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Influence of nurses on parent's care of their hospitalized children

INFLUENCE OF NURSES ON PARENTS' CARE OF THEIR HOSPITALIZED CHILDREN

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CHAPTER I

INTRODUCTION

To see a lost child is to see a picture of despair. Losing his parents removes a child from his prime source of security. With them he can do anything, but take them away and he can do nothing.

The traumatic effects of hospitalization can be attributed largely to the child's feeling of insecurity. He is not only weakened by illness, but deprived of his parents, removed from familiar surroundings, and stripped of his belongings. Under these circumstances, how can he be expected to trust doctors and nurses? He does not know them, and he frequently associates them with painful treatments.

In recent years we have become increasingly aware of the effects of hospitalization on children, especially during the preschool years. These effects are thought to have a prolonged influence on the child's emotional and physical development. They associate the hospital with desertion, punishment, and mutilation. They view procedures as hostile acts. They see personnel as punishing agents. There is a complex of negative emotions, fears, and misconceptions about illness and its treatment which complicates the child's adjustment to the hospital.

The security of a safe environment, with people who have proven themselves to be concerned with the child's welfare, is essential for the development of a health personality. It is important, therefore, that maintaining the child's security be taken into consideration when hospitalization becomes necessary. This is possible only when the family is incorporated in the child's plan of care.

Statement of the Problem

In a family-centered nursing care program, the needs of the child and his parents must be the core of the plan of care. This study will attempt to discover what the parents see as their role in the care of their hospitalized child, and whether or not the nursing personnel, by their conversation and behavior, are encouraging or discouraging them in fulfilling their role.

Justification of the Problem

In some hospitals this is being done through a rooming-in program in which parents are encouraged to remain with the child and participate in his care. Even though this is probably the best arrangement for the hospitalized child, its use at this time seems limited. Most hospitals do not have adequate facilities to make this service available to all parents. If the mother remains with the child, not only is the father left at home alone, but arrangements must be made for the care of any other children in the family.

However, many of the beneficial effects of a rooming-in program could be obtained through unlimited visiting hours or even with limited visiting hours, if personnel were orientated toward considering the family in the child's program of care. The parent's presence helps to minimize the problem of separation and is very reassuring to the child. Even if parents spend a limited time at the hospital, this time could be used most profitably, if parents were encouraged to help in caring for their child. Many of the simple routines could be done by a person who is familiar to the child. This would not only help the child in his adjustment to the hospital, but would make procedures less traumatic and conserve the child's energy for the healing process.

The parents would also gain from this type of a program. Parents, who assist with the child's care, would be better prepared to care for him on discharge. If treatments are to be continued at home, they would have a longer time to become familiar with the use of materials under the guidance of the nurse.

Scope and Limitations

This study was conducted on the pediatric units of a large general hospital in the New England area. The data was collected on both medical and surgical units. The visiting hours were unlimited and parents were able to come at any time.

Ten parents of children under the age of five were

selected from the service families. Excluded from the sample were parents of children who were seriously ill, mentally retarded, emotionally disturbed, or who had been in the hospital for less than two days at the time the study was being done.

Each family was observed for one two hour period to discover who met the child's routine needs while parents were visiting. After the child was discharged, a home visit was conducted to elicit answers to a questionnaire. The questions were designed to find out the parents' attitudes toward caring for their hospitalized children and to discover the cues which they perceived from nursing personnel which encouraged or discouraged their participation.

Because this study was done in only one hospital and with a limited sample, it is impossible to make implications to the general population.

Preview of Methodology

Structured, non-participant observations were used to collect data about the amount of care done by the mother and that done by the nursing personnel while the mother was present. Brief notations were made during the observation period. Immediately following the two hour observation period, the notes were completed. The writer was present a short distance from the subjects being observed.

A questionnaire, consisting of both open and closed-ended questions, was used to elicit information from the

parents concerning their attitude toward participating in the care of their children, the type of care that they wanted to do, and cues that they perceived from nursing personnel which influenced their participation.

CHAPTER II

THE THEORETICAL FRAMEWORK OF THE STUDY

Review of the Literature

It is generally accepted that rapid recovery is promoted only when both the psychological and physical needs of the patient are met. The patient must be given recognition as an individual from within a family setting. In the care of the young child, the mother and family are of utmost importance for his security, and form the framework in which the child's needs must be met. Because of the closeness of this relationship, no program of care can be planned realistically without incorporating the family.

Just how important the family is to the young child has been the focus of several studies. During World War II, Anna Freud studied children who were evacuated to the country for safety. She found that the children were more disturbed by having their family ties broken than by the bombings and other inconveniences of the war. She found that their behavior regressed to a level of previous accomplishment. When families appeared to be forgotten, the child began to progress, but with obvious loss in psychological and physical development.[1]

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[1]Anna Freud and Dorothy Burlingham, War and Children, (New York, Ernest Willard, 1943), pp. 44-83.

The prolonged effects of separating a young child from his mother have been reported by Dr. Bowlby to the World Health Organization. He reported studies done throughout the world which indicated the importance of a secure environment to the physical and psychological development of the child. Included in the report were studies of animals who had been removed from their mother for the purpose of research; studies by direct observation of the mental health and development of children in hospitals, institutions, and foster homes; others which examined the early history of persons who developed mental illness; and follow-up studies of groups who suffered deprivation in early years. These studies for the most part investigated prolonged separation and deprivation. The writer stressed that very little is known about the length of time necessary to produce prolonged effects.[2]

Emotionally disturbed children are basically frightened children, yet their fears, though mixed with fantasy, are mere enlargements and variations of the fears of normal children. Of what are children frightened? They are afraid of being left and unprotected in a hostile world filled with pain, anger, and insecurity. Most frightening of all, they are afraid of being alone and unprotected in an unfamiliar place.[3]

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[2]John Bowlby, Child Care and the Growth of Love, (Maryland, Penguin Books, Inc., 1961), pp. 18-50.

[3]Ruth Frank, "Frightened Children," American Journal of Nursing, Vol. LI, No. 5 (May, 1951), p. 326

When the child enters the hospital, he is faced with separation, fatigue, pain, unfamiliar people, as well as the inability to express his feelings.[4] He is stripped of his own personal belongings, his clothing, and even his well loved shoes and hat. At the same time the familiar routines of his life are exchanged for unfamiliar ones.[5]

The effects of hospitalization have been the subject of many recent investigations. Gordon Blom reported that parents frequently date the onset of emotional disturbances such as ties, enuresis, phobias and behavior problems to an illness or hospitalization. He pointed out the potentially disturbing impact on children under the age of five.[6]

In studies to determine children's thoughts about illness, hospitalization, and therapeutic procedures, it was found that young children of preschool age blame others for their illness. They saw personnel as stern agents enforcing undesirable treatments and restrictions. They did not see procedures or people as being helpful.[7] This was substantiated

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[4] Ibid., p. 327.

[5] Mildred Wallace and Violet Feinauer, "Understanding a Sick Child's Behavior," American Journal of Nursing, Vol. XLVIII, No. 8 (August, 1948), p. 517.

[6] Gordon Blom, "The Reactions of Hospitalized Children to Illness," Pediatrics, XXII, No. 3 (September, 1958, p. 590.

[7] Claudia Gips, "How Illness Experiences Are Interpreted by the Hospitalized Child," New York, Teacher's College, Columbia University, 1956. (Ed. Dissertation)

in another study where procedures were viewed as hostile acts, and personal elicited negative feelings.[8]

The importance of the mother to a child, especially a frightened child, has been reported in recent research. Harlow's studies of monkeys emphasized the importance of bodily contact and the immediate comfort that it supplies in forming the infant's attachment for its mother. When Harlow's monkeys were exposed to frightening situations, they ran immediately to their mother substitute clinging for safety. After the fear assuaged through contact, he would turn and face the danger without sign of alarm, and even left the mother to explore the object which frightened him.[9]

It is impossible to study young children with the scientific precision that was used in Harlow's studies of monkeys, but in the studies that have been done of young children their reactions have been very similar. It has been found that in young children the main reaction to frightening situations is to seek the comfort of their parents.[10]

Even though the child's need for his parents has been demonstrated rather conclusively, the extent to which parents are able to meet his needs are dependent on many factors. In

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[8]Florence Erickson, "Play Interviews to Determine Children's Reactions to Hospital Experience," Monograph of Society for Research in Child Development Inc., XXIII, Serial #69.

[9]Harry F. Harlow, "Love In Infant Monkeys," Scientific America, Vol. CC, No. 6 (June, 1959), 68-74.

[10]Blom, loc. cit., p. 594.

a study done by Reva Rubin, she found that the mother had to learn to care for her child in each new situation. She was able to proceed, if she felt her attempt at care had been successful. The unsolicited approval or praise from a professional person was the "cum laude" or proof positive that she had done well.[11]

Having a child hospitalized might be considered to be similar to the type of crisis situation described in a study of families having a premature baby. Their reactions to this situation might give us some clues to the way in which they react when a small child becomes ill and requires hospitalization. They expressed feelings of guilt concerning the cause of the prematurity, and also felt that the nurses were taking over their role. These feelings were lessened when mothers were able to do something to help with the child's care.[12]

In setting up any program of care for the hospitalized child, it is necessary to consider the needs of both the mother and the child. The keystones of any program set up to prevent the untoward reactions of hospitalization consists of frequent visiting hours and participation in ward care by the

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[11]Reva Rubin, "Basic Maternal Behavior," Nursing Outlook, Vol. IX, No. 11 (November, 1961), p. 683.

[12]Charlotte Owens, "The Family In Crisis," Paper read before Boston University Graduate Nursing Students, Boston, Massachusetts, December 7, 1962.

parents. It was found that well adjusted parents were able to participate effectively in the ward care of their child when opportunities were available.[13]

Bertha Hohle described how their hospital had helped parents to feel comfortable participating in the care of their child. Parents were encouraged to stay with their child. The mother and child were introduced to the hospital set-up and routines. Each step of care was explained. The mother was encouraged to help with the care of her child. In this way she was also being taught to do any follow-up care that was necessary, and was in a position to give a return demonstration.[14]

The team approach was used to counter-act hospitalization in another hospital. The children were free to use telephones; meals were served family style; rooming-in was encouraged for seriously ill children; opportunity was provided to allow children and parents to express their feelings; there were liberal visiting hours; and parents were readily available before and after any surgical procedure.[15]

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[13]Dane G. Prugh et al., "A Study of the Emotional Reaction of Children and Families to Hospitalization and Illness," American Journal of Orthopsychiatry, XXIII (January, 1953), pp. 70-106.

[14]Bertha Hohle, "We Admit Parents Too." American Journal of Nursing, Vol. LVII, No. 7 (July, 1957), p. 865.

[15]Sylvia Barker, "Pediatrics, Family Style," American Journal of Nursing, Vol. LVIII, No. 8 (August, 1958), p. 1123.

Claire Fagin is a mother and a nurse who took a look at the pediatric ward from a mother's point of view. She pointed out that children often viewed hospitalization as desertion by the parents, and unless staff were generously available, as well as perceptive, the child would continue to feel deserted. "Considering the prevalence of an acute staffing problem one wonders as to the reason that valuable time is spent ridding the unit of parents." Unlimited visiting hours should be encouraged especially at crisis times; i.e. following admission and well into the first evening, before and during all major procedures, and with some children at mealtime and bedtime.[16]

Plans for care should be made with parents who should be instructed in aspects of this care. The mother should be assured that help will be available when needed, but that for the most part she will be responsible for the child's care. She should be shown where things are that she will need.[17]

Mrs. Morgan is another mother who described a pediatric ward where her child was hospitalized. She pointed out that everyone at the hospital seemed to genuinely want the mother to stay. Beds were wheeled into the child's room so that the mother could sleep there and give the care that he

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[16]Claire Fagin, "Why Not Involve Parents When Children Are Hospitalized," American Journal of Nursing, Vol. LXII, (June, 1962), pp. 78-9.

[17]Ibid., p. 79.

needed. "It was a wonderful feeling to know that not only were the finest medical staff and latest drugs and equipment available, but I could stay with my son, too, and give him the love and security he needed." She went on to describe the types of things that she was able to do that were beneficial to his adjustment.[18]

Barbara Lloyd, a nurse in the same hospital, pointed out the benefits of having the mother present with the child having separation problems, and also saw the mother's presence as beneficial throughout the hospitalization. "While a child awaits surgery, his parent's presence is encouraging. If he is acutely ill, they are close by to help him feel comfortable, and let him know that they care."[19]

When a good mother-child relationship existed the mother was able to help with procedures and support the child through traumatic treatments. She assisted with feedings, collected urine specimens, and gave medications. Her presence made restraints less necessary. With such a program, parents were available to learn and prepare for treatments that would be necessary on discharge.[20]

In a research study, a special program was set up in

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[18]Mary Morgan and Barbara Lloyd, R.N., "Parents Invited," Nursing Outlook, Vol. III, No. 5 (May, 1955), pp. 256-259.

[19]Ibid., p. 258.

[20]Ibid., p. 259.

an attempt to minimize the effects of hospitalization. This program included increasing the visiting hours; an orientation program for parents aimed at enhancing their understanding of their child's needs and their role in his care; psychological support to parents who needed it; and ward conferences to plan care. Findings indicated that the children in the experimental group experienced less severe reactions, and they lasted for a shorter period of time following discharge.[21]

Assumptions

The following are the assumptions on which this study was based.

1. The recovery of the hospitalized child is promoted if his family is incorporated in the therapeutic plan.

2. The nurse by her conversation and behavior influences the extent to which parents participate in the care of their children.

3. By using an observation guide and questionnaire, it will be possible to discover the extent to which the nurse's conversation and behavior influences the parent's participation in the care of their child.

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[21] Prugh, loc. cit., p. 70-106.

CHAPTER III

METHODOLOGY

Selection and Description of Sample

This study was done on three pediatric units of a large New England general hospital. The hospital had unlimited visiting hours for all parents of patients on the pediatric units. Each unit had a bed capacity of about twenty-five beds, and had both private and service patients. The service families paid for their care according to financial ability.

The writer obtained permission to use the service patients from the Hospital Administrator through the Assistant Director of Nursing Service, who also made arrangements for her to meet the supervisor of the pediatric units. The pediatric supervisor introduced the writer to the head nurses at the Head Nurse's Meeting. They were told that the study consisted of observing how much parents participated in the care of their children. The criteria for selecting patients was explained and the nurse's cooperation in answering any questions about the ward facilities and routines was requested and obtained. The writer was shown the physical facilities of the wards and introduced to the rest of the nursing and secretarial staff. Everyone was extremely helpful and cooperative.

The ten families in this study were service families who had a child under the age of five years who had been hospitalized at least two days at the time of the study. They were selected by consulting the admission board located at the head nurse's desk on each ward. The writer remained on the wards between 10 A.M. and 8 P.M. When parents of children who met the criteria visited, they were asked to participate in the study. All parents consented to participate. Excluded from the study were mothers who visited less than two hours when the writer was present. Parents of children who were seriously ill, handicapped, or emotionally disturbed also were not included.

The writer in uniform introduced herself to the parents and explained that she was a student from Boston University, who was conducting a study of the things that happen to a child during the visiting hours. An explanation was given to the mother that the information would be helpful to the nurses in making visiting hours as beneficial as possible. The mother was not told that her behavior was being observed. The mother was then asked, if the writer could remain in the area while she visited, and if on discharge she would be willing to answer questions related to the hospitalization. Whenever possible these questions were asked after the child was at home, because the investigator felt that the parents would feel more comfortable about expressing their true feelings in their own homes. Those families from out-of-town were ques-

tioned in the hospital following discharge.

Method of Data Collection

Structured, non participant observation was used to discover who cared for the children while the parents were visiting. Observations were made between the hours of 10 A.M. and 8 P.M. over a two week period. Each parent was observed for one two hour period. Observations were made in different areas of the ward on which the mother and child were located, as they did not limit themselves to the bedside.

This method was chosen because it was a more objective way of discovering who did the routine care when parents were visiting. Only brief notations were made during the observation period. Immediately following the two hour period, complete notes were written.

On discharge from the hospital, an interview was conducted either in the hospital or at home. The questions were both open and closed-ended. They were designed to determine parents' attitude toward participating in the care of their children and to discover what things they saw in the nurses' conversation and behavior as discouraging or encouraging their participation. See the Appendix. (Page 37)

This type of interview was selected because the writer could focus on the areas in which she was interested, and the respondent had enough freedom to follow their own line of thought. The interviewer could probe further when answers were unclear or where further information was needed.

The observation guide and questionnaire were pretested and appropriate changes made prior to their use in collecting data. Two families were selected in the same way and under similar conditions as those used in the final sample.

CHAPTER IV

Presentation of Data

From the data collected, information was organized to answer the following questions.

1. Do parents who care for their children at home want to continue doing this care when their children are hospitalized?

2. What types of care did they do during this hospitalization?

3. Were there other things that they would have liked to have done?

4. What cues did they perceive from the behavior of personnel which influenced the care that they did?

5. How could nursing personnel have been more helpful to parents?

In all families interviewed, the mother was responsible for the daily care of the child at home. In no case did anyone come into the home regularly to care for the children. When parents were asked if they would like to continue caring for their children in the hospital, seven mothers wanted to care for their hospitalized children while three preferred to have the nurse do the care.

Six of the mothers who stated that they wanted to help with the care of their hospitalized children gave the same

reason. They felt that their children were less frightened, if they were caring for them, or if they were present when something was being done by the nurse. Another mother stated, "I might as well be doing something while I'm here."

Mothers who wanted the nurse to care for their children gave the following reasons. "If I'm there when the nurse takes care of her, she will learn not to be afraid." Another mother stated, "I'm happy if I can just stay while the nurse cares for my child. I feel uncomfortable doing it myself." The third mother said, "The nurse knows more about it."

To find out whether or not parents were encouraged or discouraged from visiting their children, they were asked in what way they found out about the visiting hours.

Parents asked nurse about visiting hours	5 families
Nurse told parents about visiting hours	2 families
Doctor told parents about visiting hours	1 family
Parents never found out about visiting hours	2 families

Most parents felt that the personnel encouraged them to visit their children frequently. When they asked about the visiting hours, they were told that they could come and go at their convenience, except during the rest period which was between 12 P.M. and 2 P.M.

One mother, who had not been told about the visiting hours said, "My husband and I could not have visited anymore, but we should have been told exactly when we could come." The other mother, who had not been told and who had not asked,

went by a sign which she had seen in another building. The visiting hours were not the same as those on the pediatric units.

To objectively discover who was performing the routine care of the children while parents were present, an observation guide was used. See the Appendix, (page 36). Each family was observed for one two hour period. In the hospital used in this study the care was done almost entirely by the parents (See Table 1). This included bathing, feeding, toileting, assisting with treatments, adjusting the environment, and giving skin care. Parents were frequently observed giving their children fluids and encouraging them to drink, especially if intake was being recorded. Symptoms such as bleeding, vomiting, and pain were reported to the nurse by the mothers. The children's temperature was taken in most cases by the nurse. The nurse noticed the children's poor position and corrected this slightly more than did the parents, while being observed.

Parents were observed to spend the major part of the visiting period playing games with their children, giving reassurance, comforting, and listening to their problems. During the time that they visited, they went ahead and did any care that was necessary. This did not seem to be influenced by the time of the day that the observation took place.

When the mothers were questioned in their homes, they stated that they were able to do, as little or as much, as

TABLE 1

OBSERVATIONS OF PERSONS PERFORMING CARE-TAKING ACTIVITIES WHILE PARENTS WERE VISITING[a]

Care-taking activities	Number of times done by mother	Number of times done by nurse	Total
Feeding	13		13
Toileting	14	1	15
Bathing and skin care	3		3
Assisting with treatments and blood work	2		2
Taking temperature		4	4
Giving medications (oral)	1	1	2
Adjusting environment	4		4
Adjusting child's position	2	3	5
Changing bed	1		1
Dressing child	2		2

[a]Each of the ten families in the study were observed for one period of two hours.

they wanted for their children. Even mothers who preferred having the nurse care for their children did some of their care. Listed are the care-taking activities that the parents stated they did during their children's hospitalization.

Parents were frequently not present when much of the children's care was being done. They were asked what care they would like to have done if they were visiting when it

TABLE 2

CARE-TAKING ACTIVITIES THAT TEN PARENTS STATED THEY DID DURING CHILDREN'S HOSPITALIZATION

Care-taking Activities	Number of Mothers Doing Care
Feeding	7
Toileting	5
Bathing	3
Assisting with treatments and blood work	6
Accompanying child to x-ray	4
Accompanying child to playroom	3
Changing bed	1
Giving skin care	2

was to be done. The mothers expressed a desire to do the ordinary care that they would do at home. This included the following: feeding (nine mothers), toileting (eight), bathing (seven), remaining during treatments and for blood work (ten), accompanying child to x-ray (ten), accompanying child to operating room (five), taking temperature (three), assisting with medications (seven).

All of the mothers wanted to remain when their children were receiving a treatment or having a test performed. Several mothers did point out certain exceptions. They emphasized that the nurse should ask them, if they wanted to remain. For instance one mother wanted to remain for everything but a throat culture. Another mother stated that she

frequently stopped at the hospital several times during the day, and could remain only for a short time. It became apparent that parents ordinarily wanted to remain for most things, but they wanted the privilege of making a choice.

Several routine care-taking activities were discussed to discover the cues that parents received from nursing personnel which influenced the amount of care that they gave. Information was gathered on the conversation and behavior of nursing personnel. The activities discussed included bathing, toileting, and feeding their children. Parents were asked how they were influenced to assist or leave when their children had treatments or blood work. How did they decide their role when their children went to the playroom, x-ray, or operating room?

Only two mothers were present in the morning when their children received a bath. One mother said, "I gave R____ a bath whenever I felt he needed it. The nurses never said anything to me." Another mother said, "I would have done it, if the nurse asked me, but I preferred to have her do it."

When asked about feeding their children, six mothers said, "The nurse just left the tray without saying anything." Three of these mothers went ahead and fed their children, and three of the children were able to feed themselves. Four mothers said, "The nurse asked me, if I would like to feed my child." One of these children had been getting nothing by mouth and another was a feeding problem.

Whenever the children needed their diapers changed, bedpan, or urinal, the mothers generally took care of their children. If they did not know where the necessary equipment was kept, they asked the nurse. Only one mother said that she called the nurse to care for her child. She stated that she was unfamiliar with the ward facilities.

The playroom on each ward was located at the end of the corridor and easily accessible to everyone. Play programs were in progress during the day, and parents and visitors were welcome to participate. Two mothers stated, "My child was in the playroom when I came." Another said, "S_____ took me to the playroom." Two mothers said that they took their children when they saw several others going to the playroom. The nurse asked one mother, if she would like to take her child to the playroom. Three mothers stated that their children could not leave the room.

Four of the mothers and one child asked the nurse about getting out of bed. The child told one mother that she had been up. One mother said, "The nurse asked me if I would like to hold M____." Two mothers were told that their children were on bedrest.

Six mothers stated that the children's temperature was always taken by the nurse. One mother said, "The nurse asked me if I would like to take N____'s temperature." Two mothers were never present when it was taken.

Oral medications were given by both the mothers and

the nurses. One mother stated, "I offered to give it when S____ resisted the nurse." Another mother, who had a child in isolation, said, "The nurses usually asked me if I would give the medicine." Two mothers said that the nurses always gave the medicine. Injections were always given by the nurse. One mother stated that she wanted to hold her baby while he received an injection. "I picked him up and held him for shots. The nurse never said anything."

All parents indicated that they wanted to be able to remain, and even assist in most instances with treatments and blood work. Even though this was possible in this hospital, it was not always made clear to the parents. They, six mothers, said that they frequently found themselves present when the nurse or technician came to do something to their children. Not knowing what to do, they waited for someone to tell them. When nothing was said, they remained and tried to fit themselves into the situation. Those who had been asked, if they wanted to remain, felt that it gave them an opportunity to leave or stay, depending on the time that they had, and their feelings about the treatment being done. Two mothers were never present when blood work or treatments were done.

Only one mother was present when her child went to the operating room. She went as far as the elevator with him. Some parents wanted to go as far as possible with their children going to surgery, especially if they were awake. Others

felt it was easier to separate with the children in the room or at the elevator.

All parents felt that the nurses were readily available when needed. They did have some suggestions of ways in which the nurses could have been more helpful to them and their children. They felt that the visiting hours should be explained to them at the time of admission. Facilities that are available for parents should be made known to them; i.e. dining room, lounges, kitchen facilities, and equipment used in children's care. When their children were up and about, parents felt that the nurse was seldom needed. They liked to have her around frequently following surgery, or if the children were very ill. One mother felt that the nurses often told her child about treatments too far in advance. This caused the child to become upset for a prolonged period of time. Mothers requested that the nurse give a demonstration and instructions when the mother was expected to follow through with the doctor's orders. "It may be very routine to the nurse, but to the mother it is new." One mother said that she was unsure of what was expected and tended to be too supportive. "This did not help N____'s recovery.

Parents felt that all of their questions were very graciously answered, but that they often did not know enough about the situation to ask questions. For instance, one mother stated that she and her husband were totally unprepared for the many tubes and equipment that surrounded their child

following surgery. "These were taken for granted by the nurses. I guess my husband and I should have expected it, but we were shocked when we saw her."

The mothers wanted to be the ones to decide the extent of their participation. Certain treatments and procedures were very upsetting to them. If they remained, they felt it would be worse for the child than their leaving. They, also, did not want to get involved in something that required more time than they had.

Discussion of Data

This hospital has come a long way toward minimizing the harmful effects of hospitalization for the small child. The unlimited visiting hours gave parents the opportunity to remain with their ill children for as long as possible. The atmosphere created by the personnel was relaxed, and provided parents with the freedom to do, as much or as little, as they wanted for their children. As a result, most parents did much of the children's routine care.

Parents should be encouraged and helped to take an active part in the program of care. The data demonstrated that parents want to do what is best for their children. They point out that they do not always know how they can be most helpful. In this hospital, they are able to be with their children frequently and take part in their care. However, to a large extent, they have to depend on their own knowledge and experience to guide them. The nurses are in an ideal

position to assist the mothers in understanding the needs of their hospitalized children, and ways in which these can best be met.

Before parents can most effectively assist their children, they must feel comfortable in the situation. Nurses, being completely familiar with the routines and equipment, forget that the families are coming into a new and strange environment at a time of crisis. The nurse can help the family adjust to the hospital by orientating them to the available facilities and routines. What parents are free to do should be made clear to them. Most parents could do the major part of their children's care, if assured that the nurses would be available to assist whenever necessary. If properly prepared by the nurse, the mother could be of tremendous support to her child during procedures and painful treatments. An explanation of the treatment should be given with suggestions as to how the mother can be of most help to her child.

It must be recognized that not all parents will want to actively take part in the children's care. Because of individual differences, parents should have the opportunity to decide the extent to which they will participate. Regardless of the amount of care given, every attempt should be made to help parents feel comfortable. Only when they are relaxed will they be able to help their children through the traumatic experience of hospitalization.

Having parents participate in the children's program of

care should prepare the mothers to continue the necessary treatments at home. Telling the mothers what treatments were necessary was not enough. Because they were unfamiliar with the meaning of commonly used medical expressions and procedures; i.e. push fluids, leg exercises, they were unable to carry out the necessary care effectively. These should be explained and demonstrated with an opportunity provided for the mothers to give a return demonstration.

In this hospital, parents obtained much of their information by questioning personnel, but they frequently did not know enough about the situation to ask questions. The nursing personnel must be continuously aware that most hospital routines are unknown or very frightening to both parents and their children. The nurse can frequently anticipate the parents' needs and worries by preparing them in advance for each step of their children's treatment. For example, if the child is going to surgery, the nurse can explain to parents what can be expected on his return.

When the child is seriously ill or certain procedures, i.e. injections, are performed, the mother expects the nurse to assume the major responsibility for the child's care. At these times, parents are satisfied if they can just remain with their child. This should be encouraged by the nurse. If there are simple things that the mother could do for her child, the nurse should give her the opportunity to do it.

Even though visiting hours were unlimited, very few

parents visited before 10 A.M. The majority of the parents put their children to bed before leaving for the night. It was interesting that parents were allowed to visit at any time except during the rest period. At home many children want their mother with them before they will rest. Parents did, however, usually put the children to bed and stayed until they had fallen asleep. While the children were sleeping, parents had an opportunity to get some rest and a change of scenery.

CHAPTER V

Summary of Study

This study attempted to discover the extent to which parents wanted to participate in the care of their hospitalized children, and ways in which the nursing personnel encouraged or discouraged their participation. It was conducted on three pediatric units of a large general hospital in the New England area. The visiting hours in this hospital were unlimited.

Ten families with children under the age of five were selected from the service families. Each family was observed for one two hour period while visiting their child. An observation guide was used to determine the amount of care that the mother did during this time. Following the child's discharge from the hospital, the parents were interviewed in their home. Parents were asked the extent to which they wanted to care for their hospitalized child, and the cues which they received from nursing personnel which influenced the amount of care that they gave.

Routines which are common to both home and hospital were being done by the parents in this hospital. The atmosphere was such that parents felt free enough to go ahead and bathe, feed, change, etc. their children, despite the fact that they received little direction from the nursing personnel.

The sample was small and taken from only one hospital, but these parents pointed to several areas in which they needed assistance. Nurses took hospital routines and facilities for granted, and neglected to orientate the parents to their use. Parents were not told what they could or could not do. They received most of their information by questioning personnel, but frequently felt that they did not have enough information about the situation to ask appropriate questions. For the most part parents wanted to participate in the care of their children, but wanted the privilege of deciding what they would do.

Recommendations

This study was done in only one hospital with a limited sample. The recommendations are limited, therefore, to the pediatric units of the hospital in which this study was done.

The recommendations that follow from this study are as follows:

1. This study should be repeated using a larger sample, random selection, and several hospitals. This would make inferences to more people possible, and substantiate the nursing recommendations.

2. On admission, parents and children should receive an orientation to the hospital, ward facilities, and routines.

3. The extent that parents can participate in the care of their children should be explained to them. They should be assured that the nurse will be available whenever necessary.

4. Parents should be prepared for procedures and equipment used in the treatment of their hospitalized child.

5. The nurse should guide parents in meeting the needs of their hospitalized child.

6. Nursing personnel must recognize that all parents will not be able to assist their child to the same extent.

APPENDIX

OBSERVATION GUIDE FOR STUDY

Care-taking Activities	Number of times by mother	Number of times by nurse
Bathing		
Feeding		
Toileting		
Taking Temperatures		
Assisting with treatments		
Assisting with blood work		
Accompanying child to x-ray		
Other Care Given During Observation Period		

QUESTIONNAIRE USED IN STUDY

1. Do you have anyone who comes into your home regularly to care for your children?

2. When your child was admitted to the hospital, how did you learn of the visiting hours?

3. Did you feel that you were encouraged or discouraged from visiting frequently?

4. When you are visiting and your child needs something done for him would you rather do it, or would you rather have the nurse care for him?

   a. Why?

5. Were you able to give your child any care while he was in the hospital?

6. What care were you able to give him?

7. Is there anything else, that the nurse does, that you would like to do, if you were visiting when it was to be done?

8. How did you know whether or not you could bathe your child?

9. How did you know whether or not you could feed your child?

10. How did you know whether or not you could change your child's diaper (give bedpan or urinal)?

11. How did you know whether or not you could assist in giving your child his medication?

12. How did you know whether or not you could assist with the taking of your child's temperature?

13. How did you learn about the playroom?

14. When your child went to x-ray, how did you know whether to go with him or remain on the ward?

15. When your child was having a treatment, how did you know whether you could remain or should leave?

16. When your child went to the operating room, how did you know how far you could accompany him?

17. Did you feel that the nurses were available when you needed them?

18. How could the nurses have been more helpful to you and your child?

BIBLIOGRAPHY

Ackerman, Norton. "Disturbances of Mothering and Criteria for Treatment," American Journal of Orthopsychiatry, XXVI (April, 1956), 252.

Arthur, Jean. "The Child with Abdominal Surgery," American Journal of Nursing, Vol. LVII (August, 1957), 1038.

Barker, Sylvia. "Pediatrics, Family Style," American Journal of Nursing, Vol. LVIII (August, 1958), 1123.

Bellam, Gwendoline. "Tonsellectomy without Fear," American Journal of Nursing, Vol. LI (April, 1951), 244.

Blake, Florence. The Child, His Parents, and the Nurse. Philadelphia: J. B. Lippincott Company, 1954.

Blau, Baker, et. al. "Collaboration of Nursing and Child Psychiatry in a General Hospital," American Journal of Orthopsychiatry, Vol. XXIX (January, 1959), 77-93.

Blom, Gordon. "The Reactions of Hospitalized Children to Illness," Pediatrics, XX, (September, 1958), 590.

Bowlby, John. Child Care and the Growth of Love. Maryland: Penguin Books, Inc., 1961.

Caffin, Margaret. "Visiting Hours for Parents," American Journal of Nursing, Vol. LV (March, 1955), 329.

Erickson, Erik. Childhood and Society. New York: W. W. Norton and Company Inc., 1950.

Erickson, Florence. "Play Interviews to Determine Children's Reaction to Hospital Experience," Monographs of the Society for Research in Child Development Inc., XXIII, Serial #69.

Fagin, Claire. "Why Not Involve Parents When Children Are Hospitalized," American Journal of Nursing, Vol. LXII (June, 1962), 78-9.

Frank, Ruth. "The Frightened Child," American Journal of Nursing, Vol. LI (May, 1951), 326.

Freud, Anna, Burlingham, Dorothy. War and Children. New York: Ernest Willard, 1943.

Gips, Claudia. "How Illness Experiences Are Interpreted by Hospitalized Children," New York, Teacher's College, Columbia University, 1956. (Ed. dissertation).

Harlow, Harry F. "Love in Infant Monkeys," Scientific America, Vol. CC (June, 1959), 68-74.

Hohle, Bertha. "We Admit Parents Too," American Journal of Nursing, Vol. LVII (July, 1957), 865.

Jackson, Edith. "Treatment of the Young Child in the Hospital," American Journal of Orthopsychiatry, Vol. XII (January, 1942), 56-67.

Kangery, Rosemarie. "Children's Answers," American Journal of Nursing, Vol. LX (December, 1960), 1748.

Morgan, Mary, Lloyd Barbara, R.N. "Parents Invited," Nursing Outlook, Vol. 3 (May, 1955), 258.

Prugh, Dane G. et al. "A Study of the Emotional Reaction of Children and Families to Hospitalization and Illness," American Journal of Orthopsychiatry, XXIII, (January, 1953), 70-106.

Rubin, Reva. "Basic Maternal Behavior," Nursing Outlook, Vol. IX (November, 1961), 683.

Wallace, Mildred, Feinauer, Violet. "Understanding a Sick Child's Behavior," American Journal of Nursing, Vol. XLVIII (August, 1948), 517.