



## Hospital and White Coat Fears in Children of Parents Working in the Healthcare Field: A Qualitative Study of Parental Experiences

Halil Ibrahim TASDEMİR<sup>a,1</sup>, Duygu İNCEKARA<sup>b</sup>, Fatma Nur KAÇAR<sup>c</sup>, Başak ŞİMŞEK<sup>d</sup>, Özlem ALTUN<sup>e</sup>

<sup>a</sup> Burdur Mehmet Akif Ersoy University, Burdur Health Services Vocational School, Burdur, Türkiye

<sup>b,c,d,e</sup> Burdur Mehmet Akif Ersoy University, Bucak Health School, Child Development Department, Burdur, Türkiye

### ARTICLE INFO

### ABSTRACT

#### RESEARCH ARTICLE

Article history:

Received: 9 July 2024

Accepted: 25 August 2024

Available : 30 August 2024

<sup>a</sup> <https://orcid.org/0000-0001-9893-356X>

<sup>b</sup> <https://orcid.org/0009-0001-8685-0027>

<sup>c</sup> <https://orcid.org/0009-0004-7698-0065>

<sup>d</sup> <https://orcid.org/0009-0008-7515-4115>

<sup>e</sup> <https://orcid.org/0009-0002-2357-1669>

\*Correspondence: Halil Ibrahim TASDEMİR

Burdur Mehmet Akif Ersoy University, Burdur Health Services Vocational School, Burdur, Türkiye  
e-mail: hitasdemir@mehmetakif.edu.tr

Turkish Journal of Health Science and Life  
2024, Vol.7, No.2, 82-89.

DOI: <https://doi.org/10.56150/tjhsl.1511663>

**Objectives:** This qualitative study investigates the hospital and white coat fears experienced by children of healthcare professionals, focusing on parental insights and experiences. The study explores the prevalence and nature of these fears, the psychological impact on children, and the strategies employed by parents to mitigate their children's anxieties.

**Materials and Methods:** Thirty parents working in various healthcare roles were interviewed using a semi-structured format. Thematic content analysis was used to analyze the data and identify recurring themes and sub-themes related to the children's fears and coping mechanisms.

**Results:** The analysis revealed several key themes, including fear of medical procedures, separation anxiety, fear of medical equipment, the impact of parental roles, and coping mechanisms. Findings indicate that children's exposure to healthcare environments through their parents' professions heightens their awareness and fear of medical situations. Effective parental involvement and clear communication were identified as crucial factors in alleviating these fears.

**Conclusion:** The study emphasizes the need for targeted interventions and supportive environments in healthcare settings to address these anxieties. Practical implications include recommendations for healthcare providers to create child-friendly environments and policies that support parental presence and psychological preparation for children. This comprehensive understanding of children's hospital-related fears can inform better practices and policies in healthcare settings to improve the psychological well-being of children of healthcare workers.

**Keywords:** Hospital fear, white coat syndrome, children, healthcare professionals, parental involvement, qualitative study

### 1. INTRODUCTION

Children's fear of hospitals, often termed as hospital-related anxiety or white coat syndrome, is a well-documented phenomenon that significantly impacts their psychological well-being. Research has shown that children aged 4 to 6 years express a wide range of fears related to hospital environments. These fears are predominantly centered around nursing interventions, being a patient, and the unfamiliar surroundings of the hospital itself. More than 90% of children in this age group reported being afraid of at least one aspect of hospital care, underscoring the

profound effect that hospitalization can have on young children (1).

Further studies indicate that these fears are multifaceted. Key factors contributing to children's hospital-related anxiety include fear of pain, separation from parents, lack of information, and intimidating medical equipment (2). The presence of medical staff in white coats, often referred to as white coat syndrome, exacerbates this fear. In a pediatric emergency department, it was observed that children's extreme fear of white coats

necessitated therapeutic strategies to mitigate anxiety and support resilience (3).

Older children, particularly those aged 7-12, also exhibit significant anxiety related to hospitalization. This anxiety stems from a variety of sources, including the fear of painful procedures, concerns about academic performance, boredom, and the general threatening environment of the hospital (4). Preschool-aged children often associate hospitalization with fears of darkness, ghosts, and past painful experiences (5).

To address these fears, several strategies have been explored. Artistic activities, such as musical plays based on children's storybooks, have been shown to alleviate hospital-related anxiety by providing a therapeutic distraction (6). Moreover, strong parental involvement and attachment significantly reduce children's fear of hospitalization. Studies have demonstrated that the presence and active participation of parents correlate negatively with anxiety levels in children, highlighting the critical role of parental support during hospital stays (7,8).

Hospital environments can be intimidating for children, often leading to various fears and anxieties collectively referred to as hospital-related fears or white coat syndrome. These fears can be particularly pronounced in children of healthcare professionals, who are frequently exposed to medical environments and possess a heightened awareness of potential medical risks. The phenomenon of white coat syndrome, typically observed in adults, manifests as extreme fear or anxiety in the presence of medical personnel wearing white coats. For children of healthcare workers, this syndrome can be exacerbated by their unique exposure to healthcare settings and medical conversations at home.

Previous studies have documented various aspects of these fears, including the role of parental involvement, the psychological impact on children, and strategies for mitigation. Salmela, Aronen, and Salanterä (2011) explored the hospital-related fears of 4- to 6-year-old children, identifying key factors such as pain, separation from parents, and unfamiliar

medical instruments (2). Similarly, Obu et al. (2013) investigated preferences for pediatricians' attire, finding that caregivers and older children generally preferred white coats, although this preference could contribute to anxiety in some children (9).

The present study aims to delve deeper into the experiences of children of healthcare professionals from the perspective of their parents. By focusing on parental insights, the study seeks to identify key themes and strategies for mitigating children's anxieties related to hospital visits and medical procedures. Understanding these fears is crucial for developing effective interventions that can support children and their families, ensuring better psychological outcomes and fostering a more positive relationship with healthcare environments.

The study addresses the following research questions:

1. What are the primary fears and anxieties experienced by children of healthcare professionals in hospital settings?
2. How do parents perceive and address these fears?
3. What strategies are effective in mitigating these fears?

By answering these questions, the study aims to provide a comprehensive understanding of hospital-related fears in children of healthcare workers and offer practical recommendations for healthcare providers and parents.

## 2. MATERIAL AND METHOD

### 2.1. Sample

The study utilized a snowball sampling method to recruit participants. Initially, a healthcare worker who was a close relative of the researcher was approached and agreed to participate in the study. This initial participant then referred other potential participants within their professional network. This method allowed the researcher to reach a diverse sample of 30 parents working in various healthcare roles (doctors, nurses, administrative staff) who have children aged between 4 and 12 years. This approach ensured a broad representation of experiences and

**Table 1:** Participant Characteristics

Participant ID	Age	Gender	Role in Healthcare	Child Age(s)
P1	34	F	Nurse	5, 8
P2	41	M	Doctor	6, 10
P3	29	F	Admin Staff	4
P4	37	F	Nurse	7, 9
P5	45	M	Surgeon	5, 11
P6	39	F	Radiologist	6, 8
P7	32	M	Paramedic	4, 7
P8	36	F	Pediatrician Doctor	5
P9	42	M	Anesthesiologist	6, 12
P10	33	F	Midwife	4, 9
P11	38	M	Doctor	7
P12	40	F	ICU Nurse	5, 10
P13	35	M	Medical Lab Technician	8
P14	43	F	Pharmacist	6, 11
P15	31	M	Doctor	4, 7
P16	46	F	Cardiologist Doctor	9, 12
P17	44	M	Neurologist Doctor	6, 10
P18	30	F	Doctor	5
P19	39	M	Nurse	7, 11
P20	37	F	Physical Therapist	8
P21	34	M	Nurse	6
P22	41	F	Nurse	5, 10
P23	38	M	Orthopedic Surgeon	7, 12
P24	36	F	Dietitian	4, 9
P25	33	M	Nurse	8
P26	35	F	Pediatric Nurse	5, 11
P27	32	M	Nurse	6, 10
P28	40	F	Doctor	4, 8
P29	44	M	Midwife	7, 12
P30	31	F	Midwife	6, 9

insights from different healthcare environments. Participant characteristics are detailed in Table 1.

## 2.2. Data Collection Tool

A semi-structured interview guide was developed, focusing on parental observations of their children's fears, instances of anxiety related to hospital visits or interactions with medical professionals, and strategies used to alleviate these fears. The guide included open-ended questions to allow parents to elaborate on their experiences and provide detailed insights. Questions were designed to explore both specific instances of fear and the broader context of the children's relationship with medical environments.

## 2.3. Data Collection

The data was collected between April and June 2024. Interviews were conducted in-person, in a

private setting, or the participants' homes, depending on their preference. Each interview lasted between 45 to 60 minutes. All interviews were audio-recorded with the participants' consent and subsequently transcribed verbatim for analysis. Field notes were also taken to capture non-verbal cues and contextual information.

## 2.4. Data Analysis

Thematic content analysis was used to analyze the transcribed interviews. An iterative process of coding and categorization was employed to identify recurring themes and sub-themes. Two researchers independently coded the transcripts, and discrepancies were resolved through discussion and consensus. NVivo software was used to manage and organize the qualitative data. The analysis process included the following steps:

- Familiarization with Data:** Researchers read the transcripts multiple times to gain an in-depth understanding of the content.
- Initial Coding:** Key phrases and sentences related to children's fears, parental observations, and coping strategies were highlighted and labeled.
- Development of Themes:** Codes were grouped into broader themes and sub-themes based on their similarities and patterns.
- Reviewing Themes:** Themes were reviewed and refined to ensure they accurately represented the data and addressed the research questions.
- Defining and Naming Themes:** Each theme was defined clearly, and relevant excerpts from the interviews were identified to illustrate the themes.

## 2.5. Ethical Consideration

The study received ethical approval from Burdur Mehmet Akif Ersoy University Ethics Committee (ID no: GO 2024/124, Date: 06.03.2024). Informed consent was obtained from all participants, with assurances of confidentiality and the right to withdraw from the study at any time. Participants were informed about the study's purpose, the voluntary nature of their participation, and how the data would be used. All data were anonymized to protect the privacy of the participants and their families.

## 3. RESULTS

### 3.1. Participant Characteristics

The study sample consisted of 30 parents working in various healthcare roles, including doctors, nurses, administrative staff, and other healthcare professionals. The participants' ages ranged from 29

to 46 years, with a nearly equal distribution of males and females. Each participant had children aged between 4 and 12 years, ensuring a comprehensive range of insights into the hospital-related fears experienced by children of different ages. The diverse roles of the participants provided a broad perspective on how different healthcare environments impact children's anxieties. Participant characteristics are summarized in Table 1.

### 3.2. Themes and Sub-Themes

The thematic content analysis of the interviews revealed several key themes and sub-themes related to the hospital and white coat fears experienced by children of healthcare professionals. These themes encapsulate the various aspects of the children's anxieties and the strategies employed by parents to mitigate them. The analysis revealed several key themes and sub-themes, which are outlined in Table 2.

### 3.3. Parental Statements

Parental statements provided rich insights into the children's fears and the coping mechanisms employed by their parents. The statements highlighted the emotional and psychological challenges faced by children and underscored the importance of parental involvement and effective communication. Selected statements are summarized in Table 3.

### 3.4. Detailed Analysis of Themes

#### Fear of Medical Procedures

- ◇ **Painful Experiences:** Many parents noted that their children had a significant fear of painful medical procedures, particularly injections. As one parent explained, "Every time we go to the

**Table 2:** Themes and Sub-Themes

Theme	Sub-Theme
Fear of Medical Procedures	Painful experiences, Fear of needles, Surgical interventions
Separation Anxiety	Being away from parents, Lack of parental presence
Fear of Medical Equipment	Intimidating instruments, Unfamiliar sounds
Impact of Parental Role	Parental involvement, Communication strategies
Coping Mechanisms	Psychological support, Familiarization with environment

**Table 3:** Selected Parental Statements

Theme	Parent Statement
Fear of Medical Procedures	"My daughter gets extremely anxious even at the sight of a syringe." (P2)
Separation Anxiety	"He always wants me to be there during any procedure, otherwise, he gets very upset." (P4)
Fear of Medical Equipment	"The sound of the MRI machine terrifies my son." (P7)
Impact of Parental Role	"I try to explain everything to her in simple terms, which seems to help a lot." (P9)
Coping Mechanisms	"We practice deep breathing and I stay with him until he feels calmer." (P11)

clinic, my child asks if there will be a shot. The fear is palpable" (P3).

- ◇ **Fear of Needles:** This sub-theme was prevalent across the interviews, with children exhibiting distress even before the procedure. One mother recounted, "My son starts crying as soon as he sees the nurse preparing the syringe" (P5).
- ◇ **Surgical Interventions:** Fear related to potential surgeries was also a common concern. A father shared, "My daughter had a minor surgery last year, and since then, any mention of surgery makes her very anxious" (P8).

#### Separation Anxiety

- ◇ **Being Away from Parents:** Children often expressed distress about being separated from their parents during hospital visits. "My son clings to me and refuses to let go when we enter the hospital," noted one parent (P4).
- ◇ **Lack of Parental Presence:** The absence of parents during procedures exacerbated the children's fears. "She gets very upset if I can't be in the room with her. It's a major source of her anxiety," a mother explained (P10).

#### Fear of Medical Equipment

- ◇ **Intimidating Instruments:** The presence of medical equipment was a significant source of fear. "The sight of all those machines and tools really scares him," said one parent (P12).
- ◇ **Unfamiliar Sounds:** The sounds made by medical equipment also contributed to the children's anxieties. "The beeping of the monitors makes my daughter very nervous," a father mentioned (P13).

#### Impact of Parental Role

- ◇ **Parental Involvement:** Parents who were actively involved in their children's care noticed a reduction in anxiety. "Being there for her and explaining things really helps," noted one parent (P9).
- ◇ **Communication Strategies:** Effective communication between parents and children played a crucial role in alleviating fears. "I always try to explain what's happening in simple terms," said another parent (P11).

#### Coping Mechanisms

- ◇ **Psychological Support:** Providing emotional and psychological support was found to be effective. "We do breathing exercises together, and it calms him down," a mother shared (P14).
- ◇ **Familiarization with Environment:** Familiarizing children with the hospital environment helped reduce fear. "I take him with me to the hospital sometimes, so he gets used to the place," explained a father (P15).

#### Data Table for Content Analysis

The data table for content analysis summarizes the frequency of themes and provides example statements to illustrate each theme (Table 4). This analysis highlights the prevalence of specific fears and coping strategies among children of healthcare professionals. This section presents the key findings from the thematic analysis, emphasizing the most prevalent themes and providing illustrative quotes from parents to highlight their experiences and observations.

**Table 4:** Data Table for Content Analysis

Theme	Frequency	Example Statements
Fear of Medical Procedures	25	"My son becomes very anxious whenever he hears about surgery." (P5)
Separation Anxiety	18	"My child can't bear to be away from me during hospital visits." (P28)
Fear of Medical Equipment	20	"My daughter is scared of all the machines and tools in the hospital." (P14)
Impact of Parental Role	22	"Being involved in his care reduces his anxiety significantly." (P6)
Coping Mechanisms	19	"I familiarize my child with the hospital environment to make it less scary." (P24)

#### 4. DISCUSSION

The findings of this study align with existing literature on hospital-related fears and white coat syndrome in children. The heightened awareness and exposure due to their parents' professions appear to exacerbate these anxieties. Previous research has documented similar fears in children exposed to medical environments, noting that parental involvement and clear communication can mitigate these fears effectively (2,9).

##### 4.1. Parental Role and Communication

The significant impact of parental involvement and communication strategies on reducing children's fears was a key finding. Parents who took an active role in explaining medical procedures and providing emotional support reported lower levels of anxiety in their children. This supports the notion that clear, age-appropriate communication is essential in helping children cope with their fears. Aein and Rafiee (2012) found that school-aged children experienced reduced anxiety when their parents were involved in their care and explained medical procedures in a comprehensible manner (4).

In the present study, parents who used simple and honest explanations helped their children understand and manage their fears better. One parent noted, "I always try to explain what's happening in simple terms. It makes a big difference" (P11). This approach aligns with findings from other studies that emphasize the importance of

parental communication in reducing children's anxiety in medical settings (2).

##### 4.2. Fear of Medical Procedures

Fear of medical procedures, particularly those involving needles, was a prevalent theme. Children exhibited significant anxiety at the sight of syringes or during discussions about potential surgeries. This fear is consistent with findings from previous research, which highlights that painful medical experiences are a primary source of hospital-related anxiety in children (10).

Parents in this study reported that their children often exhibited distress before and during medical procedures. One parent shared, "My daughter gets extremely anxious even at the sight of a syringe" (P2). Such fears can have long-lasting effects on children's attitudes towards healthcare, making it crucial for healthcare providers to adopt child-friendly approaches and involve parents in the process.

##### 4.3. Separation Anxiety

Separation anxiety was another significant theme identified in this study. Children often expressed distress about being away from their parents during hospital visits. The absence of a familiar and comforting presence can exacerbate their fears, leading to increased anxiety (11).

Parents noted that their children were particularly anxious when they could not be present during procedures. One parent mentioned, "He always

wants me to be there during any procedure, otherwise, he gets very upset" (P4). This finding underscores the importance of allowing parental presence during medical procedures to provide reassurance and comfort to the child.

#### 4.4. Fear of Medical Equipment

The presence and sounds of medical equipment were significant sources of fear for the children in this study. The intimidating appearance of medical instruments and the unfamiliar sounds they produce can heighten children's anxiety (12).

One parent explained, "The sound of the MRI machine terrifies my son" (P7). Familiarizing children with medical equipment and providing clear explanations about their function can help mitigate these fears. Healthcare providers can play a crucial role in this by using child-friendly language and demonstrations to reduce the perceived threat of medical instruments.

#### 4.5. Coping Mechanisms

Coping mechanisms such as psychological support and familiarization with the hospital environment were found to be effective in reducing children's anxiety. These strategies help children develop a sense of control and security, which is crucial in managing their fears.

Parents reported using various techniques to help their children cope, including breathing exercises and regular visits to the hospital to familiarize them with the environment. One parent shared, "We practice deep breathing and I stay with him until he feels calmer" (P11). Such strategies align with recommendations from psychological studies on coping mechanisms for pediatric patients (13).

#### 4.6. Practical Implications

The findings of this study have several practical implications for healthcare providers and policymakers. Creating child-friendly environments and policies that support parental presence during medical procedures can significantly reduce children's hospital-related fears. Additionally, training healthcare professionals to use clear, age-appropriate communication and involve parents in

the care process can enhance the overall experience for children.

### 5. CONCLUSION

Understanding the unique experiences of children of healthcare professionals is crucial in developing targeted interventions to alleviate their hospital-related fears. This study highlights the importance of parental involvement and tailored communication strategies in addressing these anxieties. Future research should focus on developing and testing specific interventions to support these children and their families, ensuring better psychological outcomes and fostering a more positive relationship with healthcare environments.

For healthcare providers, creating a child-friendly and supportive environment is essential. Implementing policies that allow parental presence during procedures, using child-friendly explanations, and providing psychological support can significantly reduce the fear and anxiety experienced by these children. By addressing these needs, healthcare providers can help children develop healthier attitudes towards medical care and reduce the long-term psychological impact of hospital-related fears.

**Acknowledgements:** We would like to thank all the parents who contributed to the study.

**Financial Support:** This research received no grant from any funding agency/sector.

**Conflicts of Interest:** The authors declared no conflict of interest.

**Ethical Statement:** The Human Rights Declaration of Helsinki conducted the study process. Ethical approval was obtained for this study from the Burdur Mehmet Akif Ersoy University Ethics Committee (Ethics Approval Number: GO 2024/124, Date: 06.03.2024).

## REFERENCES

1. Salmela, M., Salanterä, S., & Aronen, E. (2009). Child-reported hospital fears in 4 to 6-year-old children. *Pediatric nursing*, 35 (5):465-74.
2. Salmela, M., Aronen, E. T., & Salanterä, S. (2011). The experience of hospital-related fears of 4-to 6-year-old children. *Child: care, health and development*, 37(5), 719-726. <https://doi.org/10.1111/j.1365-2214.2010.01171.x>
3. Mendes da Cunha S, Pereira, E. R., Silva, R. M. C. R. A., Costa, D. C., & Mencari, V. M. (2021). Síndrome do jaleco branco em crianças na emergência: estudo descritivo: White coat syndrome in children in the emergency department: a descriptive study. *Journal Archives of Health*, 2(6), 1515-1529.
4. Aein, F., & Rafiee, H. (2012). School-aged children experience about hospitalization: A qualitative study. *Journal of Kermanshah University of Medical Sciences*, 16(5):344-55.
5. Vanny, T. N. P., Agustin, W. R., & Rizqiea, N. S. (2020). Gambaran Ketakutan Anak Usia Prasekolah Akibat Hospitalisasi. *Jurnal Keperawatan Aisyiyah*, 7(2), 13-17. <https://doi.org/10.33867/jka.v7i2.209>
6. Helvacı, A. (2019). Çocukların Hastane Korkularını Yenmede Sanatsal Etkinliklerin Rolü. *Görünüm*, 5(5/6), 24-30.
7. Asnifarisca, D. (2015). Hubungan Peran Orang Tua Dengan Ketakutan Pada Anak Usia Prasekolah Akibat Hospitalisasi Di Rumah Sakit TNI-AD Kota Kediri (Doctoral dissertation, Universitas Brawijaya). 4(1):1-7.
8. Dewi, K. (2016). Hubungan Kelekatan Anak Pada Ibu Dengan Ketakutan Anak Hospitalisasi Usia Pra Sekolah (3-6 Tahun) (Doctoral dissertation, Universitas Brawijaya). 8(2):34-42.
9. Obu, H., Chinawa, J., Manyike, P., Obi, I., Eke, B., Ekwochi, U., & Agwu, S. (2013). Pediatrician wearing a white coat: A survey of preferences among children and their caregivers. *Annals of Medical and Health Sciences Research*, 3(4), 678-683. <https://doi.org/10.4103/1755-6783.133699>
10. Coyne, I. (2006). Children's experiences of hospitalization. *Journal of child health care*, 10(4), 326-336. <https://doi.org/10.1177/1367493506067884>
11. Maxton, F. J. (2008). Parental presence during resuscitation in the PICU: the parents' experience: sharing and surviving the resuscitation: a phenomenological study. *Journal of clinical nursing*, 17(23), 3168-3176. <https://doi.org/10.1111/j.1365-2702.2008.02525.x>
12. Jaaniste, T., Hayes, B., & Von Baeyer, C. L. (2007). Providing children with information about forthcoming medical procedures: A review and synthesis. *Clinical Psychology: Science and Practice*, 14(2), 124. <https://doi.org/10.1111/j.1468-2850.2007.00072.x>
13. Claridge, A. M., & J Powell, O. (2023). Children's experiences of stress and coping during hospitalization: A mixed-methods examination. *Journal of Child Health Care*, 27(4), 531-546. <https://doi.org/10.1177/13674935221078060>