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Effects of Long-Term Hospitalisation on Social Interaction and Attachment among Abandoned Children with Physical and Intellectual Disabilities

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ABSTRACT

The aim of this study was to investigate the effects of long-term hospitalisation on social interaction and attachment among abandoned children with physical and intellectual disabilities. The study was conducted at Sally Mugabe Central Hospital in Harare. Regardless of these problems, an array of abandoned children with physical and intellectual disabilities in Zimbabwe find themselves in hospitals for prolonged duration. The study was guided by the objectives of examining the impact of prolonged hospitalisation on the development of social interaction skills among abandoned children with physical and intellectual disabilities, analysing the effects of long-term hospitalization on attachment formation and emotional bonding between abandoned children and their caregivers, and exploring strategies and psychosocial interventions that can enhance social interaction and attachment among hospitalised, abandoned children with physical and intellectual Disabilities. The purposive sampling procedure was adopted in the study in the selection of 12 children with physical and intellectual disabilities and 6 key informants. Key informants who include Social Workers, Doctors, Nurses and other health care workers were also engaged. Data were also obtained through direct observations and document review of some medical records of abandoned children with physical and intellectual disabilities at Sally Mugabe Central Hospital. Findings of this study showed that long-term institutional care of abandoned children with physical and intellectual disabilities reduces exposure to peer contact and communication possibilities, decreases attachment development, and promotes social isolation. As a result, children frequently experience low self-esteem, poor social skills, and dependence on care givers, all of which last outside of the hospital setting. This study, therefore, recommended strengthened consistent and relationship-based caregiving systems, integrating structured play and socialisation programmes into hospital routines, and provision of comprehensive psychosocial and emotional support services.

Key Words: Abandoned, Attachment, Hospitalisation, Children, Long-term, Interaction, Physical, Intellectual, Disability.

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INTRODUCTION

Globally, children with physical and intellectual disabilities represent one of the most vulnerable populations, particularly when subjected to prolonged hospitalisation and abandonment. Hospitals and institutional care settings, while intended to provide medical support, often become long-term living environments for abandoned children who have no family caregivers or suitable community placement options. According to the World Health Organisation (WHO) 2021), approximately 93 million children worldwide live with some form of disability, and many of these children experience social exclusion, inadequate emotional care, and barriers to forming secure attachments (Amoako et al., 2021). Prolonged hospital stays can further compound these challenges by limiting opportunities for social interaction and emotional development, leading to long-term psychosocial consequences such as attachment disorders, social withdrawal, and developmental delays (UNICEF, 2020).

It is against this background that Chapman & Mullis (2020) suggest that a child's stress levels are constantly changing as a result of medical testing, invasive operations, and other related procedures because of the potential for unfavourable results or outcomes. Additionally, children with intellectual disabilities frequently lack the knowledge necessary to completely comprehend the bulk of hospital operations. For example, a child may get more anxious when they mistakenly believe that they are being placed under a mental disability or that they are "put to sleep" (Boyd and Hunsberger, 2021). Furthermore, for any child with intellectual health disorders brought to a hospital, the noise levels, the taking away of personal things, and the loss of seclusion are all unfamiliar and frequently upsetting (Luby, 2021). Piaget (2020) shows that older children relate mobility restrictions to the loss of peer connection and a break from daily life activities, while younger children typically associate movement restrictions with death. Anxiety and tension levels can rise as a result of these emotions combined with a sense of boredom brought on by a lack of things to do (Chapman & Mullis, 2020).

It is crucial to emphasise that children who receive a severe illness diagnosis at an early age often develop anxiety and depression problems because of the same reasons that lead to poor body image and isolation. According to a study by Larsen (2020), between 4% and 14% of school-age children

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with physical and intellectual disabilities show signs of depression within three months of receiving the diagnosis. Children as young as three years old have been reported to exhibit asocial behaviour and depressive symptoms such as sorrow, irritability, whining, weeping, and self-blame as a result of rejection and bullying (McCaffrey, 2021). Accordingly, melancholy and worry may cause a child's physical health to deteriorate (Geist et al., 2003) and occasionally result in drug abuse (Gordon and Kutner, 2022). Additionally, peer relationships and academic achievement suffer.

At the regional level, within Sub-Saharan Africa, systemic inequalities, poverty, and cultural stigma surrounding disability and child abandonment exacerbate these issues. Many children with disabilities are abandoned at birth or during early childhood due to societal misconceptions that associate disability with shame, misfortune, or supernatural causes (Mulumba et al., 2018). Health institutions in countries such as Kenya, South Africa, and Nigeria have reported cases of children with complex disabilities remaining hospitalized for extended periods, sometimes for year sowing to lack of family reintegration plans and limited capacity within community-based care systems (Amoako et al., 2021). The hospital environment, though medically necessary, often fails to meet the emotional and social needs of these children, thereby impeding the development of healthy attachment patterns and social functioning.

In the Zimbabwean context, similar patterns are evident, though often underreported. Studies indicate that children with disabilities face a double marginalisation, firstly due to their physical or intellectual impairments, and secondly, due to abandonment or institutionalisation (Chitiyo & Chitiyo, 2017). Public hospitals and children's homes in Zimbabwe occasionally accommodate abandoned children with multiple disabilities for extended periods, primarily due to inadequate social welfare infrastructure and insufficient specialised care facilities (Mugumbate and Nyanguru, 2013). These children frequently experience minimal caregiver consistency, limited peer interaction and restricted community exposure, all of which are essential components of social and emotional development. Consequently, prolonged hospitalisation not only affects their physical rehabilitation, but also has profound psychosocial implications on their ability to form secure attachments and engage in meaningful social relationships later in life.

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A study done by Boyd and Hunsberger (2021) in Zimbabwe revealed that hospitalisation experiences for children with mental disorders are unpleasant. Their investigation was predicated on a review of two Harare children's hospitals. Research indicates that, as compared to generally developing children, children with intellectual disabilities and developmental delays are more likely to experience adverse clinical occurrences. Medication errors, falls, pressure sores, poor communication, and other mishaps are among the incidents. In particular, these accidents have the risk of escalating into life-threatening situations or causing problems and further disability. These alarming conditions need to be addressed, with the goal of reducing the time taken by children with MDCs in hospitals. This study, therefore, seeks to explore the effects of long-term hospitalisation on social interaction and attachment among abandoned children with physical and intellectual disabilities, focusing on how institutional environments shape their psychosocial outcomes. Understanding these dynamics is crucial for informing policies and interventions aimed at promoting holistic care, emotional wellbeing, and social inclusion of children with disabilities in Zimbabwe and beyond.

STATEMENT OF THE PROBLEM

Abandoned children with physical and intellectual disabilities who experience prolonged hospitalisation are often caught in a cycle of medical dependency and emotional neglect. While hospitals are designed to address physical and medical needs, they are not structured to nurture the social and emotional development that children require to form healthy attachments and social skills. As a result, many of these children experience emotional deprivation, detachment from caregivers, and limited opportunities for peer interaction. Globally and regionally, studies have shown that children raised in institutional or hospital settings frequently exhibit attachment disorders, delayed social development, and difficulties in forming trusting relationships later in life (UNICEF, 2020; Mulumba et al., 2018). In Zimbabwe, the situation is compounded by inadequate community-based rehabilitation programmes, shortage of specialised care facilities, and limited capacity within the child protection system to place children with multiple disabilities into family-based care. Consequently, hospitals inadvertently become long-term shelters for abandoned children with complex needs. Despite this reality, there is limited empirical research in Zimbabwe examining how long-

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term hospitalisation specifically affects social interaction and attachment development in this vulnerable group. This gap in knowledge hinders the design of evidence-based interventions to improve the psychosocial wellbeing of institutionalized children with disabilities.

Research Objectives

1. To examine the impact of prolonged hospitalisation on the development of social interaction skills among abandoned children with physical and intellectual disabilities.

2. To explore strategies and psychosocial interventions that can enhance social interaction and attachment among hospitalised, abandoned children with physical and intellectual Disabilities

THEORETICAL FRAMEWORK

Attachment Theory

Attachment Theory, developed by John Bowlby (1969) and expanded by Mary Ainsworth (1978), provides a comprehensive framework for understanding the emotional and social development of children, particularly in relation to the quality of early caregiving experiences. The theory posits that the bond between a child and their primary caregiver is a foundational determinant of emotional security, social competence, and future relational patterns. Bowlby emphasised that consistent, sensitive, and responsive caregiving fosters secure attachment, which enables children to explore their environment confidently, manage stress effectively, and form positive social relationships. Conversely, disrupted or inconsistent caregiving, often resulting from separation, abandonment or institutionalisation, can lead to insecure or disorganised attachment patterns characterised by emotional withdrawal, anxiety and difficulties in forming trusting relationships.

In the context of this study, Attachment Theory is highly relevant as it offers a lens through which to examine how long-term hospitalisation influences social interaction and attachment development among abandoned children with multiple disabilities. Abandoned children in hospital settings often experience frequent changes in caregivers, minimal emotional responsiveness and limited opportunities for sustained interpersonal connection. Such conditions are antithetical to the formation of secure attachments. According to Bowlby (1980), prolonged separation from consistent

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caregivers or environments that lack emotional warmth can cause attachment deprivation, leading to behavioral and emotional difficulties. Within hospital environments, the focus on medical care often overshadows children's psychosocial needs, resulting in emotional neglect that can impede their ability to build healthy attachments and engage socially.

Moreover, children with physical and intellectual disabilities face additional challenges that intensify their vulnerability to attachment disruption. Their dependence on caregivers for physical support and communication increases the importance of stable and nurturing relationships. When hospitalised for extended periods without consistent emotional care, these children may develop mistrust, fear, or social avoidance. Ainsworth (1978) classified attachment as secure, avoidant, ambivalent and disorganised, which were said to be particularly useful in assessing the behavioural expressions of these attachment disruptions. For example, abandoned children may display avoidant behaviours (appearing indifferent to caregivers) or disorganised behaviours (showing confusion or fear toward caregivers), which reflect the psychological impact of prolonged institutionalisation.

Attachment Theory also provides a framework for designing and interpreting interventions aimed at improving psychosocial outcomes. Through emphasising the importance of consistent, responsive caregiving, the theory underscores the need for hospitals and social welfare systems to implement child-centred care models. These models should prioritise emotional continuity, caregiver stability, and social engagement alongside medical treatment. For instance, integrating trained hospital social workers or child life specialists can help foster emotional bonds and promote social stimulation through play therapy and peer interaction.

In applying Attachment Theory, this study will explore how prolonged hospitalisation affects both the quality of children's attachments and their capacity for social interaction. It will also identify the institutional and relational factors that contribute to either the disruption or enhancement of these psychosocial processes. Ultimately, the theory guides the research by framing attachment not merely as an emotional phenomenon but as a critical developmental need that, if unmet, can have lifelong implications for abandoned children with disabilities.

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LITERATURE REVIEW

Globally, the psychosocial development of children with disabilities who experience prolonged hospitalization and abandonment has been a growing area of concern in child welfare and disability studies. WHO (2021) estimates that approximately 240 million children worldwide live with some form of disability, and a significant proportion experience social exclusion, institutionalisation, or long-term hospitalisation due to lack of family or community support. For many abandoned children, hospitals and other institutions serve not only as places of medical care, but also as substitute homes, where they spend extended periods without stable emotional attachments or peer relationships (UNICEF, 2020).

Several studies highlight that prolonged hospitalisation can severely disrupt normal social and emotional development. According to Bowlbys (1969) Attachment Theory, children require consistent and responsive caregivers to form secure attachments that support emotional stability and social competence. In hospital settings, frequent caregiver turnover, task-oriented care, and limited emotional availability undermine the formation of these secure attachments. Research conducted in the United States and parts of Europe indicates that institutionalised and long-term hospitalised children are more likely to develop insecure attachment styles, characterised by social withdrawal, difficulty trusting others, and emotional dysregulation (Rutter et al., 2010).

Additionally, children with physical and intellectual disabilities face amplified risks due to their higher dependence on caregivers for communication, mobility, and daily functioning. A study by Simkiss et al. (2013) found that children with multiple disabilities in institutional care often experience sensory deprivation, limited stimulation, and reduced opportunities for social play —all of which are essential for developing social competence. Similarly, research in Canada and the United Kingdom reported that children in hospitals or care institutions often suffer from what is termed “hospitalisation syndrome” — a cluster of behaviours including passivity, emotional detachment, and regression, resulting from lack of social interaction and family involvement (Johnson and Wiggs, 2015).

Globally, interventions have been developed to mitigate these effects, emphasising family-centred care and psychosocial support within

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hospital environments. For instance, programmes in Scandinavian countries and parts of Western Europe promote consistent caregiver assignment, play therapy, and parental involvement even during extended hospital stays (Wong et al., 2018). However, in many low- and middle-income countries, resource limitations and understaffing make it difficult to implement such psychosocially supportive models. The gap between medical care and emotional care remains one of the most persistent global challenges affecting abandoned children in hospital contexts.

Within Sub-Saharan Africa, the intersection of poverty, cultural stigma, and weak social protection systems contributes significantly to the institutionalisation and abandonment of children with disabilities. UNICEF (2019) reports that more than 10 million children in the region live with disabilities, many of whom experience neglect, abandonment, or exclusion from family and community life. Deep-rooted traditional beliefs often associate disability with curses, sin, or misfortune, leading some families to conceal or abandon children with disabilities (Mulumba et al., 2018). When abandonment occurs, hospitals often become default shelters due to the absence of specialised care facilities or foster care alternatives.

Several regional studies have documented the negative psychosocial consequences of prolonged hospitalisation and institutionalisation. For instance, in Ghana, Amoako et al. (2021) observed that children with disabilities residing long-term in hospital wards exhibited delayed speech, limited social responsiveness, and signs of emotional deprivation. Similarly, in South Africa, Dlamini and Mahaye (2020) found that institutionalised children with disabilities frequently developed attachment-related behavioral issues such as fearfulness, mistrust, and dependency, stemming from the lack of consistent and emotionally available caregivers.

The hospital environment in many African contexts is not structured for child-centred psychosocial care. Staffing shortages, lack of training in disability-sensitive communication, and the emphasis on clinical treatment over emotional engagement limit the opportunities for children to experience nurturing relationships. Moreover, health systems in the region often operate without adequate collaboration between medical and social welfare services. This fragmentation leads to situations where abandoned children remain hospitalised for years, not because of medical necessity, but because social workers cannot find alternative placements.

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Bronfenbrenner's (1979) Ecological Systems Theory provides a useful lens to understand this context: the microsystem (hospital setting) may provide physical care but lacks the warmth of family life, the exosystem (social services) may be under-resourced, and the macrosystem (cultural norms) may perpetuate stigma against disability and abandonment. Together, these systemic weaknesses produce environments that stifle emotional growth, limit social interaction, and impair attachment formation.

In addition, the regional literature highlights that psychosocial interventions in hospitals are rare and often unsystematic. In Nigeria, for example, Adeyemi et al. (2019) found that even though hospital social workers recognized the importance of emotional support for long-stay children, the lack of structured programs, play spaces, and trained staff rendered interventions ineffective. This situation underscores the urgent need for integrating psychosocial models of care within African health systems to complement medical interventions for abandoned and disabled children.

In Zimbabwe, the issue of prolonged hospitalisation of abandoned children with physical and intellectual disabilities reflects a complex interplay of economic hardship, cultural stigma, and gaps in social welfare infrastructure. Children with disabilities are among the most marginalised groups, often facing discrimination, neglect, and limited access to inclusive services (Chitiyo &Chitiyo, 2017). When these children are abandoned, often due to parental poverty, death, or social stigma, they frequently end up in hospitals for extended periods because of the lack of specialised care facilities or foster homes equipped to handle complex medical and developmental needs.

Studies by Mugumbate and Nyanguru (2013) and Mutepfa et al. (2017) reveal that institutional care, including long-term hospitalisation, remains a default option for children with disabilities in Zimbabwe. Hospitals, however, are primarily designed to provide physical treatment rather than emotional or social support. Consequently, abandoned children often receive minimal psychosocial stimulation, inconsistent caregiving, and limited peer interaction. These conditions hinder their ability to develop trust, communication skills, and healthy emotional attachments.

The shortage of trained child-care personnel and the absence of structured psychosocial programmes within hospital settings further exacerbate this challenge. While social

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workers and nurses play critical roles, their high workloads and medical priorities limit their ability to offer consistent emotional support. Additionally, the absence of policy frameworks specifically addressing the psychosocial needs of abandoned, disabled children in hospitals has left a gap in holistic child welfare practice. According to Dube and Shoko (2020), the Zimbabwean child protection system still heavily relies on institutional care rather than community-based rehabilitation and family reintegration, resulting in emotional deprivation and social isolation for affected children.

Cultural beliefs also play a significant role in shaping social responses to disability and abandonment in Zimbabwe. Some traditional beliefs interpret disability as a form of punishment or spiritual misfortune, leading to family rejection or concealment of children with disabilities (Chireshe, 2013). This stigma reduces community acceptance and limits opportunities for these children to experience nurturing family relationships. Consequently, those who remain in hospitals for prolonged periods often grow up without a sense of belonging or stable attachment figures, which affects their future capacity to form trust-based relationships.

Despite these challenges, there have been emerging efforts to promote inclusive child care and disability advocacy in Zimbabwe. Organisations such as the Zimbabwe National Association of Mental Health and the Zimbabwe Parents of Handicapped Children Association have initiated awareness campaigns to challenge stigma and advocate for family-based and community-supported care. However, these efforts remain limited in reach and scope, particularly for children with complex medical needs who remain confined to hospital environments.

From a policy perspective, the National Disability Policy of Zimbabwe (2021) emphasises the right to inclusive health and social services for persons with disabilities, including children. However, implementation remains weak, particularly in the area of integrating psychosocial care into hospital settings. The absence of rehabilitation programmes that target emotional development means that many abandoned children continue to experience attachment insecurity and social isolation within health institutions.

In light of these realities, the current study contributes to local understanding by examining how long-term hospitalisation

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affects both social interaction and attachment among abandoned children with multiple disabilities. It aims to generate insights that could inform hospital social work practice, policy development, and community reintegration strategies tailored to the Zimbabwean context.

Across global, regional, and local contexts, literature consistently demonstrates that long-term hospitalisation has detrimental effects on children's social interaction and attachment development. However, several gaps persist. Globally, much of the research has focused on general pediatric populations rather than on abandoned children with complex disabilities. Regionally, African studies remain limited, and most focus on institutional care broadly rather than hospital-specific environments. Locally, in Zimbabwe, there is a lack of empirical data examining the psychosocial impact of prolonged hospitalization on abandoned children with physical and intellectual disabilities.

This study, therefore, seeks to fill these gaps by providing an in-depth analysis of how prolonged hospitalization affects social interaction and attachment formation among this vulnerable group. It also aims to identify practical strategies to improve psychosocial outcomes within hospital care systems, contributing both to academic knowledge and to the enhancement of child welfare practices in Zimbabwe.

METHODOLOGY

Research Design

In this study, a case study research design was employed to gain an in-depth understanding of the effects of long-term hospitalisation on social interaction and attachment among abandoned children with physical and intellectual disabilities. The case study design was deemed appropriate because it allows for a comprehensive exploration of complex social and emotional phenomena within their real-life context. In this case, the hospital serves as the natural setting where the children's daily experiences, interactions and relationships can be observed and analysed. Through focusing on one case which is Sally Mugabe Central Hospital, the researcher was able to examine the lived experiences of the children, the nature of caregiving relationships and the institutional environment that shapes their psychosocial development. This approach aligns with the qualitative research paradigm which

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prioritises depth and contextual understanding over numerical generalisation.

The case study design also enables the use of multiple data collection methods such as observations, interviews with caregivers and hospital staff and review of social work records to build a rich and holistic picture of each child's experience. Through triangulation of these data sources, the researcher was able to identify recurring themes and patterns related to attachment behaviors, social interaction challenges and institutional influences. This design is particularly suitable for studying vulnerable populations, as it allows for sensitivity, flexibility and ethical consideration while exploring individual and contextual factors in depth (Creswell and Clark, 2020). Ultimately, using a case study design was essential in illuminating how prolonged hospitalisation affect the emotional and social lives of abandoned children with disabilities.

Sampling Method

In this study, purposive sampling was used to select participants who are most relevant to the research objectives, specifically, abandoned children with physical and intellectual disabilities who have experienced long-term hospitalisation Sally Mugabe Central Hospital. This sampling technique allows the researcher to intentionally choose participants based on specific inclusion criteria that align with the study's focus. The selection, therefore, targeted children who have been hospitalized for an extended period, typically six months or more, and who had been identified by hospital social workers or administrators as abandoned or lacking family support. The use of purposive sampling was seen appropriate because the study seeks in-depth understanding of psychosocial effects within a particular subgroup rather than generalising findings to the wider population.

The process of participant selection was carried out in collaboration with hospital management and the social work department at Sally Mugabe Central Hospital to ensure ethical and appropriate access to potential participants. Medical and social records will be reviewed, with consent obtained from hospital authorities and legal guardians where applicable. Only children who meet the study's inclusion criteria and whose participation did not compromise their medical care or wellbeing were included. This targeted approach ensures that the selected participants possess the necessary characteristics to provide rich, relevant data

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on how long-term hospitalisation influences social interaction and attachment among abandoned children with disabilities.

Research Instruments

To obtain comprehensive and reliable information on the psychosocial experiences of abandoned children with physical and intellectual disabilities, multiple data collection tools were used in this study. The use of diverse instruments allowed for triangulation, enhancing the validity and depth of the findings. The primary tools utilised include semi-structured interviews, non-participant observations and document analysis.

Semi-Structured Interviews

Semi-structured interviews were conducted with key informants including hospital social workers, nurses, caregivers and child welfare officers who directly interact with the children. This tool is ideal because it provides flexibility for probing and clarifying responses while maintaining consistency across participants (Creswell and Clark, 2020). The interviews focused on participants' perceptions of the children's emotional wellbeing, social interactions, and attachment behaviors, as well as the institutional factors influencing these dynamics. The use of open-ended questions allowed respondents to express detailed insights and experiences in their own words thereby providing rich qualitative data.

Non-Participant Observation

Observation was critical tool in this case study, allowing the researcher to directly examine the children's behavior, social interactions and emotional expressions in their natural hospital environment. The researcher observed how children relate to caregivers, peers and hospital staff during daily routines such as feeding, playtime and therapy sessions. Observation checklists were used to guide data collection, focusing on indicators such as responsiveness to caregivers, peer interaction, signs of attachment or withdrawal and emotional expression. This approach minimized interference with the children's normal activities while capturing authentic behavioral data relevant to the study objectives.

Document Analysis

Document analysis involved reviewing relevant hospital and social work records to complement interview and observation data. These documents included case files, medical records, social welfare

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reports and progress notes that detail the children's hospitalisation history, family background and psychosocial assessments. Analysing these records helped in verifying and contextualising the information obtained through other data collection methods. It also provided insights into institutional procedures, caregiver consistency and the overall support system available to abandoned children with disabilities.

In combination, these tools enabled the researcher to gather multi-dimensional data on both the observable and underlying psychosocial effects of prolonged hospitalisation. This triangulated approach ensured a comprehensive understanding of the phenomena under study, strengthening the credibility and trustworthiness of the research findings.

Data Analysis

Data analysis in this study followed a qualitative thematic analysis approach, which is suitable for exploring complex psychosocial phenomena and identifying patterns of meaning within descriptive data. Thematic analysis allowed the researcher to interpret participants' experiences, behaviours, and perceptions in relation to the effects of long-term hospitalization on social interaction and attachment. Data collected from interviews, observations, and document analysis were transcribed, organized and examined systematically to uncover recurring themes and relationships relevant to the study objectives.

The analysis began with data familiarisation, where the researcher carefully read and re-read interview transcripts, observation notes and documents to gain an overall understanding of the content. During this process, initial coding conducted by highlighting meaningful statements, phrases, or behaviours that related to emotional expression, social engagement and attachment patterns. These codes were then grouped into broader categories representing key dimensions such as caregiver consistency, emotional responsiveness, peer interaction and institutional environment. Through theme development, related categories were synthesised into major themes and subthemes that explain how prolonged hospitalisation influences the children's social and emotional functioning.

To enhance the trustworthiness of the analysis, data triangulation was applied by comparing information obtained from interviews, observations and documents. This cross-verification ensured that the

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emerging themes were well-supported by multiple sources. In addition, peer debriefing with academic supervisors or fellow researchers were conducted to validate the coding and interpretation process. Direct quotations and detailed observation descriptions were included in the presentation of findings to illustrate participants' voices and observed behaviors authentically. The final themes were discussed in relation to Attachment Theory, which serves as the guiding framework for interpreting how disruptions in caregiving relationships and institutional care dynamics affect attachment formation and social interaction.

Ethical Considerations

Given that this study involves a highly vulnerable population, abandoned children with physical and intellectual disabilities who are hospitalised, strict adherence to ethical research principles was essential. The research was conducted in accordance with international and institutional ethical guidelines such as those outlined by the Belmont Report (1979), which emphasise respect for persons, beneficence, and justice. Ethical clearance was first obtained from the institutional ethics review board and the Sally Mugabe Central Hospital management before any data collection was initiated. Additionally, permission was sought from the Ministry of Health and Child Care and relevant Department of Social Welfare authorities to ensure compliance with national child protection regulations.

Informed consent was obtained from legal guardians, hospital administrators or child welfare officers acting in loco parentis as the participants are minors who could not provide consent on their own. Where possible, assent was also sought from the children themselves using developmentally appropriate communication methods to ensure their voluntary participation. The study ensured that no child was coerced into participation and that they retained the right to withdraw at any stage without any negative consequences. Confidentiality and privacy were strictly maintained by assigning pseudonyms and securely storing all data. Sensitive information was only used for academic purposes and was not disclosed in ways which could identify individual participants or institutions.

Moreover, special care was taken to minimise any psychological or emotional distress. Interviews or observations were conducted in safe, child-friendly environments with the

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presence of a caregiver or social worker when appropriate. Whenever signs of emotional distress were observed, the researcher immediately suspends the session and referred the child for psychosocial support through the hospital's social work unit. Throughout the study, the researchers upheld the principle of non-maleficence by ensuring that the research process does not harm but instead contributes to improving the psychosocial wellbeing of children with disabilities in institutional settings. The findings will also be shared with hospital authorities and child welfare professionals to promote evidence-based interventions and policy improvements for this vulnerable population.

RESULTS

The Impact of Prolonged Hospitalisation on the Development of Social Interaction Skills among Abandoned Children with Physical and Intellectual Disabilities

Social Isolation and Limited Peer Interaction

It emerged, from findings of this study, that prolonged hospitalisation often restricts opportunities for children to interact with peers outside the medical environment. Hospital records indicated that abandoned children with physical and intellectual disabilities at Sally Mugabe Central Hospital are generally spending most part of their day with healthcare workers rather than age-mates. This was noted by the researchers to be leading to delayed or impaired development of social communication and relational skills. Therefore, it becomes evident that the absence of peer modeling reduces opportunities to learn social norms such as sharing, turn-taking, and empathy.

Evidence from direct observations strongly suggested that the prolonged hospitalisation often confines children to medical wards, where opportunities for regular peer interaction are scarce. To that end, it is essential to point out that abandoned children with physical and intellectual disabilities experience even greater isolation due to limited visitation, minimal peer contact, and the clinical routines that dominate their environment. This was noted to be in agreement with indications made by Furlong (2018), that the absence of diverse and consistent peer relationships restricts their ability to learn essential social behaviors such as sharing, cooperating, and understanding others' emotions — skills typically developed through group play and daily peer engagement. As such, this lack of interaction may delay or hinder their capacity to build

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healthy social bonds once they leave the hospital.

In this sense, social development in childhood is closely tied to experiential learning and peer modeling. In a hospital environment, children may observe mostly adult-child interactions, missing vital exposure to same-age social dynamics. This is supported by Mulumba et al. (2018), who state that over time, the inability to practice these interactions can result in social awkwardness, difficulty reading social cues, and avoidance of group participation. Consequently, children who remain hospitalised for extended periods often display underdeveloped interpersonal competencies compared to their non-hospitalised peers.

Attachment Difficulties and Emotional Withdrawal

Findings strongly suggested that frequent changes in caregivers, combined with abandonment and extended hospital stays, is leading to insecure attachment patterns among abandoned children with physical and intellectual disabilities at Sally Mugabe Central Hospital. Participants and key informants provided information which was suggesting that children are struggling to form trusting relationships or to express emotions appropriately. As a result, these children were noted to be withdrawing socially, avoiding interactions, or developing anxiety in social contexts, hindering healthy social-emotional growth.

Attachment Theory suggests that stable, consistent caregiver relationships are vital for social and emotional development (Bowlby, 1988). Abandoned children hospitalised for long durations frequently experience inconsistent caregiving due to shift rotations and staff changes. The researchers, therefore, argue that instability can cause attachment insecurity, as the child lacks a reliable figure to provide comfort and reassurance. The result is emotional withdrawal, mistrust of others, and avoidance of close interactions, all of which are factors which were see to be limiting formation of positive social bonds. These children, thus, appeared to be detached or unresponsive in social situations, reflecting deep-seated fear of rejection or abandonment.

Literature points out that prolonged separation from primary caregivers also disrupts the natural emotional learning process. When children do not receive consistent emotional feedback or comfort, their ability to interpret and respond to

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others' emotions weakens (Ainsworth, 1989). Consequently, they may struggle with empathy, impulse control, and social reciprocity. Over time, this pattern of emotional detachment can generalise beyond the hospital setting, affecting their capacity to form trusting relationships in later life.

Dependency on Institutional Caregivers

Dependency on institutional caregivers was noted to be greatly undermining the social interaction skills of children. The majority of participants indicated that continuous reliance on nurses or caregivers for basic needs fosters dependency rather than autonomy. The researchers also accessed medical records of some children and directly observed them and learnt that this dependency was limiting the development of assertiveness and self-initiated social behaviours. As such, over time, such children may find it difficult to initiate interactions or engage independently in group settings (Dlamini & Mahaye, 2020).

Hospitalised children with physical and intellectual often develop a strong dependence on institutional caregivers for physical, emotional and social support. This dependency, while necessary in the short term, can impede the development of autonomy and initiative — key precursors to social competence (Erikson, 1963). Hence, instead of learning self-assertion and independence, these children may adopt passive social behaviors, waiting for adults to initiate interactions or make decisions for them. The institutional routine reinforces compliance and dependence rather than social exploration and self-expression.

Moreover, dependency was also noted to be reducing children's confidence in managing peer interactions independently. It was stated that as caregivers often focus on medical needs rather than social engagement, children are receiving inadequate encouragement to interact with others or participate in group play. This lack of practice thus limits their ability to negotiate, compromise, or take leadership roles in social contexts. Over time, dependency on authority figures may translate into social anxiety and limited adaptability in community settings (Vygotsky, 1978).

Communication Barriers and Limited Language Exposure

Sally Mugabe Central Hospital is a structured, clinical environment with fewer opportunities for spontaneous conversation or play-based interaction. Children with

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intellectual or physical disabilities here are thus receiving less verbal stimulation, resulting in delayed speech, poor conversational skills, and difficulty interpreting social cues. This is supported by Tomasello (2014), who states that in hospital settings, children often experience reduced exposure to informal communication and interactive play, both of which are vital for language and social development. The researchers noted that for abandoned children with intellectual or physical disabilities, the situation is even more severe, as medical routines tend to emphasise clinical procedures over social stimulation. This limited language exposure hampers the acquisition of communication skills such as turn-taking, active listening, and interpreting nonverbal cues. Consequently, these children may struggle to initiate or sustain conversations, leading to frustration and social withdrawal.

Additionally, speech and language delays were noted to be common in most abandoned children with physical and intellectual disabilities at the institution. Without peer interaction or consistent conversational engagement, their capacity to express feelings, negotiate, or build friendships diminishes (Bruner, 1983). In the long term, poor communication skills can isolate them further, creating a cycle where limited interaction leads to fewer learning opportunities and worsening social deficits. This reinforces the importance of integrating speech and play therapy into hospital care to promote communication competence.

Stigmatisation and Low Self-Esteem

Abandoned children with visible physical disabilities were noted to experience stigmatization, both from within the institutional environment and from visitors or peers. This is argued to be leading to diminished self-worth and social withdrawal. Hence, over time, feelings of rejection and inferiority further limit their confidence to engage socially or form friendships. Abandoned children with visible disabilities often experience stigmatization, both implicitly and explicitly, within institutional environments (Chitiyo and Chitiyo, 2017). Goffman (1963) indicates that being labelled as “different” or “disabled” can lower self-esteem and foster feelings of rejection or unworthiness. At Sally Mugabe Central Hospital, these perceptions can be said to reinforce by unequal treatment or exclusion from social activities of abandoned children with physical and intellectual disabilities. As self-esteem declines, children may withdraw from social interactions, avoid eye contact, or

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develop defensive behaviors such as aggression or silence. This self-protective withdrawal further hinders the growth of Interpersonal relationships and confidence.

Over time, the internalisation of stigma contributes to a negative self-concept, which profoundly affects social functioning. When children perceive themselves as inferior or unwanted, they may become reluctant to engage in cooperative play or build friendships (Link and Phelan, 2001). These social consequences persist even after discharge, as the emotional scars of stigma continue to influence how they relate to others. Thus, addressing stigma through inclusive care, positive reinforcement, and peer socialisation programmes is critical for fostering self-esteem and social competence

Strategies and Psychosocial Interventions that can Enhance Social Interaction and Attachment among Hospitalised Abandoned Children with Physical and Intellectual Disabilities

Consistent and Relationship-Based Caregiving

Study findings, mostly provided by stakeholders in the field, and strongly suggested that consistency in caregiving is fundamental to promoting secure attachment and emotional stability among hospitalised abandoned children with physical and intellectual disabilities at Sally Mugabe Central Hospital. The researchers noted that frequent staff changes and institutional routines often disrupt continuity, leading to mistrust and emotional detachment. Assigning each child a primary caregiver or "key worker" at the hospital will go a long way in creating a stable and predictable emotional environment. This approach allows caregivers to build familiarity and attunement to each child's individual needs, which strengthens trust and fosters attachment security.

Moreover, relationship-based caregiving emphasises the importance of emotional sensitivity and responsiveness. When caregivers are trained to respond promptly and empathetically to children's cues such as distress, excitement, or fear it enhances the child's sense of safety and belonging (Ainsworth, 1989). Consistent emotional availability from a caregiver teaches children that relationships can be reliable and supportive, which is particularly vital for those who have experienced abandonment and neglect.

In this regard, the hospital should, therefore, minimise staff rotation and emphasise

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caregiver continuity as part of hospital policy. Staff members can receive specialised training on attachment theory, trauma-informed care, and child-centered communication. This intentional approach nurtures both social and emotional growth, laying the foundation for positive relationships that extend beyond the hospital setting.

Structured Social Interaction and Play Therapy

It emerged that structured play and social activities serve as powerful tools for developing social skills and attachment bonds at Sally Mugabe Central Hospital for abandoned children with physical and intellectual disabilities. This is against indications made that play provides an environment where children can safely explore social roles, cooperation, and communication. Group play therapy sessions and interactive storytelling, guided by trained therapists at the facility will encourage social participation and help children express emotions they may not be able to verbalise. These activities also foster a sense of normalcy and community within the hospital environment, counteracting isolation.

Dube and Shoko (2020) argue that through guided play, children learn critical interpersonal skills such as turn-taking, empathy, and emotional regulation. For children with intellectual or physical disabilities, tailored activities that align with their developmental level and capabilities ensure inclusivity and participation (Piaget, 1954). Play therapy also serves as a natural form of psychological healing, enabling children to build confidence and trust through positive peer and caregiver interactions.

Furthermore, integrating creative arts such as music, drawing, and drama enhances expressive communication and promotes emotional connection. Structured play interventions, when conducted regularly, transform the hospital from a purely clinical environment into a socially stimulating and emotionally enriching space. These experiences provide children with opportunities to practice and internalise social behaviors essential for long-term adjustment and attachment development.

Communication and Social Skills Development Programmes

Study findings pointed out that Sally Mugabe Central Hospital can put in place communication and social skills

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development programs for abandoned children with physical and intellectual disabilities. It emerged that communication lies at the heart of social interaction and attachment as such, the majority of abandoned children with physical or intellectual disabilities face barriers in expressing emotions or needs, which exacerbates social withdrawal. Therefore, implementing communication-focused interventions such as speech and language therapy can significantly enhance expressive and receptive abilities. For non-verbal children, augmentative and alternative communication (AAC) tools like picture exchange systems or simple sign language can provide accessible ways to connect with caregivers and peers.

Social skills development programs help children learn how to engage in positive interpersonal exchanges. Such programmes can teach greetings, facial expression recognition, and conversation turn-taking through modelling and repetition. For children with disabilities, the use of visual aids, role-playing, and reinforcement strengthens understanding and retention of these skills (Vygotsky, 1978). Caregivers and therapists play a central role in modeling and reinforcing these behaviors, ensuring consistent practice within the hospital environment. Ultimately, communication interventions do more than improve language; they strengthen emotional expression, empathy, and relational confidence. Hence, through equipping children with the tools to articulate feelings and needs, these programs help reduce frustration and foster a sense of empowerment in social situations. Enhanced communication thus becomes a bridge toward meaningful attachment and inclusion in social interactions.

Psychosocial Support and Emotional Counselling

Psychosocial support and emotional counselling were also pointed out by the majority of participants engaged as central in this regard. Findings showed that psychosocial interventions are essential for addressing the emotional and psychological challenges that accompany abandonment and hospitalisation. Regular counselling sessions help children process grief, fear, and trauma related to separation from caregivers or family hence should be comprehensively adhered to at the institution. Sally Mugabe Central Hospital was noted to have limited Social Workers and, as such, there is need to train psychologists and social workers who can use trauma-informed approaches to

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create a safe, non-judgmental environment that supports emotional healing. This support enables children to rebuild trust and develop healthier emotional responses.

Emotional counselling also equips children with coping strategies to manage stress and anxiety associated with long-term hospitalisation. Techniques such as storytelling therapy, emotion-focused cognitive-behavioral interventions, and mindfulness practices can help children identify and express emotions appropriately (Thompson, 2016). Involving caregivers in joint sessions further strengthens caregiver–child bonds by promoting empathy and understanding between them.

Additionally, group therapy or peer-support programs can foster social belonging and mutual encouragement. Shared experiences help children realise they are not alone in their struggles, which enhances collective emotional resilience. Hence, by combining individual and group interventions, psychosocial support contributes to both intrapersonal healing and the development of interpersonal trust key components of attachment and social connectedness.

Environmental and Policy-Level Interventions

It was noted that the hospital environment itself plays a crucial role in shaping social and emotional outcomes for abandoned children. Child-friendly spaces at Sally Mugabe Central Hospital equipped with interactive play areas, bright colors, and inclusive designs will significantly reduce anxiety and promote social engagement. A stimulating and safe environment encourages children to explore, interact, and build positive associations with the hospital setting.

At the policy level, Sally Mugabe Central Hospital should adopt guidelines that priorities psychosocial development alongside medical treatment. Policies may include mandatory caregiver–child interaction hours, staff training in attachment-based care, and periodic assessments of children's emotional well-being. Collaboration among multidisciplinary teams, social workers, psychologists, nurses, and educators is also essential to provide holistic and continuous support.

Furthermore, institutional reform should promote a shift from purely biomedical models of care to relationship-centred care frameworks. Embedding psychosocial well-being in health policies ensures that

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attachment and social development are not secondary concerns but integral components of pediatric care. Such systemic changes create sustainable conditions for emotional healing, social growth, and attachment formation in vulnerable hospitalised children

CONCLUSIONS

The study concludes that prolonged hospitalisation significantly hinders the development of social interaction skills among abandoned children with physical and intellectual disabilities. Extended institutional care fosters social isolation, weakens attachment formation, and limits exposure to peer interaction and communication opportunities. As a result, these children often develop dependency on caregivers, low self-esteem, and poor social competence, which persist beyond the hospital environment. The findings highlight that the combination of abandonment, disability, and prolonged hospitalisation creates a high-risk context for social underdevelopment. Therefore, holistic interventions such as consistent caregiving, peer engagement programs, and communication support are essential to promote emotional security, autonomy, and social integration for this vulnerable group.

Enhancing social interaction and attachment among hospitalised abandoned children with physical and intellectual disabilities requires a holistic, multi-level approach that integrates emotional, social, and environmental support. Consistent and relationship-based caregiving forms the foundation for secure attachment, while structured play, communication training, and psychosocial counselling nurture social competence, trust, and emotional expression. Family and community integration initiatives further extend the child's social world, promoting belonging and continuity of care beyond the hospital environment. Moreover, creating child-friendly spaces and implementing attachment-focused institutional policies ensure that psychosocial well-being is prioritised alongside medical treatment. Collectively, these strategies emphasise that therapeutic, emotional, and relational care are vital to the holistic development, resilience, and long-term social adjustment of abandoned children living with disabilities.

RECOMMENDATIONS

Based on findings of this study, the following recommendations are made that:

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1. **Need for Strengthened Consistent and Relationship-Based Caregiving Systems**

Sally Mugabe Central Hospital, other related institutions and child care institutions should implement caregiving models that ensure consistency and emotional continuity for each child. Assigning key caregivers or "primary attachment figures" will go a long way in helping build trust and security, reducing the emotional instability caused by staff rotation. Regular training on attachment theory and trauma-informed care should be provided to all staff to enhance their sensitivity to children's emotional and relational needs.

2. **Integrating Structured Play and Socialisation Programmes into Hospital Routines**

Therapeutic play and social interaction activities should be embedded into daily hospital schedules at Sally Mugabe Central Hospital to encourage peer bonding, communication, and emotional expression. Play therapy, music sessions, storytelling, and art-based interventions should be adapted to suit each child's developmental and physical abilities. This structured social engagement fosters a sense of community, belonging, and normalcy within the hospital environment.

3. **Enhancing Communication and Social Skills Interventions**

Specialised programmes, including speech therapy, sign language training, and the use of augmentative and alternative communication (AAC) tools, should be developed to support abandoned children with communication barriers at Sally Mugabe Central Hospital. Social skills workshops can be designed to teach essential relational behaviors such as empathy, cooperation, and turn-taking. These interventions will empower children to express emotions more effectively and engage more confidently in social relationships.

4. **Providing Comprehensive Psychosocial and Emotional Support Services**

Sally Mugabe Central Hospital should employ or collaborate with trained social workers, psychologists, and counselors to provide ongoing psychosocial support to abandoned children. Individual and group counseling sessions should focus on trauma recovery, emotional regulation, and coping mechanisms. Regular caregiver–child

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counseling can also strengthen emotional bonds and improve trust. Integrating psychosocial care into medical treatment plans will promote holistic healing and well-being.

5. Promoting Family and Community Reintegration Initiatives

The Ministry of Health and Child Care and the Ministry of Labour and Social Welfare should collaborate to develop reintegration programs that link hospitalised abandoned children with foster care systems, family reunification programs, or community mentors. Gradual transition planning, mentorship, and supervised visitation can ease emotional adjustment and prevent re-traumatisation upon discharge. Strengthening these external connections fosters long-term attachment and social inclusion.

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