. The child is then able to give in or vent any personal emotions. Schrodes calls this the "illusion of standing apart and of being involved...to be both spectator and participant."<sup>20</sup> Her final stage emphasizes that insight must be obtained from the reading of the material. Schrodes concludes that "for a story to succeed, all three experiences must be obtained and more often than not, success is a cumulative process acquired through the reading not just of one book but through several books."<sup>21</sup> In this sense, the approach of reading guidance could be used by individuals as an aid in reducing a child's hospital anxieties.

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<sup>20</sup> Caroline Schrodes, "Bibliotherapy", Reading Teacher (October 1955), p. 25, cited by Claudia E. Cornett and Charles F. Cornett, Bibliotherapy: The Right Book At the Right Time (Bloomington, Indiana: Phi Delta Kappa Educational Foundation, 1980), p. 18.

<sup>21</sup> Ibid., pp. 18-19.

## CHAPTER 3

### Methodology

An annotated bibliography of children's books was the approach examined to aid those adults who wish to help lessen those fears children encounter when faced with illness, injury or hospitalization.

In the development of the bibliography, various selection aids were examined. The final decision of which selection aid to use was based on the following considerations:

- statement of criteria of inclusion of the titles within the selection tool
- arrangement of a subject or thematic approach for easier identification of those books whose contents explore hospitalization
- age level appropriateness
- availability of the selection tool itself

Titles of the books for possible inclusion in the annotated bibliography were obtained from the following sources:

- Azarnoff, Pat. Health, Illness & Disability: A Guide to Books For Children and Young Adults. New York: Bowker, 1983.
- Bernstein, Joanne E. Books To Help Children Cope With Separation and Loss. 2nd ed. New York: Bowker, 1983.
- Dreyer, Sharon. Bookfinder: A Guide To Children's Literature About the Needs and Problems Of Youth Aged 2-15. Vol. 3. Circle Pines, Minnesota: American Guidance Service, 1985.
- Lima, Carolyn W. A To Zoo: Subject Access To Children's Picture Books. New York: Bowker, 1982.
- AFCCH. Selected Books For Children and Teen-agers About Hospitalization, Illness and Handicapping Conditions. Washington D.C.: Association For the Care Of Children's Health, 1983.

More recent publications not included in the above cited selection

tools were identified through Booklist.<sup>22</sup> This periodical was chosen for its criteria of inclusion of recommended titles, age level consideration and availability.

After the titles were identified, the books were obtained through the following collection sites:

- University of Northern Iowa Youth Collection, Cedar Falls, Iowa
- Cedar Falls Public Library, Cedar Falls, Iowa
- Carnegie-Stout Public Library, Dubuque, Iowa

These locations were selected because of the close proximity to the researcher or familiarity and accessibility to inter-library loan.

Each book was read, and a data sheet filled out for each title. (See Appendix B). The data sheet recorded bibliographic citation, age level designation and an annotation. Comments on illustrations were not recorded as there were no picture books obtained. The annotation included main character(s) identification and a brief description of the story content.

The data sheet also included a checklist itemizing both the pre-admission and the in-hospital fears children have concerning hospitalization. The in-hospital fears listed were those fears as identified in the literature review by Volice and Bohannon<sup>23</sup> in their Hospital Stress Rating Scale which tended to be highly comprehensive in scope and which also quantified the measurement of the stress experienced by short-term hospitalized patients. (See Appendix A)

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<sup>22</sup> American Library Association, "Booklist" (Chicago, Illinois).

<sup>23</sup> L. Volicer and M. Bohannon, "A Hospital Stress Rating Scale", Nursing Research (1975), p. 352, cited by A. Jann Davis, Listening and Responding (St. Louis, Missouri: C.V. Mosby, 1983), p. 169.

Because the rating scale listed numerous anxieties and because many of these anxieties were inter-related, eight categories with a ninth category, (other fears), to include any anxiety not mentioned on the Hospital Stress Rating Scale was devised by this researcher in an attempt to assimilate those related fears and, also, to provide a more workable data sheet. A total, therefore, of nine broad categories were used as the checklist for the in-hospital fears. The fears assigned under each of the eight categories were then recorded on the data sheet as the book was read by their corresponding number on the Hospital Stress Rating Scale. (See Appendix A) The categories along with their assigned numbered fears were as follows:

- Communication With Hospital Staff  
(See No. 23, 25, 26, 29, 35, 37, 41, 43, 44)
- Fear of Operation/Hospital  
(See No. 32, 33, 34)
- Food Anxieties  
(See No. 2, 21)
- Pain/Medication Anxieties  
(See No. 19, 28, 40, 42)
- Personal Physical Concerns  
(See No. 3, 4, 6, 7, 8, 10, 13, 17, 39)
- Physical Properties of Room  
(See No. 5, 11, 16)
- Relationship With Family/Friends/Roommate  
(See No. 1, 9, 12, 14, 15, 18, 22, 31)
- Serious Illness/Loss of an Organ  
(See No. 45, 46, 47, 48, 49)
- Other Fears/Identify Below

Since this study focused only on children's fears about the hospital, the following anxieties as identified on the Hospital Stress Rating

Scale were omitted either because these anxieties were not pertinent to the age level or were beyond the scope of a child's understanding. These fears, with their corresponding number as assigned on the rating scale (See Appendix A), were as follows:

- 20. worrying about your spouse being away from you
- 27. thinking about losing income because of your illness
- 30. feeling you are getting dependent on medication
- 36. not having enough insurance to pay for your hospitalization
- 38. missing your spouse

Also recorded on the data sheet for each book read were those pre-admission concerns as gleaned from the review of the literature. Again, an extra category of Other Fears/Identify Below was added. The pre-admission fears cited included the following:

- Fear of Doctor
- Fear of Operation
- Fear of Shot/Needle
- Self-blame for Illness/Accident
- Separation From Family
- Separation From Friends
- Separation From School Activities
- Other Fears/Identify Below

An annotated bibliography was then developed from the information compiled from each book's data sheet and was limited to those books which met the following criteria:

1. The bibliography shall include only fiction books on hospitalization concerned with short-term stay with the contents relating to one

or more of those pre-admission and/or in-hospital fear(s) experienced by children facing hospitalization.

2. The bibliography shall be intended for kindergarten through sixth grade readers.

3. The bibliography shall include those fiction titles which are in print with a 1980 or more recent publication date and obtainable through the University of Northern Iowa Youth Collection, the Cedar Falls Public Library, the Carnegie-Stout Dubuque Public Library or interlibrary loan.

The annotated bibliography was arranged by the following age divisions: Kindergarten through third grade (ages five through nine) and fourth grade through sixth grade (ages nine through twelve).

The entry for each title was arranged in the following manner:

1. The title was placed under the appropriate age division in alphabetical order by the author's last name. A number was assigned to each entry starting with the number one and then numbered in consecutive order in the alphabetized list. If the intended audience overlapped two age divisions, the book was annotated in that division where the majority of the ages fell. Rather than repeating the annotation again, only the book's assigned number and its bibliographic data were inserted alphabetically by the author's last name in the other age related division.

2. The complete bibliographic information included author(s), title, place of publication, publisher, copyright date and grade or age level.

3. Each entry was followed by an annotation which included the



following information: identification of the main character(s), a brief description of the book's contents and the pre-admission and/or in-hospital anxieties being confronted.

Finally, a brief subject index listing alphabetically the pre-admission and the in-hospital fears with the number of the bibliographic entry/entries identifying each fear was developed following the annotated bibliography.

The data sheets which were kept on the books read were examined, and the results of tabulations made on the frequency of the pre-admission and in-hospital fears mentioned in the books' story contents are reported in the data analysis chapter.

## CHAPTER 4

### Annotated Bibliography Books On Hospital Related Fears

#### Kindergarten Through Third Grade (Ages Five Through Nine)

1. Baznik, Donna. Becky's Story. Washington D.C.: ACCH, 1981.  
Grade PS-2

When Dan is hurt in an accident and hospitalized, his younger sister, Becky, is confused, angry, and jealous. Becky fears she caused the accident and that it might happen to her, too. Her parents reassure her but are involved at the hospital. When she is allowed to visit, the hospital seems strange.

2. Berenstain, Stan. The Berenstain Bears Go To the Doctor. New York: Random House, 1981.  
Grade PS-2

Brother and sister bear must make a trip to see the doctor for their annual check-up. The cubs take turns as their eyes, ears, throats and noses are examined. Both have to get a shot to keep them from getting sick.

3. Chambers, Mary. Come To the Doctor, Harry. New York: Harper & Row, 1981.  
Grade 1-2

When Harry's tail is accidentally slammed in the door, Mrs. Cat takes him to the doctor. There, Harry meets a variety of patients from a dog with a cast on his leg to a rooster with a sore throat.

4. Cooper, Elizabeth. Rosie's Hospital Story. New York: Silver, 1980.  
Grade Ps-2

Hospitalized because of a broken leg, Rosie experiences adjustments to meals, playmates and treatment of the injury.

5. Corcoran, Barbara. Child Of the Morning. New York: Atheneum, 1982.
6. Freney, Rosemary. Guess Where I've Been! Santa Monica, CA: AAWCH, 1981.  
Grade 1-3

Rosie is hospitalized for examination and treatment of her leg pain. Rosie is reassured that the staff and her mom, who sleeps in the hospital overnight, will care for her.

7. Hogan, Paula and Hogan, Kirk. The Hospital Scares Me. Milwaukee, WI: Raintree, 1980.  
Grade 1-3

Young Dan Martin's fall from the monkey bars results in a trip to the hospital to have his injured ankle mended. Dan learns more about hospitals and what it's like to be "put under" for an operation. Finally, Dan learns to walk with crutches and is able to go home and back to school.

8. Jessel, Camilla. Going To the Doctor. New York: Methuen, 1981.  
Grade PS-1

When Claire has a sore throat and a headache, her mom takes her to the doctor's office. She experiences the throat culture and is prescribed medicine to take.

9. Kingsley, Emily Perl. Farley Goes To the Doctor. Seattle, WA: Western Publishing, 1980.  
Grade K-4

Farley and his stuffed bear, T. J. Bear, go to the doctor for Farley's annual check-up. Farley and T. J. Bear get weighed, measured, poked and probed. Finally, there is one more thing left to do. The chart shows that it's time for a measles shot.

10. McLaren, Annabel. Going To the Hospital. New York: MacDonald, 1980.  
Grade PS-3

When Emma is hospitalized for asthma, she is examined, given medication, uses an inhalator and meets other children in the waiting room. A therapist gives Emma exercises and teaches mom how to help Emma with exercises at home.

11. Martin, Charles. Island Rescue. New York: Greenwillow Books, 1985.  
Grade 2-3

While on spring vacation, the children decide to have a picnic. Mae wanders off to look at flowers but does not return. The children start searching for her and find her lying hurt at the foot of a stone ledge. Mae is sent to the mainland aboard a Coast Guard launch to have her broken leg set.

12. Rockwell, Anne and Rockwell, Harlow. Sick in Bed. New York: Macmillan, 1982.  
Grade PS-1

A little boy comes home from school cranky and unable to eat his supper. He awakes during the middle of the night shivering and feeling sick. In the morning, his parents take him to the doctor and the young narrator describes his feelings as he experiences a throat culture and a shot.

Grade Four Through Six  
(Ages Nine Through Twelve)

5. Corcoran, Barbara. Child Of the Morning. New York: Antheneum, 1982.  
Grade 5-7

Susan suffers a concussion at a volleyball game. Afterwards, she continues to have odd spells in which she loses consciousness. Susan does her best to ignore the spells. She takes on an acting and dancing job at the newly opened theater. Because she once had lessons, Susan soon outshines everyone in her class. When a play calls for a dancer, she is given the part. But after a collapse on opening night, Susan is examined by a neurologist only to learn that she might have epilepsy and must be hospitalized for more tests.

13. Dacquind, Vincent. Kiss the Candy Days Good-Bye. New York: Delacorte Press, 1982.  
Grade 5-7

Seventh grader, Jimmy Jones, loves wrestling but no matter how much he eats, he loses weight. He's irritable, dizzy and hungry, too. Then one day, Jimmy collapses and is rushed to the hospital where he is diagnosed as a diabetic. Jimmy, along with his family and friends, must learn to adjust to the new conditions in his life.

Index To Anxiety  
With Location To Title  
In The Annotated Bibliography

Assistance with bed pan 13.  
Being awakened in the night by a nurse 13.  
Confusion over medical terms 13.  
Cold or tasteless food 4. 13.  
Discomfort from medication 5.  
Fear of doctor 3. 8. 9.  
Fear of operation - in-hospital 1. 7.  
Fear of operation - pre-admission 6. 7.  
Fear of office procedure 12.  
Fear of pain from surgery or tests 4. 6. 7. 10. 13.  
Fear of shot/needle 2. 4. 6. 7. 8. 9. 12. 13.  
Knowledge of serious illness 5. 13.  
No relief from pain medications 5.  
Not knowing what tests will be done 13.  
Not understanding medical terminology 13.  
Questions unanswered by staff 13.  
Self-blame for illness/injury 1. 13.  
Separation from family - in-hospital 1. 6. 10.  
Separation from family - pre-admission 6. 10.  
Separation from friends - in-hospital 13.  
Separation from friends - pre-admission 5. 11. 13.  
Separation from school activities 12. 13.  
Strange equipment 1. 7. 10. 13.  
Sudden unexpected hospitalization 5. 13.  
Unknown results or reasons for treatment 13.  
Unsureness of illness 5. 10. 13.

## Analysis Of The Data

This study investigated the use of literature as a possible approach by adults to help children work through those worries precipitated by illness, injury, and hospitalization. An annotated bibliography of recommended books isolating and realistically portraying those preadmission and in-hospital anxieties became the problem and, ultimately, the end product of this investigation.

It was hypothesized that a number of recommended children's books whose story contents explored the theme of hospitalization could be identified and used as a resource for those adults doing reading guidance. The following selection aids were used in this process of identification. These sources are as follows:

- AFCCH. Selected Books For Children and Teenagers About Hospitalization, Illness and Handicapping Conditions. Washington D.C.: Association for the Care of Children's Health, 1983.
- Azarnoff, Pat. Health, Illness & Disability: A Guide To Books For Children and Young Adults. New York: Bowker, 1983.
- Bernstein, Joanne E. Books To Help Children Cope With Separation and Loss. 2nd ed. New York: Bowker, 1983.
- Dreyer, Sharon. Bookfinder: A Guide To Children's Literature About the Needs and Problems Of Youth Aged 2-15. Vol. 3. Circle Pines, Minnesota: American Guidance Service, 1985.
- Lima, Carolyn W. A To Zoo: Subject Access To Children's Picture Books. New York: Bowker, 1982.
- American Library Association. Booklist (Chicago, IL.).

A combined total of forty-seven titles were gleaned from these six selection aids. It would appear that the hypothesis tested is accepted as a respectable number of recommended books had been identified. This acceptability, however, is only to a degree. The problem of this study

centered around the development of an annotated bibliography which specified further criteria. These conditions were as follows:

1. The bibliography shall include only fiction books on hospitalization concerned with short-term stay with the contents relating to one or more of these pre-admission and/or in-hospital fear(s) experienced by children facing hospitalization.
2. The bibliography shall be intended for kindergarten through sixth grade readers.
3. The bibliography shall include those fiction titles which are in print with a 1980 or more recent publication date and obtainable through the University of Northern Iowa Youth Collection, the Cedar Falls Public Library, the Dubuque Carnegie-Stout Public Library, or interlibrary loan.

In the analysis of the forty-seven titles obtained in relationship to the criteria set forth for the annotated bibliography, the following limitations occurred as shown in these results:

Limitation	Number Of Titles
Inappropriate copyright	14
Grade level unsuitability	7
Long term illness	8
Unobtainable title	<u>5</u>
Total	34

The data indicates that thirty-four titles out of forty-seven initial titles did not meet the requirements for inclusion into the bibliography. The total number of books, therefore, meeting all conditions equals

thirteen. The results show that the identification of recommended children's books exploring the theme of hospitalization is valid but the degree of validity for the number of those titles qualifying for inclusion into the bibliography has been reduced and is barely within an acceptable range in the opinion of this researcher.

Two additional hypotheses were also examined in this study. Both are closely related as they concern those fears children have when faced with illness, injury or hospitalization. The first of these two postulated that those pre-admission fears which are exhibited by children prior to hospitalization will be reflected in the story content of children's books. These pre-admission fears were identified through the review of the literature.

A data sheet (See Appendix B) was kept on each book read and the pre-admission fear(s) expressed in the story content of that book was identified and recorded.

Table 1 presents those pre-admission fears with the frequency of their appearance tabulated from the combined data sheets. The significance of these results shows that every anxiety was represented. The category of other fears was also reflected in the story content of one title. This fear was a procedural anxiety of a throat culture performed while in the doctor's office. The fear of having a shot was expressed in eight different titles. This result correlates with the discussion in the review of the literature as the most intense anxiety expressed by children. Each pre-admission fear was found in two or more titles. The hypothesis that those pre-admission fears which are exhibited by children prior to hospitalization will be reflected in the story con-



tent of children's books is accepted as evidenced by the data analyzed from this sample of books.

Table 1

Pre-admission Fear, Frequency and Title Location

Title Of Annotated Book In Bibliography								
	Fear of Shot/Needle	Fear of Doctor	Fear of Operation	Self Blame For Illness/ Operation	Separation from Illness/ Operation	Separation from Family	Separation from Friends	Separation from School
Becky's Story				X				
Berenstain Bears Go To The Doctor	X							
Child Of The Morning						X		
Come To The Doctor, Harry		X						
Farley Goes To The Doctor	X	X						
Going To The Doctor	X	X						
Going To The Hospital					X			
Guess Where I've Been	X		X		X			
The Hospital Scares Me	X		X					
Island Rescue						X		
Kiss The Candy Days Good-Bye	X			X		X	X	
Rosie's Hospital Story	X							
Sick In Bed	X						X	X
Frequency Of Anxiety	8	3	2	2	2	3	2	1

The remaining hypothesis tested was that those in-hospital fears which are exhibited by children after admittance will be generally ignored in the story content of children's books. The in-hospital fears were identified through the review of the literature by the Hospital Stress Rating Scale referred to by this researcher because the instrument listed, rated and numbered those fears. (See Appendix A)

A data sheet was kept on each book read. (See Appendix B) Table 2 presents the tabulations from the combined data sheets of the frequency of the in-hospital categories identified in the titles along with the number of the fear observed within each category.

The findings are as follows:

1. Five out of nine anxieties assigned in the category, Communication With the Hospital Staff, had a total frequency rate of eight and were observed in the story contents of four titles. One title identified all five fears in its story content.

2. In the category, Fear of Operation/Hospital, two out of the three fears assigned had a frequency rate of four and each appeared in the story contents of two titles apiece.

3. In the category, Food Anxieties, one fear, No. 21, was identified and appeared in two separate titles.

4. In the category, Pain/Medication Anxieties, three out of four assigned fears were observed in the story contents of five titles. Anxiety No. 19 accounted for four of the six frequency tabulations.

5. In the Personal Physical Concerns category, three fears out of nine assigned were identified in the story contents of one title only.

6. In the Physical Properties of Room category, one fear,

No. 5, was identified and appeared in the story contents of four titles.

7. In the category, Relationship With Family/Friends/Roommates, two out of eight assigned fears were identified in four titles with a total frequency rate of four. Anxiety No. 31 accounted for three of the four frequencies.

8. In the category, Serious Illness/Loss of Organ, only one anxiety, No. 46, out of five assigned was observed and appeared in two titles.

9. The category of Other Fears reported no observable anxieties.

The analysis of the data from Table 2, reports that anxieties from eight of the nine categories identifying in-hospital fears were reflected in the story contents of children's books. From a total of forty-three in-hospital fears cited in this study, eighteen or forty-one percent were observed in seven of the thirteen titles. The hypothesis that those in-hospital fears which are exhibited by children after admittance will be generally ignored in the story content of children's books is rejected.

Table 2

In-hospital Fear, Frequency and Title Location

Title Of Annotated Book in Bibliography										
		Communication With Hospital Staff	Fear of Operation/Hospital	Food Anxieties	Pain/Medication Anxieties	Personal Physical Anxieties	Physical Properties Concerns	Relationship with Family/ Friends/Roommate	Serious Illness/Loss of an Organ	Other Fears
Becky's Story		32				5	31			
Berenstain Bears Go To The Doctor										
Child Of The Morning	43	34		28 40				46		
Come To The Doctor, Harry										
Farley Goes To The Doctor										
Going To The Doctor										
Going To The Hospital	43			19		5	31			
Guess Where I've Been				19			31			
The Hospital Scares Me		32		19		5				
Island Rescue										
Kiss The Candy Days Good-Bye	25 37 29 11 43	34	21	19	4 6 13	5	15	46		
Rosie's Hospital Story	41		21							
Sick In Bed										
Frequency Of Anxiety		8	4	2	6	3	4	4	2	0

## CHAPTER 5

### Conclusions, Recommendations and Summary

#### Conclusions

In the development of the annotated bibliography on children's fiction books exploring those pre-admission and in-hospital fears identified through the review of the literature, and in the over-all analysis of the data produced by this study, the following conclusions resulted:

1. Those children's stories exploring the theme of hospitalization as recommended by six selection tools used in this study produced only a small number of titles suitable for inclusion.

Out of a total of forty-seven titles examined, only thirteen met the criteria set forth in this research project. The following limitations occurred in the selection process: inappropriate copyright, inappropriate age level, non-fiction content, long-term hospital stay and unobtainability from collection sites.

2. Of the thirteen titles included in the bibliography, only two titles were appropriate for the upper level grade division (grades three through six) in the annotated bibliography.

3. Of the thirteen titles included in the bibliography, six titles explored only pre-admission anxieties in their story contents.

4. Of the thirteen titles included in the bibliography, seven titles explored in-hospital anxieties in their story contents.

5. All thirteen titles included in the bibliography explored one or more pre-admission fear(s) in their story contents.

6. Three of the thirteen titles identified only one anxiety apiece in their story contents.

7. The most frequently mentioned pre-admission anxiety was fear of a shot/needle. This frequency factor (eight) correlates with the discussion in the review of the literature that the fear of a shot is the most intense fear vocalized by children of all ages.

8. Two anxieties tied for the most frequently mentioned in-hospital fear(s). Fear of strange equipment and fear of pain because of surgery or test procedures both were observed in four titles. Three of these four titles reflected both of the fears in their story contents.

9. Only one anxiety in the pre-admission category of other fears was observed. This was a procedural fear of having a throat culture preformed. No other anxieties were identified in the in-hospital category of other fears.

10. The average number of the pre-admission fears reflected in the story contents of the books in the annotated bibliography is 1.76 anxieties per title.

11. The average number of the in-hospital fears reflected in the story contents of the seven books included in the annotated bibliography is 4.7 anxieties per title.

12. The story content of the book, Kiss The Candy Days Good-Bye, reflected the most pre-admission anxieties (four) and the most in-hospital anxieties (fourteen).

For those adults wishing to use reading guidance as an approach to help lessen children's fears concerning hospitalization, the availability of materials exploring this theme may be limited. Short term hospital stay is a relatively recent trend as many procedures are performed on an out-patient or same day surgery basis. Perhaps, the

literature has not caught up or recognized this trend. Also, much of the attention surrounding health care has been focused on the wellness or holistic movement. This might be one factor that needs to be recognized and, perhaps, is possibly influencing what is being published.

The trend that was observed by this researcher in the content of fiction books cited by the selection tools used for this study tended towards publication of subject matter reflecting handicap disabilities, eating disorders and life threatening long-term stay diseases.

Recommended in the selection aids were non-fiction titles appropriate to this study's age group addressing the hospitalization themes. These titles do introduce to a child such elements as to what procedures the young patient might have done, what equipment might be used and will, no doubt, assure the young reader of the friendly hospital staff waiting for him/her. The nature, however, of non-fiction books is to present straight forward, factual information. These books will not address the emotional needs of the young patient.

One final conclusion from this study is that media specialists, who have the opportunity to build collections, will have to carefully select and maintain those collections. For other adults attempting reading guidance, their biggest obstacle will be to even find a book for a child and to hope that the child will then be able to glean enough insight into his/her fears.

#### Recommendations

In the investigation of children's books on hospitalization, several factors surfaced which resulted in some difficulty in carrying through



this research project. The first difficulty arose in the nature of the problem of the paper itself. Identified in this study were only those fiction books exposing those children's anxieties centered around office visitations or short-term hospitalization. Because not many books were identified and, then, not obtainable, the project, if repeated, could also include those fiction titles reflecting long-term illnesses. In the review of the literature, most of the anxieties children hold toward hospitalization were clustered around those pre-admission and in-hospital fears used in this study regardless if the nature of the injury or illness resulted in a short or prolonged stay in a hospital. These story books with their main character(s) attempting to cope with hospital procedures, testing and surgery could still enable a young reader to gain insight into his/her own fears. This extended availability of titles would provide wider access to books by adults doing reading guidance.

A second factor which surfaced in this project was in the design of the data gathering instrument as it proved to be somewhat limited in its usefulness. The major problem arose on the check list of the in-hospital fears. Because of the numerous anxieties cited by the Hospital Stress Rating Scale, these fears had to be categorized by their inter-relatedness. When an in-hospital fear was identified in a book's story content, the researcher had to refer back to the rating scale for the assigned number and then switch back to the data sheet to record this number in the appropriate category. The transaction proved time consuming. This researcher, also, had to frequently refer to the category as defined in the methodology to ascertain in which of the eight categories the fear was assigned.

In the revision, therefore, of the data gathering instrument, a two-sided data sheet would save time plus some frustration. The front side could contain the same information. The back side could list those in-hospital fears and record their individual number with the identity of its assigned fear on the rating scale. Along with this listing, each of the eight in-hospital categories could be assigned a letter of the alphabet beginning with the letter 'A' and ending with the letter 'H' assigned to the eighth category. That letter representing the appropriate category could then also appear alongside the number of the category's assigned fears.

A last recommendation for those media specialist who have the ability to build and maintain collections is to probe carefully those recommended monthly selection aids for titles reviewed that reflect themes of hospitalization and look for those selection tools that have been up-dated or will be up-dated and ready for publication soon. Publicity, through announcements made in the monthly selection tools by the publisher up-dating or presenting new or revised editions of a tool, are often-times advertized.

#### SUMMARY

This research project explored the use of literature as an approach to be applied by media specialists, teachers or any adult wishing to do reading guidance in helping children to better emotionally cope with hospitalization.

The study was designed to produce an annotated bibliography of recommended fiction titles addressing pre-admission fears as identified through the review of the literature and in-hospital fears gleaned from

the Hospital Stress Rating Scale shown in Appendix A. These in-hospital fears were grouped by categories and shown on the data gathering instrument in Appendix B along with the pre-admission fears.

The recommended titles selected for inclusion in the bibliography were culled from six selection tools identified in the methodology chapter. The initial potential number of books exploring the theme of hospitalization was forty-seven. Out of these forty-seven titles, only eighteen titles met the annotated bibliography's criteria of a 1980 or more recent copyright, kindergarten through six grade audience, fictional content, and short-term hospital stay.

The titles were then found at one of the following locations: University of Northern Iowa Youth Collection, Dubuque Carnegie-Stout Library and inter-library loan. Thirteen titles were retrieved; five titles were unobtainable. A data sheet as reproduced in Appendix B was kept for each book read. The results from these data sheets of the fears identified, their frequency rate and location in the bibliography are reproduced in Appendix C.

The annotated bibliography was developed from these data sheets and is divided into two grade/age divisions: kindergarten through grade three (ages five through nine) and grade four through six (ages nine through twelve). The first age division contains eleven titles. The second age division contains two titles. A subject index alphabetically listing the pre-admission and in-hospital fears along with the number of the book assigned in the annotated bibliography follows the annotated bibliography.

# APPENDIX A

## Hospital Stress Rating Scale

Rank/event	Mean rank score
1. Having strangers sleep in the same room with you	13.9
2. Having to eat at different times than you usually do	15.4
3. Having to sleep in a strange bed	15.9
4. Having to wear a hospital gown	16.0
5. Having strange machines around	16.3
6. Being awakened in the night by the nurse	16.9
7. Having to be assisted with bathing	17.0
8. Not being able to get newspapers, radio, or TV when you want them	17.7
9. Having a roommate who has too many visitors	18.1
10. Having to stay in bed or the same room all day	19.1
11. Being aware of unusual smells around you	19.4
12. Having a roommate who is seriously ill or cannot talk with you	21.2
13. Having to be assisted with a bedpan	21.5
14. Having a roommate who is unfriendly	21.6
15. Not having friends visit you	21.7
16. Being in a room that is too cold or too hot	21.7
17. Thinking your appearance might be changed after your hospitalization	22.1
18. Being in the hospital during holidays or special family occasions	22.3
19. Thinking you might have pain because of surgery or test procedures	22.4
20. Worrying about your spouse being away from you	22.7
21. Having to eat cold or tasteless food	23.2
22. Not being able to call family or friends on the phone	23.3
23. Being cared for by an unfamiliar doctor	23.4
24. Being put in the hospital because of an accident	23.6
25. Not knowing when to expect things will be done to you	24.2
26. Having the staff be in too much of a hurry	24.5
27. Thinking about losing income because of your illness	25.9
28. Having medications cause you discomfort	26.0
29. Having nurses or doctors talk too fast or use words you can't understand	26.4
30. Feeling you are getting dependent on medications	26.4
31. Not having family visit you	26.5
32. Knowing you have to have an operation	26.9
33. Being hospitalized far away from home	27.1
34. Having a sudden hospitalization you weren't planning to have	27.2
35. Not having your call light answered	27.3
36. Not having enough insurance to pay for your hospitalization	27.4
37. Not having your questions answered by the staff	27.6
38. Missing your spouse	28.4
39. Being fed through tubes	29.2
40. Not getting relief from pain medications	31.2
41. Not knowing the results or reasons for your treatments	31.9
42. Not getting pain medication when you need it	32.4
43. Not knowing for sure what illness you have	34.0
44. Not being told what your diagnosis is	34.1
45. Thinking you might lose your hearing	34.5
46. Knowing you have a serious illness	34.6
47. Thinking you might lose a kidney or some other organ	35.6
48. Thinking you might have cancer	39.2
49. Thinking you might lose your sight	40.6

# Data Sheet

Author, Title, Publisher, Copyright  
Data

## Pre-Admission Fears

Grade/Age Designation

Annotation of Story Content:

- |   |                                 |
|---|---------------------------------|
| ---- Fear of Shot/Needle                  | ---- Separation From Family     |
| ---- Fear of Doctor                       | ---- Separation From Friends    |
| ---- Fear of Operation                    | ---- Separation From School     |
| ---- Self-Blame for Illness/<br>Operation | ---- Other Fears/Identify Below |

## In-Hospital Fears

Comments on Illustrations:

- Communication With Hospital Staff
- Fear of Operation/Hospital
- Food Anxieties
- Pain/Medication Anxieties
- Personal Physical Concerns
- Physical Properties of Room
- Relationship With Family/Friends/  
Roommate
- Serious Illness/Loss of an Organ
- Other Fears/Identify Below

## APPENDIX C

## Pre-Admission/In-Hospital Fears, Frequencies and Title Locations

Title Of Annotated  
Book In Bibliography

Title Of Annotated Book In Bibliography	Pre-admission Fears	Fear of Shot/Needle	Fear of Doctor	Fear of Operation	Self Blame For Illness/Operation	Separation from Illness/	Separation from Family	Separation from Friends	Separation from School	Other Fears	In-Hospital Fears	Communication with Hospital Staff	Fear of Operation/Hospital	Food Anxieties	Pain/Medication Anxieties	Personal Physical Anxieties	Physical Properties of Room	Relationship with Family/Friends/Roommate	Serious Illness/Loss of an Organ	Other Fears
Becky's Story				X								32				5	31			
Berenstain Bears Go To The Doctor	X																			
Child Of The Morning						X					43	34		28 40				46		
Come To The Doctor, Harry		X																		
Farley Goes To The Doctor	X	X																		
Going To The Doctor	X	X																		
Going To The Hospital					X						43			19		5	31			
Guess Where I've Been	X		X		X									19			31			
The Hospital Scares Me	X		X									32		19		5				
Island Rescue						X														
Kiss The Candy Days Good-Bye	X			X		X	X				25 29	37 41	43	34	21	19	4 6 13	5	15	46
Rosie's Hospital Story	X										41		21							
Sick In Bed	X						X	X												
Frequency Of Anxiety	8	3	2	2	2	3	2	1			8	4	2	6	3	4	4	2		0

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