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A study of nursing care designed to assist hospitalized children and their parents in their separation.

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BOSTON UNIVERSITY SCHOOL OF NURSING

A STUDY OF NURSING CARE DESIGNED TO
ASSIST HOSPITALIZED CHILDREN AND
THEIR PARENTS IN THEIR
SEPARATION

SUBMITTED BY

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CHAPTER I

INTRODUCTION

Statement of the Problem

The present study is concerned with the problem of separation that both the child and his parent have while the child is in the hospital. Specifically, the question to be answered is what, if anything, can the nurse do to assist children, ages two to six, and their parents, on the pediatric division at Vanderbilt University Hospital, toward making a more comfortable adjustment when the parents leave at the end of the visiting period?

Objectives of the Study

The objectives of the study are:

1. To discover what has been and is universally being done to make separation at the end of the visiting period emotionally more comfortable for both the child and his parent.
2. To try out a method of meeting the needs of patients, aged two to six, and of their parents so that separation at the end of the visiting period will be emotionally more comfortable for both.
3. To compare emotional adjustments of the children

and their parents at separation under usual ward conditions with those under Objective 2 above.

4. To ascertain whether or not such a study as this is practical and/or possible for an "on-the-job" clinical instructor or supervisor to execute.

5. To make proposals based on the findings and conclusions.

Hypothesis

It is believed that separation at the end of the visiting period can be emotionally more comfortable for the child and his parent if the nurse is readily available to assist them during the visiting period, at the departure of the parent, and if she remains with the child thirty minutes after the departure of the parent, provided she purposefully gears her nursing care toward assisting them in their separation.

Therefore, the major question to answer is: does purposefully planned nursing care during the visiting period and for thirty minutes after the parent has departed make a difference as to how the children and their parents feel about separation when the parents leave at the end of the visiting period?

The expectation of the investigator is that this study will help formulate recommendations which will help the division personnel to facilitate the emotional adjustment of children and their parents to the hospital experience.

Setting

This experiment took place on a general 42-bed pediatric

unit in a general university hospital.¹ Patients range in age from one day to fifteen years, and the daily average census is thirty.² The unit provides learning experiences for students in medicine and social work, professional and practical nursing, and in technical nursing.³

The great majority of patients are children who have been admitted for diagnosis and treatment of acute medical conditions. There may be as many as six patients under six years of age who have surgical conditions.⁴

Visiting periods are held daily for one-half hour, 2:30 to 3:00 P.M., and for one hour and one-half on Sunday. Two persons, fifteen years of age or older, may visit each patient at a time.

Definition of Terms

For common understanding of the method, two of the terms used in the study are defined:

¹Vanderbilt University Hospital, Nashville, Tennessee.

²1951 figure.

³Nurse technicians are persons who are trained in a particular area, such as pediatrics, and who, after nine months of training, are employed to work in this area.

⁴The average length of stay has not been computed. The period of hospitalization varies from one to several days. Very occasionally a patient will stay for long-term convalescent care but this has never been over a year. These are patients with poliomyelitis who are waiting for home or convalescent home placement. Data for this study were collected on forty-one of the fifty patients involved when they had been in the hospital less than eight days. Seven were either on their eighth, tenth, eleventh, thirteenth, or fourteenth day of admission. One was on his twenty-seventh and one on his forty-seventh day of admission.

1. A Week. This is considered as Monday through Friday. Data were collected on these days only.

2. Child situation. A situation confined to the child, aged two to six years, hospitalized on the pediatric unit. It is further confined within the time span of the beginning of a visiting period through thirty minutes beyond the end of that period. It includes the child's interactions with people and things during this time span.

Methods Used and Treatment of Data

A control and an experimental group of children, ages two to six, and their parents were selected for the study. Control conditions were those under usual ward conditions during a visiting period, at the parent's departure, and for thirty minutes after the parent had left. Nurses may or may not have geared their nursing care toward assisting the child and his parent in their separation. Experimental conditions were those under a definite plan of nursing care in which the nurse attempted to make separation emotionally comfortable for both.

To determine how the children felt in relation to their parent leaving them at the end of the visiting period under both control and experimental conditions, direct observation of child situations and immediate recording of the observations were used. The recordings of each child situation, from the time that the visiting period was announced over and for thirty minutes after the parent had left, were mimeographed and read by ten expert judges of behavior. They rated, on a five-point rating scale,

how they thought each child felt in relation to his separation from his parent. Each of the five points on the scale was given a number which enabled comparisons between the control and experimental groups of children to be made.

To determine how the parents felt in relation to leaving their children at the end of the visiting period under both conditions, a one-question questionnaire was used. Each parent response to the question was mimeographed and read by the same ten judges who judged the child situations. They rated on a five-point rating scale identical to the one used above how they thought each parent felt about leaving her child at the end of the visiting period. Comparisons between the control and experimental parent groups were made in the same way as were those for the children.

Control versus experimental comparisons for children and parents were grouped according to the total cases and also subgrouped according to the age of the child, number of children in the room, and the child's hospital day.

The method used in this study provided for comparisons within the control and experimental groups as well as control versus experimental comparisons. Therefore, comparisons within groups for children and parents have been made according to age, number of children in the room, and hospital day.

The data have been summarized and presented in both tabular and graphic form. Conclusions have been drawn and recommendations have been made in terms of the findings and practical applications.

Scope and Limitations

The sampling for the study was limited to children on the pediatric division who were between two and six years of age, who were well oriented to the environment, whose parents were present during the visiting period, and who were at the second or later chronological day of hospitalization.

There were twenty-three cases of children and parents under control conditions and twenty-seven under experimental.

Data were collected under control conditions for a total of eight weeks and under experimental for a total of six weeks. The number of days on which data were actually collected in each of the above weeks ranged from zero to three.

The number of times that data were collected on any one child was one time and each child situation was observed and recorded by only one person.

As has been previously stated, this study was done precisely for the purpose of determining whether or not purposefully planned nursing care, during and immediately following the visiting period, is of value in making separation for the child and parent an emotionally more comfortable experience than now exists for them and to make recommendations in terms of the findings and conclusions.

No attempt was made to study child-parent relationships or to correlate the child's and the parent's behavior.

Several methods were used, under the experimental conditions, to assist the children and their parents in their separation at the end of the visiting period, but there is no appraisal

as to which methods were most effective in meeting this end.

Neither has an attempt been made to locate a dividing point on the rating scale, used to rate child and parent adjustment to their separation, that would differentiate between satisfactory and unsatisfactory adjustment. The rating scale was merely a tool used to show relative adjustment of children and parents under control and experimental conditions.

It is felt that much was learned by the nurses who executed the proposed plan of nursing care concerning the effectiveness of their nursing. It was not within the purposes of this study, however, to analyze the care itself as to strengths or weaknesses, but rather to provide the most purposeful care possible within the ability of each nurse.

Organization of the Material

Chapter II presents material that brings out the need for the study by placing the problem in its context.

Chapter III describes the method of approach used.

Chapter IV presents the findings; a summary and interpretation of the data.

In Chapter V, conclusions and recommendations are given.

Appendix I includes the directions and guides for rating both the child situations and the responses that parents gave to the question asked them. It also includes all of the recorded child situations and parent responses.

Appendix II includes the outline of the thesis and the directions to the recorders under both control and experimental conditions.

CHAPTER II

THE PROBLEM IN ITS CONTEXT

As has been stated, the present study was conducted to determine what, if anything, the nurse could do to make separation emotionally more comfortable for children, ages two to six, and their parents, when the parents left at the end of the visiting period. This chapter attempts to show the need for the study by placing the problem in its context.

Since data were collected on patients ages two-six, who had relatively short-term periods of hospitalization, little reference will be made to studies and observations concerning institutionalization of children outside of this age group or to those with long-term periods of hospitalization.

First, an attempt is made to establish that problems of adjustment do occur for preschool children and their parents as a result of the child's hospitalization, what the major problem areas are, and that it is considered a responsibility of the hospital staff to assist children and their parents in meeting these problems.

Secondly, the problem of "separation anxiety" is isolated as one of the major ones that young hospitalized children and their parents experience. Effects of separation on the child and on the parent, in general, are discussed, and this is

related to the total problem of effects of separation on the child and his parent in the hospital.

Thirdly, an effort is made to establish that separation anxiety is present in children and their parents even though parents may visit their children daily but at a stated time or, more specifically, that separation anxiety exists for both when the parents leave at the end of the visiting period.

The last topic is a presentation of methods already in use that ease separation anxiety of the hospitalized child and his parent when the parent leaves the child.

Hospitalization: A Source of Psychic Trauma to Children

Since 1937, several works have been published in the United States and abroad that discuss the psychological impact of long and short-term hospitalization on children of various ages.¹ As Prugh observed, "some of these contributions have derived from the work of thoughtful pediatricians, others from more specialized approaches by child psychiatrists and pediatricians with special training in psychiatry."² As a result, it is now well established that emotional trauma related to hospitalization does exist for many children. A few of the observations and findings of some of these investigators will

¹W. Wray Barraclough, "Mental Reactions to Physical Illness," American Journal of Psychiatry, XCIII (January, 1937), 866.

²Dane G. Prugh et al., "A Study of the Emotional Reactions of Children and Families to Hospitalization and Illness," American Journal of Orthopsychiatry, XXIII (January, 1953), 70.

follow.

Jackson, Winkley, and Faust, in their discussion of the emotional needs of hospitalized children and, more specifically, those who are to face surgery, frankly state that "the fact that emotional trauma occurs is widely accepted" and they define emotional trauma "as the intensification of any feeling that may be deleterious to a satisfactory adjustment in life."³

Senn, in a discussion of the role of psychiatry in children's hospital services states:

Observations of children admitted to hospitals have demonstrated that the average patient is emotionally disturbed by the experience and that practically every physical illness has some psychologic concomitants. These are usually of a non-specific nature and range in type and severity from simple wonderment and irritability at the new experience to fear, anxiety, and even panic states, excessive motor activity or depression. These emotional states may in turn set up new physical reactions, such as fever, restlessness, enuresis, night terrors, anorexia, vomiting, and diarrhea.⁴

Beverly, in many of his writings, states that "nervous reactions" occur in the child who has been hospitalized. "When studying emotional reactions of children in medical clinics, one is impressed with the frequency with which fears are related to medicine. By 'medical fears' we mean those stimulated by illness or therapeutic procedures including hospitalization."

³Katherine Jackson, Ruth Winkley, and Otto A. Faust, "Problems of Emotional Trauma in Hospital Treatment of Children," Journal of the American Medical Association, CIL (August, 1952), 1536.

⁴Milton J. E. Senn, "Role of Psychiatry in Children's Hospital Service; Account of Experiment in Integrating Psychiatry and Pediatrics in In-Patient Service," American Journal of Diseases of Children, LXXII (July, 1946), 102.

⁵Bert I. Beverly, "The Effect of Illness Upon Emotional

He states that the fear-producing stimuli are (1) separation from parents, (2) loss of security in or confidence in parents, and (3) uncertainty in an unfamiliar situation. The following quote from one of his works summarizes some of his thoughts:

In many cases, hospital experiences also lead to anxiety states, and not without cause. Threats of hospitalization, with which misguided parents sometimes try to govern sick children, make the hospital seem a terrible place. So also do the gruesome stories that children overhear and the recitals of other children who have been hospitalized and who delight in exaggerating their most unpleasant experiences. The average child, therefore, is frightened by the mere concept of the hospital. Treatment in one often confirms his worst fears. The hospital at best is not the most pleasant institution. Operations and the care of the sick are its business; deaths do occur. The sights, sounds, and smells that greet the incoming patient are not reassuring. When a child finds himself in this alien environment, separated from his parents, and feeling that he may never see them again, he naturally becomes terrified. The fear of never seeing parents again, which is particularly prevalent among charity patients, may have serious consequences, even after the child returns home.⁶

Huschka and Ogden, in presenting their methods of meeting the psychological needs of children in a pediatric prophylaxis clinic, mention two situations in which neurotic anxiety may originate and develop:

(1) Situations in which the child becomes insecure because he fears losing the love of those upon whom he is dependent, and (2) situations in which he fears injury, particularly injury at the hands of some other human being. It is the latter type of fear which is stirred up by such procedures as skin tests, vaccination, and inoculations of various types.⁷

Development," Journal of Pediatrics, VIII (May, 1936), 533.

⁶Bert I. Beverly, A Psychology of Growth, (New York: McGraw-Hill, Inc., 1947), p. 98.

⁷Mabel Huschka and Ogden Owen, "The Conduct of a Pediatric Prophylaxis Clinic," Journal of Pediatrics, XII (June, 1938), 794.

Both of these situations may be "stirred up" in the small child who is hospitalized. Jackson, in directly referring to these two situations, says:

For the child sent to a hospital without honest and adequate explanation, both of these situations may obtain. Mistrust and insecurity are inherent in the relationship when parents fail to take the sick child into their confidence in matters pertaining to illness. If this mistrust has been furthered by oft-repeated threats of hospitalization, or by methods of trickery in effecting the hospitalization, the stage may be set for the child's reaction to the hospital as a place for punishment, to the routine hospital examinations as sharp retribution for misdemeanors. In the face of such unfavorable preliminaries, a heedless attitude towards the concerns of the newly admitted child, or careless remarks in his presence containing inexplicable allusions to his illness, or reassurance based on false promises may then add to the already activated anxieties. The prevention of such unnecessary increase in anxiety and the avoidance of potentially traumatic situations should be a major concern of every adult in contact with hospitalized children.⁸

Levy⁹ and Jessner and Kaplan¹⁰ have shown that operative procedures are sources of emotional trauma to children and they have proposed ways and means of preventing and/or alleviating such. Pearson states:

When he [the child] has to have an operation, he is seldom told what is going to happen to him and may not even be told that there is to be an operation until he is taken to the hospital or comes to the operating room. In the hospital he overhears many strange discussions which he only partly understands, and if he asks questions he is often put off by answers that have no bearing on the topic he is consider-

⁸Edith B. Jackson, "Treatment of the Young Child in the Hospital," American Journal of Orthopsychiatry, XII (January, 1942), 56.

⁹David M. Levy, "Psychic Trauma of Operations in Children and a Note on Combat Neurosis," American Journal of Diseases of Children, LXIX (January, 1945), 7-25.

¹⁰Lucile Jessner and Samuel Kaplan, "Observations on the Emotional Reactions of Children to Tonsillectomy and Adenoidec-tomy," in Problems of Infancy and Childhood, Edited by Milton J. E. Senn (New York: Josiah Macy, Jr. Foundation, 1949) pp. 97-118.

ing. Under these conditions he tends to become overwhelmed by a flood of partial knowledge, erroneous speculations and weird ideas which usually frighten him very much. He then tries to alter his behavior to avoid a repetition of the ideas; for example, he may suddenly become afraid of all physicians even though they are really very friendly and kind to him. He may repress the memory of the whole operative procedure in order to stop thinking about his fear-filled notions. This repression will result in alterations in his behavior, his emotional reactions, and his character, and it may lead to far-reaching difficulties in his later life.¹¹

In the recent experimental study by Prugh et al. of the reactions of children and their families to hospitalization and illness, group statistics are given that show the percent of children who had untoward emotional reaction to their hospital experience. All of the children in this study were hospitalized on a medical ward. A control group of children, those under usual methods of ward management, and an experimental group, those under a new plan of ward management which attempted to meet their emotional needs, were compared. Percentages are given according to immediate reactions, or those that occurred while the child was in the hospital, and according to long-range reactions, or those that occurred after discharge, for both the control and experimental groups.

1. Immediate reactions. All of the children in both groups showed at least minimal reactions to the experience of hospitalization. Arbitrarily excluding the minimal category, 92 per cent of the children in the control or unsupported group exhibited reactions of a degree indicating significant difficulties in adaptation (moderate and severe categories).

¹¹Gerald H. J. Pearson, "Effect of Operative Procedures on the Emotional Life of the Child," American Journal of Diseases of Children, LXII (October, 1941), 716.

In the experimental group, this figure totaled 68 per cent. In a further breakdown of these categories, the experimental group showed a significantly lower percentage of severe immediate reactions to hospitalization (14% as opposed to 36% in the control group, with a much higher percentage of minimal reactions (32% as opposed to 8% in the control group). Moderate reactions were approximately the same in both groups.¹²

In analyzing the above statistics in terms of age groups, the following was found:

Immediate reactions to hospitalization were noted to be most marked in children from two through five years of age in both groups. Children of three years of age and under showed the highest incidence of reactions of severe degree (50% in the control and 37% in the experimental group.) From four to six years of age, severe reactions were less common (30% in control and 7% in experimental); the lowest incidence occurred in children from six to twelve (27% in control and none in experimental.¹³

2. Long-range reactions. Assessment of disturbances in adaptation continuing beyond discharge from the hospital was more difficult than that during hospitalization, principally because of the more limited opportunities for repeated observations and interviews. The material obtained, however, does indicate certain interesting trends, as well as some suggestive differences in the post-hospital adjustment of the two groups of children under study.

Surveying the statistics broadly, one sees that, immediately following discharge, 92 per cent of the children in the control group and 68 per cent of the children in the experimental group showed significant disturbances in behavior not present prior to hospitalization.

After three months had passed, 58 per cent of the children in the control or unsupported group exhibited what were regarded as disturbing reactions of at least moderate degree; in the experimental group this figure totaled 44 per cent. Forty-two per cent of the children in the control group and 56 per cent in the experimental group had thus apparently resumed their previous level of adjustment by the time this period had elapsed. Ten per cent or five children in the experimental group were considered to have improved in their adjustment following discharge.¹⁴

¹²Prugh et al., op. cit., p. 79.

¹³Ibid.

¹⁴Ibid., pp. 84 ff.

In analyzing the above statistics in terms of age groups, the following was found:

At three months following discharge, nearly one-half of the children still disturbed in both groups were under four years of age (41% and 45% in the control and experimental groups, respectively). Including the children from four to six, 54 per cent of the control group and 69 per cent of the experimental group still showing disturbances were under six years of age.¹⁵

Langford mentions illness and hospitalization as a constructive experience for children if well handled by parents, nurses, and physicians.¹⁶ Prugh, et al., as noted above, found that five children in their experimental group, according to the description given by the parents, were improved in their overall behavior following discharge and a larger number in the control and experimental groups combined were said to have shown improvement in one or more aspects of their behavior. However, Prugh, et al., state:

From careful scrutiny of the criteria of improvement held by the parents involved and of the behavior described as 'improved,' the impression was gained that these five children, as well as the majority of others showing partial improvement, actually had inhibited behavior previously unacceptable to their parents. This is in accord with the impressions of Jessner and Kaplan, in regard to the appearance of such improvement in children undergoing tonsillectomy, and casts no light on the possibility, mentioned by Langford, of constructive growth experiences arising as the result of well-handled hospitalization.¹⁷

¹⁵Ibid., p. 85.

¹⁶William S. Langford, "Physical Illness and Convalescence; Their Meaning to the Child," Journal of Pediatrics, XXXIII (August, 1948), 246.

¹⁷Prugh et al., op. cit., p. 97.

Hospitalization: A Source of
Emotional Tension to
Parents

In the preceding pages, it has become evident that hospitalization proposes problems of adjustment to children which may result in untoward psychic residua. However, mental reactions of the parents of these children to the experience are not as clearly or as often defined in the literature.

Prugh, et al., as a result of their experimental study, have probably brought out most clearly the untoward reactions of parents whose children are ill and hospitalized. They state:

Certain nuclear effects were manifest among parents, whatever their adjustment on the ward. Realistic fear in proportion to the severity of the child's illness, overt anxiety, guilt over possible involvement in the causation of illness or over previously hostile feelings toward the child, and other feelings were handled in various ways, dependent upon the character structure of the parent, the nature of the relationship with the child, experiences immediately preceding hospitalization, and other factors. Where opportunities were available, the well-adjusted parents were able to participate effectively in ward care, feeding their children, playing with them, and putting them to bed. In some less adequately adjusted parents, anxiety arising from repressed hostility toward the child or from overevaluation of the child as an object reached such proportions that any such participation was blocked, and supportive psychotherapeutic measures were necessary. With some patients, isolation and denial, combined with projection of guilt or a need to use the illness of the child as a punishment, were observed. Defensiveness and projection onto staff members, often combined with rivalry on the part of the mother toward the nurses in particular, occasionally reached such intensity that acceptance of medical recommendation was impossible without psychotherapeutic intervention, not infrequently acceptable to such parents.

Realistic acceptance of the implications of the child's illness was possible ultimately for the well-adjusted parents. In less well integrated personalities, accounting for the bulk of inadequate parental adjustments, sweeping anxiety, depression, acting out of sadistic impulses toward the child, and the use of a variety of defense mechanisms were observed in the face of serious or possibly crippling illness.

Open and complete rejection of the child at any point was rarely seen, even on follow-up study. Marked ambivalence, even on the part of well-adjusted parents, was frequent in the face of behavioral regression on the part of the child, either during or following hospitalization. In the previously well-adjusted children showing reactions beyond three months, such parental ambivalence and overcompensatory indulgence or punitiveness appeared to be involved in the perpetuation of symptoms. In a number of instances, following a period of confusion, resentment, guilt and anxiety, parents intuitively handled posthospitalization reactions in an effective way, the best-adjusted ones giving initially greater emotional support to the children, gradually 'weaning' them from increased dependent satisfactions.¹⁸

Jensen and Comley have also brought out that parents manifest tensions while their child is ill and hospitalized. They state that the first major problem to be recognized by the hospital staff, in order to give the hospitalized child and his parents the consideration due them, "is that of emotional tension of the parents and child."¹⁹ They describe how parents reflect their feelings by stating:

Parents may reveal their anxiety in many ways. Undue concern shown the child at the time of hospital admission, reluctance to leave the child when necessary, unwillingness to observe hospital regulations and visiting hours, too frequent telephone calls, disturbing letters, are all manifestations of parental tension.²⁰

The Problem of Adjustment: A Challenge to Hospital Staff

As has been stated by Jackson (see page 12), prevention of increase in anxiety of children and prevention of potentially traumatic situations for them should be a major concern of all

¹⁸Ibid., pp. 97 ff.

¹⁹Reynold A. Jensen and Hunter H. Comley, "Child-Parent Problems in the Hospital," Nervous Child, VII (April, 1948), 201.

²⁰Ibid.

members of a hospital staff who work with children. This challenging point of view is reflected by many authors. Among them are Senn, Jensen, Parry, Beverly, Wallace, and Moncrieff.

Senn, in describing convalescent care, described it in terms of "restoring physical function and mental well-being and of preventing as much as possible all psychological and somatic residua."²¹ Jensen brings out that consideration is due the child and parent by the hospital staff while the child is hospitalized and states that tensions of the parents "require as much consideration as the illness itself; often the child's progress may be impeded by them."²²

Parry, in an appeal for social reforms in hospitals, states:

In too many hospitals an essential fact is forgotten-- that they were founded not for the benefit of doctors, nurses, or committees of management but to help restore the patients to health.

Enormous improvement on the social side of hospital treatment is needed. The social treatment of the patient means providing for his comfort, happiness, amusement, occupation, and general welfare, which at present are too often forgotten or relegated to a subordinate position. This social medicine means so much to a patient. It not only helps and accelerates his recovery but also brings it about in a much less irksome manner.²³

Beverly states that "since fear reactions are almost inevitable in the case of children who are removed from their parents and placed in strange institutions, which they do not under-

²¹Milton J. E. Senn, "The Emotional Aspects of Convalescence," The Child, X (August, 1945), 24-28.

²²Jensen and Comley, op. cit., p. 201.

²³L. A. Parry, "The Urgent Need for Reforms in Hospitals," The Lancet, II (December, 1947), 881.

stand and where they cannot feel comfortable, nurses and physicians, as well as parents, should give full consideration to the implications of hospitalization."²⁴

Wallace and Feinauer emphasize the role of the nurse when they state: "In the light of our understanding of children and the advances of psychosomatic medicine, it is evident that the pediatric nurse has a responsible part to play in the prevention and alleviation of emotional distress as she carries out medical treatment and gives the child his daily care in the hospital."²⁵

Moncrieff summarizes all of these statements as he discusses the effects of hospital admission on children and says "The emotional needs of the sick child need as much consideration as his food or drug therapy."²⁶

It is felt that there is some difference of opinion among medical workers concerning the consideration that they should give to the emotional needs of the sick child and his parents. More accurately, it might be stated that similar goals are present among staff members in meeting these needs of patients and their families but there is probably some conflict in values here as well as limitations in achieving the goals. How-

²⁴Bert I. Beverly, A Psychology of Growth (New York: McGraw-Hill, Inc., 1947), p. 100.

²⁵Mildred Wallace and Violet Feinauer, "Understanding a Sick Child's Behavior," American Journal of Nursing, IIL (August, 1948), 518.

²⁶Alan Moncrieff, "Social Pediatrics," Centre International de L'Enfants Courrier, I (January, 1951), 10.

ever, it is felt by this investigator, as well as the workers cited above, that not only are these factors important in the care, treatment, and adjustment of persons who are ill and hospitalized, but also that it is a responsibility of the hospital staff to assist children and their parents in meeting their emotional needs. Therefore, the present study is carried out on this assumption.

Separation from Parents: A Source of Psychic Trauma to the Child

Of all the psychological problems that small children have, probably one of the most concern to them and one most difficult to resolve is that of separation from their parents.

In English and Pearson's discussion of anxiety states during the latent period, they discuss separation from the parents as being a cause. Their thoughts are presented here to bring out the theories of separation anxiety and the meaning of separation to the child. The cases that they cite of small children separated from their parents are those of a child lost in a department store and one whose mother worked. The cases illustrating separation anxiety in older children are those of a child at camp and a child whose father was going to enlist in the army. They also illustrate this anxiety by citing the children who were evacuated from London before the blitz. They state:

[These] children feel frightened in a strange, unfamiliar world. It is a feeling all children have when they are separated from the persons they love. The feeling is very painful and upsets the child greatly.

.....
The feeling these children have is one of anxiety. The feeling is the same as the feeling of fear and is accompanied

by the same bodily changes: trembling, restlessness, an increase in the rate of the pulse and respiration, alternating hot and cold, sweating, loss of appetite, nausea, diarrhea, frequency, and sleep which is fitful and broken by frightening dreams....This reaction occurs when an individual believes himself to be in danger, either in a real danger or in danger of doing something or of wanting to do something for which he believes he will be punished either by physical pain or by the loss of love. In what real danger is the child lost in the department store, the child during the first day at camp, the child sent from London to the country or the little girl whose father is going away? In all these cases the child is being separated from the person he loves and on whom he is dependent. He knows that he needs food, shelter, comfort, and love and he is accustomed to get them from his parents....These needs cannot be satisfied except by another person. He becomes afraid that if he is separated from this person his needs will remain unsatisfied and he will be uncomfortable, miserable, and perhaps die.²⁷

In their discussion of the meaning of separation to the child, English and Pearson state the following:

It is interesting that the child usually blames himself for the separation regardless of its cause. He has done something or wanted to do something that is forbidden and now his feelings of loneliness because he is separated from his parents are his punishment. It is our constant experience that when a child is placed in a foster home because of the sudden death of his parents he denies that this is the cause. Instead he feels that he is being punished for some offense, perhaps as trifling as taking a piece of candy at a time when he was supposed not to. From this point on every desire for gratification will be regarded by him as something forbidden and dangerous and its presence will appear in his consciousness as a feeling of anxiety. It is the burnt child who fears the fire. These acute anxiety attacks, then, are a signal that the inner desires and needs of the individual are in danger of not being gratified because their gratification is impossible owing to the environmental circumstances or because the person believes that if he tries to gratify them he will be punished. The purpose of the attack--i.e., of the feeling of anxiety--is to warn the individual that he is in danger from his need to satisfy his inner desires.²⁸

²⁷0. Spurgeon English and Gerald H. J. Pearson, Emotional Problems of Living: Avoiding the Neurotic Pattern (New York: W. W. Norton and Co., 1945), pp. 163-165.

²⁸Ibid., pp. 165 ff.

In the cases that English and Pearson have cited, "the danger lies in the fact that the child has been or is about to be separated from the person whom he loves and whose love he craves."²⁹

Freud and Burlingham, as a result of their studies on evacuation of children from their homes and separation from their parents during wartime, state:

It is not so much the fact of separation to which the child reacts abnormally as the form in which the separation has taken place. The child experiences shock when it is suddenly and without preparation exposed to dangers with which it cannot cope emotionally. In the case of evacuation the danger is represented by the sudden disappearance of all the people whom it knows and loves. Unsatisfied longing produces in it a state of tension which is felt as shock. If separation happened slowly, if the people who are meant to substitute for the mother were known to the child beforehand, transition from one object to the other would proceed gradually. If the mother reappeared several times during the period when the child had to be weaned from her, the pain of separation would be repeated, but it would be felt each successive time in smaller doses. By the time the affection of the child had let go of the mother the new substitute object would be well known and ready at hand. There would be no empty period in which the feelings of the child are turned completely inward and, consequently, there would be little loss of educational achievement. Regression occurs while the child is passing through the no-man's-land of affection, i.e., during the time the old object has been given up and before the new one has been found.³⁰

They further state:

To maintain the remnants of the parent relationship as far as possible and simultaneously to prepare the way for the return of the children to their homes after the war, there should be little or no restriction of visiting rules. In our houses parents come and go whenever their occupation

²⁹Ibid., p. 166.

³⁰Anna Freud and Dorothy Burlingham, War and Children, (New York: Ernst Willard, 1943), pp. 84 ff.

leaves them free to do so. Provision should be made for the possibility of such visits, as it is made for all the other bodily and educational needs of the child insofar as they are considered to be important.³¹

Separation of the Child and Parent: A
Source of Emotional Disturbance
to Parents

In the literature the effects on adults of being separated from other adults have been discussed. Cobb and Lindermann have described psychiatric disorders in adults as a result of relatives lost in the Coconut Grove fire.³² Rosenbaum in discussing emotional aspects of wartime separation brings out post-separation depression of the persons who remained at home.³³ However, literature that describes the emotional effects of separation on parents who are separated from their children is sparse.

As will be subsequently seen, separation of the child from his parents, due to hospitalization, has been described as a source of emotional disturbance to parents but nothing can be found that discusses the effects of separation, in general, on parents who are away from their children.

In partial answer to this question the investigator, who is a clinical instructor in nursing of children, has talked

³¹Ibid., p. 87.

³²Stanley Cobb and Erich Lindemann, "Neuropsychiatric Observations," part of a "Symposium on the Management of the Coconut Grove Burns at the Massachusetts General Hospital," Annals of Surgery, CXVII (June, 1943), 814-824.

³³Milton Rosenbaum, "Emotional Aspects of Wartime Separations," The Family, XXIV (January, 1944), 337-340.

with several parents and has asked them if being separated from their children is a source of emotional disturbance to them. The answers have been "Yes," "Sure," and "Certainly," and the qualifying statement is usually, "I get so lonesome without him."

Separation of the Hospitalized Child
from Parents: A Source of
Psychic Trauma to
Child

Not only do children suffer from separation from their parents in the cases that English and Pearson cited, but also as a result of hospitalization. Here again the problem of separation from their parents is one of most concern to them and one most difficult to resolve among all of the problems that the child faces while he is in the hospital.

Separation of the child from his parents exists in many hospitals today. The hospital itself creates a situation, for reasons usually of management, in which the people whom the child loves and is dependent on are not allowed to remain with the child but are abruptly separated from him. Moncrieff shows the lag between modern methods of child care and their application to hospitalized children when he states:

The routine of ward management today is often little different from fifty years ago and modern methods of child care have not been taken in account in relation to visiting by parents, occupational therapy, admission of mothers with their infants, and many other matters.³⁴

Important investigations and observations have been made that specifically point up that psychic trauma in children may be

³⁴Moncrieff, *op. cit.*, p. 10.

directly related to being separated from their parents while they are in the hospital.

Frank directly relates the previously discussed theories of separation to the hospitalized child as well as mentioning factors, in addition to separation, that propose problems of adjustment when she states:

Psychiatrists have found that any change in a child's circumstances can have a traumatic effect on his development. He reacts adversely even to a change of residence. Studies of the children in England evacuated during the war showed that the emotional trauma of separation from their parents was more severe than suffered during the blitz. In a hospital stay, the child experiences not only change of residence but also fatigue and pain, and even the pleasant moments are related to illness. The adults with whom the child deals may be kind and sympathetic, but they, too, are unfamiliar to him.³⁵

In Prugh's control group of two to four-year old children, while they were hospitalized, it was found that:

Anxiety over separation from the parents was the most common manifestation and the most intense of any age level, occurring equally in both sexes and to some degree in all children. Anxiety was often associated with fear or anger at the time of departure of the parents. Constant crying, apprehensive behavior, outbursts of screaming, and acute panic when approached by an adult were frequent, together with occasional somatic concomitants of anxiety such as urinary frequency, diarrhea, vomiting, etc. Depression, at times resembling the anaclitic type described by Spitz, homesickness and withdrawal were observed in this group more than in older children, particularly at the outset of hospitalization. The need for tangible evidence of home and family, such as dolls, items of clothing, etc., was particularly manifest in this group, as demonstrated by the anxiety of many children over giving them up. At times, shoes and socks, for example, seemed to be incorporated into the body image, with a marked anxiety shown whenever they were removed.³⁶

³⁵Ruth Frank, "Parents and the Pediatric Nurse," American Journal of Nursing, LII (January, 1952), 76.

³⁶Prugh, et al., op. cit., p. 88.

In the experimental group of two to four-year old hospitalized children, Prugh et al. found that the same type of disturbances as described above were noted, but in general they were less severe and less frequent.³⁷

Prugh et al. also noted that separation anxiety existed when the two to four-year old child was taken from the ward and from familiar personnel and objects for the purpose of carrying out diagnostic procedures on him.³⁸

In Prugh et al.'s control group of four to six-year old children, while they were hospitalized, the overt manifestations of anxiety (including separation anxiety) were widespread as they were in the younger age group but, in general, they were less severe and less frequent. "Depression, homesickness, and withdrawal were somewhat less common and less disturbing."³⁹

In his experimental or supported four to six-year old hospitalized group, overt anxiety was still present in severe degree but in only one-half as many cases as in the control group.⁴⁰

Jackson states that analytic colleagues, with whom she has discussed reactions of young children to hospitalization, "all have described the traumatic aspects of hospitalization in terms of phantasies, relating to separation from the parents, to anesthesia, and to operations."⁴¹

³⁷Ibid., p. 89.

⁴⁰Ibid., p. 92.

³⁸Ibid., pp. 94 ff.

⁴¹Jackson, op. cit., pp. 58 ff.

³⁹Ibid., p. 90.

Jessner and Kaplan, in their observations of the reactions of children to tonsillectomy reveal three major foci around which the child's anxiety was manifest. They, also, are separation from home, anesthesia, and fear of the operative procedure.⁴² It is interesting to note that both Jackson and Jessner and Kaplan have listed these foci in the same order.

Jessner and Kaplan found, as did Prugh, that anxiety from separation was seen mainly in children under four years but that it also occurred over four.⁴³

Huschka and Ogden found that anxiety, related to the child's fear of injury associated with inoculation, was stirred up in the child when he was separated from his parent during the inoculation procedure. Therefore, they requested parents to remain in the room with the child while the inoculations were being performed.⁴⁴

It has been noted on page 10 that Beverly lists separation from the parents as a producer of fear in the child who is hospitalized. In another of his works he is still more emphatic when he states: "When children are placed in a hospital, especially in a charity ward, they are separated from those upon whom they have been wholly dependent and in whom they have their greatest security. This alone may be sufficient to cause

⁴²Jessner and Kaplan, op. cit., pp. 98-112.

⁴³Ibid., p. 98.

⁴⁴Op. cit., p. 798.

emotional disturbance."⁴⁵

Another finding by Prugh that brings out the problem of separation anxiety, as related to children who have been hospitalized, was that the most common manifestation found among his children who showed continuing posthospital reactions after three months were disturbances related to separation from the parents. This appeared more intently in the younger children, but also, in latency children. "Such anxiety was often combined with 'distrust' of the parents, expressed as fear of their 'leaving' again."⁴⁶

Separation of the Hospitalized Child
from His Parents: A Source of
Emotional Disturbance
to Parents

It is true that a few parents do not visit their hospitalized children even though hospital rules permit them to do so. Reasons for this may be that the travelling distance to and from the hospital is too great for the parents to manage and that their responsibilities at home are such that they cannot get away.⁴⁷ Also, some parents who visit infrequently or not at all do so because of anxiety and guilt.⁴⁸ In the latter case, visiting the child in the hospital would probably be more emotionally

⁴⁵Beverly, "The Effect of Illness Upon Emotional Development," op. cit., p. 537.

⁴⁶Prugh et al., op. cit., pp. 95 ff.

⁴⁷Alan Moncrieff and M. Walton, "Visiting Children in Hospitals," British Medical Journal, I (January, 1952), 43.

⁴⁸Prugh et al., op. cit., p. 98.

uncomfortable to these parents than staying at home.

However, probably the large majority of parents who are kept from visiting their children for reasons either of hospital management or their own personal considerations, would really like to do so. The fact that separation exists, no matter what the reason, is probably a source of emotional disturbance to them as it is a source of psychic trauma to their children.

Stevens states:

Many parents today know what to expect of their children at different developmental levels and know when a child needs added reassurance and mothering. They are rightly upset when separated from their child by the necessity of hospitalization. Why, then, do parents bring their child to the hospital? Isn't it because of the available equipment, the trained and skilled people who care for the sick, and the 24-hour vigilance which the hospital provides? In other words, the parents are looking for security. They come to us knowing that, with the knowledge and equipment we have at hand, we can help their child. But they come with considerable fear and dread in their hearts because, to obtain this security, they know that they must be separated from their child.

Separation of parent and child normally comes about by a process of growing up, a weaning, but the advisability of a sudden and forced separation when the child is ill might be questioned.⁴⁹

Sister Assumpta Fay, as a result of a questionnaire that she sent to mothers whose children had been hospitalized found, in response to the question: "Do you think a mother should be allowed to stay with her child as much as she cares while the child is in the hospital?" that 71 per cent of the mothers felt "Yes," 25 per cent "No," and 4 per cent had no opinion.⁵⁰

⁴⁹Marion Stevens, "Visitors Are Welcome on the Pediatric Ward," American Journal of Nursing, IL (April, 1949), 235.

⁵⁰Sister Assumpta Fay, "What Do Mothers Think of Pediatric Care?" Hospital Progress, XXXII (September, 1951), 272.

Prugh's well-adjusted parents, whose children were hospitalized under his experimental program in which visiting periods were increased, in general "seemed more satisfied with visiting regulations than those in the control group, where visiting was strongly curtailed."⁵¹

Separation Anxiety Present in Children
and Parents Although Parents
May Visit Daily

In attempting to assist the preschool child, who is hospitalized for a relatively short period of time, with his problem of separation anxiety, one immediately begins to think of ways that will bring the child and parent together. Methods that will "strengthen the family tie" rather than weaken it. Bowlby states that this point of view "must be regarded as the first principle in the psychological care of the sick child."⁵²

The most obvious thing to do is to increase the amount of time that the parents may visit their children. Many different plans for visiting hospitalized children have been proposed and executed. Among these, Powers and Moncrieff advocate daily visits at a stated time. Powers' schedule of daily one-half hour visits by parents who choose to come is very nearly the same as exist in the present setting.⁵³ He advocates this

⁵¹Prugh et al., op. cit., p. 99.

⁵²John Bowlby, Maternal Care and Child Health, A Report Prepared as a Contribution to the United Nations Program for the Welfare of Homeless Children (Geneva: World Health Organization, 1951), p. 148. (Monograph, Series No. 2.)

⁵³Visiting periods in the setting in which this study

schedule as a means of strengthening the family ties and states that "the admitting procedure is humanized when the parents can promise the distraught child that they will come to see him on the morrow--and are permitted to keep the promise.⁵⁴

Advantages of Moncrieff's daily one-hour visits in relation to toddler aged children are expressed in this way:

We believe that this daily hour spent together by mother and child helps to continue their relationship and does not break up the security which means so much at this young age. The child's needs are being satisfied jointly by the mother and nursing staff without the development of abnormal possessiveness or transfer of affection. The mothers are less strained because they have something to do. If there is some question they want to ask the doctor this is always arranged.⁵⁵

Without a doubt the above plans for visiting more nearly meets the "contact" needs of both the child and parent than did the now obsolete visiting schedules of once or three times weekly. However, they are by no means a panacea and separation anxiety surely remains.

It is believed that observations by the investigator of the behavior of children and their parents, when the parents leave at the end of the visiting period, supports this statement.

Children have been observed to cry over and over again, "I want to go home," "Mama, Mama," "Take me out there," meaning out in the hall or to the elevator so they may find their mothers

took place are one-half hour daily and one and one-half hours on Sunday.

⁵⁴Grover Powers, "Humanizing Hospital Experience," American Journal of Diseases of Children, LXXVI (October, 1948), 376.

⁵⁵Moncrieff and Walton, "Visiting Children in Hospitals," op. cit., p. 43.

and follow them. They will anxiously ask their mothers, "Will you be back tonight?" and, when mother says, "I will be back tomorrow," the child will reassure himself that she will by telling himself and every staff member that comes into the room, "My mother is coming back tomorrow."

Older children will reason with staff members by asking such things as why do they have to stay in the hospital and will even ask, "Can't the doctor come to my house and take care of me?" or, "Why can't I come back and forth to the hospital for the tests?"

Some will ask to have a material object brought to them from home. It may be a toy or a piece of his clothing. Mothers will often tell us that this particular object is one of his favorites; one without which he can't get along. Sometimes the thing asked for is a food that has become a favorite not only because of its taste and palatability but because pleasant memories of his mother preparing and cooking it for him are in his mind. When mother actually brings the food or even just says that she will, this proves to the child that his mother does love him.

When parents are in the process of leaving, many children will think of last minute things that they want the parents to do for them, to bring from home, or will ask last-minute questions often whispered to the parents.

Children will cry when their parents leave. They may cling to the parent and cry continuously for a half-hour or more after the departure and may cry off and on all day. In the

younger ones the crying is sometimes more of a screaming accompanied by intense motor activity, attempts to get out of bed, throwing of toys on the floor, and rejection of staff members who come to assist. Children may also cry upon return of the parents. Spock says that "the sight of the parents reminds them of how much he has missed them."⁵⁶

Some children will withdraw and may even go to sleep. Some may exhibit no interest in the environment of people and things and are observed sucking their thumbs, sucking on a piece of cloth, wringing their mother's handkerchief, masturbating, or just sitting forlornly in their bed.

Some will sit in their bed and anxiously look out the doorway into the hall in hopes that their mothers will return. Some, who are in view of the elevator that their parents took downstairs, will watch every person who gets off of the elevator all day long.

Parents are sometimes observed having a great deal of difficulty in leaving the child. They will come early or may linger with the child after they have been asked to leave; will forcibly disentangle themselves from their child and will practically run out of the room; will use the hospital regulations to help them leave by saying, "I've got to go now, the lady said so." They will sometimes falsify the time of their return; may threaten the child with no return or with needles if the child

⁵⁶Benjamin Spock, The Pocket Book of Baby and Child Care, (New York: Pocket Books, Inc., 1946), p. 360.

is not "good." Bribing is often used by the parents for the purpose of getting away.

Mothers will cry and will say, "I just can't bear to leave him," or, "It breaks my heart to leave him here." Both parents sometimes will "sneak" out of the room when the child is distracted and not looking, so to speak.

Sometimes a parent will anxiously ask a nurse to come and help so she can get away and, at times, they will remain outside of the room but within hearing distance until their child has "quieted down."

Also, to support the statement that the daily visiting period at a stated time is not a panacea for separation anxiety among children and parents, one needs only to refer to the investigators who are advocating that mothers be admitted to the hospital to stay with and care for their small children at all times. Pickerill and Pickerill advocate this in the case of infants and Spence and Frank for young children.⁵⁷

Others recommend that flexible daily visiting, or visiting periods in terms of the child's and parent's needs, be arranged, rather than almost entirely in terms of hospital management needs. They are Sharp and Prugh,⁵⁸ Bowlby, and Stevens.

⁵⁷Cecily Pickerill and H. P. Pickerill, "Plastic Surgery Clinic for Babies Where Mothers Reside with Their Infants," Nursing Mirror (August, 1947), np; J. C. Spence, "The Care of Children in Hospitals," British Medical Journal, I (January, 1947), 125-130; Frank, op. cit., pp. 76-77.

⁵⁸J. Sharp, "Increased Visiting for Children," Nursing Times, VII (February, 1950), 152; Prugh et al., op. cit., p. 99.

One might refer to the above plans of visiting as "ad lib" visiting for hospitalized children. Bowlby states in connection with the children:

Regular visiting by the parents is to be encouraged, since it not only increases the child's happiness and sense of security while in hospital but reduces emotional disturbances after his return. Children between the ages of three and six need frequent visiting, daily if possible; older children can manage longer intervals. Regular formal visiting-hours, it has been found, are a mistake. Instead it is better to encourage mothers to drop in frequently and casually, perhaps when they are out shopping, and stay for relatively brief periods during which they should be allowed to feed and bath their children and to give them small presents.⁵⁹

Stevens states in connection with the parents:

If parents could come and go at will, they would be more relaxed and friendly, less emotional, more receptive to suggestions about the child's care, and less apprehensive.

Suppose a mother comes to visit the hospital at a time convenient for her, when she is free and doesn't have to worry about her other children coming home from school while she is away. Or suppose she knows that she can stay longer than just one hour. Won't she be more receptive, and won't a happier parent-nurse-child relationship ensue?⁶⁰

Termination of the Visiting Period: Methods Used to Ease Separation

There is a paucity of literature related to what can be done by nurses and other staff members to assist the child and his parent when they separate at the end of the visiting period.

A few methods designed to ease separation anxiety and/or increase family ties have been described in relation to separation of the child and parent on the day of admission. Since it is believed that some of these methods apply to the easing of

⁵⁹Bowlby, op. cit., p. 148.

⁶⁰Stevens, op. cit., pp. 233 and 235.

separation anxiety on days other than the day of admission, and since some are already used in this setting, they will be presented here.

McClure, in attempting to assist both the child and his parents states:

It is essential to the peace of mind of both parents and child that they may go together to the ward and that the parents may stay for the few minutes it takes for the youngster to be settled in bed with some play materials. And there should always be a moment at the bedside when the parent and child can say those things, important to them, that were suppressed or forgotten in the hurried confusion and lack of privacy of the admitting room.⁶¹

Methods that particularly assist the child have been described by McClure, Jensen, Langford, and Munson.

McClure suggests at admission that in order to reassure the child that he is not completely separated from home, the nurse should encourage the parents to return and, in cases where they cannot visit, to send material things to the child from home such as gifts and mail, or to telephone and have the message relayed to the child.

The child may cry when the parents leave. Parents must be warned not to deceive or threaten the child or make promises that they cannot fulfill in order to quiet him. The parents may leave some inexpensive personal article which will reassure the child that they will come back soon to pick it up. This may lessen the child's anxiety at being deserted.⁶²

Jensen suggests several things that can and should be done to alleviate separation anxiety at admission. He states:

⁶¹Catherine T. McClure, "Guest in the House," American Journal of Nursing, IL (December, 1949), 775.

⁶²Ibid. pp. 775-776.

Homesickness--a distressing problem for many children--can often be lessened by giving the child an opportunity to discuss his feelings with an understanding nurse or physician. Many times a short explanation that the physician shares with the child his wish to return home is of help. The child suddenly appreciates that admission to the hospital is not to be regarded as punishment but as something which will benefit him.⁶³

In addition to this, Jensen suggests an unhurried attitude on the part of the admitting physician; the use of simple language with both parent and child and a willingness on the part of the physician to permit questions from both; an avoidance of setting a definite date for discharge and an avoidance of offering bribes to the child. Other things that he suggests are to try to admit the child after the day's treatments have begun or are finished, introduce the child to the house officer and head nurse, and at this point, give the child a short period of waiting to enable him to "sense the prevailing atmosphere of the ward."⁶⁴

Langford points out that, if visiting hours are going to be restricted, "it should be made clear to the child that the decision is one made for, not by, the parents."⁶⁵

Munson states that "we the staff should insist that before the parents leave the ward, they say goodbye to the child and tell him when they expect to return and visit him."⁶⁶

⁶³Jensen and Comley, op. cit., p. 202.

⁶⁴Ibid.

⁶⁵Langford, op. cit., p. 243.

⁶⁶Barbara Munson, "Pediatric Nurses Need Psychiatric Training," American Journal of Nursing, VL (January, 1945), 51.

Methods that are specifically designed to assist the parents are described by Wessel and Tanner. Wessel states that the nurse should make every effort "to allow the parents, before they leave the hospital, to see their child safely in bed, if only through a window. It is helpful to the parents to have an opportunity to talk with the nurse in charge of the patient before leaving the hospital. They can learn the hospital regulations and methods of conveying information regarding the child's condition."⁶⁷

Tanner advocates explaining to the parents why visiting is limited and how they may obtain information regarding the child at other times of the day.⁶⁸

It is felt that the daily schedule of visiting by parents at a stated time is of benefit in strengthening family ties and it is also felt that the methods described above are of use in maximizing the effects of this visiting schedule. However, from the observations of the investigator of the child's and parents' behavior when they separated at the end of the visiting period, it was believed that a problem of separation anxiety continued to exist for both. Consequently, it was felt that there might be things, in addition to the methods described above, that the nurse could do to maximize the beneficial effects of the visiting period even more.

⁶⁷Morris Wessel, "The Pediatric Nurse and Human Relations," American Journal of Nursing, IIII (April, 1947), 215.

⁶⁸Moir P. Tanner, "Hospital Personality," Nervous Child, VII (April, 1948), 150.

Therefore, an experiment was planned and executed for the specific purpose of trying to discover what the nurse could do to make separation at the end of the visiting period emotionally more comfortable for the child and his parent. Also, it was conceivable to expect that if this plan, as described in Chapter III, of meeting the needs of the child and parent when they separate at the end of the visiting period were successful, it would apply under the conditions of unlimited or flexible visiting periods as well as under the present conditions.

CHAPTER III

METHOD OF APPROACH

In this chapter a detailed description of the methods used is given. Seven major topics are discussed: (1) a description of the control and experimental groups, (2) a definition of eligible patients, (3) a description of the control and experimental conditions, (4) the investigative devices used, (5) a description of who the observers and recorders were, how they were prepared to observe and record, and how they were assigned to patients, (6) the criteria for selection of the judges and the disciplines they represented, and (7) the reliability of the judges.

It is hoped that the content of this chapter may aid in understanding both the scope and limitations of the study and how the method contributes to carrying out the objectives as previously stated.

Control and Experimental Groups

A control group and an experimental group of children, ages two to six, and their parents, were selected for the study. There were twenty-three cases in the control group and twenty-seven in the experimental.

The age range, two to six, was chosen because it was

felt that the preschool-age child and his parent have the most difficulty in separating at the end of the visiting period.

Patients were assigned to groups by alternating the collection of data under control conditions with those under experimental conditions in continuous two-week blocks.¹

No attempt was made to match the groups according to age, sex, diagnosis, previous hospital experience, previous emotional adjustments, length of present hospital stay, or the number of children in the hospital room. It was hoped that the sampling of patients in both groups would be large enough to minimize these variables.

Eligibility of Patients

Eligible patients were those children on the pediatric ward who were between two and six years of age, who were oriented to the environment, whose parents were present during the visiting period, and who were at the second or later chronological day of hospitalization.

¹Alternating the two-week blocks continuously was done when possible. However, continuity was broken on two occasions due to breaks in the continuity of the persons present who recorded the data. These persons were students (refer to this chapter, subheading "Observers and Recorders and Preparation of Recorders") and were or were not present on this hospital division as their clinical rotation plan dictated. It is felt that ward conditions are fairly similar throughout the year and, therefore, that this occasional lack of continuity did not appreciably affect the controls of the study. Another person, repeating this study, might wish to assign observers to the control group and to the experimental group on the same day, so that data from the two groups would be collected simultaneously. This would eliminate differences, if any, in the ward atmosphere on any one day that might alter the reactions of the patients and parents.

Patients within the age group who were not included in the study were those who were at their first day of hospitalization; were comatose, deaf, or mentally deficient; had special nurses; who were asleep throughout the visiting period and at the departure of the parent; who were "on critical" and whose parents were present most of the day, and whose parents did not come on the days that data were collected.

Although it would have been desirable to determine whether or not the nurse could have helped in the separation on the first hospital day, it was technically impossible, as will be subsequently noted, to arrange to collect data for this purpose.

All of the eligible patients on the ward, when data were being collected, were included in the study except two. These two were omitted because there were not enough recorders available to record behavior on these two children while they were hospitalized.

Control Conditions

Control conditions were those under usual ward conditions during a visiting period, at the parent's departure, and for thirty minutes after the parent had left.

Nursing care went on at these times in the usual manner. Nurses may or may not have been present and, those present may or may not have geared their nursing care toward assisting the child and his parent in their separation.

Experimental Conditions

Experimental conditions were those under a definite plan of nursing care. A nurse was with the child during the visiting period, at the parent's departure, and for thirty minutes after the parent had left.

For the purposes of this study she concentrated her nursing care on one child and his parent but did not ignore obvious needs and requests of other children and parents in the room. During the visiting period and at the departure of the parent she was with both the child and his parent. After the parent left she remained with the child.

The nurse purposefully geared her nursing care to the creation of an environment that would encourage the child and his parent to express their needs to her. She met these needs and others that she could anticipate and recognize. She was particularly sensitized to those that had to do with the separation of the child and his parent. Her ultimate objective was to assist the child and his parent so that their separation at the end of the visiting period would be as emotionally comfortable as possible for both.

While the parent was there she introduced herself to the child and his parent, let them know that she was available, and that she would be glad to assist them in any way that she could; she responded to their expressed feelings or just talked with them when indicated; she met all requests directed to her; when she felt they did not want her there too much of the time she adjusted by being nearby and approachable so that they could con-

tact her if they needed to; she found out when the parent would return and tried to see to it that the child also knew; she was with the child or very close by at the time that the parent was leaving; and she let the parent know that she would be with the child for a few minutes after the parent left.

Things that the nurse might have done while the parent was there were to encourage the parent to tell her child what she and the rest of the family had been doing since she was there the last time, to tell him what they will be doing until she returns again, to leave something of hers with the child which is familiar to him, to bring something from home that he is especially fond of and secure with, and to talk with him about how he feels in relation to her leaving him.

After the parent had left, the nurse responded to the expressed feelings of the child or just talked with him; she met his requests; and she assisted him in clarifying any misinterpretations about his parent such as when she would return again, that she would like to stay with him, and what was going on at home.

Things that the nurse might have done after the parent had left were to take the child to the playroom, bring toys to his bed, hold him on her lap, read to him, or assist him in participating in group activity with other children.

Under experimental conditions, the nurse executed purposefully planned nursing care to meet the needs of an individual child and his parent during the visiting period, at the par-

ent's departure, and for thirty minutes after the parent had left. She purposefully attempted to make separation more emotionally comfortable for both.

Investigative Devices

The investigative devices that were used were applied to both control and experimental groups to discover how to answer the following questions:

1. How do the children feel in relation to their parents' leaving them at the end of the visiting period under both control and experimental conditions?

2. How do the parents feel in relation to leaving their children at the end of the visiting period under both control and experimental conditions?

3. How can one compare the emotional adjustments of the children and their parents in relation to separation under control conditions to those under experimental conditions?

To provide material to answer Question 1, observers directly observed each child situation and immediately recorded anecdotes that told exactly what the child did or said, that described concretely the situations in which the actions or comments occurred, and that told clearly what other persons did or said--specific concrete descriptive statements--from the beginning of a visiting period until thirty minutes after the parent had left.²

²Staff of the Division on Child Development and Teacher

Each child situation was observed and recorded for one time and by one recorder.³ While it would have been desirable to obtain additional reliability checks on the recording of the incidents it seemed impractical because of lack of personnel.

Later, the recording of each child situation, from the time that the visiting period was announced over until thirty minutes after the parent had left, was mimeographed exactly as recorded.

Below are examples of a child situation recorded under control and experimental conditions from the time that the visiting period was announced over until thirty minutes after the parent had left.⁴ (Recordings of all of the child situations are in Appendix I.)

A Recording of a Child Situation under Control Conditions.

The M and Grandmother were asked to leave. M: 'You be a good girl and maybe they will let you go home tomorrow. I'll take you home and get you good and well. You want to be a fat little girl with rosy cheeks.' M crying when she left the room. C is sitting up in bed with tears running down her face but isn't crying out loud. She is looking toward the porch where her parents told her they would be. She has her crayons and her color book in her lap. She has a very sad and solemn look on her face. She pays no attention to the crayons and color book. She is still looking out the window toward the porch. She cries and whines some. She sits forlornly to the end of the period and will turn her head toward the hall when she hears someone go by. End of period.

Personnel, Helping Teachers Understand Children (Washington, D. C.: American Council on Education, 1945), p. 33.

³There were three children, child situations numbers 14 and 43, 19 and 49, and 17 and 50, who were on the ward when data was being collected under control conditions as well as under experimental conditions. All three children had been discharged and then readmitted. In these cases, therefore, data were collected under both conditions.

⁴Abbreviations: C - Child, M - Mother, F - Father, SM - Staff Member.

A Recording of a Child Situation under Experimental Conditions. SM: 'Visiting hours are over.' Dad and Mother both looked rather desparate after this was said. SM: 'I will be here with him several minutes after you leave.' C began to cry loudly. F: 'I'll be back in a few minutes, Don.' SM to parents: 'Will you be back tomorrow after lunch?' M: 'Yes, we will be back tomorrow.' M to C: 'Don, we will be back tomorrow after lunch.' C began to cry: 'Don't go, don't go.' F embraced child to him. C: 'Daddy will come back?' SM: 'Daddy is coming back, Don, after you eat supper and breakfast and lunch. He will come back.' F lingered over parting and seemed as if he would cry. SM to F: 'It may be better if you leave now.' F left. M embraced him. M: 'Mother wants to kiss you goodbye.' M held him tightly with tears in her eyes. She then left. During this time Don was crying, clinging to parents and saying: 'Don't go.' SM: 'They don't want to go but they must.' C: 'Why?' SM: 'The hospital tells them they must go home at night. Your Mommie and Daddy will be back to see you after you sleep tonight and eat your breakfast and lunch tomorrow.' C became quiet and picked up a crayon. C to SM: 'Write me a picture.' SM: 'All right, I will be glad to write it for you. Which color would you like?' C: 'This one.' SM: 'We will have an orange train.' C enthusiastically began to color and ask questions about the pictures. After 15 minutes the SM said: 'Don, I must go. I wish I could stay and play with you but I must go.' C began to cry and said: 'Don't go. No one else will play with me.' SM: 'We would all like to play with you.' SM handed him crayons. SM: 'Bye, Don.' C: 'Bye, don't go.' He cried for a few minutes. Another SM walked in room and picked him up. He ceased crying. In 5 minutes SM put him back in bed. C began to play with toys. At first it was only with slight interest but, at the end of the 30-minute period, he was playing with toys with much enthusiasm and talking to himself about the tractor.

To answer Question 1, the device that was used was a test given to ten expert judges of behavior. The test items were the fifty child situations that had been directly observed, recorded, and mimeographed.

The control and experimental child situations were mixed to aid in preventing the judges from recognizing them as such and a trial test was given to a non-judge to check for clarity of directions and the amount of time it would take to complete it.

(Test directions and guide for rating child situations are in

Appendix I.)

For each child situation, the judges were provided a five-point rating scale and they rated how they thought each child felt in regard to his parent leaving him at the end of the visiting period by reading each child situation and then checking one of the points on the rating scale.

The five points were marked on the rating scale as shown below:

Very Secure	Secure	Somewhat Secure and Somewhat Anxious	Anxious	Very Anxious
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A one-question questionnaire was used to provide material for answering Question 2. Through personal interview, the investigator asked a parent of each child the question: "How do you feel about leaving your child today?"

The parents were contacted by the investigator and an assistant as soon as they had left their children and were told that a study was being done concerning the visiting period. They were asked if they would mind staying for a few minutes to answer a question. All parents cooperated willingly.

Each parent was questioned in private and the investigator explained that the question was about the visiting period and that her opinion would be helpful in making decisions. The parent was encouraged to feel free to answer the question just the way she felt about it. She was encouraged not to answer the way that she thought the hospital staff would want her to. Each

parent's answer to the question was recorded verbatim.

Only one of the parents from each child situation answered the question. It was usually the mother. Very occasionally both parents would be present during the questioning period. In these cases, the parents decided between themselves who would answer. Later, each parent response to the question was mimeographed.

(All parent responses to the question are in Appendix I.)

Below are examples of parent responses to the question when a parent experienced the visiting period under control conditions and when another parent experienced the visiting period under experimental conditions.

Response to the Question under Control Conditions.

Question: How do you feel about leaving Jane today?

Response: I'd rather stay with her. I don't like to leave her at all.

Response to the Question under Experimental Conditions.

Question: How do you feel about leaving Jane today?

Response: I feel very contented. Awfully nice to have the nurse in there. The way they are doing her today, I feel better about it.

To answer Question 2, the device that was used was another test given to the same ten judges who judged the child situations. The test items were the fifty parent responses to the question asked the parents on the questionnaire.

The control and experimental parent responses were mixed and a trial test was given. (Test directions and guide for rating parent responses are in Appendix I.)

For each parent response, the judges were provided a

five-point rating scale, identical to the one they used to rate each child situation on, and rated how they thought each parent felt about leaving her child at the end of the visiting period by reading each response and then checking one of the points on the scale.

To answer Question 3: how can one compare the emotional adjustments of the children and their parents regarding separation under control conditions to those under experimental conditions, the following was done:

Each point on the rating scale was given a numerical rating as follows: Very Secure = 2, Secure = 1, Somewhat Secure and Somewhat Anxious = 0, Anxious = minus 1, and Very Anxious = minus 2. The averages of the scores, given by the ten judges to each child situation and to each parent response to the question on the questionnaire, were obtained. Thus numerical measure, which enabled comparisons of how the children and of how the parents felt in relation to their separation at the end of the visiting period, was obtained under control and experimental conditions.

Observers and Recorders

The individuals who observed and recorded the child situations under both control and experimental conditions were the ten nursing students who comprised the class of 1952 at the Vanderbilt University School of Nursing. They will be referred to as the recorders.

Under experimental conditions the students were the

nurses who executed the new nursing care plan in addition to observing and recording.

It is felt that the child situations as described were less accurately described than experts could have done, but that they were described well enough, under both control and experimental conditions, to enable the judges to pick up the substantial differences in the behavior of the children.

Preparation of Recorders

To minimize, as much as possible, the variables created when ten people are recording behavior all recorders were prepared in a similar manner.

Past experiences of the recorders that might have influenced the study were much the same for all recorders, however there were a few differences.

In school age they were either in the last two quarters of their second year or first quarter of their third year. All had had courses in Growth and Development and Dynamics of Behavior. All had had psychiatric nursing and preschool experience. Opportunities, among recorders, for establishing attitudes toward "humanizing" hospital experiences for children and their families had been offered to all to a similar degree and, it is felt, all had very positive attitudes and were concerned with the problem. There was one course, "Problem Solving in Nursing," that four of the recorders were taking concurrently to collecting data for the study whereas the other six recorders were not exposed to it. This course may have changed the attitudes of the four recorders

toward problem solving and thus influenced the study. However, it could not be detected by the investigator that there was any difference in attitudes toward problem solving among recorders.

The first planned step in preparing recorders was practice for them in observing and recording behavior. Each recorder wrote, under guidance, daily descriptive anecdotal notes on the behavior of one child during three weeks of her four-week pre-school experience.

The second step was to inform the recorders concerning their part in the study. Each was given an outline of the study which included the statement of the problem, the objectives, the questions that needed to be answered, and the methods that would be used for collection of the data. They were asked to read the outline and, the next day, the writer had a group session with them to discuss their part in the study under control conditions. Two days later another group discussion was held to discuss their part under experimental conditions.

The first session lasted approximately one hour and thirty minutes and the second about one hour and a quarter. Each recorder was given a typewritten copy of detailed directions and followed her copy as the investigator read the directions aloud to the group. Questions that they had concerning their responsibilities under both conditions were asked and clarified. (The outline of the thesis, directions to recorders under control conditions, and directions to recorders under experimental conditions, are found in Appendix II.)

Directions were given to recorders in two different groups and those that were given to the first group were recorded. The second group obtained their directions by following their typewritten copies as the recorder played back the directions discussed in the first group. The first group of recorders asked several questions and the second group had none.

The third step was a practice period under study conditions. During the week immediately preceding the week in which the recorders began to collect data, each recorder practiced her activities under study conditions. There were three days available to practice activities and all recorders practiced under control conditions one time and under experimental twice. They felt that the latter would be more difficult to do since they not only had to observe and record the child situations, but also had to participate in them.

Assignment of Recorders to Patients

Recorders were assigned an eligible patient to collect data on as they arrived at an office just outside the pediatric ward. They were instructed to come two or three minutes before the beginning of the visiting period so that they could obtain the name of their patient and be in the room to start their activities upon the entrance of the parent. This plan was adhered to by the majority of the recorders the greater part of the time, but in some instances the recorders were one or two minutes late. Also, in some instances, the parents would start their visiting a few minutes early. These variations were few in number and

minimal in degree and it is felt that they occurred with about the same frequency and degree under both the control and experimental conditions.

Recorders were assigned only to patients that they were not caring for on their daily Nursing of Children clinical assignment. Since the recorders were students who were giving nursing care as a part of their regular Nursing of Children clinical assignment to some but not all of the children included in the study, it was felt that to have relationships already established with some children and their parents but not with all might influence the controls of the study. Consequently, the recorder was a relative stranger to the child and his parent in each situation.

When several recorders arrived simultaneously to obtain their assignment of a patient, they would decide among themselves and with the investigator whose turn it was to participate and which patients were eligible to them. When they arrived individually, they obtained the name of a patient who was eligible for them and were ready to go into the room just before the parent arrived.

Some recorded more child situations than others.

Selection of Judges

Since feelings of children and their parents were being judged, it was felt that the judges chosen should have a thorough knowledge of both behavior and children. It was also felt that more accurate judging of behavior would result if a small number

of experts were chosen rather than a large number of people who were not especially experts in the fields of behavior and child study.

For these reasons, ten persons who have considerable knowledge of behavior and who have had and are having experience with children were chosen as judges.

The group included one Professor of Clinical Psychology, one Clinical Psychologist, one Clinical Psychology graduate student, one Professor of Preschool Education, one practicing Pediatrician and one Instructor of Pediatrics who are especially interested in mental health, one Supervisor of Child Welfare, one Pediatric Medical Social Worker, one Instructor of Nursing of Children, and one Instructor of Mental Health Nursing. The investigator was not a member of this group.

Reliability of the Judges

It was hoped that with a careful selection of judges, each judge would be able to anticipate to a high degree, what rating the other nine judges would choose in assigning scores for each child situation and for each parent response.

To determine the reliability of the judges in scoring both the child situations and the parent responses, a formula from Edgerton and Tops was used:⁵

$$r = \frac{1}{Nn(n-1)} \left\{ \sum \left[S \left(\frac{X}{\sigma} \right) \right]^2 - N \left[S \left(\frac{M}{\sigma} \right) \right]^2 \right\} - \frac{1}{n-1}$$

⁵Harold A. Edgerton and Herbert A. Tops, "A Formula for

Where:

N - Number of items

n - Number of judges

X - Rating score of an item by a judge

M - Mean of all of the items for a single judge

σ - Standard deviation of all of the items for an individual judge

S - Sum for all of the judges

Σ - Sum for all 50 items

In determining the average intercorrelation coefficient of the ten judges in rating the child situations, the formula and result are as follows:

$$\bar{r} = \frac{1}{(50)(10)(10-1)} [4160.0302 - (50)(-.0686)^2] - \frac{1}{10-1}$$

$$\bar{r} = 0.8133$$

In determining the average intercorrelation coefficient of the ten judges in rating the parent responses, the formula and result are as follows:

$$\bar{r} = \frac{1}{(50)(10)(10-1)} [4006.8588 - (50)(-1.1340)^2] - \frac{1}{10-1}$$

$$\bar{r} = 0.7650$$

The above formula was specifically adapted to this kind of rating scale and the reliability obtained, in both instances, is satisfactory to test the hypothesis that the judging, from judge to judge, was essentially the same.

Finding the Average Intercorrelation Coefficient of Unranked Raw Scores Without Solving Any of the Individual Intercorrelations," Journal of Educational Psychology, XIX (February, 1928), 131-138.

A qualifying factor related to the average intercorrelation coefficients obtained is as follows: The coarseness of the grouping on the rating scale used for this study, namely five points, may have affected the average intercorrelation coefficients obtained. In other words, the average intercorrelation coefficients might have been different if a finer scale had been used.

CHAPTER IV

FINDINGS

Four topics are presented in this chapter: (1) mean scores and the standard errors of the mean scores given by the ten judges that rate how the children feel and how the parents feel in relation to their separation at the end of the visiting period under both control and experimental conditions, (2) "t" tests of significance for comparisons of control versus experimental groups and for comparisons within the control and experimental groups pertaining to both children and their parents, (3) a summary of the data, and (4) an interpretation of the data.

Children

Mean Scores and Standard Errors of Mean Scores: Control and Experimental. Table 1 shows the mean score and the standard error of the mean score for how the children feel in relation to their parents leaving them at the end of the visiting period with cases grouped according to experimental and control, age of the children, number of children in the room, and the child's hospital day.

There is a difference between the control and experimental groups for the total child situations and when data are

TABLE 1

MEAN SCORE AND STANDARD ERROR OF MEAN SCORE FOR RATING
OF HOW THE CHILDREN FEEL WHEN THEIR PARENTS LEAVE
AT THE END OF THE VISITING PERIOD*

Groupings of Children	Control Group		Experimental Group		All Cases	
	No. of Cases	Mean and SE [#] of Mean	No. of Cases	Mean and SE of Mean	No. of Cases	Mean and SE of Mean
1. Total Child Situations	23	-0.317 [±] .28	27	0.289 [±] .21	50	0.010 [±] .18
2. Age 2	7	-1.371 [±] .18	9	-0.289 [±] .39	16	-.762 [±] .26
3. Age 3	4	-.175 [±] .83	10	.200 [±] .32	14	.093 [±] .32
4. Age 4	6	-.217 [±] .50	5	.900 [±] .44	11	.291 [±] .37
5. Age 5	6	.467 [±] .65	3	1.300 [±] .15	9	.744 [±] .44
6. 1 Child in Room	5	-1.220 [±] .41	5	-.160 [±] .55	10	-.690 [±] .37
7. 2 Children in Room	9	-.556 [±] .41	6	.050 [±] .39	15	-.313 [±] .29
8. 3, 4 in Room	5	.880 [±] .61	5	.680 [±] .52	10	.780 [±] .38
9. 5, 6, 7 in Room	4	-.150 [±] .71	11	.445 [±] .35	15	.287 [±] .32
10. 2nd Hospital Day	7	-1.414 [±] .15	7	-.028 [±] .41	14	-.721 [±] .28
11. 3rd and 4th Hospital Day	4	-.375 [±] .77	10	.050 [±] .33	14	-.071 [±] .31
12. 5th, 6th and 7th Hospital Day	6	-.367 [±] .58	7	.871 [±] .40	13	.300 [±] .37
13. 8th-plus Hospital Day	6	1.050 [±] .32	3	0.467 [±] .91	9	0.855 [±] .35

*Cases grouped according to experimental and control, age of child, number of children in room, and hospital day.

#One standard error is recorded throughout all tables.

subdivided according to age, number of children in the room, and hospital day with the experimental group running somewhat higher in most cases. However, in making comparisons and allowing for chance variation, the size of the standard errors indicate that the amount of chance variation is fairly large.

"t" Tests of Significance: Control Versus Experimental.

Table 2 shows thirteen selected control versus experimental comparisons taken from Table 1.

Figure number 1 shows how the mean values given to the total child situations, control, experimental, and all cases combined compare. It is noted that the experimental group has the highest score. However, a glance at Table 2 shows that the difference in mean values of the total child situations, control versus experimental, is .606 and the probability level is .09 which cannot be said to be significant.

When the total cases of child situations are divided into the sub-groups of age, number of children in the room, and hospital day, some significance is found.

Figure number 2 plots the mean values, control versus experimental according to the sub-group of age. From this graph it is seen that the differences between means are in favor of the experimental group throughout. A glance at Table 2 shows that a significant difference in mean values, control versus experimental, according to age occurs at age two. In this comparison the difference in mean values is 1.028 and the probability level is .04. Although the differences in mean values at

TABLE 2

"t" TESTS OF SIGNIFICANCE FOR SELECTED CONTROL
VERSUS EXPERIMENTAL COMPARISONS TAKEN
FROM TABLE 1*

Control vs. Experimental Comparisons	Difference in Means	S E of Difference	"t" Score	Degrees of Freedom	Probability Level
1. Total Child Situations	0.606	±0.35	1.730	48	0.09
2. Age 2	1.082	±0.47	2.310	14	.04
2. Age 3	.375	±.72	.522	12	>.50
4. Age 4	1.117	±.68	1.640	9	.14
5. Age 5	.833	±.95	.873	7	.40
6. 1 Child in Room	1.069	±.69	1.540	8	.17
7. Two Children in Room	.606	±.59	1.020	13	.34
8. 3 and 4 in Room	-.200	±.79	.254	8	>.50
9. 5, 6, and 7 in Room	.595	±.72	.822	13	.44
10. 2nd Hospital Day	1.385	±.44	3.180	12	.008
11. 3rd and 4th Hospital Day	.421	±.69	.613	12	.56
12. 5th, 6th and 7th Day	1.238	±.69	1.800	11	.10
13. 8th-plus Day	-0.583	±0.75	0.773	7	0.45

*In this study, the "t" test was used to determine the significance of the difference in mean scores.

Mean Values for Total Child Situations: Control, Experimental, and All Cases. (Children.)

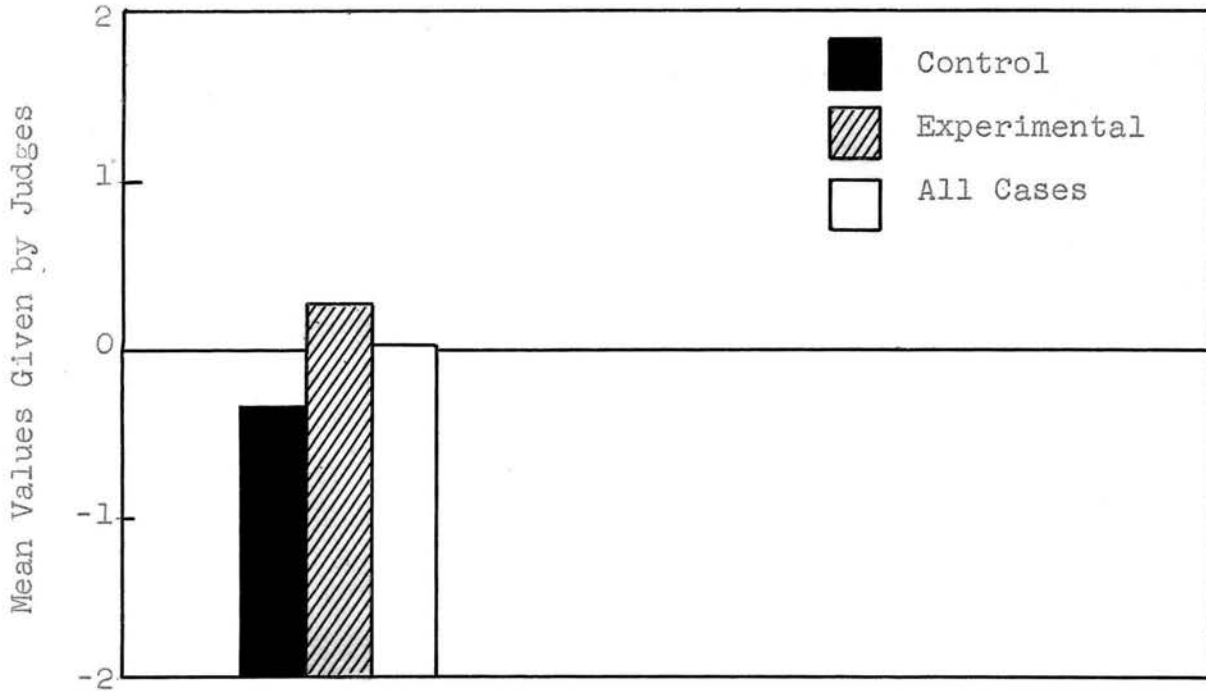
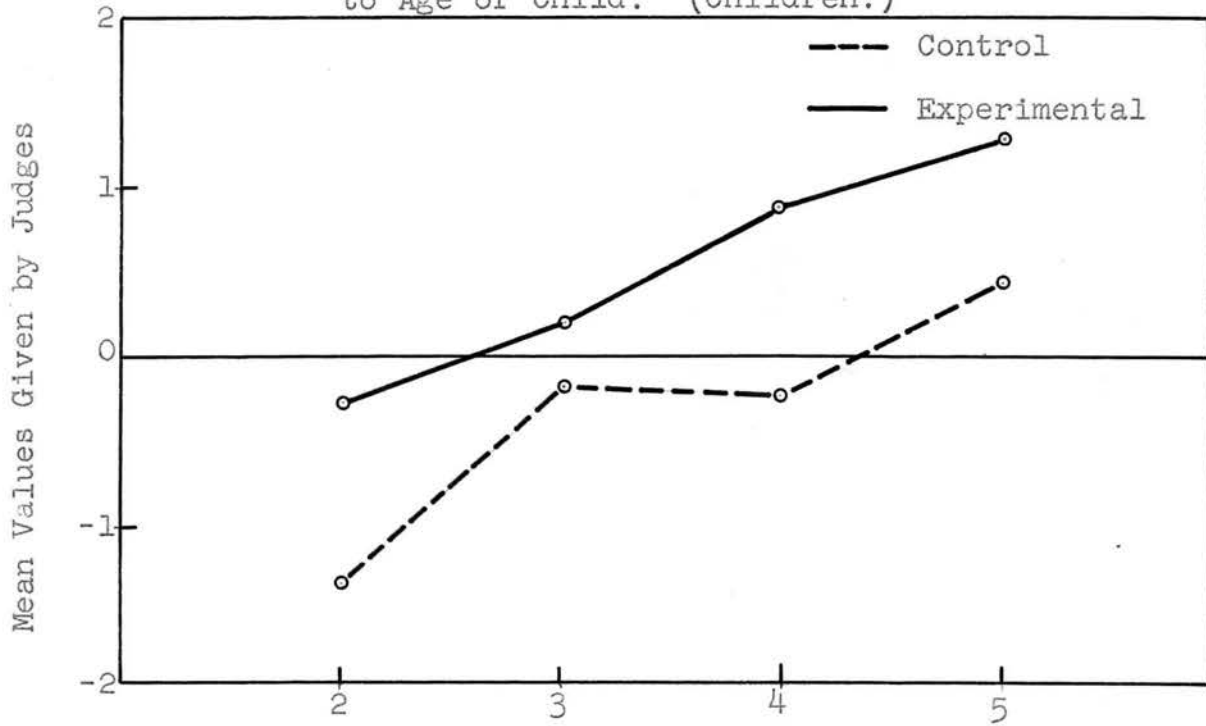


Fig. 1.

Mean Values, Control Versus Experimental, According to Age of Child. (Children.)



Age of Children
Fig. 2.

ages four, 1.117, and five, .833, are very close to that at age two, they do not become significant in this experiment. As noted on page twenty-six, Prugh et al. also found that their children, under experimental conditions, adapted better to separation than those under control conditions according to age of the child.

Figure 3 plots the mean values, control versus experimental, according to the sub-group of number of children in the room. This graph shows that the differences between the means are in favor of the experimental group in all but one comparison. However, Table 2 shows that there are no significant differences in mean values, control versus experimental, according to the number of children in the room.

Figure 4, below, plots the mean values, control versus experimental, according to the sub-group of hospital day. From this graph a difference can be seen between the control and experimental at all groupings of hospital day and the experimental scores are higher than the control in all comparisons except on the eighth-plus day. It is seen on Table 2 that a significant difference in mean values, control versus experimental, according to hospital day occurs on the child's second day of hospitalization. In this comparison the difference in the mean values is 1.385 and the probability level is .02. The difference in the mean values on the fifth to seventh days is almost as much, 1.238, as that on the second day, but it is not significant in this experiment.

Mean Values Control Versus Experimental, According to Number of Children in the Room. (Children.)

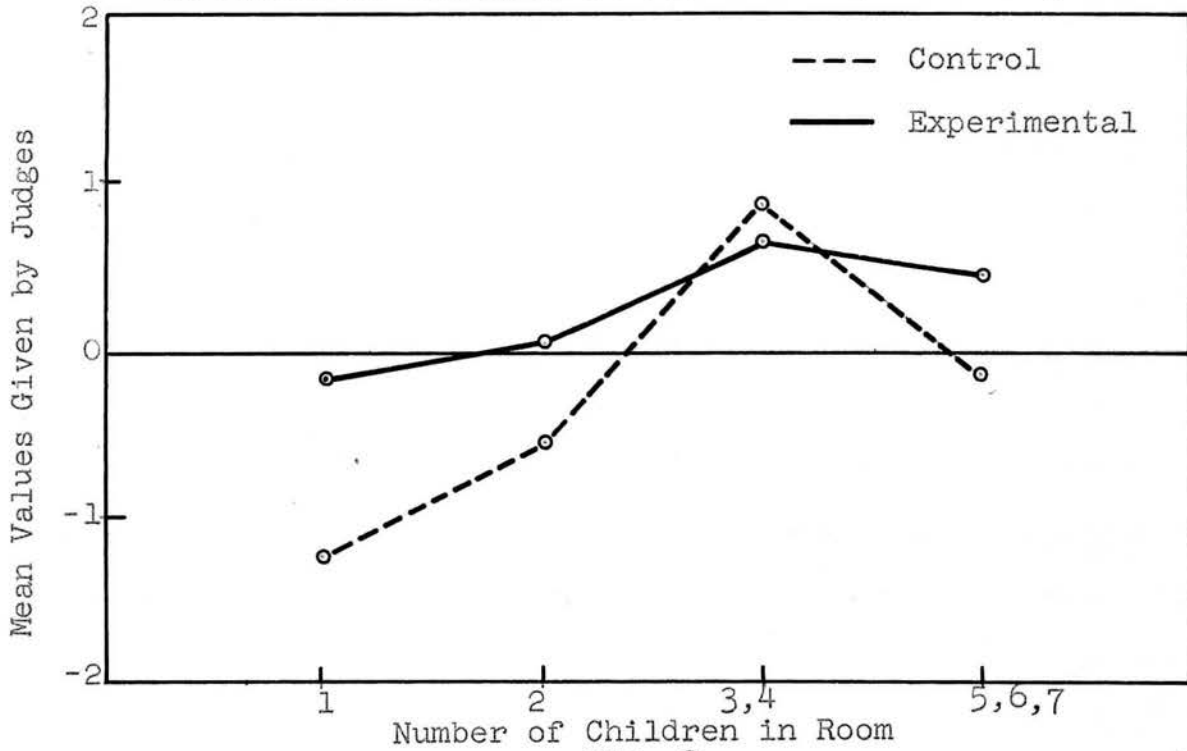


Fig. 3.

Mean Values Control Versus Experimental, According to Child's Hospital Day. (Children.)

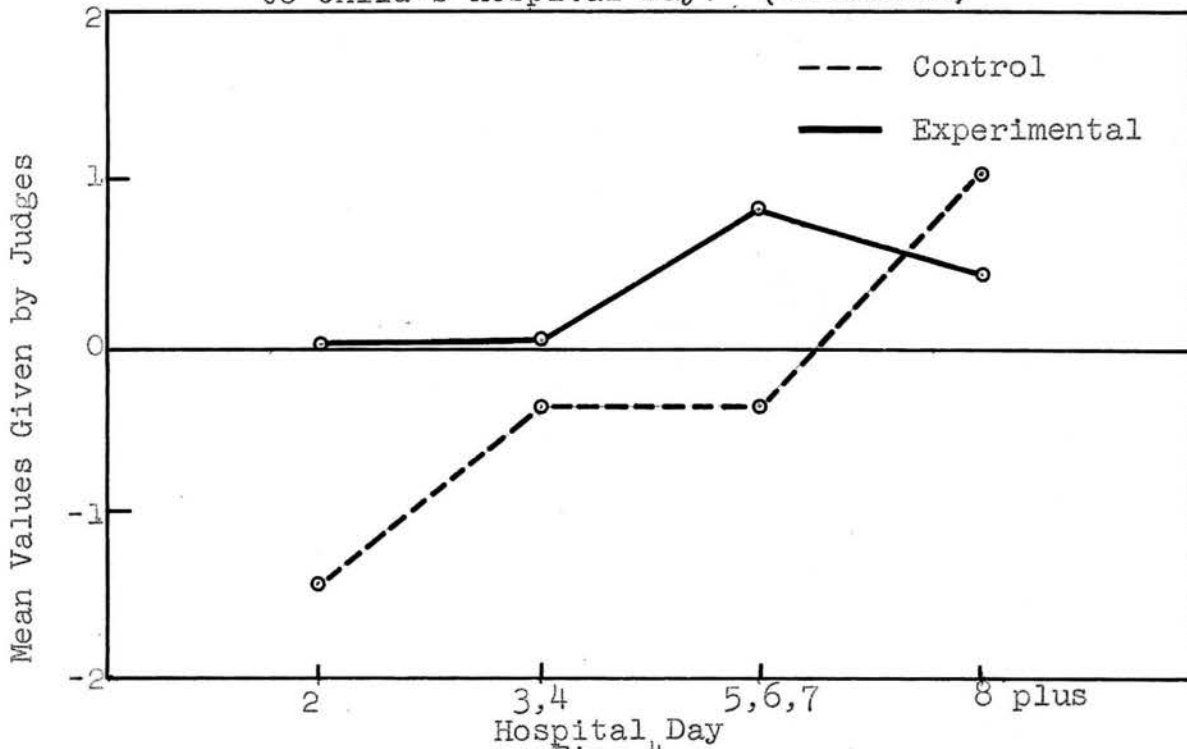


Fig. 4.

"t" Tests of Significance: Within Control and Experimental Groups. When one refers back to Table 1, it may be noted that there are differences between mean values within the control and experimental groups. For example, there is a difference of .684 within the control group when comparing age four and age five. It therefore becomes a point of interest to determine whether or not any of these differences are significant. Consequently, significance tests have been done within the control and experimental groups and for all cases combined according to age, number of children in the room, and hospital day.

Table 3 shows comparisons within the control and experimental groups and for all cases combined according to age. This table shows clearly that there is a difference in the child's adjustment to his parent's departure due to age alone and the scores increase as the age increases. The point at which significance shows for both control and experimental groupings is when age two is compared to age five. The other points of significance are comparisons Numbers 2, 3, 6, 7, and 9. A glance at the lines for both the control and experimental groups in Figure 2 enables one to see the difference due to age within groups more clearly.

Although Prugh, et al. did not make comparisons by single years within their experimental or control groups, it can be brought out, as shown on page twenty-six, among their control children, that they also found a difference in the adjustment of these children to their parent's departure due to age and the adjustment improved as the child's age increased. One may

TABLE 3

"t" TESTS OF SIGNIFICANCE FOR COMPARISONS WITHIN
CONTROL AND EXPERIMENTAL GROUPS ACCORDING
TO AGE TAKEN FROM TABLE 1

Comparisons Within Groups According to Age	Difference in Means	S E of Difference	"t" Score	Degrees of Freedom	Probability Level
1. Ages 2-3 vs. 4-5--control	0.925	±0.545	1.700	21	0.10
2. Ages 2-3 vs. 4-5--experimental	1.082	± .426	2.540	25	.02
3. Ages 2-3 vs. 4-5--all cases	.808	± .348	2.320	48	.02
4. Age 2 vs. age 3--control	1.196	± .647	1.850	9	.10
5. Age 2 vs. age 3--experimental	.489	± .500	.977	17	.33
6. Age 2 vs. age 3--all cases	.824	± .408	2.020	26	.05
7. Age 2 vs. age 4--control	1.154	± .503	2.290	11	.04
8. Age 2 vs. age 4--experimental	1.189	± .613	1.940	12	.08
9. Age 2 vs. age 4--all cases	1.053	± .440	2.390	25	.02
10. Age 2 vs. age 5--control	1.838	± .627	2.930	11	.01
11. Age 2 vs. age 5--experimental	1.589	± .694	2.290	10	.05
12. Age 2 vs. age 5--all cases	1.507	± .482	3.120	23	.005

TABLE 3 - Continued

Comparisons Within Groups According to Age	Difference in Means	S E of Difference	"t" Score	Degrees of Freedom	Probability Level
13. Age 3 vs. age 4--control	- .042	± .908	.046	8	>.50
14. Age 3 vs. age 4--experimental	.700	± .553	1.260	13	.22
15. Age 3 vs. age 4--all cases	.198	± .482	.411	23	>.50
16. Age 3 vs. age 5--control	.642	±1.041	.617	8	.56
17. Age 3 vs. age 5--experimental	1.100	± .615	1.790	11	.10
18. Age 3 vs. age 5--all cases	.652	± .529	1.230	21	.24
19. Age 4 vs. age 5--control	.684	± .821	.833	10	.44
20. Age 4 vs. age 5--experimental	.400	± .592	.676	6	.51
21. Age 4 vs. age 5--all cases	0.453	±0.571	0.794	18	0.43

refer to page twenty-seven and note that Jessner and Kaplan also found that anxiety from separation was seen mainly in the child under four years.

Table 4 shows comparisons within control and experimental groups and for all cases combined according to the number of children in the room. The points where significance appear are scattered and may be seen in comparisons Numbers 4, 6, and 12.

There is likely to be a difference in the child's adjustment when his parent leaves at the end of the visiting period according to the number of children in the room but it is not as certain as it was with age. It is seen in comparisons Number 4 and probably Number 10, within the control group, that that when three to four children are compared to less children in the room, the score is significantly higher. When three to four children are compared to five to seven children in the room, control Number 16, the score drops considerably but not significantly so. One cannot tell whether the adjustment is really more difficult for the child when five to seven are in the room, or whether the drop is due to chance variation. Figure 3 brings out clearly the high and low scores within the control group. The experimental group went in the same direction as the control but because of the small differences, there was no significance.

Table 5 shows comparisons within control and experimental groups and for all cases combined according to the child's hospital day. Significance appears at comparisons Numbers 6, 7, 9, 15, and 16.

TABLE 4

"t" TESTS OF SIGNIFICANCE FOR COMPARISONS WITHIN CONTROL
AND EXPERIMENTAL GROUPS ACCORDING TO THE NUMBER
OF CHILDREN IN THE ROOM TAKEN FROM TABLE 1

Comparisons Within Groups Accord- ing to Number of Children in Room	Difference in Means	S E of Difference	"t" Score	Degree of Freedom	Probability Level
1. 1 vs. 2 in room--control	0.664	±0.632	1.050	12	0.32
2. 1 vs. 2 in room--experimental	.210	± .656	.320	10	>.50
3. 1 vs. 2 in room--all cases	.377	± .467	.806	23	.43
4. 1 vs. 3-4 in room--control	2.100	± .733	2.860	8	.02
5. 1 vs. 3-4 in room--experimental	.840	± .755	1.110	8	.30
6. 1 vs. 3-4 in room--all cases	1.470	± .527	2.790	18	.01
7. 1 vs. 5,6,7 in room--control	1.070	± .714	1.500	7	.18
8. 1 vs. 5,6,7 in room--experimental	1.605	± .644	.939	14	.38
9. 1 vs. 5,6,7 in room--all cases	.977	± .491	1.990	23	.06
10. 2 vs. 3-4 in room--control	1.436	± .710	2.020	12	.07
11. 2 vs. 3-4 in room--experimental	.630	± .631	.998	9	.34
12. 2 vs. 3-4 in room--all cases	1.093	± .471	2.320	23	.03

TABLE 4 - Continued

Comparisons Within Groups According to Number of Children in Room	Difference in Means	S E of Difference	"t" Score	Degree of Freedom	Probability Level
13. 2 vs. 5,6,7 in room--control	0.406	± .772	.526	11	>.50
14. 2 vs. 5,6,7 in room--experimental	.395	± .561	.704	15	.50
15. 2 vs. 5,6,7 in room--all cases	.600	± .430	1.400	28	.17
16. 3-4 vs. 5,6,7 in room--control	-1.030	± .932	1.100	7	.31
17. 3-4 vs. 5,6,7 in room--experimental-	.235	± .631	.372	14	>.50
18. 3-4 vs. 5,6,7 in room--all cases	-0.493	±0.495	0.996	23	0.33

TABLE 5

"t" TESTS OF SIGNIFICANCE FOR COMPARISONS WITHIN CONTROL
AND EXPERIMENTAL GROUPS ACCORDING TO HOSPITAL DAY
TAKEN FROM TABLE 1

Comparisons Within Groups Accord- ing to the Child's Hospital Day	Difference in Means	S E of Difference	"t" Score	Degree of Freedom	Probability Level
1. 2nd vs. 3rd-4th--control	1.039	±0.568	1.770	9	0.11
2. 2nd vs. 3rd-4th--experimental	.079	± .518	.152	15	.50
3. 2nd vs. 3rd-4th--all cases	.650	± .418	1.560	26	.12
4. 2nd vs. 5th-6th--control	1.047	± .558	1.880	11	.09
5. 2nd vs. 5th-6th--experimental	.900	± .571	1.570	12	.07
6. 2nd vs. 5th-6th--all cases	1.021	± .466	2.190	25	.04
7. 2nd vs. 8th-plus--control	2.464	± .342	7.200	11	◀.001
8. 2nd vs. 8th-plus--experimental	.496	± .842	.589	8	.39
9. 2nd vs. 8th-plus--all groups	1.577	± .452	3.490	21	.002
10. 3rd-4th vs. 5th-6th-7th--control	.008	± .819	.010	8	▶.50
11. 3rd-4th vs. 5th-6th-7th--experi- mental	.821	± .515	1.590	15	.13

TABLE 5 - Continued

Comparisons Within Groups According to the Child's Hospital Day	Difference in Means	S E of Difference	"t" Score	Degree of Freedom	Probability Level
12. 3rd-4th vs. 5th-6th-7th-- all cases	0.371	±0.480	0.773	25	.43
13. 3rd-4th vs. 8th-plus--control	1.425	± .722	1.970	8	.08
14. 3rd-4th vs. 8th-plus-- experimental	.417	± .757	.551	11	>.50
15. 3rd-4th vs. 8th-plus-- all cases	.927	± .435	2.130	21	.05
16. 5th-6th-7th vs. 8th plus-- control	1.417	± .633	2.240	11	.05
17. 5th-6th-7th vs. 8th plus-- experimental	.404	± .833	.485	8	>.50
18. 5th-6th-7th vs. 8th plus-- all cases	0.556	±0.537	1.040	20	0.33

According to hospital day, as according to the number of children in the room, there is likely to be a difference in the child's adjustment but, again, it is not as clear as it was with age. There seems to be a significant difference, at least within the control group, since comparisons Numbers 7 and 16 are significant and since the scores increase as the number of hospital days increase. Figure 4 shows this increase on the control line. Prugh et al., however, found in their experiment that there was "no correlation between the length of stay in the hospital and the degree of reaction or effectiveness of adjustment on the ward."¹

Parents

Mean Score and Standard Errors of Mean Score: Control and Experimental. Table 6 shows the mean score and the standard error of the mean score for how the parents feel in relation to leaving their children at the end of a visiting period with cases grouped according to experimental and control, age of child, number of children in the room, and hospital day.

There is a slight difference between the control and experimental groups for the total parent responses and when data are subdivided according to age, number of children in the room, and hospital day. The experimental scores run just slightly higher in only six of the thirteen comparisons with the con-

¹Dane G. Prugh et al., "A Study of the Emotional Reactions of Children and Families to Hospitalization and Illness," American Journal of Orthopsychiatry, XXIII (January, 1953), 84.

TABLE 6

MEAN SCORE AND STANDARD ERROR OF MEAN SCORE FOR THE
RESPONSE OF PARENTS TO THE QUESTION: HOW DO
YOU FEEL ABOUT LEAVING YOUR CHILD TODAY?*

Groupings of Parents	Control Group		Experimental Group		All Cases	
	No. of Cases	Mean and SE of Mean	No. of Cases	Mean and SE of Mean	No. of Cases	Mean and SE of Mean
1. Total Parent Response	23	-0.117 \pm .22	27	-0.163 \pm .22	50	-0.142 \pm .15
2. Age 2	7	- .814 \pm .20	9	- .389 \pm .39	16	- .575 \pm .24
3. Age 3	4	- .250 \pm .76	10	- .180 \pm .41	14	- .200 \pm .35
4. Age 4	6	.417 \pm .41	5	.360 \pm .37	11	.391 \pm .27
5. Age 5	6	.250 \pm .41	3	- .300 \pm .55	9	.067 \pm .32
6. 1 in room	5	- .660 \pm .34	5	.260 \pm .63	10	- .200 \pm .38
7. 2 in room	9	- .234 \pm .31	6	- .733 \pm .45	15	- .433 \pm .26
8. 33 and 4 in room	5	1.120 \pm .34	5	.020 \pm .55	10	.570 \pm .36
9. 5, 6, 7, in room	4	- .725 \pm .42	11	- .127 \pm .29	15	- .287 \pm .24

*Cases grouped according to experimental and control, age of child, number of children in the room, and hospital day.

TABLE 6 - Continued

Groupings of Parents	Control Group		Experimental Group		All Cases	
	No. of Cases	Mean and SE of Mean	No. of Cases	Mean and SE of Mean	No. of Cases	Mean and SE of Mean
10. 2nd hospital day	7	- .828 \pm .18	7	.028 \pm .42	14	- .400 \pm .23
11. 3rd and 4th hospital day	4	.225 \pm .37	10	-.880 \pm .31	14	-.564 \pm .28
12. 5th, 6th, 7th hospital day	6	.050 \pm .44	7	.643 \pm .37	13	.369 \pm .28
13. 8th-plus hospital day	6	0.317 \pm .59	3	-0.100 \pm .65	9	0.178 \pm .43

trol scores running slightly higher in seven.

"t" Tests of Significance: Control versus Experimental. Table 7 shows thirteen selected control versus experimental comparisons taken from Table 6. The seven cases which are unfavorable to the experimental group may be noted by the minus signs.

Figure number 5 shows how the mean values given to the total parent responses, control experimental, and all cases combined, compare. It is noted that the experimental group has a score slightly lower than the control.

When the total cases of parent responses are divided into the sub-groups of age, number of children in the room, and hospital day, there is still no significance found.

Figure number 6 plots the mean values, control versus experimental, according to the sub-group of age, Figure number 7 according to the number of children in the room, and Figure number 8 according to hospital day. From these graphs slight differences can be seen between the control and experimental groups at all points on the graphs but it is seen by noting Table 7 that none of these differences is significant.

TABLE 7

"t" TESTS OF SIGNIFICANCE FOR SELECTED CONTROL VERSUS
EXPERIMENTAL COMPARISONS TAKEN FROM TABLE VI

Control versus Experimental Comparisons	Difference in Means	S E of Difference	"t" Score	Degree of Freedom	Probability Level
1. Total Parent Responses	-0.046	±0.31	0.148	48	0.50
2. Age 2	.425	± .48	.885	14	.38
3. Age 3	.070	± .80	.087	12	>.50
4. Age 4	- .057	± .56	.101	9	>.50
5. Age 5	- .550	± .70	.790	7	.45
6. 1 child in room	.920	± .71	1.287	8	.23
7. 2 in room	- .500	± .53	.938	13	.38
8. 3 and 4 in room	-1.100	± .65	1.689	8	.13
9. 5, 6, and 7 in room	.598	± .55	1.087	13	.29
10. 2nd Hospital day	.858	± .46	1.860	12	.09
11. 3rd and 4th Hospital day	-1.105	± .55	2.010	12	.07
12. 5th, 6th, and 7th day	.593	± .57	1.042	11	.34
13. Eighth-plus day	-0.417	±0.96	0.434	7	>0.50

Mean Values for Total Parent Responses: Control, Experimental, and All Cases (Parents)

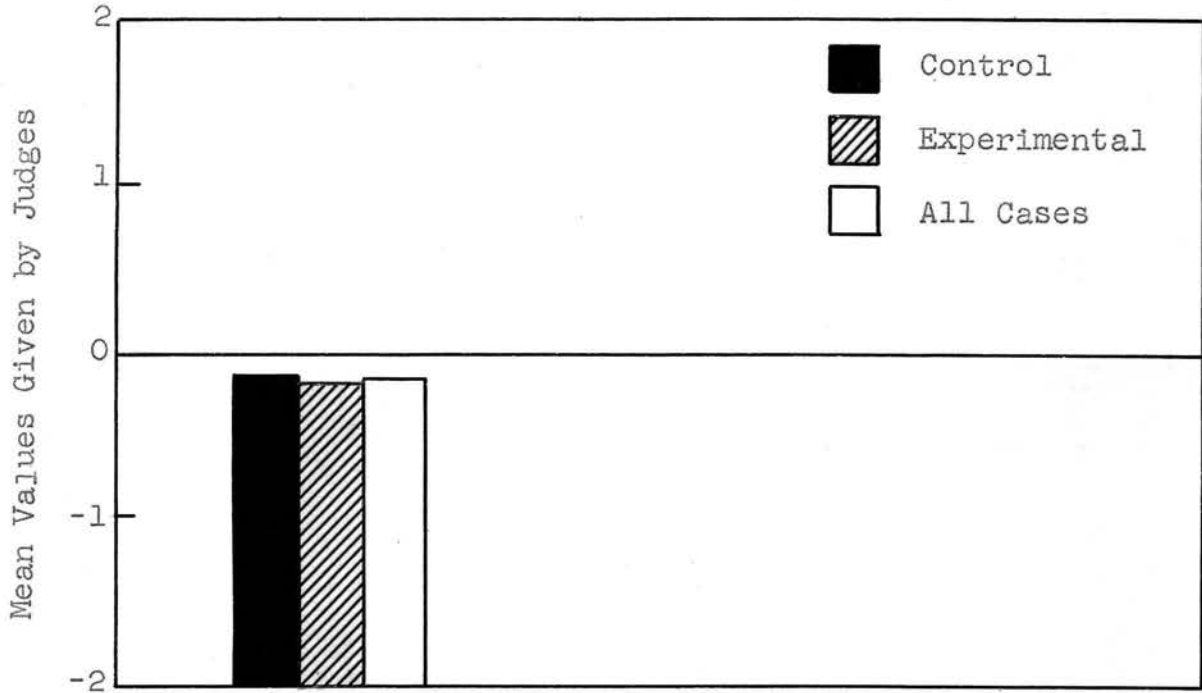


Fig. 5

Mean Values, Control Versus Experimental, According to Age of Child (Parents)

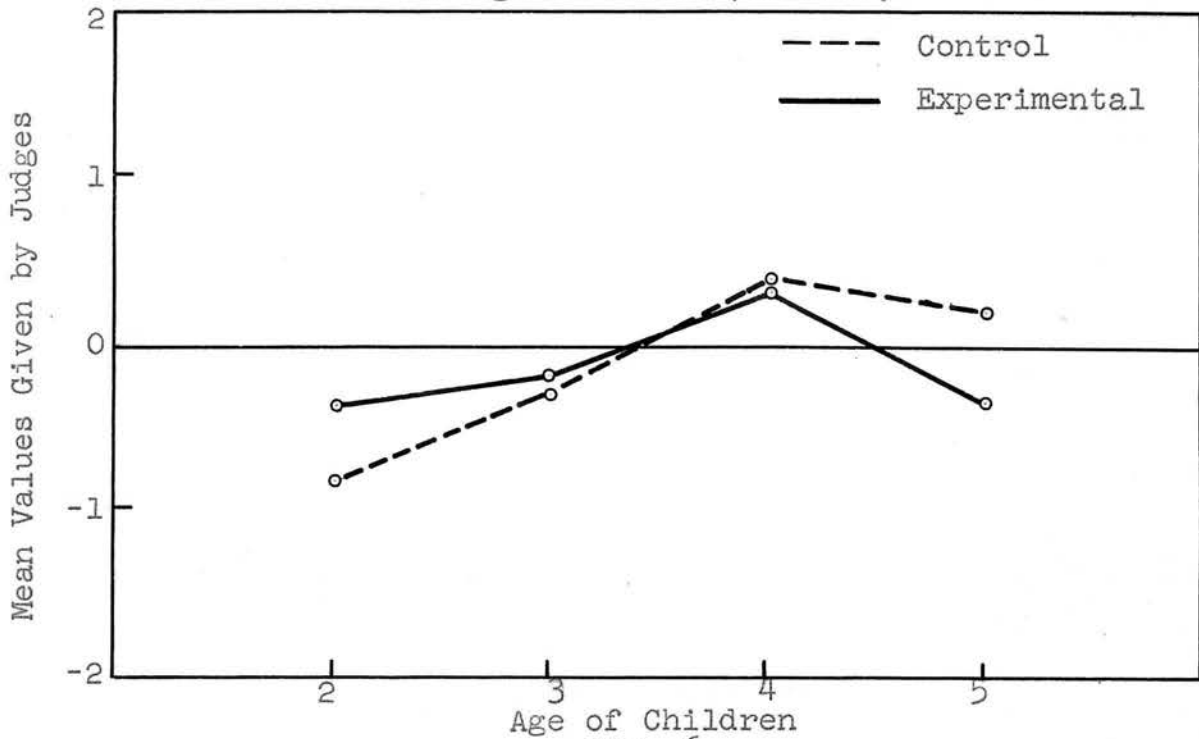


Fig. 6

Mean Values, Control Versus Experimental, According to Number of Children in the Room (Parents)

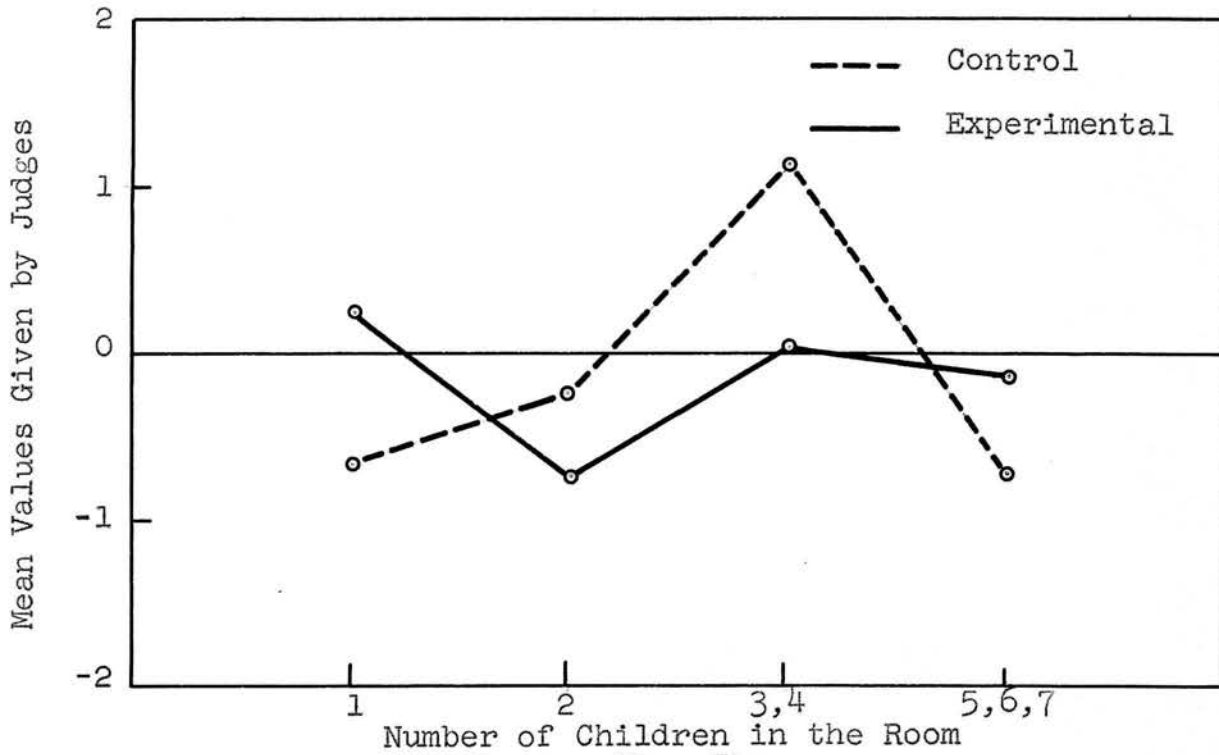


Fig. 7

Mean Values, Control Versus Experimental, According to Child's Hospital Day (Parents)

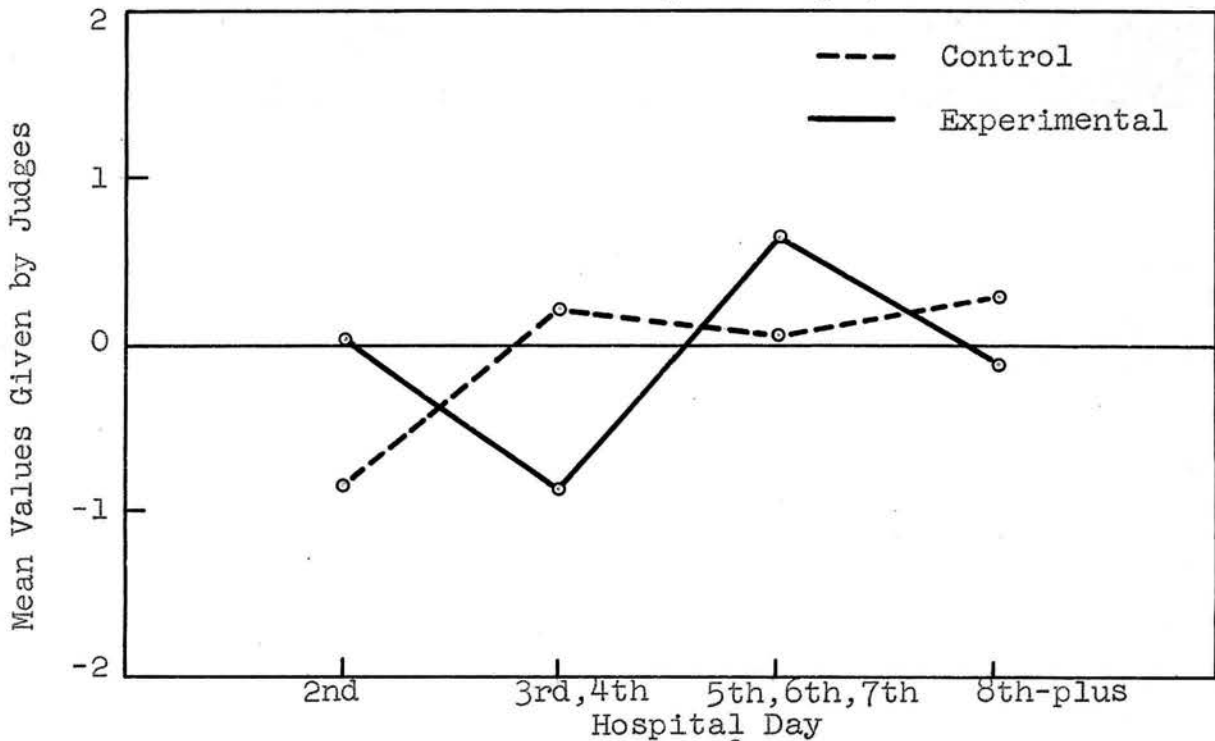


Fig. 8

"t" Tests of Significance: Within Control and Experimental Groups. When one refers back to Table 6, it may be noted that there are differences between mean values within the control and experimental groups. For example, there is a difference of 1.231 within the control group when comparing how parents of children aged two feel in relation to leaving their children as against those of children aged four. It therefore becomes a point of interest, as it did with the children, to determine whether or not any of the differences within the groups are significant. Consequently, significance tests have been done within the control and experimental groups and for all cases combined according to the age of the child, number of children in the room, and the child's hospital day.

Table 8 shows comparisons within control and experimental groups and for all cases combined according to the age of the child. The points of significance are scattered and may be seen in comparisons Numbers 1, 3, 7, 9, and 10.

The age of the child probably makes a difference in the parent's score when she leaves at the end of the visiting period. There seems to be a significant difference, at least for the control group, since significance occurs at comparisons Numbers 7 and 10. The experimental group went in the same direction as the control but, because of the small differences, there is no significance. A glance at the lines for both the control and experimental groups in Figure 6 enables one to see the differences due to age more clearly.

Table 9 shows comparisons within control and experimental

TABLE 8

"t" TESTS OF SIGNIFICANCE FOR COMPARISONS WITHIN CONTROL
AND EXPERIMENTAL GROUPS ACCORDING TO AGE OF
CHILD TAKEN FROM TABLE 6

Comparisons Within Groups According to Age of Child	Difference in Means	S E of Difference	"t" Score	Degree of Freedom	Probability Level
1. Ages 2-3 vs. 4-5--control	0.942	±0.402	2.340	21	0.03
2. Ages 2-3 vs. 4-5--experimental	.392	± .477	.822	25	.43
3. Ages 2-3 vs. 4-5--all cases	.645	± .301	2.140	48	.04
4. Age 2 vs. age 3--control	.564	± .614	.924	9	.39
5. Age 2 vs. age 3--experimental	.209	± .570	.366	17	>.50
6. Age 2 vs. age 3--all cases	.375	± .412	.909	28	.38
7. Age 2 vs. age 4--control	1.231	± .435	2.830	11	.02
8. Age 2 vs. age 4--experimental	.749	± .597	1.250	12	.24
9. Age 2 vs. age 4--all cases	.965	± .361	2.670	25	.01
10. Age 2 vs. age 5--control	1.064	± .434	2.450	11	.03
11. Age 2 vs. age 5--experimental	.089	± .754	.118	10	>.50
12. Age 2 vs. age 5--all cases	.642	± .396	1.620	23	.12

TABLE 8 - Continued

Comparisons Within Groups According to Age of Child	Difference in Means	S E of Difference	"t" Score	Degree of Freedom	Probability Level
13. Age 3 vs. age 4--control	0.667	±0.787	0.847	8	0.45
14. Age 3 vs. age 4--experimental	.540	± .644	.838	13	.44
15. Age 3 vs. age 4--all cases	.591	± .460	1.280	23	.21
16. Age 3 vs. age 5--control	.500	± .787	.635	8	.56
17. Age 3 vs. age 5--experimental	- .120	± .819	.146	11	>.50
18. Age 3 vs. age 5--all cases	.267	± .507	.527	21	>.50
19. Age 4 vs. age 5--control	- .167	± .577	.289	10	>.50
20. Age 4 vs. age 5--experimental	- .660	± .639	1.030	6	.36
21. Age 4 vs. age 5--all cases	-0.324	±0.413	0.782	18	0.43

TABLE 9

"t" TESTS OF SIGNIFICANCE FOR COMPARISONS WITHIN CONTROL
AND EXPERIMENTAL GROUPS ACCORDING TO NUMBER OF
CHILDREN IN THE ROOM TAKEN FROM TABLE 6

Comparisons Within Groups Accord- ing to Number of Children in Room	Difference in Means	S E of Difference	"t" Score	Degree of Freedom	Probability Level
1. 1 vs. 2--control	0.427	±0.494	0.863	12	0.39
2. 1 vs. 2--experimental	- .993	± .758	1.310	9	.23
3. 1 vs. 2--all cases	- .233	± .447	.522	23	>.50
4. 1 vs. 3-4--control	1.780	± .485	3.670	8	.006
5. 1 vs. 3-4--experimental	.240	± .837	.287	8	>.50
6. 1 vs. 3-4--all cases	.770	± .524	1.470	18	.18
7. 1 vs. 5,6,7--control	- .065	± .533	.122	7	>.50
8. 1 vs. 5,6,7--experimental	- .387	± .600	.645	14	.56
9. 1 vs. 5,6,7--all cases	- .087	± .432	.201	23	>.50
10. 2 vs. 3-4--control	1.353	± .495	2.730	12	.02
11. 2 vs. 3-4--experimental	.753	± .708	1.060	9	.30
12. 2 vs. 3-4--all cases	1.003	±0.432	2.320	23	0.03

TABLE 9 - Continued

Comparisons Within Groups Accord- ing to Number of Children in Room	Difference in Means	S E of Difference	"t" Score	Degree of Freedom	Probability Level
13. 2 vs. 5,6,7--control	-0.492	±0.549	0.896	11	0.39
14. 2 vs. 5,6,7--experimental	.606	± .518	1.170	15	.25
15. 2 vs. 5,6,7--all cases	.146	± .358	.408	28	>.50
16. 3-4 vs. 5,6,7--control	-1.845	± .534	3.450	7	.01
17. 3-4 vs. 5,6,7--experimental	- .147	± .568	.258	14	>.50
18. 3-4 vs. 5,6,7--all cases	-0.857	±0.418	2.050	23	0.05

TABLE 10

"t" TESTS OF SIGNIFICANCE FOR COMPARISONS WITHIN CONTROL
AND EXPERIMENTAL GROUPS ACCORDING TO HOSPITAL
DAY TAKEN FROM TABLE 6

Comparisons Within Groups Accord- ing to the Child's Hospital Day	Difference in Means	S E of Difference	"t" Score	Degree of Freedom	Probability Level
1. 2nd vs. 3rd-4th--control	1.054	±0.364	2.892	9	0.02
2. 2nd vs. 3rd-4th--experimental	- .909	± .514	1.770	15	.09
3. 2nd vs. 3rd-4th--all cases	- .164	± .360	.455	26	>.50
4. 2nd vs. 5th,6th,7th--control	.879	± .453	1.941	11	.08
5. 2nd vs. 5th,6th,7th--experimental	.614	± .560	1.100	12	.29
6. 2nd vs. 5th,6th,7th--all cases	.769	± .365	2.110	25	.05
7. 2nd vs. 8th-plus--control	1.146	± .575	1.992	11	.07
8. 2nd vs. 8th-plus--experimental	.071	± .777	.091	8	>.50
9. 2nd vs. 8th-plus--all cases	.578	± .447	1.292	21	.21
10. 3rd-4th vs. 5th,6th,7th--control	- .175	± .628	.279	8	>.50
11. 3rd-4th vs. 5th,6th,7th--experi- mental	1.523	±0.482	3.160	15	0.006

TABLE 10 - Continued

Comparisons Within Groups Accord- ing to the Child's Hospital Day	Difference in Means	S E of Difference	"t" Score	Degree of Freedom	Probability Level
12. 3rd-4th vs. 5th,6th,7th-- all cases	0.933	±0.397	2.350	25	0.03
13. 3rd-4th vs. 8th-plus--control	.092	± .791	.116	8	>.50
14. 3rd-4th vs. 8th-plus--experimental	.980	± .667	1.470	11	.19
15. 3rd-4th vs. 8th-plus--all cases	.742	± .486	1.530	21	.15
16. 5th,6th,7th vs. 8th-plus--control	.267	± .736	.363	10	>.50
17. 5th,6th,7th vs. 8th-plus-- experimental	- .543	± .697	.779	8	.45
18. 5th,6th,7th vs. 8th-plus-- all cases	-0.191	±0.493	0.387	20	>0.50

groups and for all cases combined according to the number of children in the room. Significant comparisons are Numbers 4, 10, 12, 16, and 18.

By observing control comparisons Number 4, 10, and 16 on this table, it is seen that when three to four children are in the room the scores are significantly higher than when either a more or less number of children are in the room. One cannot tell whether the score is really higher for the parents when three to four children are in the room or whether the drop when five to seven are in the room is due to some unexplainable factor. Upon looking at Figure 7, one can see the comparisons within groups more clearly.

Table 10 shows comparisons within the control and experimental groups and for all cases combined according to the child's hospital day. The pattern is irregular but one significant point in both the control, Number 1, and the experimental, Number 11, groups indicates that perhaps there is an increase in the parent's score with the child's hospital day.

Summary of Data

Two separate comparisons were made in the analysis: (1) control versus experimental, and (2) comparisons within the control and experimental groups.

Control Versus Experimental Comparisons. For all cases, the children scored higher under experimental conditions than under the control, but the difference was not significant. For all cases of parents, the control group score was slightly high-

er than the experimental.

When comparisons were made, control versus experimental, for individual age groups, the two year olds showed a significantly better score under experimental conditions. Children ages three, four, and five scored higher under experimental conditions but not significantly so. There were no significant differences in parent scores for any of the age comparisons.

Comparisons according to the different groupings of number of children in the room showed no significant differences for either children or parents.

Comparisons by hospital day showed that children on the second day of hospitalization scored significantly higher under experimental conditions. There were no significant differences in parent scores according to this grouping.

Comparisons Within Control and Experimental Groups.

When comparing one age to another within the control and experimental groups, there is a significant increase in the child's score with his increasing age for both control and experimental groups. There is probably a significant increase in parent scores, within the control group, as the age of the child increases.

Comparisons within groups according to number of children in the room show that there is probably a significant increase in the child's and the parent's scores, at least within the control group, up to three to four children in the room. There is a significant decrease in the parent's score, within the control group, when three to four is compared to five to

seven in the room.

When comparing one hospital day to another hospital day within groups, there is probably a significant increase in the child's score, at least within the control group, as the hospital day increases. As for the parents, there is probably a significant increase in their score, within both the control and experimental groups, as the hospital day increases.

Interpretation of Data

It cannot be interpreted from the findings, due to the small number of cases available, whether there was a true difference in control versus experimental comparisons and, also, in comparisons within the control and experimental groups only in certain specific cases such as in age two, on the second day of hospitalization, and in comparing age two to age five within groups or whether other comparisons would be significant in an experiment with a larger number of cases.

Also; in this study there was no attempt to equalize the number of cases in the control and experimental groups with respect to age of child, number of children in the room, or hospital day. It can be seen on Table 1 that these distributions did not turn out to be very well balanced although the differences in distribution are within the range of "chance variation." For example, the number of the three year old children in the control group was four and in the experimental was ten.

This unequal distribution of cases is important when interpreting data for two reasons: (1) the total child situa-

tion comparison of control versus experimental is affected by the unequal distribution. For example, the experimentals in comparison with the controls have an unfavorable distribution by age and by hospital day but have a favorable distribution in respect to the number of children in the room, and (2) in the comparisons of the control versus experimental sub-groups and for sub-groups within the control and experimental groups some of the groupings were very small and hence allowance for "chance variation" is quite large. For example, for the control versus experimental comparison, age three, there were four versus ten; for the eighth-plus hospital day, there were six versus three; and when five to seven were in the room there were four versus eleven. For comparisons within groups, age three, control, had only four cases; age five, experimental, had three cases; and the eighth-plus hospital day, experimental, had three.

Because the factors of age, number of children in the room, and hospital day appear to make an appreciable difference in score for both children and parents, one might have had more clear-cut results if it had been possible to design the experiment so as to insure that control and experimental groups were balanced precisely with respect to all of these factors. †

It may be noted that significance occurred in only two of the total number of within-group comparisons for the experimental group. They were when children age two were compared to those age five and when parents on the third and fourth days were compared to those on the fifth, sixth, and seventh. Since

it was in the experimental group that a nurse was executing a purposeful plan of nursing care in order to assist both the children and their parents in their separation at the end of the visiting period, perhaps she improved the ratings of the experimental groups who would have scored low but did not affect those who would have scored high anyway. For example, it may be seen on Figure 3 that in the experimental group the scores for one or two children in the room were higher than the control group whereas, with more children in the room, the scores were fairly high for both the control and experimental groups.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

This experiment took place on the children's ward at Vanderbilt University Hospital. It was believed by the investigator that separation at the end of the visiting period could be emotionally more comfortable for the child and his parent if a nurse was readily available to assist them during the visiting period, at the departure of the parent, and if she remained with the child thirty minutes after the departure of the parent, provided she purposefully geared her nursing care toward assisting them in their separation.

The method that was used to test the above hypothesis for the children was direct observation and immediate recording of the behavior of twenty-three children, ages two to six, under control conditions and twenty-seven children under experimental conditions from the beginning of a visiting period and until thirty minutes after the parent had left. Later these recordings, from the time that the visiting period was announced over and until thirty minutes after the parent had left, were mimeographed.

The method used to test the hypothesis for the parents was a one-question questionnaire. The investigator asked a parent of each control and experimental child the question:

"How do you feel about leaving your child today?" just after she had left the child at the end of a visiting period. The responses were immediately recorded and later mimeographed.

How the parents and children felt when the parents left at the end of the visiting period was rated by ten judges who read the mimeographed control and experimental child observations and the control and experimental parent responses and indicated, on a five-point rating scale, how they thought each child and each parent felt. Control versus experimental comparisons were made for both children and parents according to the total number of cases, age of the child, number of children in the room, and the child's hospital day.

The evidence obtained from the above methods of investigation indicated the following:

1. When the total number of children in the control and experimental groups were compared, the difference between the groups was in favor of the experimental but not significantly so. However, differences in some of the sub-groups were significant.
2. The children, age two, felt significantly better under experimental than under control conditions.
3. The children, on their second day of hospitalization, felt significantly better under experimental than under control conditions.
4. The parents of these children felt about the same under the control as they did under the experimental conditions when they left their children at the end of the visit-

ing period.

5. There were no significant differences in regard to how the parents felt when they were compared, control versus experimental, according to the individual groupings of age of their children, number of children in the room, or as to the number of days their children had been in the hospital.

Assuming that the reliability of the study is adequate; that scores can measure feelings, at least approximately, and be interpreted in terms of emotional comfort for the purpose of this study, then it may be said that the hypothesis of the study has been proven to be true for two year old children and for children on their second day of hospitalization but has not been proven to be true for any groupings of parents.

It would seem desirable, then, to put the plan of nursing care into effect for these two groupings of children.

Therefore, it is recommended that the Vanderbilt University Hospital Department of Nursing Service arrange to put the proposed plan of nursing care into effect with:

1. All two year old children on the Children's Ward.
2. All children between the ages of two and six who are at their second day of hospitalization.

To implement the plan, two factors would need consideration and, possibly, a third.

1. An in-service educational program among the nursing staff for the main purposes of (a) motivating the nursing personnel to want to carry out the plan and (b) guiding them in its execution.

2. Some changes in ward management would be necessary so that nurses would be available to execute the plan.

3. The third factor that might need consideration in order to implement the plan is employment of more nursing personnel. It is suggested, however, to first try to make it work with the present number of persons employed.

During the process of the study the following possibilities of changes in ward management have occurred to the writer as practical ones:

1. Keep the visiting period at the time of day that it has been held, namely, 2:30 to 3:00 P.M. daily.

2. Plan nursing assignments so that:

a. children of different ages are evenly distributed among each nurse's assignment.¹ This would be beneficial for two reasons:

(1) it would assure a smaller number of two-year olds on each assignment thus enabling the nurses to more nearly meet the needs of all of the two-year olds.

(2) it would assure on each assignment a minimum number of infants who need to be fed at 2:00 and 3:00 P.M. thus giving each nurse more opportunity to be with children who need assistance in separating from their parents.

¹This is being done at present but with additional purpose behind it, which arises from this study, it probably can be more surely done.

To further free the nurse to be with children who need her for reasons of separation, it is suggested that the feedings of infants at 3:00 P.M. be delegated in every case possible to the nurses who come to the ward at 3:00 P.M., rather than to those who leave at 3:30 P.M. as is now the practice.

b. each nurse should have children on her assignment who are at various days of hospitalization. This will prevent an overload of children on any assignment who are at their second day.

3. Add the following to the nursing care card:²

a. the date of admission of each child.

b. a nursing order on the card of each two-year old and each child between two and six years old, who is at his second day of hospitalization, that signifies he needs assistance in separating from his parents. It might read: "Assist with separation."

It became a point of interest in this study to determine whether or not differences between sub-groups, within the control and experimental groups, were significant. Therefore, significance tests were done within the control and experimental groups for children and parents according to the individual groupings of age of child, number of children in room, and hospital day.

²The nursing care card is a four-by-eight inch manila card upon which is written the patient's name, age, diagnosis, room number, and all orders that are executed by the nurse. The card is permanently kept at the head nurse's desk and the nurse who cares for the patient copies instructions and orders from it on to her nursing work sheet. She, in turn, carries the work sheet with her and refers to it as she cares for the patient.

The evidence obtained for the children and parents from comparisons within the control and experimental groups indicated the following:

1. Under both control and experimental conditions, the children apparently feel significantly better when their parents leave at the end of the visiting period due to their increasing age alone.

2. Under control conditions, they probably feel significantly better as the number of children in the room increase up to three to four in the room.

3. Under control conditions, they probably feel significantly better as their hospital day increases.

4. Under control conditions, the parents probably feel significantly better when they leave their children at the end of the visiting period as the age of their children increases.

5. Under control conditions, parents probably feel significantly better as the number of children in the room increases up to three to four in the room, and significantly worse when there are more than three to four in the room.

6. Under both control and experimental conditions, the parents probably feel significantly better about leaving their children as the child's hospital day increases.

From the above findings it may be seen that age of the child, number of children in the room, and the child's hospital day are individual factors which influence the emotional adjustment of both the children and the parents when they separate at

the end of the visiting period.

The fact that these factors influenced the behavior of the children and parents in more comparisons within the control group than within the experimental group is felt to be due to the presence of the nurse in the experimental group who was executing the plan of nursing care. If it had not been for her activities in the experimental group, it is felt that comparisons within that group would have been more like those within the control.³ Therefore, the following recommendations are general in that they apply to both the control and experimental groups even though the findings did not show as clear patterns within the experimental group as they did within the control.

It is recommended, therefore, that:

1. The entire pediatric staff, which includes doctors, nurses, social workers, dieticians, and physical therapists, be made aware of the fact that children from ages two to six and their parents adjust better to separation as the age of the child increases.

This could be done through interdisciplinary conferences. The staff members, in turn, would then more nearly know what age children and which parents to whom to direct their efforts towards that assist in separation.

2. Children from two to six years be placed in three to four-bed wards when more important criteria for ward placement are not operating.

³Refer to Page 91.

3. The effect that the number of children in the room has on separation of the child and his parent at the end of the visiting period, as found in this study, be considered in architectural planning of pediatric units.

Recommendations for Further Study

This study supplies only a few of the answers to but one of the problems that face preschool hospitalized children. No problem of the parents of these children has been solved. Consequently, several unknowns still exist that need investigation. These will be listed and discussed but not necessarily in the order of their importance.

1. Continued effort needs to be geared toward assisting children and their parents in their adjustment to separation while the child is hospitalized.

Since it is felt that more clear-cut answers to this problem, at least for the children, would have developed from this study if the sampling of cases had been larger, it might be practical to repeat this method but obtain a larger number of cases.

To test adjustment of both children and parents to separation in this setting, it is suggested that a study be done which would plan to have the experimental group of children and parents have more nearly "ad lib" visiting periods. That is, the parents of these children could guide their coming and going more in terms of their own and their children's emotional comfort as well as in terms of their

responsibilities to their family at home, to their job, and to their community.

It is suggested that a study be done to assist the older hospitalized child, six to twelve or fifteen, and his parents in their separation.

Also, to ease separation anxiety for the child at least, it is suggested that pediatric nursing services attempt to devise ways of providing continuous nursing care to each child by a few nurses who would become vitally interested in the individual child, rather than a host whose interests in each individual necessarily become very thinly spread.

2. Other studies should be attempted in hopes of solving the many other problems that children have in adjusting to the hospital.

Studies and observations have been published that bring out the effects that loss of security or confidence in the parents have on the child; that describe psychic trauma due to pain and operations; and many of these suggest ways of preventing and/or alleviating such effects.⁴

However, other problems that might be studied are those pertaining to eating, sleeping, and toilet adjustment from the home to the hospital and back. It seems that it is especially a responsibility of the nurse to help investigate these.

3. Studies should be done in the tremendously large field of discovering what effects hospital, home, and com-

⁴Refer to Chapter II, Hospitalization: A Source of Psychic Trauma to Children.

munity adjustment of the sick child have on the progress of his illness itself.

4. Not only is it desirable for nurses to have time set aside for the precise purpose of doing research and to work toward this end, but it is also recommended that nurses attempt studies in addition to their jobs. This is recommended for persons in Nursing Education and in Nursing Services not only from the point of view of adding new learnings but, also, from the point of view of job satisfaction.

APPENDIX I

APPENDIX I

TEST TO DETERMINE HOW THE CHILDREN FEEL IN
RELATION TO THEIR PARENTS LEAVING THEM
AT THE END OF THE VISITING PERIOD

DIRECTIONS: Please read carefully.

The following fifty situations took place on a pediatric ward in a general hospital.

Each situation describes the behavior of one child from the time that the visiting period was announced over until thirty minutes after the parent had left.

The purpose of this test is to determine how each child feels in relation to his parent or parents leaving him.

Please do not judge the child's feelings in terms of what the parents or hospital staff members do and say but, rather, in terms of the child's behavior.

Please check the response on each rating scale (sample below) that you think best describes how the child feels. There are fifty situations and fifty rating scales. Please be sure that the numerical number of the rating scale that you are checking corresponds to the number of the situation that you are judging.

Very	Secure	Somewhat Secure	Anxious	Very
Secure		and		Anxious
		Somewhat Anxious		

Abbreviations: C-Child; M-Mother; F-Father; SM-Staff Member.

It will take you approximately ninety minutes to complete your answers.

GUIDE FOR RATING: Please read carefully.

The following guide for rating may help you in determining your answers. Only incidents of a Very Secure child and a Very Anxious child are given in the guide.

Very Secure. The child may not like to have his visitors go but he quickly becomes interested in the people and things in his environment and maintains this interest. He gives to others and/or concentrates his interest on things and people apart from himself.

Example. 5 years. SM: "Visiting hours are over." F: "It's time for us to leave, Skip." C: "I want to go home. I want to go with you. Will you be back tonight?" (whining). F: "We can't visit at night. Do you feel like going to school?" C: "Yes, let me go home." F: "As soon as they finish the test. I told you what they were going to do and you did not believe me, did you?" C: "No." F: "I'll be here early tomorrow. Don't cry. Give me a solid handshake. Smile." The C did neither but said: "I want to go home with you." Trying hard not to cry. A SM walked to the bed and said: "We know you want to go home, Skipper, but the doctors want to do some more tests first." C: "Why can't they bring me back and forth to the hospital for the test?" SM: "We sure would if we could, Skip, but this test won't take long and then you'll be ready to go." C starts crying some. F: "Doc, I'm coming tomorrow. I've got to get back downtown now. I'll see you tomorrow. What do you want me to bring you?" C: "Shoes and a peanut butter sandwich." F to SM: "He misses his peanut butter sandwiches." F to C: "O.K., Doc, I'll remember. See you tomorrow. Bye." Skip hollered "Bye" twice very loudly as his Father walked down the hall. He has stopped crying. C to SM: "He's coming back tomorrow." SM: "He sure is." The C is looking at six little books his Father had brought him. SM: "Do you want me to read to you?" C: First, I wish you would get me some chocolate milk." SM: "All right. I'll be back in a minute with it." The SM comes back in and C drinks all of his milk. C: "This one." as he shows her which book he wants read. He listened attentively to the story she was reading. After the story the SM said: "Skip, I have to go now but we can read some more tomorrow, O.K.?" C: "O.K." She left and C sat up in bed looking over funny books. He then began reading out loud. End of period.

Very Anxious. The child focuses his interest on himself and maintains this interest throughout most or all of the period. He cries and yells for his visitor a great deal; or he stands up and looks and grasps towards the door a lot; or looks up anxiously at most every person who comes by; or he withdraws by ignoring his environment; or a combination of these.

Example. 3 years. A SM comes in the room and announces that visiting hours are over. The M has been reading to the C. The C immediately looks at the SM and quickly sits up in bed, reaches over the rail to her M, and starts crying. The M puts the book down, quickly stands up at the bedside. C is clinging to M and trying to get M to take her out of bed. Crying and saying, "Don't go, don't go." M begins to raise cribside and C screams louder, still clinging, and madly jumps up and down in the bed. M: "I've got to go now, Susan. The lady said so." C screams: "Take me with you, take me with you." M trying to pry C's arms from around her neck, C tries to hold tighter. Still screaming for her M not to go. M: "I've got to go down the hall. I'll be back in a few minutes. You be a good girl or Mommie won't come back." M finally succeeded in prying C's arms loose and hurriedly picked up her purse and left the room. C screamed and cried louder, "Mommie, Mommie," over and over. "I want my Mommie." She tried to climb out of bed and goes from side to side in much distress. After a minute or two of this a SM tried to interest her in toys. She took a toy and threw it out of reach and cried. The SM picked her up, walked her around the room, and sat down with her. SM: "Susan, Mother is coming back tomorrow. She doesn't want to go but she must." All this time C was looking at door and trying to get out of SM's lap so she could follow her Mother. Yelling: "Mommie, I want my Mommie." SM put her back in bed which the C resisted. "I want my Mommie," and to SM: "Go get her." SM: "Your Mommie will be back to see you." C cried louder. SM attempted to interest her in toys again. C threw them away again. C cried "Mommie" and looked out of door. After twenty minutes, her crying and yelling out has subsided in both frequency and explosiveness. She stopped crying altogether for the next five minutes and just sat there and anxiously watched people go by the door. End of period.

CHILD SITUATIONS

- 1 3 years. SM: "Visiting hours are over." She brought a chart in the room. F: "We've got to go in a minute." C: crying. F: "Mother's going to bring you a coca cola back. Don't cry, sweet." He covered the child's body with a diaper. C: crying. "I want a drink of water." F got her a cup and Connie drank through a straw. M brought coke in. F to M: "Ill wait out in the hall." M: "Let me get your straw." C: "Take it out." (the straw). M raised C's head with her right hand and held the cup with her left hand. C takes cup with her hand helping Mother. C crying. M kisses C. C: "I don't want any more." M drinks remainder of coke. M fanning C. M kisses child. M: "I'll see you." C sleepy. Eyes closed. M still fanning. M: "Darling, go to sleep." M looks at recorder. M ties the child's arm restraints. C: "Mommie." M: "Go to sleep. You hurry and get well. Do what they tell you to do so you will get well. You be good." M kisses child. C: "I want some lipstick." M looks at recorder and smiles. She takes lipstick from her purse and barely tips child's lips. Kisses her. Pulls up side of bed and walks out. C: "I want to see my Daddy." C to SM: "Scratch my ear." SM: "What darling?" C: "Scratch my ear." SM went to other patient. C crying "Mamma." C: "Scratch my ear." Repeats this several times. SM: "What's wrong, Connie? What do you want?" C: "Got my pennies?" SM: "Yes, honey, we have your pennies for you." C lying on back scratching right leg with left foot. Heard other child ask if Daddy were coming back. C: "Is Daddy coming back?" Crying. Stops crying and looks out window. Arms restrained loosely overhead. Looking at get-well card. Exploring under her bandage with right hand. SM walked to head of bed and tightened restraints. C had three pennies on frame near her head. SM placed them in the bedside table. C did not whimper but eyed SM apprehensively. Lying quietly in bed moving arms and legs. Again exploring under her bandage. Pulling adhesive off. Another SM: "How are you doing today? Has your doll been hot today?" C: "Un-huh." (Yes.) SM: "Have you been hot today?" C: "Un-huh." (No.) Moving arms and legs unrestrained. C whimpering. Watching two SM's in room. Looks out the window. Runs hand through hair. Puts a penny in her mouth. SM went to bedside and said: "Connie, may I put that penny here with your others?" C looked at SM and gave SM the penny. SM put it in the table. C cried a little bit. Watches SM who came in room. End of period.
- 12 4 years. SM comes to door and announces visiting hours are over. M to C: "IK, I'll be there. I've got to go, Esther Sue." C hugs and kisses her. C: "Bring me some chewing gum. I'll see you outside." M: "I've got to go see the doctor so you won't see me for a little while." C: "Good-bye, bye, Momma. Come that way so I can see you." M: "All

right but it will be a little while before I do. Be a good girl now." C: "Bye, by." Mother leaves. C continues to cut out paper dolls. C: "I don't cry no more, I don't cry no more." Stands up and watches out window. Watches SM fixing injections. Watches out window almost continually now. C sees her Mother out window and calls: "Bye, Mama" and waves to her. SM: "Mama going home?" SM gets thermometer. C lies down for her. SM counts her pulse and respirations. C is looking at chewing gum wrapper. SM: "Want some water?" SM helps her sit up. C nods head and drinks a few swallows. Gets up and watches lawn mower outside, opens gum, chews a piece. Begins cutting out paper dolls again. Collects scraps in a pile. SM gets C's water pitcher. C: "My Mama brought me these scissors." SM does not answer her. End of period.

43 4 years. When visiting hours were over Mrs. H brought Billy back (C and M had been walking around ward) and started to put him in the bed. He began crying and stomping his feet. C: "I want to walk down the hall." M: "Maybe she (SM) will walk with you." SM: "Yes, we can go for a walk." M: "Kiss Mother goodbye." Billy began to cry and wiggle. M: "I'll be back tomorrow, Billy." Billy began to cry louder. M: "Kiss me goodbye." SM: "Billy, Mother doesn't want to go but she must." M: "Yes, Mother has to cook supper for Daddy." SM: "Mother is coming back tomorrow." During this time he continued to cry loudly. He kissed her. The Mother left. He was crying and stomping his feet. SM picked him up and started walking down the hall. He immediately stopped crying. He talked some but his voice was so husky SM could hardly understand him. He said he wanted to go to the playroom. SM: "O.K." They had just been walking up and down the hall watching the other children. They went to the playroom. SM: "Would you like me to read you a story?" C: "Yes." SM: "Which book would you like?" He picked one. C: "I want to get in my wagon." SM put him in it. They rode up the hall. Everytime SM started back to his room he wanted to go back up the hall. Finally SM took him back to his room. He began to fret so SM picked him up and talked to him about his shoes and home. He quieted. SM: "I don't want to leave you, Billy, but I must go home." SM put him in bed. He began to cry and stomp his feet and yell: "Momma, Momma." SM: "Mother will be back tomorrow, Billy." C: "I want to get out of bed." SM: "There are somethings that we have to do. In the hospital we stay in bed." SM showed him Georgia and Kimber in bed. He quieted down and then SM put him back in bed. He started crying loudly and kicked his feet. SM: "Billy, I don't want to leave you but I must go now." He continued to cry about ten minutes. SM took him some toys and he began playing with them. End of period.

5 2 years. M: "Mamma's got to go." C cries. M puts up side rail. M: "Oh, honey! Be real sweet now. I'll come back." M gives C another stick of gum. M: "Hold that now until Mother gets back." M leaves room. C cries. Calls: "Where did Mommie went?" Repeats this over and over. Stops crying and tries to pull self to sitting position. Starts crying again. Finally gives up and lies down. Then tries again, makes it, and leans against side of bed. Mother returns to doorway with a SM. C screams for her. SM: "Don't get scared of me. I'm just coming to talk to you." C: "Mamma, Mamma." SM: "Miss your Mamma." SM to M: "I haven't gotten any spinal fluid yet. I think she is doing better. I'll be back in a little while. How much longer are you going to stay?" M: "I was fixing to leave now." During this time the SM and M walked to door. The C cried louder than before. M returns to bedside. M: "Want me to get you some candy? Want some water?" M gave her some water. M: "I'm not leaving. I'm just going to get you some candy." C: "I don't want none." M: "I'll be gone just a few minutes. Mother has to go to the bathroom." C: "Na-na." M: "Want some popcorn? A doll? What do you want?" C still cries. M: "Lie down now. That man won't bother you. He's gone now. Put your foot down and scoot down real slow." C: "No." M moves away from bed. M: "I'll be back in just a few minutes." C: "That man will get me." M: "I'll tell him not to get you." C cries over and over: "That man will get me." M leaves. C screams. Beats on bed with hands and feet. Takes gum out of mouth and throws it on floor. Tries to stand up. Still crying. SM to SM: "Have you seen her day sheet? You don't have it over there do you?" SM: "No." C has gradually stopped crying. Occasionally cries for Mother. Is lying down in bed. End of period.

14 4 years. When they (the Mother and child) came back into the room (they had been walking) Billy was crying. Mother hugging and kissing Billy. C: "Mummy, stay with me." M: "I can't Billy. What's the matter?" C: "Stay all night with me. That woman is staying." M: "Well, that baby is sicker than you are, you don't have to have me stay. I'll be back tomorrow. What do you want me to bring you tomorrow, your house shoes?" C: "Bring me some little cars." M: "All right. I'll bring you some cars." C is hanging over the rail holding arms out to Mother. M starts to leave. C: "Mommy come back. I didn't kiss you goodbye. M came back and he kissed her goodbye. She starts to leave again. C: "Come back again." He kissed her again. C: "When are you coming back?" M: "I'll be back tomorrow. I have to go now. The lady said so." C still crying grabbed M around neck and kissed her. C: "Take me with you." M: "I can't, Billy. You have to stay here, and get well. I'll take you home in a few days. I have to go now." M kissed him again and left; almost running out of room. "Mummy, Mummy, come back." Crying with tears streaming down his face. He stood on side

of bed next to door and watched her leave. Then he spied his new book, he picked it up, and started cutting (cut-out book). He was sitting in bed. He heard the man using the electric lawn mower so he stood in bed and watched the man out the window. Stood very still and watched. Has stopped crying. Busy looking out the window. He watched the man for six minutes. Chewing his gum and busy playing with his scissors and a piece of paper. Face is peaceful and he is smiling and watching people who are passing in the hall. Hanging over the side of the bed and looking out the window again at the man cutting the grass. SM entered room and said to another SM: "I can't get him to say anything. He won't talk." Billy watched her, never taking eyes off of her but did not say a word. After she left he sat down in bed and said: "I have some paper dolls" and started cutting out the dolls in the book. End of period.

24 3 years. A SM announces that the visiting hour is over. M: "Let's go back to your room now." (They are in the play room.) C: "No." SM: "I'll be here for awhile with her. She can stay here with me if she doesn't want to go back to bed." M: "Would you like to stay here with Miss J? Daddy and I have to go down town and get Junior." C: "I want to go get Junior." C picks up her toys and hands them to M. M to SM: "She's getting ready to go home." F carries child to bed and removed her shoes. C frets when her shoes are taken off. M: "Here, you have some mail. Let's see who it's from. This is from Tommy and this is from Pat. Do you remember them? You used to play with them." C: "I want some water." M to SM: "Are they giving her a bottle now?" SM: "No. She is taking water real well from the cup now." M: "You get in bed and I'll get you some water." C: "No, empty." SM emptied cup and rinsed it out. C drank whole cup of water. SM to M: "When will you be coming back to see Ann?" M to SM in a whisper: "Tomorrow." M to C: "We'll be back in a little bit." SM: "They will be coming back to see you tomorrow." M: "Goodbye." She kisses C and leaves. C watches parents leave and then turns to toys. Motions SM away. SM put up side of bed and went to another part of room. C: "Where is my chewing gum?" SM: "It's in your pocketbook, isn't it?" C got it out and started chewing. Another child said: "Your mamma has gone home and left you." This remark did not seem to make any impression on C. She kept on playing with her toys. She laid down in four minutes and started sucking her thumb to end of period.

28 3 years. SM: "Visiting hours are over." Grandmother embraced C and said: "Bye, sugar. We'll see you tomorrow. I'll bring you a pretty book." Barbara began to cry. GM: "Don't cry, honey." SM: "Grandmother will be back to see you. She must go home now. She would like to stay but she must go now. After you sleep and eat breakfast and lunch, she will be back again." Grandmother walked off. SM:

"Barbara, would you like to look at this book? I'll read you a story." C cried "Mamma" and twisted the ring on her finger that her Mother had just brought her. SM: "Barbara, they don't want to leave you and would like to take you with them. They will come back tomorrow." SM started reading to her. Her whimpering subsided. At first she did not pay attention to the reading but as SM read on and asked her a few questions, she appeared to be interested. SM gave her a phone and color book after the story was over with. C began to play with them. SM: "I must go now, Barbara. Bye." C looked up from her book and then started looking at the pictures again. She looked at the pictures with interest for seven minutes and then picked up the phone and started to handle and play with it. End of period.

30 3 years. SM: "Visiting hours are over." F: "Daddy's got to go." C is playing with tractor. F: "Hug Daddy's neck," child puts hand up to Father's neck. F: "Bye, Son, bye." C said nothing. Father walked out. C began putting all of his toys in a sack. He twisted it up and put it in the corner of the bed. He lay very still for about ten minutes. Eyes open, glances at SM at intervals, and also, just around the room. He turned over toward the wall and lay for ten minutes. He turned back over. SM: "Does Mommie call you Carson or William?" C shakes head negatively. SM: "Carson?" C said nothing. SM: "Carson got a tractor to play with. Why don't you get it out and play, Carson?" C said nothing. He was still lying quietly at the end of the period.

46 4 years. A SM announced that the visiting hour was over. F: "Well, it's time for me to go now. I'll see you tomorrow boy." The F walked away and on the way out said to a SM: "Thank you for your help Miss C." The boy just sat there and kept coloring. In five minutes he asked a SM to put him in the wagon. She did and he and Roger (another child in the room) played together in the room for the rest of the period. Roger would pull him around, would back up in between the cribs, would go forward, and would make many turns. They made noises like heavy trucks and the C said words like "turn," "back up," and "wait," as Roger made these maneuvers and the C used these words to give Roger directions. About two minutes before the thirty minutes were up the C gave Roger a turn with the wagon. He got back in bed and watched Roger as he rode the wagon.

3 3 years. SM: "Visiting hours are over." M: "Baby is crying isn't she? You aren't going to cry are you? Don't cry now. You aren't going to cry. You aren't going to cry. Goodbye." As M says this and as M leaves, child kicks bed with feet and beats hands on book. Calls: "Mommy, Mommy, Mommy," over and over. Kicking and rolling from side to side and crying. C: "Hold my hand. Hold my hand, Mommy,"

and repeated. She sees gun lying on bed. She picks it up and is quiet for a moment. After fifteen minutes she is still crying and kicking. SM: "Hi, Suzy. You fussy at us today?" When another SM came to the door she stopped crying. This SM just looked in--didn't say anything--and, when she left in a moment, C started crying again. Previous SM: "You're a mighty big girl to be crying. Your Mother won't be proud of you." C: "Hold my hand, hold my hand. I want a drink of water. I want a drink of water." Repeats this half a dozen times. Crying again and almost yelling: "I want a drink of water. Hold my hand." Cries, kicks feet, and cries out for water with intervals of quiet until end of period when this behavior has subsided considerably and the cries are broken with relatively long periods of quiet.

29 2 years. SM: "Visiting hours are over." Another SM to F: "Don't you want to tell Kermit when you will be back to see him?" F: "I'll be back Sunday to see you. Bye, bye." C began to cry as Father left. SM to F: "I'll be here with him for awhile after you leave." F nodded and left. C lying down in bed, looking at door and crying. Makes an effort to attain a sitting position but can't and gives up. Cries for about five minutes. SM began talking to C and got him interested in watching some work going on outside the window. He became quiet as they watched the work. In four-five minutes he began crying again. SM began to restrain him in order to collect a urine specimen. C is much quieter while this is being done. He lets her do this with no resistance and soon is completely quiet. He lies quietly in bed just looking around passively and in two-three minutes he closes his eyes. Very quiet and apparently asleep at the end of the period.

4 2 years. SM: "Visiting hours are over." C is crying. M is crying. M: "Bye, honey." F: "Bye." C crying: "Mamma, Mamma" as M leaves. M is in the hall and is looking in the window crying. She leaves in a second. C picks up bear and stops crying for a second. Begins crying "Mamma." Picks up book, lies back down on stomach. Crying "Mamma." Lifts head up and down. Snuffs and cries for fifteen minutes. SM: "Oh, you are all wet." She changes diapers. SM: "Do you see this dollie and truck and bear?" SM is moving the child's legs as she says this. "Come on, pull it up. That's a good girl." C crying. SM: "Could you roll over? This leg looks a lot bigger than the other one." C is looking at book. When SM touches child she cries. SM picks child up and walks around with her. C quiets. End of period.

44 4 years. M asked a SM if visiting hours were over. SM told her that they were. M told Linda goodbye. SM: "When will you be back to see Linda?" M: "I don't know. Will she be ready to go home soon?" SM: "I don't know but you

can ask her doctor about that." M: "They told me she could go the end of the week. I'll probably be back Friday or whichever day she can go home." SM: "Well, I'll be here with Linda for a while after you leave." M: "All right." She told Linda goodbye again. C: "Goodbye, Mother." C waved to sister and mother who were outside until they were out of sight. She then started playing with her toys. She asked a SM for the bedpan which was brought to her. She went right back to her paper dolls and played with interest for the entire period.

25 3 years. SM: "Visiting hours are over." M to SM: "Is the doctor around? Do you know if they found anything?" SM: "No." M: "Well, if they aren't going to operate, I'd like to have his tonsils and adenoids out 'cause he sleeps and you can hear his breathing all over the house." SM: "I think the doctor should know this and I'll see if he's in." The doctor comes and talks to the M. The M prepares to put the C back in bed. (She has been holding him.) C cries. M: "I love you honey. I'll be back. I'll go get you some ice cream." M looks at SM. SM takes C in her arms. C is still crying. SM to C: "Mother's coming back tomorrow." Mother leaves. C cries for awhile. Stopped crying when SM put her back in bed and talked to her for awhile. Just looks at door. Drooling at mouth and very "pouty mouthed." SM brings her toys. She sits up, facing door and plays with toys for twenty-five minutes. Continues this as doctors make rounds then lies down and stares out the door. End of period.

13 5 years. SM: "Visiting hours are over." M: "Thank you." M: "I've got to go. I'll color that tomorrow. Bye. Give me a kiss." M picks C up and kisses her twice. Child is quite passive to this. C points to picture. M: "You save it 'til tomorrow and I'll color. You be a sweet little boy. I don't want to leave but they have already told me I had to go. Mother doesn't want to go but she has to mind just like you do." M waves bye and goes out. C waves bye, smiles, says nothing. C began to look at book. Gets up holding on to bed looking out door. (Smiling.) C sits down with airplane in hand. Looks around and lies down. Gets up and flies his airplane around smiling at the little boy in the next bed who is also standing up in bed. Leans over side of bed watching people outdoors. SM comes in to take temperature. C lays down. Says nothing. SM handed C water. He took the water and drank all of it. SM: "That's good." and she leaves. C sits looking around for a few minutes and lies down. He watches people go by the door, rolls over at intervals and looks out window, watches children in room. End of period.

50 5 years. M to SM: "What time is it? I guess it was time I was going." SM: "It's three." M to C: "You don't cry

now and I'll bring you something tomorrow." C: "Look, I can raise that leg now." M: "Yes, you sure can." SM: "That's good, Peggy." M: "You don't cry now. Bye, I'll see you tomorrow." C began to cry as M left. C is crying. SM: "Peggy, Mother is coming back tomorrow. Would you like me to read some from your new book?" C: "Yes." SM: "Which one do you want me to read?" C: "Mickey Mouse." Before the story was finished she had stopped crying. She listened closely to the story and looked at the pictures as it was being read to her. After the story she said to SM: "I want the bedpan." She voided and then got her new books and was still looking at them at the end of the period.

36 2 years. SM: "Visiting hours are over." M: "Where did that thirty minutes go?" SM: "It goes quickly, doesn't it?" M picked child up and put him in bed. M: "I'll be back to see you." M kissed him and walked out. C cried and called: "Mamma." SM picked him up and said: "Your Mamma loves you. She will come back." She showed him some toys and he seemed to cry louder. After picking him up and walking him around to see the other children, he became quieter. SM put him back in bed. C cried: "Mamma." SM: "Your Mamma loves you and she'll come back." C cried for about ten minutes and then became quiet. He cried out once and then lay quietly to the end of the thirty minutes.

7 3 years. M: "What time is it?" SM: "Five after three." M: "I guess it's time to go. You be a good girl 'til Mommie comes back." C: "O. K." M: "Be sweet." C: "O.K." M leaves C sitting in bed. SM taking her temperature says: "Turn over." C turned over. SM: "You didn't swallow that bubble gum, did you?" C: "No." SM: "Did you like that water this morning?" C: "Yes." SM: "Would you like to get back in it?" C shakes head negatively. SM: "Why we do that to make you well." C: "I can walk." SM: "But we want you to walk better." C to child in next bed: "When did you get sick?" Other C: "Two weeks ago." C: "Have you got any sisters? What are their names?" C talked with child in next bed for ten minutes. Got dolls out of toy bag and played with them until end of period.

16 5 years. The M and Grandmother were asked to leave. M: "You be a good girl and maybe they will let you go home tomorrow. I'll take you home and get you good and well. You want to be a little fat girl with rosy cheeks." M crying when she left the room. C is sitting up in bed with tears running down her face but isn't crying out loud. She is looking toward the porch where her parents told her they would be. She has her crayons and her color book in her lap. She has a very sad and solemn look on her face. She pays no attention to the crayons and color book. She is still looking out the window toward the porch. She cries and whines some. She sits forlornly to the end of the

period and will turn her head toward the hall when she hears someone go by.

48 4 years. - M: "It's time to go. Love me before I go." C: "I don't want you to go." C begins to cry. M: "It's time for me to go now. Don't cry." SM to M: "You'll be coming back tomorrow?" M: "Yes." SM: "I'll be here with her for awhile after you leave." C: "Let me love you." The C hugs and kisses her mother. M leaves. The C turns to her father: "Let me love you." F: "All right. What do you want me to bring you? That monkey?" C nods yes. C: "I am going to ask that doctor if I can go home tomorrow." F: "O.K. you just jump all over him and tell him you want to go home. Bye." SM to C: "Tell Daddy bye and you will see him tomorrow." C waves bye and begins to pick up paper dolls and put them in the box. C to SM: (crying) "Will you stay here with me?" SM: "Yes, I'll stay with you for awhile." SM: "You have lots to play with, Jane." C: "I am going to put them up." (Paper dolls.) SM: "Your new doll has beautiful hair." C: "When I go home I am going to make it some clothes." SM: "You surely can." SM to another child: "Patsy, have you seen Jane's new doll and books? She might let you look at one of her new books." Patsy nods. Patsy pulls up a chair and begins to look at the book and shows C the pictures. A child in the next bed begins to cry when his parents leave. C: "I didn't cry much when my Mother and Daddy left did I?" SM: "No, you didn't. They are coming back and there was no need to cry was there?" C: "No." Patsy began to read the book to Jane. They played together until the end of the period.

23 4 years. SM comes in: "Visiting hours are over." The little boy in the other bed says to this child's parents: "You'll have to come back tonight." The parents get up. F: "We have to go. We'll be back." The C cries. F: "We'll be back in a little while." They leave. The child cries: "Mamma, I want Daddy to come back, I want Daddy to come back." He is still crying. "I want Daddy to come back. Where is Daddy going?" Still crying. Another child to C: "He'll be back in a minute." Still crying: "Mamma, I want Daddy to come back. Daddy. Daddy. Where's Daddy?" Other child: "I don't know. He will be back after awhile." C: "I want Daddy to come back here, I want Daddy to come back here." This went on for about seven minutes and then he stopped crying. Other child: "Do you see the birds out the window?" C: "Where? I don't see the birds." Other C: "Look there." C: "I want Daddy to come back." Not crying but fretting this time. C to other C: "Where's Daddy going now?" Other C: "I don't know." C is crying again. "Daddy, Daddy, Daddy." Crying very loudly: "Daddy, Daddy, Daddy. I want Daddy to come back here. Daddy, Daddy, Daddy." C is coughing. Stops crying long enough to get over his coughing. Crying again. "I want Daddy to hold me in his lap." Stops crying. C:

"I want Daddy to hold me in his lap when he comes back. I want Daddy to hold me in his lap. I want Daddy to stay with me." Crying again. C: "I ain't got nobody to stay with me, I ain't got nobody to stay with me." Repeats this again. Silence twenty minutes after parents have left. Goes to sleep in two more minutes. Still asleep at the end of the period.

49 5 years. M to C: "We have to go now, but I'll be back tomorrow early and so will Aunt ----- . You be a good girl like you always are." SM: "I'm going to stay with Linda for awhile." M: "Fine, I'm sure she'll be good." SM: "Linda, let's read one of your books." C: "Fine." She calls to M as M walks out the door: "Mother, come back just a minute." M didn't hear her so the SM went to the door and asked Mrs. L to come back a minute. M came back and C said: "Mother, the SM is going to read my new book to me." M: "Fine, you'll have a good time and I'll see you tomorrow." C waved to M as she passed the window in the hall. The SM sat down and asked Linda which book she wanted her to read to her. She chose a book and the SM read to her for fifteen minutes. She was very quiet and interested in the story. She lies quietly in bed watching the people who pass by the door. End of period.

35 3 years. SM: "Visiting hours are over." Dad and Mother both looked rather desperate after this was said. SM: "I will be here with him several minutes after you leave." C began to cry loudly. F: "I'll be back in a few minutes, Don." SM to parents: "Will you be back tomorrow after lunch?" M: "Yes, we will be back tomorrow." M to C: "Don, we will be back tomorrow after lunch." C began to cry: "Don't go, don't go." F embraced child to him. C: "Daddy will you come back?" SM: "Daddy is coming back, Don, after you eat supper and breakfast and lunch. He will come back." F lingered over parting and seemed as if he would cry. SM to F: "It may be better if you leave now." F left. M embraced him. M: "Mother wants to kiss you goodbye." M held him tightly with tears in her eyes. She then left. During this time Don was crying, clinging to parents and saying: "Don't go." SM: "Don, your mother and daddy don't want to go." He shrieked. SM: "Don, may I tell you something?" This was repeated three times. He stopped crying. SM: "They don't want to go but they must." C: "Why?" SM: "The hospital tells them they must go home at night. Your Mommie and Daddy will be back to see you after you sleep tonight and eat your breakfast and lunch tomorrow." C became quiet and picked up a crayon. C to SM: "Write me a picture." SM: "All right, I will be glad to write it for you. Which color would you like?" C: "This one." SM: "We will have an orange train." C enthusiastically began to color and ask questions about the pictures. After fifteen minutes the SM said: "Don, I must go. I wish I could stay and play with

you, but I must go." C began to cry and said: "Don't go. No one else will play with me." SM: "We would all like to play with you." SM handed him crayons. SM: "Bye, Don." C: "Bye. Don't go." He cried for a few minutes. Another SM walked in room and picked him up. He ceased crying. In five minutes SM put him back in bed. C began to play with toys. At first it was only with slight interest but, at the end of the thirty minute period he was playing with toys with much enthusiasm and talking to himself about the tractor.

22 5 years. M: "Mother has to go. Visiting hours are over." C: "Well, go ahead." M: "You don't care about me going?" C grins. M: "Well, you be a good boy. Turn on your light when you want something and be sweet." She kissed him and said "Goodbye." C smiled and said: "Goodbye." Another child: "Want to ride out to where the wheel chairs stay?" C: "Yeah." They ride in that direction. Stayed only a minute and other child said he would show C the stairway. A SM stopped them and they all talked about the race they had with the wheel chairs last night. C: "Let's don't go back to bed." Other C: "No, we won't go back now. Let's ride." They turn their chairs and start to race down the hall. Other C gets ahead of C and C yells: "Wait." They ride back. There is much giggling. SM helps to push them back. Other C: "Got to go in the room a minute." C: "Why?" Other C goes in room and C rolls chair around. He then goes in room and says: "I'm gonna stay in here. Other C: "I wish we could see TV tonight." C: No reply but rolls the chair around and around and says: "Can you do that?" Other C does it too. They play like this to the end of the period.

47 4 years. M and Aunt brought Bobby to bed. They had been out on the porch. SM: "Hello, Bobby. Did you have a good time?" C smiled. M kissed Bobby and said: "Bye, honey." C just looked up. M left. C to SM: "Tell me about the house." SM told him a story about the house which he payed close attention to. SM: "Bobby, I must go now." C: "Tell Mommie to come in when you go." SM: "Bobbie, your Mother has gone home and she will be back to see you." He began to cry. C: "Tell her to come back in here" and repeats this. SM: "Bobby, your mother said she would come back to see you in two days. Your aunt will come tomorrow." C: "I want her to come back in here now." SM: "Bobby, your mother has gone home. She has gone home to get your shoes. You can get up and play when she brings them to you in two days." He smiled. SM took him back to bed. Another SM came in room and said: "Ill read him a story." C smiled real big and moved over to the side of the bed. SM said: "Goodbye, Bobby." He waved bye. Other SM read him a short story and left him with pencil and paper. He played alone with interest until end of period.

- 31 2 years. M: "Do you want Mother to bring you a train tomorrow so you can play with the other little boys and girls?" C nods yes. M: "Do you want Daddy to come?" C nods yes. SM: "Mother's coming back tomorrow and bring Rickie a train and Daddy's coming too." M: "You're not going to cry when Mother leaves, are you?" C nods no. SM: "I'll be here with him for awhile." M: "All right." She gets up and leaves. C lies very still. SM: "Rickie is going to get a train to play with." C begins to rub eyes and turns over. Starts to cry five minutes after parents have left. SM: "Rickie, Mommie and Daddy are coming tomorrow and bring you a train. Won't that be nice?" No response. Still whimpering for two or three minutes. Very still and goes to sleep. Still asleep at the end of the period.
- 19 5 years. SM: "Visiting hours are over." Mrs. L gets up and looks in her purse. She hands C a little paper sack. She puts on her scarf and leans over C. M: "Give me some sugar now." M kisses C and C whispers something to her. M: "All right, I'll bring those funny books to you tomorrow." Says "Bye" and leaves. Linda looks up at the ceiling with a big tear in her eye. She says nothing. Father of the child in the next bed says to her: "Did you hear it rain last night?" C: "No." Father: "You didn't hear it rain? It rained hard." Linda smiled. The tear is gone. She said: "No." Linda is sitting in the bed looking at people as they come in. She holds her hands in her lap and looks around the room. She now watches the other girl in bed across from her. She looks out the door. She looks satisfied. Still sitting in same position with same expression. SM comes in and starts examining her hand. SM lays her down in bed and examines her abdomen. She lies down with her hands on her abdomen. She is still and is looking up at the ceiling as she is being examined. End of period.
- 41 3 years. M: "We have to go now, David. Kiss me goodbye." C begins crying and screaming. Big tears rolled down his cheeks. M kissed C and said: "Here, Daddy, take him." She left. F: "David, you be a good boy. We'll be back. We'll take you home when Dr. O. says so. If you keep crying we can't come back." C hushed until F left. SM told parents that she would be there after they left. SM picked David up and told him: "Mother and Daddy will be back tomorrow. They don't want to go but they have to. They will be back." SM walked down the hall with him. SM took him back to bed so she could get another child a bedpan. He started crying again. SM came back to him and he had stopped crying. SM read him a story. SM: "David, I'm going to have to put you back in bed because I have to go." C: "All right." SM put him in bed and gave him a book. He looked at it with interest until the end of the period.

- 20 4 years. SM: "Visiting hours are over." Visitor sits. SM "I'll have to ask you to go outside and wait. The doctors are going to make rounds." Visitor and SM leave. C watches them leave; then just sits and looks around. SM enters room: "Let's pull your bedside up 'til Mamma comes back, O.K.?" She puts side rail up. C says nothing. He has quit playing with his napkin and now just holds it in his hand. M enters and asks SM: "Do you want me to go ahead and dress him?" SM: "I'm sorry, I don't have anything to do with it." M: "Oh," and puts the C's clothes down. M: "I wonder how you get these sides down." She walks around crib and tries. The M then walks out of the room. C sitting and just looking now and during the past few minutes. SM walks in and writes something on the day sheet. C still just sitting. Not playing with anything. Looking out the window. Looking down at bedside table. Puts fingers in mouth. SM enters. C starts playing with toes. Has a wadded napkin in his hands. Watches the SM who is with another child. He has been sitting quietly just looking around for the past ten minutes. Now rubs eyes. Still watching SM who is with the other child. Gazes out the window while picking his toe. Looks up and through the window into the other room, where the doctors are making rounds. Stops picking his toe. Turns around and sits just as before. This same behavior goes on until the end of the period.
- 11 2 years. F: "Look at these blocks. (In a book.) Mommy and Daddy are going to go out now and get some blocks for you and come back with them. You sit here and we'll be back with them." C started to cry. She hung onto the crib railings and wailed: "Mommie, Daddy." They left at 3 o'clock. The C cried hard and the visitor from the next bed walked over and tried to console her but to no avail. She lay in bed a minute and cried. Then she got up on knees at foot of bed and wailed. Stopped a minute and watched child across the way. Cried a little for about half a minute and looked around the room again. Threw herself on bed and wailed for short time. Sat up, looked around at other children, at her toes, and watched baby cry across the room. Sat looking unhappy but not crying anymore six minutes after parents had left. Looked at bed--contemplating it seemed. Picked up a book. SM came in, smiled at her, and gave her a bottle of milk. C took bottle in her hands and set it between her legs. Made no attempt to drink it. Continued to look around room. Played with bottle and nipple a short time. SM came in, laid her down, and spoke to her as she put the bottle in C's mouth. C began to hold bottle and SM left. Fifteen minutes after parents had left C still lying still, holding bottle up, sucking. Lay like this part of the time with her eyes closed but still awake. Almost let bottle fall from her hands but raised it up again and changed hands. Still quietly drinking from bottle. Eyes open and then

closed. Appears nearly asleep as she finished bottle thirty minutes after parents leave. She lay bottle down on her chest, nipple still in her mouth, straightened legs out, eyes closed.

42 2 years. SM: "Visiting hours are over." M offers C a drink, puts her back in bed. Talks to her and plays with her. C: "Down." M sits down. Gets up again. C starts crying. F kisses C goodbye. M: "Mother will be back, honey." F: "We have to go see Sister." SM to M: "Mrs. M when are you coming back?" M: "Tomorrow." SM: "Well, I'll be with her for awhile after you leave. I'll play with her and take care of her." M: "Linda--see, this SM is going to be with you." The parents left. Child cried louder. "Mommie gone" and kept repeating it. SM repeated over and over again: "Yes, but she'll be back. Mommie will be back." SM left room and child cried louder. Became somewhat quieter when SM took her over to look out of the window. SM held her in her lap quite a while but C kept crying: "Mommie gone." C was taken to the treatment room and had her finger stuck. This caused her to cry louder, and she said: "I want bed." SM took her back to her room still crying for Mommie. SM said: "Bye, your Mommie will be back," as she left the room. C cried louder when SM left. End of period.

21 5 years. M to C: "You'd better talk to me. Tell me something because I've got to leave. Saturday, I'm going to bring your brother to the window outside. He cries every day--he wants to see you so badly. Now kiss me goodbye." The C kissed the M goodbye. M: "I won't bring you any more dolls. Two are all you need." C replied kiddingly: "You'd better bring me two more." The C said "Bye" as M left and M turned and waved and said "Bye." He immediately picked up the two dolls and showed them to the boy in the next bed and talked to him. Then began playing with comb and mirror again. Seemed perfectly contented. Still playing ten minutes after parents had left. Perfectly content. Plays with dolls, comb, and mirror most and occasionally talks with boy in next bed. Watching SM talk to boy across the room. SM came in room and picked up a large doll which cries. She carried it around to each child. With C, she made the doll cry and said: "Do you like her?" C: "It's big. Make it cry." After she left, he began playing with comb again. Period ends.

17 5 years. A SM entered room, but on an isolation gown, and pulled the curtains. M to SM: "I'll go out while you do that." C begins to cry. M left. C: "Mamma, don't go out." (crying). SM to C: "She'll be back in a minute." C to SM: "What's you going to do?" SM: "Put you on the bedpan. Now, don't cry. Be still just a moment." SM inserted a rectal tube to try to get C to expel water from an enema. C: "I

can't do anything." SM: "Please try." C crying "Mamma."
 SM: "Now don't cry" and patted the C's arm. C lying on
 bedpan and has stopped crying. C: "Take that thing out of
 me. I want my Mamma" - crying. SM: "She'll be back tomor-
 row at visiting hours." C: "I want my Mamma." SM: I know
 you do but she'll be back tomorrow." C: "I can't do nothing"
 - crying. C: "I can't job. I can't pee no more. I want
 my Mamma. Take it out. I can't do nothing." SM: "See--
 before you sat on the pan a minute and you did something."
 C: "I can't job. Mamma said Jim would be wanting my other
 doll." SM: "Is Jim your brother?" C: "I ain't doing
 nothing. Take that thing out of me. I want my Mamma."
 Crying while she talked. C: "Take it out of me. I want
 my Mamma. I want to go to sleep. I want to go to sleep.
 I ain't doing nothing. Will you let me go to sleep?" SM:
 "You can go to sleep." C: "I want to go to sleep right
 now. I can't do nothing. Take me off of it. SM rolled
 her off of the bedpan. C crying and saying "Will you take
 it off of me?" SM (disgustingly) "Will you wait a minute?"
 C: "Mamma, Mamma, Mamma, Mamma, Mamma" --loudly and crying.
 "Is my Mamma in there." SM: "She'll be back tomorrow after-
 noon at visiting hours." C: "I want her now." C crying like
 her heart would break. She quiets and stares at door.
 Closes her eyes. SM entered room. C opened eyes to see
 who it was and then closed them. Lying quietly fifteen min-
 utes after Mother had left, eyes closed, facing door, ap-
 parently asleep. Did not move when little boy screamed out.
 Opened eyes again and had them on door at end of thirty-
 minute period.

8 2 years. SM: "Visiting hours are over. It's three o'clock."
 M: "Mommie will be back." (Leaned over bed to C.) C:
 "Mommie, Mommie." C cried: "Daddy." C kicked and
 shrieked: "Mommie." A SM walked in and raised bedside. Said
 nothing. Parents left. C threw toys on floor and continued
 to cry. Stopped crying when SM walked to bedside. Cried
 "Mommie, Daddy" and flounced arms as if angry for about ten
 minutes and then became quieter. Occasionally cried out af-
 ter that. Quiet and down in bed for ten minutes. SM came
 in, let down cribside, picked up toy and said: "Come on,
 drink some water." C: "No." SM put cup down, raised bed-
 side and walked away. Child lying in bed and quiet until the
 thirty minutes were up.

38 3 years. M to C: "Here comes the SM, I guess visiting hours
 are over." C: "Read me another story, Mamma." SM: "I would
 like to read you a story." C: "I don't want you to." M:
 "Miss R is going to read you a story out here in the warm
 sun." SM: "I sure would like to read one." C: "Out here?"
 SM: "Yes." M: "Let's go in and change your pajamas." M
 changed his pajamas. C: "I want to go to the bathroom."
 M: "O.K., we'll put on the pajamas and go." M and C re-
 turned. The C picked up two books. SM: "Jim picked out a

book. Would you like this one?" C: "No, I want the little one." SM: "O.K., now we have your little one and Jim's big one." (Jim is another patient.) They started out on the porch to read. C to M: "Mamma, I want you to read me a story." M: "Miss R is going to read to you." SM: "Gray, your Mamma must go but she will be back at the same time tomorrow. We will go out and read our story now." C reluctantly left his M and the SM and C started out to the porch again. SM: "Gray, your Mother doesn't want to go but she must. After you sleep tonight and eat your breakfast and lunch, she will be back to see you." C: "I want Jim too." SM: "Jim is coming right behind us." They sat and read the books. The C seemed interested. Another SM came out on the porch and said: "I want to take their temps before I go." SM: "All right, I'll take them in." SM to children: "After we finish this story we will go in to have temperatures taken." On the way into the ward the child saw his mother in the office. C to M: "I want you to take my temperature." M: "I'll be in to see you after I see Dr. O. You go with Miss R. SM to M: "Are you leaving when you finish here?" M: "No, I am going to see Dr. O. and then go back in to see him." SM: "All right." SM: "Gray, we will take your temperature while your mother talks to the doctor. She is going to come in to see you after she sees him." His temperature was taken and the SM began to read to him again. His interest was held fairly well but then he walked out to see his mother. C: "I want to go where mother is." SM: "I know you would like to go but mother is talking to the doctor. She is coming here to see you. She will be looking for you in here. Mary (another child) is going to read you a story. C pulled a chair up near Mary's bed and sat. A few minutes later his attention was still held. End of period.

39 2 years. SM: "Visiting hours are over. Hi there David. How are you today?" C looked up at her. M: "David, I have to go." C whimpered. SM: "You aren't going to cry now. You are too big a boy to cry." Another SM: "Mrs. S., I am going to be with David several minutes after you leave." To C: "David show me the new train your mother brought you." The C directed his attention to this SM and his mother left the room. He continued to play contentedly with his toys for fifteen minutes. During this time, he was still sitting up in a wheel chair. A SM was standing near him. He wet his diapers. SM: "David, let's put on some dry pants." SM put him in bed and he let her do this willingly. When SM finished putting his pants on, he sat up in bed and continued to play with toys with interest until end of period.

18 4 years. SM: "Visiting hours are over." M: "Oh law, visiting hours are over already." She resumes her reading. C: "Read another one." M: "I have to go 'cause they have already told me." C: "Read some more." M: "Honey--I can't. I have to go." The C insists. The M starts another story.

Again the SM reminds M that visiting hours are over. M: "I have to go." She gets her coat. M: "What do you want me to bring for you to wear to the Junior League Home? Tell me." C: "I want the catalogue." M: "O.K., I'll turn it to cowboys and I gotta go. I'll bring you cowboy boots or guns. Which you want?" C: "Mamma, Mamma." M: "What, baby?" M starts to leave. C: "Mamma, I don't want to read that." M turns pages of the catalogue. Starts to leave. C: "Get me some cowboy boots." M: "O.K., I'll get the cowboy boots and a rope and bring them Thursday. O.K., I got to go. Bye, honey. She leaves. C says nothing. Lies on side away from door. Wiggles some. Says nothing. SM goes by. C: "Come here. I want (not recorded)." SM: "O.K." and goes looking for something (urinal). She gives urinal to C. He kicks it and says, "I didn't want it." SM: "What did you ask for it for?" C mutters something. SM pulls curtain back and says: "All right, young man," and leaves. C wiggles some. No other response. SM enters, child coughs, and calls SM by name. SM: "All right, Mike. I'm coming in a minute." C kicks side of bed and playfully yells "Bang, bang." SM lets down crib side and says: "Some days I can't work these." Picks up catalogue. SM: "Look at these. You know the next thing we must do is turn over on your tummy and exercise. Oh, but look at these toys. We can look at more later. On your tummy now." C turns over by himself slowly--encouraged by SM who calls playfully, "Come on now, come on--whoa boy." SM exercises his arms and back until end of period. C does not talk but follows all of her directions.

9 3 years. SM comes into room and says: "Visiting hours are over." M puts C in bed and washes her hands. F says as he carries a little plastic tree and candy over to the bed: "Let me see you put some on the tree." F leans over and kisses C. M: "Look at that little boy in the next room." They start out the door and F says: "Put the bedside up." M: "Leave it down." Parents leave. F: "Don't you climb out there." A SM comes in and puts the side rails up. C sits down and eats a piece of candy. She calls: "Daddy, Daddy" but never cries. She is standing in the middle of the bed twisting her hair around her fingers. SM chats something with her. C: "I got to pee." SM pulls the curtain and gives her the bedpan. C uses the bedpan. She sits down and starts putting her candy gumdrops on her plastic tree. She is doing this very slowly and methodically. Some drop off and she picks them up and puts them back on. Still sitting in bed and doing this at the end of the period.

34 2 years. SM: "Visiting hours are over." Another SM to parents: "I'll be here with her for awhile." F: "She is going to cry but it won't be for long." SM: "I'll walk her around." SM picks child up. SM to parents: "You'll be here tomorrow?" M nods yes and waves goodbye to the C as they go

out. C cries "Mommie, Mommie." Stops crying and says "Mommie, Mommie" over and over. SM picks C up and walks around with her. C occasionally says "Mommie" and SM says "Your Mommie's coming back." Another SM brings her some juice, offers it to her, and she takes about one-fourth of it. SM puts her back in bed. C: "Mommie, Mommie" but does not cry. SM: "Your Mommie is coming back tomorrow." Another SM comes in, picks her up. She stops saying "Mommie." When put back in bed, she says it again. "I wanna get out and see Mommie." In fifteen minutes she has stopped saying "Mommie." Sits in bed and watches people. Very quiet. End of period.

40 2 years. The M was crying. M to SM: "I didn't mean to cry." She said goodbye to the C who immediately began to cry. She grabbed the F by the arm and said: "Come on" and hurried out of the room. SM: "Mr. P" and she followed them out of the room. SM: "When will you be back to see Paul?" M: "Tomorrow afternoon. I knew he would cry. We shouldn't have gone in." SM tried to reassure by saying: "They all cry when their parents leave Mrs. P, and he was awfully happy to see you. I'll be with him for awhile after you leave." SM went back in room and repeated to Paul several times "They (parents) would be back tomorrow, Paul." SM patted him on the back and tried to console him but he continued to cry. Cries intermittently between several minutes of silence. Is just sitting in bed. SM comes in and gives him some medicine which he takes very well. SM: "You must have taken this at home, Paul--that's a good boy." Twenty minutes after parents have left, he is still crying intermittently, becomes silent and is just sitting in bed watching people in the room until end of period.

10 2 years. F quietly pulls up bed rail. M puts her coat on and says: "We must go." Parents say: "Bye" and leave. C clams her book down and jumps up and cries. M returned to room. M: "Find the turkey in the book, dear. Find the turkey in the book." She leaves again. Child cries almost instantly and throws her book over the side of the crib. Cries "Mamma" over and over again between sobs. She looks toward door as she cries. In five minutes she stops crying and moves over to corner of bed to look at book. Starts to cry again and call "Mamma." She is standing with her back to the corner of the crib. She is just sobbing now. She sits down and begins to play with her new toys. Looks at book. Throws her head back and cries. Looks at book and still cries. SM brings in some chocolate milk for her and sets it on the bedside table. Says nothing to child. C is crying and hanging over side of bed. SM pulls curtain the rest of the way back and C runs to corner of crib, lies face down and cries. Stands up in bed, looks all around. Crying. SM: "Want some milk, honey?" C only looks at her and cries. SM leaves. Face down again. Crying loudly.

Fifteen minutes after parents have left is up on feet again, hangs over side of crib and cries. SM comes in and says: "What's the matter, honey?" C looks at her. SM leaves, C sits down and begins to play lustily with blocks. Almost immediately, cries again as she plays with blocks. Picks up book and cries out occasionally while looking at book. Twenty minutes after parents have left is still turning the pages of the book and crying. Stops crying as another child begins to cry. Observes with interest while he is being weighed. Seems to have forgotten herself. Starts to cry again after the other child is weighed. Turns pages of the book. Gets up and looks out window. Looks at the back of her bed. Sits down and cries more. Stops crying and examines her quilted pad that is in her bed. Wets her pants. Stands up and cries loudly. Face down again in bed crying. Still crying thirty minutes after parents have left.

6 3 years. SM: "Visiting hours are over." M: "All right, put the money back in the pocketbook, honey. I have to go." C: "No, you can't go." M: "You want to keep this handkerchief?" C: "Where you going?" M: "I'm going to get some water and then I'm going home. Now, don't cry. That's the reason I didn't come yesterday--you cried so." C: "It's not possible for you to stay?" M: "No it isn't. Now, don't cry." The C begins to cry. M kisses C and promises to come back but she didn't say when. M leaves. C cries louder and jumps up and down on the bed. She stands at the window and looks for her mother. Starts jumping up and down in the bed again. Sitting in the middle of the bed crying but without tears. Kicking her feet and jumping around in bed. SM: "What's the matter with you? You usually look at the window and look at me and look so happy." C ignores her and keeps on screaming. C sitting still in bed but crying and looking all around her. SM took C some chocolate milk. C took it but did not drink it right away. Just sitting in bed holding it. SM took the milk away from C and put it on the table. C just sitting in the bed whimpering a little. C cried for twenty minutes before she stopped. She is now quietly sitting in bed playing with a handkerchief her mother had left her. Started crying a little more. Has a very sad looking expression in her face. Playing with some paper cups and crying at the same time. Has stopped crying once again. Started crying harder in less than five minutes. End of period.

33 2 years. F reached down and kissed child. "Bye, Son." M: "Is it that time?" F: "Yes, it's three o'clock." M looked at SM. SM: "Yes, it's about time." M started embracing C. M: "I have to go now." C began to whimper. M looked at SM. M to SM: "Are you staying because he's been crying so when we leave?" SM: "No, but I'm here to make it easier for him when you do leave." M was still embracing C who was still crying and holding her. M: "I'll be back."

SM: "Maybe Mommy would like to tell you when she will be back." M: "I'll be back tomorrow." M to SM: "He doesn't know when tomorrow is." SM: "Tray, after you sleep and eat breakfast and lunch, Momma and daddy will be here." M kissed him and left. C began to cry and look around. "Mamma, come back." SM: "Tray, your Mamma would like to come back but she must go. She loves you and would like to stay. She will come back." His whimpering subsided but still continued. The above statement was repeated and he almost stopped. An explanation of tomorrow was given and he was told she would be back then. He stopped crying. He cried, in all, about five minutes. A SM made him a garage out of a box for his many cars and he put his cars in it. He started playing. SM walked out. Tray waved to SM and said: "Bye." He played about 20 minutes with moderate interest. He then lay down on the bed and in a half crying way, said: "Mommie-Daddy" several times. He would be quiet a few minutes then say it again. He lay quiet for five minutes looking out of the window. End of period.

45 5 years. After a SM left the room, the parents told the child goodbye. F: "I'll be back to see you and soon I'll take you home. Don't you cry now." M: "Goodbye, you be sweet." The parents left. C played with toys and noticed what was happening in the rest of room. SM came in and gave him an injection. He began to cry and cried quite loudly while she was giving him his injection. He was quiet when the SM left him and soon he became interested in his toys again and concentrated on them until end of period.

27 3 years. SM: "Mrs. K., visiting hours are over. I'll be with David for several minutes. If you go to the nurse's station, they will call Dr. C. for you." M: "All right." C began to cry when he was put back in his crib. M to C: "I'll be back tomorrow." M to SM: "I hate to leave him crying." SM: "He'll be all right, I'm going to stay with him." SM talked with David: "Mommie is coming back tomorrow." C stood at the end of his crib, looked out of the window, and continued to cry. SM: "David, let's take a little walk." He withdrew from SM. SM: "David, would you like a drink of water?" She held a cup of water to his lips. He stopped crying and drank some water. He stood quietly and passively in bed. SM asked him if he wanted to come to her. No response. He looked out of the window into the other room. SM: "What are you looking at, David?" No response. SM picked him up and held him for about three minutes. He was quiet and relaxed in her arms. Said nothing. He was put back in bed, his pants were changed, and he stood up in bed again. He stands at the end of the bed and watches people pass the room. Looks into other room occasionally. Very quiet and forlorn looking. Another SM: "Hi David. How are you ol' sweet thing?" She pats him. Gets her face real close. SM to SM: "He's not saying a word."

He's just standing up there like he always does." He stands at the foot of the bed saying nothing but watches other children and staff members. He cried when SM left: "Mamma, Mamma." End of period.

- 15 4 years. M: "Visiting hours are up, darling." C: I want to sit up. They will let me sit up." M: "Billy, I want to tell you something. We'll be back tomorrow after you eat your lunch." She repeats this to C. A SM walked into the room and came over to C's bed. The parents left. C crying "Mamma and Daddy, Mamma and Daddy" repeatedly. Also says: "They'll be back after lunch." SM: "Yes, they'll be back after dinner. Stop crying. I just want to take your temperature. Yes, they'll be back tomorrow if you be a good boy. Hush crying if you want them to come back." C: "They'll come back tomorrow after lunch." SM: "Yes, now hush. Daddy's got to go home and eat and sleep." C: "He'll come back after he takes a nap?" SM: "Yes, he'll come back then." C cried "Mamma" and "Daddy" and "Daddy" and "Mamma" many times. SM: "Yes, they'll be back." C: "They'll come back after lunch." SM: "Yes, they'll come back. You be a good boy. If you cry, the rest will start crying. You be a good boy." C continued to cry "Mamma and Daddy, please come on back." The frequency of the call decreased in about ten minutes but he continued to cry. Another SM walked over to bed and said: "What's the matter, sweetie?" C: "Mamma and Daddy be back tomorrow after lunch?" SM: "Yes, they'll be back after lunch. Do you want some water?" C: "No, I want some chocolate." SM: "I'll get you some chocolate milk then." C: "I want it with my lunch." SM walked out. C continued to sob "Mamma and Daddy" for the full thirty minutes after the parent's departure with periods of quietness. He kept saying: "They'll be back after lunch." End of period.

- 26 3 years. SM announces that the visiting hour is over. F: "We'll be back tomorrow." C: "I don't want you to go." SM to F and M: "I will be with John for several minutes after you leave." F and M: "Fine." M: "Kiss me goodbye. Be a good boy and we'll see you tomorrow." C: "No, come back tonight." C crying and holding hands out for F to take him. F: "Kiss me and then we will be back after awhile." C kissed F and then sat down in bed. Parents left. SM: "John, your mother and daddy live three blocks down that way (pointed out window) and they are going to stay there until tomorrow, and then they are coming back to see you and bring you your crayons and books." C was looking at books and said: "Leave" to SM. SM left his bed and went to linen cabinet in room. C to SM: "What are you writing?" SM: "I'm getting my lessons." C: "Do you go to school?" SM: "Yes." C continued to look at his books for fifteen minutes. C to SM: "Mother said she was going to bring me a stack of new books tomorrow." SM: "She sure is." C is in

bed, chewing gum, and looking out of the window at the end of the period.

37 3 years. SM comes in the room and announces that the visiting hours are over. (F is in the room with the child. The mother has been there but went out to stay with their other children so the father could come in.) F: "I just made it before visiting hours were over. Ronny, do you want Daddy to come and see you tomorrow?" C: "Yes." F: "Well, we'll be back tomorrow. Bye, Ronny." C: "Bye, Daddy." SM to F: "I'm going to stay with Ronny a while and we are going to have a good time with his new books." F: "Fine." F leaves the room. Ronny is sitting up in bed coloring. He is still very interested in his new playthings that his parents had brought him. He doesn't seem to want to talk to a SM who is in the room. All of his attention is on his coloring which he does for about thirteen to fifteen minutes. He changes colors several times during this period. He uses orange, blue, and green. C to SM: "I want to get up." SM: "I can't get you up today, honey; but maybe the doctor will let you get up in a few days." C to SM: "See my pretty colors? I am going to color." He continued to color with interest until the end of the period.

32 2 years. SM: "Visiting hours are over." M: "I've got to go, honey." M kissed C, put up the crib side and left the room. During this time the C was playing with her blocks and showed no change in expression or behavior as the M left. C was sitting in the middle of the bed with many toys and blocks and toys about her. She played happily with her blocks and occasionally looked at her brother who was across the room. She concentrated on the blocks, looked up when a SM came into the room, and resumed playing with blocks almost immediately. She was still playing with her various toys at the end of the period.

2 2 years. F to SM: "What time is it?" SM: "Ten 'til three." F looked up as if thinking. Rather indirectly to child, F said: "I'll get you some candy." F walked out. Child puckered up his face and stood looking out the door. He began to cry as he stood at the end of the bed and looked out the door. A SM left the room. He began tossing all of his toys out of the bed with vehemence. He continued to cry lustily. He sat down in bed, held to rail, and continued to cry. Sitting in bed still crying. He faced the wall this time. He stood up and peeped out the door. Sat down in bed again and then lay down. Crying had subsided some after twenty minutes. He moves his head from side to side at every noise and at people as they passed by out in the hall. Crying eased to an occasional sob thirty minutes after F had left. He is somewhat less distracted by sounds. End of period.

TEST TO DETERMINE HOW THE PARENTS FEEL IN
RELATION TO LEAVING THEIR CHILDREN AT
THE END OF THE VISITING PERIOD

DIRECTIONS: Please read carefully.

The following fifty responses of children's parents take place on a pediatric ward in a general hospital.

The question: How do you feel about leaving your child today? was asked a parent of each child after she had left at the end of a visiting period.

The purpose of this test is to determine how each parent feels about leaving her child today.

Please do not judge these responses in terms of the parent's understanding or lack of understanding of the child but rather in terms of how the parent feels about leaving.

Please check the response on each rating scale (sample below) that you think best describes how the parent feels about leaving her child. There are fifty responses and fifty rating scales. Please be sure that the numerical number of the rating scale that you are checking corresponds to the number of the response that you are judging.)

1	1	1	1	1	1
Very Secure	Secure	Somewhat and Somewhat	Secure Anxious	Anxious	Very Anxious

It will take you approximately thirty minutes to complete your answers.

GUIDE FOR RATING: Please read carefully.

The following guide for rating may help you in determining your answers. Only incidents of a Very Secure parent and a Very Anxious parent are given.

Very Secure. The visitor may not like leaving but she feels very confident in the staff, or in the care the child is receiving, or in the child's progress, or that the child is satisfied, or any combination of these.

Example. "I hate to leave but she is so much better and seems to like it here."

Very Anxious. The visitor may not directly express that she hates to leave but she indicates that the separation is very hard emotionally on her and/or on the child, or indicates much lack of confidence in the staff, or is very displeased with the care the child is receiving, or a combination of these.

Example. "I just can't stand it. He cries every time I leave."

PARENT'S RESPONSE

- 3 It's the best thing for her. She is a very timid child. Afraid of strangers. Afraid of temperature taking. My leaving will get her over this.
- 37 I sure hate to leave him but he is better off than at home. He is getting the best of care and I am very well satisfied with the nurses and doctors.
- 18 I felt he was well taken care of. Since I am going home (out of this city) today, it made it a little harder. I feel all right, though.
- 46 Better than I did yesterday. He was operated on yesterday and he feels better today.
- 20 I don't feel bad over it. He's in good hands.
- 26 Terrible.
- 49 Well, she's better in some ways. She seems satisfied and contented. I worried last night but she said: "Mother, I didn't worry about you." (Smiling.)

- 32 I feel O.K. I'm getting used to the idea and she is in good hands. She wouldn't crawl yesterday and today she smiles and crawls.
- 28 It's pretty hard. I could leave her better if I knew she was sicker. And she is at the age when it is so hard. She doesn't understand it and it can't be explained to her. I could leave my five-months old child much better.
- 14 I don't know how to explain it. I don't feel too bad. He has to get well. Anybody hates to leave. Getting him well is the main thing.
- 40 I feel terrible. It almost kills me. He cried yesterday. He is life itself to me.
- 6 I feel kind of bad right now.
- 31 I feel good that he is in the hospital. It breaks my heart to leave him. I wouldn't take him home. He is better and I feel greatly encouraged.
- 12 She has been helped a lot. Appreciate what has been done for her. She has a swell disposition when we do leave. I hate to leave but see improvement.
- 47 I feel better. The nurse said she would stay with him to keep his mind off of me. It did help a lot.
- 7 I feel that she is safe and in good hands. Feel good about it because she is so much better.
- 23 Naturally, we would rather stay with him. (Almost crying.)
- 50 I hate to leave her because she is always crying. We miss her so much at home.
- 42 I feel like it would be better if I could stay. I don't like to leave her.
- 4 Pretty bad. I think she's in good hands. I just hate to leave her (crying).
- 25 I feel like he will be safe here. You know a mother can't help but worrying but you know they are going to do something for him. I hate to leave but I know it is the rules and I have to do it.
- 44 You hate to leave a child every day. You hate to leave, of course.
- 11 It breaks your heart.

- 39 I feel O.K. today 'cause he is doing much better.
- 30 It's hard. If it will do him any good, I am willing to leave him. I'm willing if the Doc says so. I don't like to and I'd like to take him home as soon as possible. It's hard on me to have to drive 100 miles each day to see him but as long as you're helping him, and I know you're helping him, it's all right.
- 2 I don't like to. I sneaked out. I left before he realized what was happening.
- 22 I hate to leave him but I don't hate it as much as yesterday. He's getting a little more used to the place.
- 16 I sure don't like it.
- 41 I don't like leaving him.
- 36 I hate to leave him. He cries and that makes it hard. If he didn't cry, it would make it easier. The nurse picked him up today. She probably has him quiet now. That helps.
- 17 I think it will help her. I'll have to give her up one way or the other.
- 1 I don't want to leave Connie.
- 8 I don't want to leave him. I have never been away from him at night in his life before. I know it's for his own good.
- 48 Of course, I hate to leave her but she is better when I am gone rather than staying all of the time.
- 34 I hate to leave her but it is necessary.
- 24 I feel very contented. Awfully nice to have the nurse in there. They way they are doing her today, I feel better about it.
- 21 I know she's in good hands. If she weren't, I wouldn't leave.
- 33 I just want to cry.
- 9 I'd rather stay with her. I don't like to leave at all.
- 35 It hurts deep down to leave him. I can't stand it but I know it has to be done (crying).
- 43 The nurse is with him. I don't mind leaving. The nurse is taking him for a walk.
- 38 All right. I made up my mind when I brought him in that he

would have to stay.

- 10 About the same as yesterday. She was apparently all right until she saw us. That makes it hard.
- 15 I hate to very much. Since I found out how things go after we leave, I don't mind so much. It was very hard yesterday.
- 29 I feel lots better. It was hard but it was better today.
- 45 All right today 'cause he's not crying. It was hard yesterday. He was crying and he wanted to go home.
- 19 She seems satisfied and not lonely now--makes me feel better. I don't worry now. She is getting used to people now.
- 27 I feel all right as long as he is doing all right.
- 13 He's a lot better. I don't mind leaving him when he's not crying. (He wasn't crying.)
- 5 Better satisfied than yesterday. She hasn't seemed to miss me too much. I don't like to leave though.

APPENDIX II

APPENDIX II

OUTLINE OF MASTER'S THESIS

Statement of the Problem

What, if anything, can the nurse do to assist children, ages two to six, and their parents, on the pediatric ward at Vanderbilt University Hospital toward making a comfortable adjustment when the parents leave at the end of the visiting period.

Objectives

1. To discover what has been and is universally being done to make separation at the end of the visiting period emotionally more comfortable for both the child and his parent.
2. To try out a method of meeting the needs of patients, ages two to six, and of their parents, so that separation at the end of the visiting period will be emotionally more comfortable for both.
3. To compare emotional adjustments of the children and their parents at separation under usual ward conditions with those under Objective Two above.
4. To ascertain whether or not such a study as this is practical and/or possible for an "on-the-job" clinical instructor or supervisor to execute.

5. To make proposals based on the findings and conclusions.

Questions to be Answered

Question 1. What has been and is being done to make separation at the end of the visiting period emotionally comfortable for both the child and his parent?

Investigative Device for Question 1. Review of the literature concerning what has been done, and what is being done to make separation at the end of the visiting period emotionally comfortable for the children and their parents.

Question 2. How do children, ages two to six, in this setting, feel in relation to their parents' leaving them at the end of the visiting period under present or usual ward conditions?

Investigative Devices for Question 2. To provide material for answering this question, an observer¹ will be in the room with a child, age two to six, and his parent and will observe the child situation² and immediately record anecdotes that tell exactly what the child did or said, that describe concretely the situations in which the actions or comments occur, and that tell clearly what other persons do and say, specific concrete descriptive statements, from the beginning of a visiting period until thirty minutes after the parent has left.³

¹The observers will be the ten nursing students of the class of 1952.

²A "child situation" is a situation which includes a child, age two to six, who is hospitalized. It includes his interactions with people and things from the beginning of a visiting period and until thirty minutes after his visitor has left.

³Staff of the Division on Child Development and Teacher

Each observer will observe and record several child situations and each child situation will be observed and recorded for only one time and by only one observer.

Question 3. How do the parents feel in relation to leaving their children at the end of the visiting period under present ward conditions?

Investigative Devices for Question 3. A one-question questionnaire, through personal interview by the investigator, will be used to provide material for answering this question.

A parent of each child will be asked the question: "How do you feel about leaving your child today?" immediately after she has left her child at the end of a visiting period. The response will be recorded verbatim.

Question 4. How do the children feel in relation to their parents leaving them at the end of the visiting period when nurses introduce a purposeful plan to make the separation a comfortable one?

Investigative Devices for Question 4. To provide material for answering this question, an observer will be in the room with a child, age two to six, and his parent, and will directly observe and record the child situation as was done in investigative device for question 2 above, but while a purposeful plan of nursing care is being executed to make the separation for the child and parent a comfortable one.

In this case, the students will be the nurses who execute

the new nursing care plan in addition to observing and recording.

Each observer will observe and record several child situations and each child situation will be observed and recorded for only one time and by only one observer.

Question 5. How do the parents feel in regard to leaving their children at the end of the visiting hour under this new plan of nursing care?

Investigative Devices for Question 5. To provide material for answering this question, a parent of each child will be given the same questionnaire, through personal interview and by the investigator, that was given to those parents who experienced the visiting period under usual ward conditions, immediately after she leaves her child.

To actually answer questions numbers 2, 3, 4, and 5 above, the notes taken of each child situation, from the time the visiting period is announced over and until thirty minutes after the parent has left, and the response of each parent to the question, "How do you feel about leaving your child today?" will be mimeographed. Both the mimeographed child situations and the parent responses will be given to ten expert judges who will rate, on a simple five-point rating scale, each child situation and each parent response in terms of how they think the child and parent feel about the separation.

Example of Rating Scale:

Very Secure	Secure	Somewhat Secure and Somewhat Anxious	Anxious	Very Anxious
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Question 6. How can one compare the emotional adjustments of the children and their parents in relation to separation under usual ward conditions to those when a purposeful plan of nursing care is used?

Investigative Device for Question 6. Each point on the rating scale will be given a numerical rating: Very Secure = 2; Secure = 1; Somewhat Secure and Somewhat Anxious = 0; Anxious = minus 1; and Very Anxious = minus 2. The average of the scores, given by the ten judges to each child situation and to each parent response to the questionnaire, will be obtained. Therefore, emotional adjustments under both conditions will be measured and compared numerically.

Directions to Recorders

Control Conditions. Directions concerning Question 2: "How do the children feel in relation to their parents leaving them at the end of the visiting period under present or usual ward conditions?"

I. Role of the recorders

- A. For this part of the study each one of you will take descriptive anecdotal notes of the behavior of several children, ages two to six, their parents and all hospital staff members who come in contact with the children during the visiting period and at the parent's departure. You will remain with the children and record their behavior for thirty minutes after the parents have left.
- B. Each one of you will observe and record (recording forms and a clipboard will be provided) one of the above child situations at a time and each child situation will be observed and recorded by only one of you.

C. Recording

1. Make descriptive anecdotal notes of the behavior of the child, his parents, and hospital staff during the visiting hour and at the departure of the parent.
2. After the parent has left, stay with the child for thirty minutes and continue recording his behavior and that of other persons who contact him or whom he contacts.
3. This means write exactly what is done and said by the child in his relationships with people and things and what is done and said by the people who have relationships with him. "Record anecdotes that tell exactly what the child did or said, that describe concretely the situation in which the action or comment occurred, and that tell clearly what other persons did or said--specific or concrete descriptive statements."⁴
4. Everything that is done and said is to be described exactly as it is happening. Do not use your judgment as to what should be recorded and what should be omitted but record everything.
5. Do not give interpretations as to how you think the child and parent feel, i.e., "He looks happy" or "He is crying because he is afraid." Just concretely describe the incidents as they take place.
6. Bodily movement and facial expression are important to note and describe. The child, parent or staff member may not actually be expressing himself verbally but bodily movement (he leans forward toward the nurse, he walks quickly to the far side of the bed and stands facing corner crying loudly) and facial expression are silent methods of expression.

Investigator: "In other words, include bodily action and facial expression in the description of the incidents."⁵

⁴Ibid.

⁵This is the first interruption during the machine recording of the directions to recorders. Others follow and are in quotes.

- D. For this part of the study you are to be an outsider-- an observer and recorder only. That is, do not take any part in the child situation. Make yourself as little known and unobtrusive as possible to the child and parent by being as passive as possible. You do not want to influence the behavior of the child, his parent, or the staff. Do not in any way, through verbalization, bodily movement, or facial expression become part of the situation. You take this role, of course, because you are trying to obtain a recording of behavior under usual ward conditions. Ideally, we would have observation booths from which to record behavior. You will dress in street clothing. Find a chair and sit down as close as you can to the child but not so close as to become a part of the situation.

Recorder: "When do we go into the room?"

Another Recorder: "Wouldn't it be easier if we were in the room before the parent came? I mean if we could be there a few minutes before 2:30. When you walk in and take a chair and sit down beside or near the bed, that calls attention to you right at the time."

Another Recorder: "I think it would be better if we could be in the room before the visiting period starts because when we come in and get a chair and sit down that calls attention to our being there and if we were there when the parent comes in, she might notice that we were there but not think as much of it."

Investigator: "What do the rest of you think about that?"

Recorders indicated it would be better.

Investigator: "All right. Let's plan to do that then. Be in the room a couple of minutes before 2:30."

Pause.

Recorder: "What if the child is up ad lib and he and his parent walk around the ward and out on the porch. Should we go with them."

Investigator: "What do you all think of that?"

Pause.

Recorder: "Maybe we could sort of follow them and not get too close and, at least, be able to describe what they are doing. I mean describe action but not all of the words."

Pause.

Investigator: "Yes, this is going to happen, isn't it? That seems like a good idea and then, if and when a staff member approaches them, you could follow quite closely behind her and probably get close enough to get any verbalization and still not be distracting."

Investigator: "Any other questions?"

- E. Concerning whether or not you will want to stay in the room with the child after the parent has left,
1. If the child is in a room by himself:
 - a. Leave just after the parent has left and observe from a point just outside the door. Try to arrange it so you can see him through the window but so he won't be distracted by you.

If he is talking, try to get the verbalization by being as close to the door as possible.
 - b. If someone goes into his room, follow her in and come out when she comes out.
 - c. There might possibly be a case in which you might be less distracting if you just sat quietly in the room. You will have to be the judge of this.
 2. If the child is in a room with other children:
 - a. Try staying in the room after the parent leaves.
 - b. If you do sense you are distracting the child, go out of the room as in 1-a and 1-b above.

Recorder: "When the curtain is drawn, should we go inside of the curtain?" "Would that be making ourselves too obvious?"

Investigator: "Just get as close to the curtain

as possible so you can hear the verbalization. If the curtain has been left open a few inches, you might very easily be able to see the behavior as well as hear it without attracting attention. This would hold true during the visiting period also."

F. Questions child or parent might ask you:

1. If you should be approached by a child or parent and asked a question, do not answer the question and do not absolutely ignore it. Let them know as tactfully as possible that you do not know. You may not even have to answer.

Recorder: "On some questions that we feel we have to answer, we might be able to say just either "yes" or "no."

2. If the child or parent asks you to do something just tell them as tactfully as possible that you can't do this.

Recorders: A few uncomprehensible verbalizations accompanied by a few smiles are uttered by the recorders.

3. If the child or parent asks you what you are doing you might tell them something like "I'm taking notes for an assignment." This won't happen very often, but if it does, try to make your answers and behavior such that will discourage further interaction.

II. Role of staff members.

- A. The ward clerks will dismiss the parents at exactly three o'clock. There will be two of them doing this and they should be finished by two minutes after three.

Recorder: "They have been doing that."

Investigator: "Yes, they are very conscientious about it. They know we are trying to set up some controls."

Recorder: "But some of the parents don't go."

Investigator: "Well, some of them don't go right away but that is part of the real picture. From the time that the parent is asked to leave and until she does will be the departure time. Notes will be taken

for thirty minutes after that."

- B. Mrs. W. (the pediatric nursing supervisor) and Dr. B. (the resident physician) will instruct their staffs as to what you are doing. They will go right on with their work and completely ignore you.

III. Your role as a student during control conditions:

- A. For the study, you will be assigned to observe patients that you are not caring for as a part of your regular assignment. This ought to help you keep out of the situations because you don't know the child or his parent well and they don't know you.

This, of course, means that during your regular Nursing of Children clinical experience, you should allow yourself to be known only to children on the ward that are on your daily assignment. This holds true also for their parents. Do not develop a relationship with all the children on the ward, as you usually do, while the study is going on.

Recorder: "That may be hard to control if we are assigned to this ward for any of our twelve hours of nursing service per week."

Investigator: Yes, perhaps, but just keep it in mind if you are."

- B. When we have patient-centered nursing classes, and they center around a patient who is not on your daily assignment, prepare for the class by reading his chart and talking about him with the student who is caring for him. Do not acquaint yourself with the patient as you usually do.

Experimental Conditions. Directions concerning step 4 on the thesis outline: "How do the children feel in relation to their parents leaving at the end of the visiting period when nurses introduce a purposeful plan to make the separation a comfortable one?"

I. Role of the recorders.

- A. For this part of the study, besides being the recorder who records the behavior in the child situations, you will also be the nurses who introduce the purpose-

ful nursing care plan. You will dress in uniform. The main purpose of your presence is to assist the child and his parent toward making a comfortable adjustment when they separate at the end of the visiting period. You will attempt to create an environment that will encourage the child and his parent to express their needs to you. You will meet these needs and all others that you can anticipate and recognize. Be particularly sensitive to needs that have to do with the separation of the child and his parent.

- B. Each one of you will participate in, observe, and record one of the above child situations at a time and each child situation will be participated in, observed, and recorded by only one of you.
- C. You will give nursing care to a child and his parent and will take descriptive anecdotal notes of the behavior of the children, their parents, yourself, and all other staff members who come in contact with the child during the visiting period and at the departure of the parents as you give the nursing care. You will remain with the child, give nursing care to him, and record his behavior for thirty minutes after the parents' departure.

You will use the same method of recording as you did when you recorded under usual conditions. You will also use the same recording form. Describe exactly what is done and said by all persons in each situation.

- D. You will concentrate your nursing care on one child and his parent but will not ignore obvious needs of other parents and children in the room.

Investigator: "Now, this is going to be a little bit different. You are not going to be able to sit down and do your recording. You will need to have your recording form with you or close by as you give the nursing care. You may want to carry the clipboard with you some of the time. You may want to put it aside part of the time and go to the child and/or parent and then go back and record your notes."

- E. Things to do while the parent is present:
 - 1. Introduce yourself to the parent and also to the child if practical. Let them know that you are available and in your own way let them know that you would be glad to assist them in any way that you can. You will do this soon after the begin-

ning of the visiting period.

2. Respond to the expressed feelings of the child and/or parent when indicated.

This will, of course, require understanding and acceptance of the children and parents. Remember, there are feelings involved here and you are trying to assist them in handling these feelings so they will feel better about leaving each other. Therefore, try to respond to their feelings as they express them.

3. Just talk with the child and/or parent when indicated.
4. Meet all requests directed to you. Meet all requests of the child and his parent and anticipate needs insofar as possible. If you are not able to meet a request yourself, find someone who can meet the request. If the request cannot be met, discuss this with the person who has asked it. At any rate, do not keep the child or parent wondering.

Meeting requests and anticipating needs may take you away from the child and his parent for short periods of time.

5. Adjust to the amount of time you think the child and his parent want you present. If you think they are not comfortable with you with them so closely or so continuously, adjust for this and do not be with them so much but be nearby and approachable so they can contact you if necessary.
6. Find out, sometime during the visiting period, when the parent will return and try to see to it that the child also knows.

You may want to use this information after the parents' departure. In all cases possible, encourage the parent herself to let the child know when she is coming back.

Many children and parents will spontaneously talk about when the parent will return. If you hear these conversations and obtain the information this way, fine. However, if you do not know, be sure you find out before the parent leaves.

You can obtain the facts concerning this and, at the same time, encourage the parent to tell the

child by saying something like this in the child's and parent's presence: "Does John know when you are coming back, mother?" or "Can you tell John when you are coming back, I think he would like to know," or "When is mother coming back, John?"

If you hear the parent tell the child that she is coming back at a certain time and you know that she is not going to return at that time, ask her when she truly is coming back out of the child's hearing. In these cases you may or may not be able to use this information after the parent's departure. You may be able to help the parent tell the child the truth.

7. Be with the child and parent (or very close by) at the time that the parent is leaving. In many cases you will be able to assist at this time.
8. Let the parent know, sometime before she leaves, that you will be with the child for awhile after she leaves.

F. Things you might do while the parent is present:

1. You might want to encourage the parent to tell the child what she and the rest of the family will be doing between the time she leaves and when she returns again.
2. You might want to encourage the parent to tell the child what she and the rest of the family have been doing since she was here the last time.
3. You might want to encourage the parent to leave something from home that the child is especially fond of and secure with.
4. You might want to encourage the parent to bring something from home that the child is especially fond of and secure with.
5. You might want to encourage the parent to talk with her child about how he feels about her leaving and how she feels about leaving him.

You might find it comfortable and appropriate to make a statement something like this:

"John, mother knows that you don't like her to go and she would really like to stay here in the room with you all of the time if she could."

or this:

"Mother understands that it's hard for you to be away from home and mother doesn't like being away from you either."

G. Things to do after the parent has left:

1. Respond to the expressed feelings of the child.

Let him know that you understand how he is feeling by talking with him about his feelings as he expresses them.

2. Just talk with the child when indicated.
3. Meet his requests.
4. Assist him in clarifying any misinterpretations regarding his parents such as, when she would return again, that she would really like to stay, what was going on at home, etc.

H. Things you might do after the parent has left:

1. You might be able to create a more comfortable environment for him by taking him to the playroom or bringing toys to him. You might want to read to him, just hold him, walk with him, or help him get started in some group activity with other children.

II. Role of the staff members.

- A. The ward clerks will dismiss the parents as before.
- B. There will be no special instructions given to staff members. They will carry on their usual activities.

III. Your role as a student under these conditions.

- A. Your role as a student under these conditions will be the same as it will be under the control conditions.

Investigator: "Now, there will be someone caring for these patients. They will be on someone's assignment and that person is very likely to come into the situation and give some nursing care. You might want to follow up with some of the conversation the child or parent has had with that person or might want to discuss some of the nursing care that was given."

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