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A study to discover whether or not parents desire or feel a need for further knowledge at the time of admission of their child to the hospital.

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Boston University
A STUDY TO DISCOVER WHETHER OR
NOT PARENTS DESIRE OR FEEL A NEED FOR FURTHER
KNOWLEDGE AT THE TIME OF ADMISSION OF THEIR CHILD TO
THE HOSPITAL

BY

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B.S. in Nursing Education, Syracuse University, 1956

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CHAPTER I

INTRODUCTION

Almost every child that arrives in the admission room comes with an adult - more often a mother than anyone else. This mother or mother substitute needs, as does the child she brings with her, a sense of security that comes only through her having a trust in those who will be caring for her child. \(^1\)

From my experience in Pediatric Nursing I feel that mothers arrive at the hospital with all degrees of understanding of what the admission procedure consists. Some mothers have had no previous hospital experience. They may be bringing their children to the hospital against their will or, because this is a new experience for them, they may be frightened. "Fear of the unknown and what it holds is a terrible fear. It is the fear in which many an adult in the admitting room is held fast." \(^2\)

Other mothers arrive well informed about hospital procedures while others arrive with very little information. The mothers who have any information usually have received it from past experiences, from available literature or from conversations with relatives or friends who have had past experiences. This information may be

\(^{1}\)Jean, Rands and Blake, Essentials of Pediatrics, p. 106.

\(^{2}\)Jean, Rands and Blake, Essentials of Pediatrics, p. 106.
inadequate or incorrect so that these mothers may need to be helped as much as the mothers who know nothing.

Because it is during the admission procedure that the family is introduced to the hospital the writer wonders if the parents receive enough information during the admission time to meet their need or if there is further information that the parents would like at this time. It is these questions that have prompted my interest in investigating this present study.

STATEMENT OF PROBLEM

This study is undertaken to discover whether or not parents of children of two to six years of age coming to Boston Floating Hospital desire or feel a need for further knowledge at the time of admission of their child to the hospital.

JUSTIFICATION OF THE PROBLEM

From my experience in working in Pediatrics I feel that mothers have a very strong influence upon their children and that they very often unconsciously transmit their anxious feelings to their child. If a mother is frightened about the hospitalization of her child she needs to be relieved of this fear so as to be able to help her child satisfactorily. "If a nurse or doctor in the admitting room can gain the confidence of the mother through sympathetic listening and through giving her an understanding of what hospital and clinic
procedures entail, she will feel less anxious, more able to see her child's need for medical care and more ready to give her child security and strength when he must meet the forthcoming event.3 It is the feeling of the writer that information received from direct interviews with the parents involved with the situation will be helpful in assisting a nurse in an admitting room to be more helpful to parents.

SCOPE AND LIMITATIONS

Directly off the first floor waiting room at Boston Floating Hospital is the children's admission room. It is in this room that the admission history is taken and where the child receives his admission physical examination. The nurse who assists with the admission procedure is a nurse from the ward where the child will be a patient. She prepares the child for the physical examination by assisting the mother in undressing the child, weighing the child and taking his temperature. The doctor takes the child's admission history and completes the physical examination. When the admission procedure is completed the nurse escorts the child and his parents to the hospital ward.

The sampling of this study is limited to the parents of ten children admitted to Boston Floating Hospital during the month of May. These children were all between the ages of two and six years. The mothers were interviewed on the second or third day of admission to the hospital. It was therefore necessary that all mothers interviewed admit a child for a minimum of three days.

PREVIEW OF METHODOLOGY

The investigator interviewed ten mothers at the Boston Floating Hospital during the month of May. The data were collected by interview method with open ended questions with the use of a probe remark when further information on a subject was desired. The interviews were held on the second or third day of admission of the child to the hospital. This time was selected for the interviews rather than the day of admission for the following reasons:

(1) The parent would be relieved of meeting another new person on the day of arrival to the hospital.

(2) The parent is not always aware of information she desires to know on the day of admission to the hospital.

(3) The parent would be better adjusted to the nursing situation and it would be hoped that the child's condition would be improved.

(4) The parent would not have had time to have forgotten what she felt was important about the child's admission.

The interviews were held in the parents' waiting room at a time convenient to the mother and the writer.

SEQUENCE OF PRESENTATION

This study contains five chapters and a bibliography. The first chapter presents the statement of the problem and the writer's reason for doing the study. The second chapter reviews the available literature on parents' feelings in relation to the admission of children to the hospital and the basis of the hypotheses of the writer. The
methodology including the selection and description of the data, the procurement of the data and the tool used to collect the data are included in chapter three. The presentation and discussion of the data is given in chapter four. Summary, conclusions and recommendations of the study are presented in chapter five followed by the Bibliography.
CHAPTER II

THEORETICAL FRAMEWORK OF THE STUDY

REVIEW OF LITERATURE

In the search for literature to assist in this study the writer discovered that a moderate amount of materials had been written and published concerning the admission of children to hospitals. She discovered that articles on this subject emphasized the child and his admission to the hospital with little or no mention of the role of the mother and her feelings at this time. Because this present study is based on the reaction of the mother at the time of admission of her child to the hospital, the writer will attempt to review the literature in relation to the maternal attitudes involved.

Wessel emphasized the importance of recognizing the parents feelings when he said, "pediatric nursing demands special skills unique in the field of nursing . . . . deep seated liking for children combined with infinite patience, continuous good humor and the ability to get along with children and parents alike. Much has been written on the establishment of rapport with the newly admitted child-patient; an awareness of what the parent is feeling at this time is equally important. Pediatricians as well as nurses are finding that there is an increasing need to focus attention on the parent as well as the child. This new emphasis is making these workers more aware of their role in the lives of parents and children."4

In an article by Drs. Baty and Tisza called, "The Impact of Illness on The Child and His Family," the authors discussed the variety of feelings that parents have towards the hospitalization of their child. They state that parents reactions differ so widely because hospitalization means such different things to different people. Some parents feel their worries towards their child's illness is justified. They feel this way because more people trust their doctor and feel that their children will receive good care in the hospital. They very often feel a sense of relief when the responsibility of their child's care is placed on someone else.  

One parent, Miriam Hemmendinger, has expressed how she felt about the hospitalization of her child by saying, "hospital is a horrid word to most parents. We are grateful for these institutions, but we dread them for ourselves and doubly for our children. The mixture of suffering and fear and false standard of "the stiff upper lip," the lack of real communication . . . all make up the average hospital atmosphere. The sicker the child becomes, the harder it is to relinquish him to those skilled, devastatingly efficient and impersonal hands."  

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Dr. D. Prugh, in 1953, did a study on the reactions of parents and children to illness and hospitalization, in which he felt that a parent of a child, for whom hospitalization is proposed, carries not only his own anxieties but those of his child as well. 7

Drs. Baty and Tisza in the article previously mentioned stressed that the feelings of the parents at this time, the anxieties over their child's illness, the relief that they feel when the physician takes charge and the grief over the separation that must occur because of this illness are sensed but not very well understood by the child. The authors also felt that we in pediatrics have become more aware of the effect these reactions have on the child and his family. That hospitals and their staff have begun to reexamine traditional procedures, that they might better meet the needs of the family. Because the admission procedure is the first impact of the hospital on the child and the family it is very important that this procedure be examined. 8

Other authorities also remind us that parents, like children, need a sense of security and that the ones best able to give this support to a parent of a sick child is a nurse or a doctor. They further remind us that although time is an important factor in hospital routine, the friendly greeting, the simple explanations given, the


recognition of the mother's anxiety and the words of assurance do not mean a waste of time; they are a very necessary part of the admissions routine. Beatrice Moore discussed the effect that parents' anxieties have on their ill child in a recent American Journal of Nursing article in saying that, "It is the unusual parent who has budgeted economically and psychologically for hospitalization before it is recommended by the doctor. If parents are unable to handle their anxieties and fears, their resulting tensions often create inconsistencies in their relationships with their children - impatience and anger at one moment, tenderness and permissiveness the next. The child becomes confused because he cannot use his parents' stability and steadiness as a guide." 

BASES OF HYPOTHESIS

In view of the literature documented, there seems to be evidence that there is a trend in the nursing of children to consider the child as a member of a family unit, recognizing that each member of this family, father-mother-child, has certain needs to be met. Because it is through the admission procedure that this family is introduced to the hospital routine this crucial time should be evaluated.

When a mother is faced with admitting her child to the hospital she experiences certain anxieties. If the admission procedure is explained to the mother in a way that she understands what is going

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9 Jeans, Rand and Blake, Essentials of Pediatrics, p. 106.

to happen, she will feel secure in knowing this and will be better able to help her child.  

**HYPOTHESIS**

If admitting the child to the hospital is a difficult experience for mothers an evaluation of the present information given prior to and during the admission of the child should be helpful in better meeting the needs of the parents.

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CHAPTER III

METHODOLOGY

Setting In Which The Problem Was Investigated

The Boston Floating Hospital in Boston, Massachusetts had its beginning, as a hospital ship, in 1894. Its founder, the Reverend Rufus Toby, believed that the high infant mortality rate due to diarrheal diseases might be lowered if the sick babies could be taken from the heat of the city during the hot, humid summer months and given the benefit of the cool sea air. In 1927 this hospital ship was destroyed by fire. After a survey the trustees of the hospital concluded that sick children could be served more effectively by the building of a permanent hospital on land that would operate throughout the year.

Today Boston Floating Hospital is a general pediatric hospital which has a patient capacity of seventy five and a daily census near sixty. The patients range in age from birth to eighteen years; they come from varied economic, racial, religious and social backgrounds; and their diagnoses present medical, surgical, orthopedic, neurosurgical and communicable disease problems. From its beginning the hospital has been an important teaching center in the field of pediatrics for the training of medical students, pediatricians and nurses. 12

12Boston Floating Hospital; "Handbook for Physicians and Parents," pamphlet
An effort has been made at this hospital to translate into practice the concept of the total care of the child. Drs. Baty and Tiszta have expressed the philosophy of this development as one of comprehensive approach which emphasizes that, for the best results, a sick child's physical, emotional and social needs should all be met concurrently. The child is recognized as a member of a family and it is understood by those caring for this child that his feelings, needs and reactions are unable to be understood unless those of his parents are also recognized. They sum up their philosophy by saying, "The family orientation is fundamental to the practice of comprehensive pediatrics and is one of the basic principles upon which the mental health program of the Boston Floating Hospital is built. The aim of this program is to alleviate the tensions and anxiety created by the children's illness and hospitalization."\(^\text{13}\)

Selection and Description of The Sample

The investigator interviewed ten mothers at the Boston Floating Hospital during the month of May. The criteria for selection was that the child be between the ages of two and six years and that the child be hospitalized for at least three days. The mothers to be interviewed were selected by checking the kardex for the names of children of the desired ages on the ward and then asking the permission

of the mothers who were willing to participate in the study.

The interviews were held on either the second or third day of admission to the hospital. This time was selected because it was felt; that at this time the mother would be better adjusted to the hospital routine; that the child's condition would be improved; that the mother would have more insight into the knowledge she would have liked to have known at the time of her child's admission to the hospital; that the mother would be relieved of having to meet another new person on the day of admission and that the mother would not have had time to have forgotten what she felt were important points about the admission procedure.
Tool Used To Collect The Data

Since the writer wanted to learn what information parents want when admitting their children to the hospital it seemed that the best tool for investigation was the interview method. Open-ended questions were used throughout the interviews with only the use of a probe remark when further information was desired. Johoda, Deutsch and Cook state that in open-end interviews the subject's responses give a more detailed picture of his attitude and therefore is less subject to misinterpretation; that they allow the subject to respond in terms of his own frame of reference. The freedom to respond in terms of the factors which are salient to him. This type of question provides an indicator of the factors which are prominent in the thinking of the individual about a given issue. If the respondent's interpretation is different from that intended by the investigator, this fact is likely to become apparent allowing the interviews to clarify the meaning of the question.

The areas for questions were decided upon after reviewing the admission procedure at the Boston Floating Hospital and after a discussion with a member of the faculty of the Maternal and Child Health Department at Boston University. The areas for questioning were in relation to information and guidance for parents both prior to, and at the time of, admission to the hospital.

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The questions that were asked of each mother during the interviews along with the writer's purpose in asking each question are listed below under two main categories.

- A - Questions Concerned With Information Wanted Prior To Admission To The Hospital

The writer hoped to find out if there is a difference in the information desired by a mother admitting her child to the hospital for the first time and a mother who has had experience in admitting a child to the hospital. The question asked to obtain this information was:

(1) Is this your first experience in admitting a child to the hospital?

It has been the writer's experience in working in Pediatrics that parents very often feel that they are not expected or that arrangements have not been properly made if there is a delay in the child's actual admission. The writer was also interested in finding out who had made the hospital arrangements. To obtain this information she asked each mother:

(2) Who made the hospital arrangements?
(3) When you arrived at the hospital did you feel the arrangements were complete?

The next question asked the mothers has a two fold purpose: to find out what information referring physicians give to parents of children about the forthcoming hospitalization of their children and to find out what information parents would like to receive from their referring doctor before their child's hospitalization.

(4) When the decision was made to hospitalize your child
did the doctor answer any questions you had regarding
your child's forthcoming hospitalization?

It was hoped that the answers to the next questions might
reveal if parents were concerned enough about the policies of the
hospital to seek information before admission and to find out where
parents sought this information.

(5) How much were you told about the routine of this
hospital before this admission?
(6) Was this enough information?
(7) What did you bring with you to the hospital for
the child?
(8) Did anyone tell you what to bring?
(9) Did you bring too much?

Questions Concerned With Information At The Time Of
Admission To The Hospital.

The author believes that whenever possible parents should
be allowed to be with their children in the admission room. In the
next question the writer wanted to find out if parents would rather
remain with their children during the admission procedure.

(10) Were you with your child in the admission room?
(11) Would you have preferred this differently?

It was hoped that in answering the next question the
mother would reveal what she felt the role of the nurse to be.

(12) Did the nurse introduce herself?
(13) Did she explain what she was doing during the
admission procedure?
(14) How do you feel your child reacted during the
admission procedure?

Because the trend in recent years has been to extend visit­
ing hours the writer was interested in obtaining any views that the
mother might express on this subject. In relation to visiting hours
the writer was also interested in discovering what arrangements the parents had to make for care for their other children while they were at the hospital.

(15) Did you know the policy regarding visiting hours before you arrived at the hospital?
(16) When did you first learn about the visiting hours?
(17) Do you feel that they are adequate?
(18) What arrangements have had to be made to care for the rest of the family?

Procurement Of Data

When the writer met with the parents she introduced herself and stated the purpose of her study. At this time she asked the mother's cooperation in the study and planned a convenient time for the interview for both the writer and the mother. The interviews were held in the waiting room at the hospital and averaged in length from twenty to forty five minutes. The writer tried to make the meeting as friendly and as conducive to discussion as possible.

At the interview the writer again restated her purpose for doing the study and told the mother that there would be no mention of her name in the study. The writer did not wear a uniform during her interviews but did tell the mothers that she was a nurse but in no way connected with the hospital staff. All of the mothers seemed willing to participate in the study and were eager to voice information which might help other parents when faced with a similar problem.
CHAPTER IV

ANALYSIS AND PRESENTATION OF DATA

The writer has tried to present her data in as interesting and readable a manner as possible. She has omitted the use of any statistical or mathematical devices because they did not seem to lend themselves well in the presentation and analysis of the data collected.

To facilitate the readers in reviewing the data the writer has included two modified tables. These tables are divided into the same areas as were used in the Interview Guide of this study, but do not include all of the interview guide questions.

Table A - - Response To Questions Concerned With Information Wanted Prior To Admission

Table B - - Response To Questions Concerned With Information Wanted At The Time Of Admission

The tables are followed by a detailed presentation of the interview guide used in collecting the data, with illustrative quotes from the interviews.

To find out if there was a difference in the amount of information desired by a mother admitting a child to the hospital for the first time and the information desired by a mother with a previous experience the writer felt it was important to know which of the mothers in the study had admitted a child to the hospital for the first time. Only four of the mothers had had a previous experience in admitting a child to the hospital.

Because so often parents do not feel that the hospital arrangements have been satisfactorily made if there is any delay in
the admitting of their child to the hospital the writer asked each mother if she felt the hospital personnel expected her when she arrived at the hospital and if she felt the hospital arrangements were complete. Each mother in this study answered that she felt that the arrangements for her child's hospitalization had been satisfactorily made by her referring physician.

By asking the mothers if their referring doctor had answered the questions they had about their child's forthcoming hospitalization the writer hoped to find out what information the referring doctors give to parents at the time hospitalization is recommended, and to find out what information parents expect from their referring doctor. The responses that the writer received to this question were such that she felt that the parents did not remember what information they had received from their doctor. Some of the mothers answered:

"Our family doctor told us that the hospital would be better able to answer our questions."

"I hated to bother him because he seemed so busy."

"I can't remember."

"He explained about what our boy would have done while in the hospital. I'm glad he did."

It was hoped to find out if parents were concerned about hospital policies before bringing their child to the hospital and if they were where they sought to obtain their desired information. Six of the mothers interviewed knew nothing about the hospital policies until the day their children were admitted to the hospital. Of the four mothers who knew the policies of the hospital before this
admission of their child, two of the mothers had had a previous experience in admitting a child to Boston Floating Hospital; one of the mothers had called Boston Floating Hospital to find out the information she desired and the other mother had received her information from a friend whose daughter had been a patient at the same hospital.

Each of the mothers who did not have information about the hospital before the day their child was admitted to the hospital said that they wished they had known about the hospital policy before the day of admission. A few of the mothers told the investigator about the information pamphlet that was given them when they arrived at the hospital. The four mothers that knew about hospital policy prior to this admission all said that they felt easier knowing ahead of time.

Mothers with knowledge of hospital policy prior to the admission said:

"I knew about the policies from being here with my little boy. I'm glad they didn't change."

"I called the hospital to find out the policies."

"I remembered from the last time."

"My friend's little girl was a patient at this hospital and she told me about the hospital. It was good to know ahead of time."

The writer was interested in finding out what the parent brought to the hospital for her child. Each of the mothers except two brought their child's favorite toy, realizing that it might help the child to feel better. Some of these mothers answered:

"I called the hospital to find out."

"I brought his bottle and his favorite bear. He is rather big to still want a bottle but I feel he needs it especially while he is sick. I knew he could have these from being here before."
"We came in a hurry so the only thing I brought was his blanket."

"I didn’t know if he needed his own pajamas but I brought them anyway. We brought a couple of his favorite trucks along also."

The two mothers who did not bring anything to the hospital with them were both unplanned admissions.

These mothers answered:

"Tommy would not bring his favorite bear because he was afraid of what people would say. He is six and large for his age."

"I didn’t bring anything because I did not know what she could have."

The author believes that whenever possible the parent should be allowed to be with her child in the admission room. The writer was interested in finding out how the parents felt about this. Seven of the mothers in the study were with their children during the admission procedure. Each of these mothers said that they preferred being with their child during the procedure. Five of these mothers specifically stated that being with their child made the admission easier.

There were three mothers that were not with their children during the admission procedure. Each of these mothers were asked by the staff to remain in the waiting room while their child was being examined. These mothers answered the question on this subject as follows:

"I would rather have been with him. I was upset listening to him crying. I felt he would not have been as scared if I were with him."
"I was asked to remain in the waiting room. I suppose I could have gone in if I had insisted, but I wanted to cooperate. My husband thinks she would have fussed more if I were with her."

"I didn't mind not being in with him as he is six years old and was quite cooperative. If he were younger I would have wanted to have been with him.

To determine what each mother felt the role of the nurse was during the admission procedure the writer asked each mother how her child had acted during the admission procedure. Most of the mothers felt their children had been good during the procedure. The writer wanted to know what the mothers meant by good. The mothers then explained:

"He did not cry."

"He did as he was told. He looked scared though."

"She fussed a little when they examined her eyes. That's natural isn't it?"

"He did not cry like the last time. Last time he cried and carried on so."

The writer was interested in discovering that most of the mothers were unable to recall if the nurse in the admission room had introduced herself. The mothers in this study seemed to remember the admitting nurse's actions and manners rather than her name. Some of the answers were:

"I was so upset at that time I can't remember whether she said her name or not. She was patient with Sue especially when she started fussing so with her eyes."

"All I can remember is that she was awfully nice to both my daughter and myself."

"I'm sure she must have introduced herself although I can't remember her name just now. My son liked her at once."
The final questions in the interview were asked in hopes that the mothers would express their views on visiting hours. The majority of the mothers felt the visiting hours were satisfactory with only three of the mothers voicing dissatisfaction.

The hospital did make an adjustment on the visiting hour policy for two of the three dissatisfied mothers. One mother who could not come at the stated hours, was allowed to come in at a time more convenient to her. The other mother had had a previous hospitalization experience at Boston Floating Hospital at which time she had Rooming-In. She had wanted Rooming-In for this experience also. The hospital allowed her to have all day visiting hours. No adjustment was made for the third dissatisfied mother.

With the exception of one mother each had more than one child. The writer had believed the care of the other children at home during the admission and during visiting hours would be more of a problem to the mothers than it was found to be. The care of the other children while the parents were with their hospitalized child included grandparents, other relatives, older siblings caring for younger siblings and parents taking turns between visiting and caring for the other children.

One mother expressed a wish for the hospital to provide nursery care during visiting hours for the other children because she felt this would allow for the hospitalized child to see both parents together.
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<th>FROM BOSTON</th>
<th>MOTHER'S FIRST EXPERIENCE IN ADMITTING A CHILD</th>
<th>HOSPITAL POLICIES KNOWN BEFORE ADMISSION TO HOSPITAL</th>
<th>HOSPITAL VISITING HOURS SATISFACTORY TO PARENTS</th>
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**Table B**

**Response to Questions Concerned with Information Wanted at the Time of Admission**

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CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

SUMMARY:

This study was undertaken by the writer to find out if parents of children of two to six years of age, coming to Boston Floating Hospital, would like to have further information given them at the time of admission of their child to the hospital. The method used in obtaining this data was the interview method. Open-ended questions were used during the interview with the use of a probe remark only when the writer desired further information. Ten mothers with a child presently hospitalized at Boston Floating Hospital were interviewed during the month of May. The selected age range for the children studies was between two and six years. The interviews took place in a waiting room at the hospital on either the second or third day of admission.

The interview guide that was used consisted of nineteen questions. These questions were divided into two main areas:

(a) Response to questions concerned with information wanted prior to admission
(b) Response to questions concerned with information wanted at the time of admission

CONCLUSIONS:

On the basis of the data given the writer has drawn these conclusions:

1. Parents expect the referring doctor to give information about the hospital.
2. Parents would like to have some knowledge about hospital policy prior to the day of admission to the hospital.

3. Most parents want to be with their child during the admission procedure.

4. The majority of the parents in this study seemed satisfied with the visiting hours at the hospital.

5. Previous hospitalizations have a bearing on mothers attitudes at the time of admission of their child to the hospital.

6. The agency in which this study was done seems to be giving the parents the kind of support they want and need at the time of admission of their child to the hospital.

RECOMMENDATIONS:

It is recommended that:

1. In light of the data collected in this study:
   
   A further study be done at the same hospital to include a larger sampling for a more valid conclusion.

2. To see if parents would be as free in their responses:
   
   A repeat study be done at the same hospital but conducted by a member of the staff of the hospital.

3. Because this study was done at a pediatric hospital geared to the care of children:
   
   A study be done on a pediatric ward of a general hospital.

4. To help parents prepare for their child's hospitalization:
   
   Referring doctors on the staff of a hospital have available information regarding hospital policy.
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