THE CONCERNS OF MOTHERS OF HOSPITALIZED CHILDREN AS EXPRESSED BY FIFTEEN MOTHERS AND SEVEN PEDIATRIC NURSES

by

Carolyn Tomblinson Olson, B.S.

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APPROVED:

[redacted]

May Rawlinson Ph.D., Assistant Professor, Thesis Adviser

[redacted]

Lucile Gregerson, M. Ed. Associate Professor, First Reader

[redacted]

Evelyn Schmaltz, M.A. Associate Professor, Second Reader

[redacted]

Joyce Riter, M.N. Associate Professor, Third Reader
Walla Walla College School of Nursing

[redacted]

John M. Brockhart, Ph.D., Chairman, Graduate Council

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c.t.o.

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CHAPTER I

INTRODUCTION

1. The Problem

Studies have shown that for the health and growth of the child, mothers should be allowed to stay with their hospitalized children (5, 12, 23, 34). Many hospitals have liberalized their visiting regulations to varying degrees to permit mothers to remain with their children. Are these mothers fully accepted and their concerns and needs taken into consideration by the nurses?

Nissen (31) states that though many changes have made the hospital atmosphere better for children, the needs of pre-school children and parents are not met. At any given moment the parent may need help from the nurse more than the child does. Parents often complain that nurses are restrictive and authoritarian and fail to see the child's need for his parent and the parent's need to be with the child.

According to Lore (26) nurses have two attitudes: parents are a "necessary evil" or parents are necessary and helpful. Perhaps having parents around sometimes makes the nurse unsure of her role.

Many of the mothers are so anxious and distressed themselves that they have difficulty helping a sick child cope with the situation. Then is it not the nurse's responsibility to understand

and help the mother which subsequently helps the child?

Dr. Fagin (11), a nurse and mother herself, indicated that the nurse's behavior should communicate to the mother a belief in the fact that mothers should stay with the children and that the mother will be welcomed into the hospital society. If the mother is unable to stay her anxiety may be lessened by pointing out that she may come any time of the day or night.

In discussing the psychiatric aspects of hospitalizing children, Chapman, et al. (7), suggest that if parents live at a distance they could be helped to establish a supportive communication between parents and child, such as providing daily post cards for both the child and parents to send. Various ways have been found by nurses to be helpful in meeting the needs of the parents.

In order to give parents the opportunity to talk about their feelings and air their questions Patton and Wimberly (32), a chaplain and a nurse, conducted a weekly coffee hour for parents. They found the parents benefited by knowing someone had time to listen and understand, and the awareness that others shared their same feelings seemed to provide support and increase their ability to cope. The leaders gained a better understanding of parents and their problems.

In one of the Childrens Hospitals, Amiend (1) told how parents were considered essential to the recovery of their children and were made aware of this through group and individual conferences involving a variety of teaching aids.

Hopkins (24), a mother, described how she felt about being

allowed to stay free-of-charge at the hospital while her five year old daughter had surgery. She said she felt sure her presence with her daughter helped her recovery. Her three year old son at home did not show any sign of being disturbed by her absence.

The family participation unit of the Boston Floating Hospital has a crib or bed for the patient and a studio couch for the mother or other family member in each room. Condon and Peters (9) reported that the nurses' major responsibility is to prepare the parent to meet the child's needs. The parent is a valuable member of the health team and much of the tension usually associated with hospitalization is relieved.

The following questions arise:

- How do the mothers themselves feel about remaining with the hospitalized child and assisting with the care?
- What are the mothers' concerns?
- Do the pediatric nurses working with these mothers assess the same concerns and needs as the mothers?
- How do the pediatric nurses implement ways of meeting the needs and concerns of the mothers?

2. Review of Literature

Gofman, et al., (17), did a study to determine how doctors could better help parents. They interviewed 100 parents on admission and 68 on discharge and found that over half of the parents had such difficulty coping with their own fears and anxieties that they were unable to give support to their child at the time of his great need

and stress. Some of the factors the investigators learned that helped reduce anxiety were:

1. Adequate preparation of both parent and child for hospitalization.
2. Positive attitudes and concern as expressed by medical and nursing staff.
3. Verbal acknowledgment and management of the child's emotional needs, as well as his physical needs.
4. Understanding and respect for the parents' concern for the separation from, and the care of, their child.
5. The need for continuing preparation and support of parent and child for procedures and treatment during the hospital stay.

The results of Grubbs' (19) study indicated that mothers of chronically-ill children do not as a whole have a higher feeling of powerlessness than mothers of the "normal" children. She said that it is apparent that mothers new to the unfamiliar hospital setting are threatened or overwhelmed by the bureaucratic characteristics of the hospital as shown by high powerlessness scores. She used Seeman's definition of powerlessness.

Feeling the need for two-way communication between parents and staff Robinson (35) sought to determine parents' satisfaction with in-hospital information about their young children. He found that nurses were seen to be the least satisfactory source of information though they often were the only contact the parent had with the staff.

He speculated that nurses had neither the knowledge nor the authority to give answers to the parents' questions.

Marrow and Johnson (30) studied the perception of the mother's role with her hospitalized child. A questionaire administered to mothers and nurses revealed that in most instances mothers preferred to be responsible for more aspects of their child's care than the pediatric nurses realized. MacDonald (27) conducted a similar study in Canada. It showed that most parents were willing and felt able to help with the care of their child more than the nurses were willing to let them.

In a study on the effects of maternal attendance during hospitalization on the post hospital behavior of young children Dr. Fagin (12) revealed that when the mother remained with the child, his growth and development were not impeded. Positive differences in behavior after hospitalization often occurred to a significant degree. In comparison the children who were separated from their mothers, except for daily visits during a hospital experience, showed mild to severe regression in many important aspects of their behavior. She stated that encouraging the mother to become a participant in the hospital experience implied accepting and seeking to understand her feelings as well as those of the child.

The implications of Dr. Holt's (23) study on children's recall of a preschool age hospital experience after an interval of five years recommend that in order to provide the children with protection against helplessness and a reassurance against anxiety, those who work

in hospitals intensify their efforts to provide an environment where the parent's presence and participation in the care of the children is made as easy as possible. She advised pediatric nurses to provide parents with anticipatory guidance to help them realize that the child needs to talk about and play out his experience for sometime after he goes home. If the parents can talk about it, then the child is free to do this as he needs. By observing and listening to the child they can give him factual information, help clear up misconceptions, and give him the support he needs to work through and master the past experiences.

Branstetter (6) conducted a study with children 13-36 months of age to determine if their response to hospitalization was due to separation anxiety or a lack of mothering care. The study included three groups: those whose mothers were rooming-in, those who had a substitute mother with them during most of their waking hours, and those who had no specific person acting in the mothering role but were given the usual care offered in the pediatric unit. The children who had neither their mother nor a substitute mother were found to play less, cry more, interact with others less, withdraw from others more and engage more in self-oriented activities than those in either of the other two groups. It was concluded that the presence of a substitute mother did reduce the amount and depth of the emotional upset experienced by the child. It was noted that the substitute mother did not replace the mother in the child's affection for when the mother came to visit or take him home the children unfailingly went to their own mother and

completely ignored the substitute.

In the study by Mahaffy (29) of the effects of hospitalization on children admitted for tonsillectomy and adenoidectomy, experimental nursing consisted of the routine admission procedure plus determining the mothers' needs and providing her with the help and information that would meet these needs and thus enable her to cope with the immediate situation. The experimental nurse returned at specific times throughout the hospitalization to continue to identify the mother's needs, help her meet them by providing further information, answering questions, and discussing anything that had caused her confusion or unhappiness. The nursing care for the control group was that which was given routinely. The staff nurse answered the parents questions but seldom volunteered information or initiated conversation. The data showed that the experimental children had lower temperatures, pulse rates, and systolic blood pressures than the control group. They voided within a shorter time, took larger quantities of fluid more easily, and had a lower incidence of crying. The results of the post-hospital questionaire showed that the experimental nurse's efforts to assist the parent in the hospital also had long range effects on the behavior of the child after discharge.

Aufhauser (2) reported on an experiment with a parent participation plan in which the mother stayed eight hours each day with her child, took care of his personal needs, provided companionship, and applied discipline as she normally would at home. She accompanied him most places in the hospital where he went for diagnostic tests or special

treatments. The medical and nursing personnel carried out the activities indicated. Mother and child were welcomed to join in the recreational activities. At first the doctors and nurses were concerned about the management of the children with parents continually looking on but found these concerns to be unfounded, and soon no longer felt uncomfortable caring for the child in his mother's presence. After an eight month experimental period, the program was expanded, made more flexible, and introduced on other pediatric units.

Sister Callista Roy (36) conducted a study to determine whether or not there is a causative relationship between the introduction of role cues by the nurse and the level of adequacy of the mother in relating to her hospitalized child. A pediatric staff nurse introduced role cues of congruent orientation (corresponding focus of attention to that of the mother's), involvement (communicating with the mother concerning the child's present position by discussing condition, treatment, activities or limitations, and behavior), and role reference (telling the mother what she may do for the child) to the experimental groups. Ordinary interaction with nurses took place with the control group but no cues were provided. The experimental nurse avoided interaction with this group. The findings were statistically significant beyond the 5 per cent level of confidence that the introduction of role cues by the nurse caused an increase in the level of role adequacy of the mother of the hospitalized child.

3. Purpose

The purpose of this study was to explore the concerns and needs expressed by mothers of hospitalized children. A further purpose was to explore with pediatric nurses their identification of needs and concerns expressed by mothers of hospitalized children. The ultimate purpose was to compare the two sets of responses to determine commonalities and dissimilarities and their implications for nursing.

4. Limitations

Since the data were obtained via a structured interview the study was limited to those areas covered in the interview guide. It was recognized that there are significant others in the family unit but since the mother was most often the one to stay with the child in the hospital, and since the preschool child usually is more closely identified with the mother, this study was directed to the mother. Data were collected from fifteen mothers and seven pediatric nurses.

CHAPTER II

REPORT OF THE STUDY

1. Methodology

A descriptive study was conducted for the purposes set forth in the previous chapter. Two structured interview guides were developed for this study. (Appendices A and B). A pilot study consisting of interviews with one mother and one nurse was conducted to test the tools. They were found to be usable. Administrative clearance was obtained from the head of the department and the head nurse on the unit.

Fifteen mothers of pre-school age hospitalized children and seven pediatric nurses in one hospital were interviewed. The nurses had contact with most of the mothers interviewed. The interviews with the mothers were conducted no sooner than the second hospital day for the child. The interviews were done on a voluntary basis with mothers who were present in the hospital. No attempt was made to contact mothers at home. The investigator explained the nature of the study. All mothers approached agreed to be interviewed. Anonymity was assured. The questions were asked in the same order for each mother; if necessary to clarify, the question was merely repeated. An adaptation of the mothers' interview guide was used in the same manner with the pediatric nurses.

Due to the exploratory nature of the study no statistical

analysis was attempted. The mothers' responses were compared to determine if certain concerns and needs were commonly expressed. The nurses responses were compared to determine their identification of the concerns and needs of the mothers. Lastly, the responses of the two groups were compared for commonalities and dissimilarities. Implications for nursing based on the interviews were then reported.

2. Findings and Interpretation of Data

Interviews With Mothers

There were interviews with fifteen mothers using the structured interview guide in Appendix A. Certain demographic information was obtained preliminary to asking questions regarding the mothers' concerns. The information was sought in a casual conversational manner in order to establish rapport. All participants responded freely to all questions. In all instances the situation was that of one mother, one hospitalized child.

The fifteen children ranged in age from one to five as shown in Table 1.

Table 1. Ages of Children of Fifteen Mothers

Age in Years	Number
1	2
2	3
3	3
4	3
5	4
Total	15

Information regarding diagnosis revealed that each child had a different ailment. There did not appear to be any logical means of grouping the diagnoses. Eleven of the fifteen children had had surgery and one other was scheduled for surgery. The diagnoses are listed below with an indication of whether the classification at the time of the interview was medical or surgical. Ten of the children had congenital defects.

Table 2. Diagnosis of Fifteen Children and Classification at Time of Interview

Diagnosis	Medical	Surgical
Appendicitis		x
Atrial Septal Defect		x
Bilateral Vesicoureteral Reflux	x	
Clubfoot		x
Esotropia		x
Hirshsprungs Disease		x
Internal Abdominal Injuries		x
Neuroblastoma	x	
Obstructed V-A Shunt		x
Pneumonia plus Congenital Defects		x
Pulmonary Stenosis		x
Pulmonary Valve Stenosis		x
Recurring Upper Respiratory Infections	x	
Tetrology of Fallot		x
Ventricular Septal Defect	x	

The admission date was recorded so that the investigator knew at the time of the interview the child had been in the hospital at least two days. This criterion was established in order to allow the mother and child to have become somewhat accustomed to the hospital

setting. It was found that some children had been hospitalized for several weeks, one as long as six weeks. This time span was purely accidental. No attempt had been made to obtain data only from mothers whose children had been in the hospital only two days.

To avoid interviewing any mother whose child was acutely ill or considered to be in critical condition, information was sought from the nurse before approaching the mother. All of the children were considered to be in satisfactory condition at the time of the interviews except one. He had required several surgeries in connection with internal injuries from an accident and was regarded to be in fair condition.

Certain demographic factors such as age, education and occupation of the parents were obtained. The mothers ranged in age from twenty-one to sixty-three as shown in table three with a mean age of 32.7. The 63 year old was a foster mother of a five year old child who had been in her home since ten months of age therefore was regarded as her own. It can be noted on table 3 that seven of the mothers were 30 years of age or less, and eight were over 30 including the foster mother. It can be conjectured that the interviewees do not represent the usual age span of mothers of hospitalized children who range between one and five years of age. As shown previously in table 2 the children largely had diagnoses of complex ailments and may have been referred to that particular hospital for that reason.

The mothers' educations varied from the eighth grade to one year of graduate school. It had been speculated that there might be

differences in response between those who had meager education and those with a greater amount. However there were few whose education was at either the lower or upper extreme, hence most of the mothers were high school graduates.

Ten of the fifteen mothers listed their occupation as that of a housewife. Of the other five, only two worked outside of the home at present. Data regarding age, education and occupation are shown on table 3.

Table 3. Age, Education, and Occupation of Fifteen Mothers

Mother	Age	Education	Occupation
1	21	12th grade	Housewife
2	23	12th grade	Housewife
3	24	2 year vocational school	Housewife
4	24	11th grade	Housewife
5	24	12th grade	Manicurist
6	25	12th grade	Housewife
7	29	B.A. degree	Housewife
8	30	1 semester college	Housewife
9	33	1 year graduate school	Teacher (retired)
10	34	11th grade	Housewife
11	36	12th grade	Sampler Dairy Assoc.
12	39	12th grade	Housewife
13	41	12th grade	Bookkeeper (at home)
14	45	8th grade	Housewife
15	63	12th grade	Foster mother

Comparable data were obtained regarding each father. Fourteen of the fifteen families had fathers present in the home. Their ages ranged from 23 to 68 with a mean age of 35.3. The 68 year old was

the foster father. It will be noted that the fathers were in a slightly older age span than the mothers.

The fathers' education varied more than the mothers with a range from sixth grade to a medical doctor in his third year of residency. One of the mothers did not know the extent of her husband's education. No two fathers were employed in the same line of work. Data concerning the fathers can be seen in table 4.

Table 4. Age, Education, and Occupation of Fourteen Fathers

Father	Age	Education	Occupation
1	23	12th grade	Polisher
2	24	11th grade	Highway maintenance
3	29	2 years college	Self-employed
4	30	M.D. plus 3rd yr. residency	Resident physician
5	30	9th grade	Truck driver
6	32	12th grade	Carpet installer
7	34	Unknown	Hyster driver
8	34	4 years college	Production engineer
9	36	11th grade	Catskinner
10	39	2 years college	Unemployed
11	40	1 year college plus 2 years accounting school	Bookkeeper
12	46	6th grade	Instructor, Driver Education
13	49	8th grade	Auto mechanic
14	68	12th grade	Retired

The number of siblings in the families ranged from zero to six with a total of twenty-nine varying in age from 18 months to 23 years. These data refer only to actual siblings. The foster mother had six other children living in the home, but none was an actual sibling of

the hospitalized child, hence not included in the above. The number of siblings per family is shown on table 5.

Table 5. Number of Siblings in Fourteen Families

Number of siblings	Number of families	Sum
0	4	0
1	2	2
2	2	4
3	4	12
5	1	5
6	1	6
Total	14	29

The next item referred to the number of admissions for each of the hospitalized children including the one at the time of the interview. Of the fifteen children this was found to be the first admission for three, the second to fourth for nine and three had been in the hospital numerous times. For two of the mothers this was the first time they had ever had any child in the hospital. Six of the mothers reported that at least one of their other children had been hospitalized at some time. The data are shown on table 6.

The final demographic item was that of ascertaining the place of residence. Seven mothers lived more than one hours drive from the hospital necessitating their staying near the hospital for at least part of the time that their children were hospitalized. Apparently these

Table 6. Number of Hospital Admissions for each Child

Number of Admissions	Children (N=15)
1	3
2	4
3	3
4	2
Numerous	3

mothers had decided that staying with or near the hospitalized child took priority over the needs of other members of the family. It was noted during the interviews that a number of the fathers were also present.

The interview guide consisted of twelve questions, each containing two or more parts. Usually the first part asked what the mothers thought in general and the second part what they thought specifically in this situation. This form of asking questions was adopted with the idea of putting the mother at ease with the assumption that the general responses would lead smoothly to specific replies. It was found that the mothers answered in a specific frame of reference initially. Apparently their current experiences were foremost in their mind. No mother appeared to be hesitant to refer to personal experience or ideas. Those questions with three or four subpoints were designed to probe for further detail.

In the development of this report no attempt has been made to insert verbatim responses. Instead ideas were recorded on the interview guide and have been summarized to show the nature of the responses to each question.

Question one asked what concerns are most frequently expressed by mothers with children in the hospital. This item was designed to initiate conversation and encourage the mother to indicate what she thought any mother would express. There was rather free response to this item. There were three main concerns, namely (a) the child being upset over separation from his family, (b) would the child get well, and (c) was the mother being a nuisance or a help to the nurses.

The next item queried was what are the concerns of mothers while preparing their children for hospitalization. The comments made by six mothers showed that they were concerned about what the child's reaction would be to hospitalization; to what was happening, to being separated, and to being with strangers. Three mothers expressed their own feelings and concern about what was going to happen to the child and did not respond in terms of the preparation of the child for hospitalization. Two mothers mentioned that they were so upset themselves they did not remember what they did before coming to the hospital. One was worried about finances and another said events happened so fast there was not time to think about preparation for the hospital. One mother was concerned about what her own reactions would be as she was aware that the child could die. Another mother's concern was that of getting the child referred and admitted to this

particular hospital. Four mothers felt their children were too young to understand or be told about what was going to happen. These were mothers of children 4 or 5 years of age.

The mothers were then asked how they had met the concerns. They employed a variety of activities. They said they had:

explained truthfully to the child what was going to take place

the child pack his own suitcase to include his favorite toys, blanket and other items he wanted. Read to him Let's Go to a Hospital (21)

gained strength through prayer

been helped by the doctor's optimism

discussed worries with husband

did not think about preparation until it was too late

had a home visit by a student nurse

It was then deemed important to find out who had been of assistance in preparing the child for the pending hospitalization. It was learned that:

the physicians were of help to the mothers by talking with them and displaying calm or optimistic attitudes.

by listening to and talking with the mother a social worker gave support. Her assistance in helping to find a place for the mother to stay near the hospital was appreciated.

a student nurse had obtained a child's name and called the mother to ask if she could come visit with the family

before the child was to come to the hospital. She brought with her various objects the child would be seeing in the hospital and in surgery and explained what they were and what was going to take place. This mother felt that the visit had been of tremendous value to the whole family.

Table 7 condenses the findings of this item.

Table 7. Sources of Help Utilized by Mothers Preparing Children for Hospitalization

Source	Number*
Physician	4
No One	3
Family	2
Self	1
Social Worker	1
Student Nurse	1

*Some gave more than one response, some gave none

The first part of item three sought comments regarding what should be included in the admission procedure that would be of help to mother and child. The desire most commonly brought out was to have the waiting time shortened. Other suggestions were:

more explanation of what is taking place

elicit the parents' views of what is going on so misconceptions can be cleared up

the procedure to be done as painlessly and easily as possible and get the children relaxed and quiet

in emergencies take the child right to the unit and allow the mother to complete admission details later

a reminder ahead of time as to what mother as well as child should bring

a social worker available at the hospital to help with finding a place for the mother to stay

a tour of the hospital for children and parents prior to admission

Although some of the above comments relate more specifically to preparation for hospitalization, the interviewees apparently considered them only in terms of the admission process.

The next part of this item asked what the mother had found helpful during this admission. They stated that they were helped by:

not having to wait

the physicians' explanations, time, and friendly concern

the efficiency with everything already arranged

the nurses and doctors talking to and helping the child understand

being truthful with the child

the doctor removing his white coat when examining a fearful child

the head nurse showing the patient environment to the family

the child being placed on the same wing as for a

previous admission

changing the child's clothes in the examining room

being allowed to sign papers after the child was settled

instructions given to the parents as to what to do and where to check after surgery

use of the questionaire about the child's language, likes and dislikes

In response to the fourth question of how a mother might relate differently to a hospitalized child than she would to the same child in the home prior to hospitalization, two-thirds of the mothers revealed that discipline was not carried out in the hospital as it would be at home. One family after observing this fact decided to proceed with their usual disciplinary practice when necessary and not indulge the child with things they could not afford. One mother said she used a different form of punishment in the hospital. Instead of spanking as she would at home she threatened to leave. Miscellaneous responses referring to parent-child relationships other than discipline were:

the child given more individual attention

the mother felt at a loss and ill-at-ease with the child until becoming familiar with the hospital through numerous admissions

mothers are more loving, sympathetic, or understanding

mothers are forced to analyze their life and be more appreciative of child

just felt different such as missed eating meals together as a family

the mother required to have more patience

In reference as to how nurses could be of help to the mothers, these were the suggestions:

know and understand about separation anxiety; be with the child when parents leave

tell the mothers what they can do and help them feel at ease in assisting in patient care

discipline the child when the parents are not there

refrain from coming into the room when the mother is feeding the child

ask the parents to feed the child when the nurses cannot persuade him to eat

inform the mother what the child is allowed to do

There were numerous comments that the mothers appreciated the nurses' understanding of the children. Some stated that the nurses showed love for the children.

It was then sought to determine how the nurse might help the mother meet her child's needs while in the hospital. The responses were to the effect that the nurses should:

explain to the mother exactly what she can and cannot do for the child

provide reassurance for the mother about her child

allow the mother to stay with her child

have the same nurse take care of the same child

co-operate with the mother in the potty-training of the child

limit the snacks to promote better eating at mealtime

allow mother to bring in child's favorite foods

allow the mother to take the child for walks outside the building when the weather permitted.

The next item inquired how much of the physical care of the child should the mother be permitted to do. The responses revealed that all but two of the mothers would like to do as much as possible or allowed. Those two felt the care should be done by the nurses. It appeared that some of the mothers were doing a considerable amount of the care and others wanted to do more but were uncertain as to what was expected of them. This point was expressed in other comments during the interviews; namely that the mothers would like to know what their role should be. Specific tasks the mothers wanted to do included:

bathing

feeding

comforting

changing diapers and clothing

taking for walks

supervising child (especially in the playroom)

putting to bed

accompanying child for testing

There were different viewpoints involving medications; one was that the mother should not interfere with nurses' task of giving medications and the other that at times mothers could be more successful than the nurse in obtaining the child's cooperation in taking medicine. One mother was concerned about the effect she was having on the other child in the room. This mother spent most of each day with her child but had never seen the other child's mother. She expressed enjoyment in helping the other child as well as her own.

When a mother spends much time in a hospital with a sick child, the question could arise: what happens to the rest of the family? In other words how are a mother's other responsibilities affected during the time she is staying in the hospital with her sick child? By far the main concern of the respondents was the other children in the family. The eleven who had other children mentioned this, though most had worked out very satisfactory solutions for their situation with either teenage or married children, grandparents, or capable babysitters managing for them. Only one expressed having real problems in that her seven and nine year olds were upset and wanted her to come home. Others stated that their children missed them but they had been able to help them understand why it was important for her to stay with the sick child. The mother of a two year old was concerned that he would not understand and would feel deserted despite being given good care at home. A mother with two other preschool age children suggested that a volunteer service to take care of other children while the mothers were visiting the sick children would be valuable. Housework seemed to be

of little importance when compared to the need of the sick child. Only one third of the mothers mentioned housework. They either said they knew it was being neglected but were not worrying about it or told of a satisfactory arrangement that had been made. The mothers who had no other children responded that as far as they were concerned their only responsibility was to be with the sick child.

The next question raised was when a mother is unable to stay with her child how may the nurses be of help. The replies showed the mothers interests to be centered around wanting specific knowledge that their children were being given good care and were receiving enough love, affection and attention during the mother's absence. Mothers said it had been helpful when they had assurance that the nurses performed certain functions. They cited such activities by the nurses during the mother's absence as:

holding or rocking the child, especially at such times as when the parents left or when the child was upset.

understanding why a child was upset and helping the child cope with his feelings

reading to the child when upset

reading to the child as a means of preparing him for what was to take place

allowing the child to move about the unit freely playing with another child; specifically an ambulatory child could visit and play with a bedfast child

other nurses in the unit taking an interest in the child and spending time with him if his assigned nurse was busy

the volunteers playing with the children to help occupy their time and interest

having a playroom available to the children

precautions being taken so the children would not fall out of bed

keeping the mother informed of how her child was getting along

allowing the mother to spend whatever time she could with her child. The mothers especially appreciated this when they had had previous experiences where they were limited to the amount of time they could be with their child.

The mothers reacted spontaneously to the question what are the things mothers would most like the nurses to discuss with them about their child.

They are concerned with how the child is eating:

is he eating enough

can they bring food in to him

if he is on a special diet what can they bring

They want to know how the child has been behaving while they have been gone:

what has he said and done

has he been upset

how has he gotten along with the other children

has he had any temper tantrums

How the child is physically:

how is he doing in general

what is his temperature

how has he felt

They are interested in the medical treatment:

what are the doctors and nurses doing to help the child get well

what is going to happen next

what tests are to be performed

why are these things necessary

what have the doctors found out

can the nurse help them understand what the doctors have been talking about

The mothers want to know how they can help:

what is the basic routine

what they can and cannot do

are there any restrictions on the child's activity or his diet

should his intake and output be measured

Other questions the mothers wanted answered were how had the child slept, how was he doing with his potty training, and when were the doctors coming back. It was found that some mothers thought questions about the child's physical condition and medical treatment were to be asked only of the doctors. The frequency with which the various topics

were mentioned by the different mothers is shown on table 8.

Table 8. Topics Mother Most Often Wanted to Discuss with Nurses

Topic	Frequency
Eating habits	7
Behavior	6
Physical condition	6
Medical treatment	5
How the mother can help	5
Sleep patterns	3

It was then deemed important to ascertain by what means the mothers obtained information they desired regarding their children. It was found that the mother initiated discussion with the nurse, or the nurse came to the mother, or no discussion took place. Most of the mothers who sought answers by asking felt the nurses were very willing to provide any information they wanted. Some mothers felt as though they were being a nuisance but their desire for the information was stronger than their hesitancy. Those whose children had been in the hospital several weeks or hospitalized several times felt more comfortable asking questions now that they were better acquainted with the nurses. Two mothers revealing that the nurses came to them indicated that a free and easy exchange took place. Two were appreciative of what was told to them but desired more information. Table 9 shows how the fifteen mothers obtained

their information.

Table 9. Methods of Obtaining Desired Information used by Fifteen Mothers

Method	Number = 15
Mother initiated	7
Nurse initiated	4
No discussion	3
No response	1

It was next sought to learn how mothers would respond to the idea of a regularly scheduled parents' discussion group conducted by the nurse during the child's hospitalization. Twelve mothers responded favorably and with considerable enthusiasm. There were such comments as:

> that is a wonderful idea
>
> that would help establish better relations and communications
>
> mothers and nurses could both understand what is going on better

One mother thought many would hesitate to attend because of their inability to communicate but she would be most willing to go. One felt it would not be necessary since she was already kept well-informed and another stated that the nurses did not know enough about the cases to hold a discussion.

When asked how they would respond, fourteen mothers stated they would attend, with only one mother answering in the negative. In regard to the frequency of a discussion group meeting there were requests for such on the basis of once a day, twice a week, and once a week.

The only item on which there was unanimous agreement among all the interviewees was in reference to their reactions to the idea of a Care-by-Parent Unit where the mother or other relative would be admitted with the child and taught to give his care. All mothers expressed that it was a good idea though their reasons were varied. Two made qualifying statements: a mother who worked outside the home said it would be good if there was a relative who could participate, the other said the mothers' beds should not be in the same room as the children's but in another room on the same floor.

Fourteen mothers stated they would participate if such a unit had been available for the current hospitalization. The working mother gave no response to that part of the question. Reasons given for wanting to be a part of a Care-by-Parent Unit were:

had read about it and been very impressed, it would save a lot of time

it would help the mother prepare for home care

it would be especially good for the children at the age when they do not understand their parents leaving

it would be fine for all personal care, for the medical care would want to know the danger signals and have a

nurse available

it would avoid the helpless feeling of wanting to help but not knowing what to do

mothers know best how to handle their children

the child would get well faster and be happier

it would be a good idea for those having such things as heart surgery if the mother could come in prior to hospitalization to learn the care she would be giving

The final item endeavored to find out what concerns the mothers have when taking the children home from the hospital. The responses were very personal depending on the situation. Each mother had many concerns among which were:

that the child will be all right

that she will care for the child properly

what care is going to be needed

what should be the child's limitations

that something will go wrong when they get home

the distance to the hospital if anything should happen

for what symptoms should she be watching

how the child is going to behave at home after so much attention at the hospital

would she be able to manage the child's care as well as the other children and housework

when do we have to come back

that they can soon get back to a normal routine
that too many people would come in with too much activity
for the child
are they sending the child home too soon
about child's boredom due to enforced immobility
how to allow child to grow up in a normal manner while
continously afraid that he will contract other illnesses

The mother whose child required the most extensive care at home explained that in the beginning (four years ago) she had been very frightened when she had to learn to do everything, but that she now knew how to do the care so was not worried about taking the child home, but wanted to go as soon as possible.

The persons of assistance to the mother in preparing for the hospital discharge were similar to those helpful before admission. Twelve stated that the physicians would be the ones to help them. Two were expecting their family or friends to be of help. Of the three mothers who mentioned nurses in their responses only one was certain about receiving help from the nurse. She thought the nurse would help the doctor in answering her questions before leaving the hospital. The other two expressed the desire for the services of a nurse but were uncertain if such would be available. One would have liked a nurse to come to the home periodically to help with the care of the child. She referred to the Visiting Nurse Association. The other request was to be able to telephone a nurse about the many questions and small problems that might arise after

going home. She said a nurse could help her decide which problems were of enough significance to call the doctor and for the questions for which the nurse did not have an answer the mother could be referred to the proper source. This mother is the one visited by a student nurse prior to hospitalization. The nature of assistance requested could be categorized as: (a) detailed instructions with all questions answered before taking the child from the hospital, and (b) someone to whom they can turn to for help with their problems and questions once they were at home. Table 10 shows who the mothers expected to be of help to them with their concerns about post hospital care.

Table 10. Persons Expected by Mothers to be of Assistance with Post Hospital Concerns

Persons	Number of Responses
Resident Physicians	7
Private Physicians	5
Nurses	3
Family and Friends	2

Interviews with Nurses

The next part of the study involved interviews with seven nurses who comprised the majority of registered nurses in this pediatric unit. The demographic data revealed that the seven nurses ranged from less than one year to five years experience in nursing.

Most of this experience had been in the pediatric area. According to the number of years since graduation there had been no lapse of time when they had not been employed in nursing. Three had graduated from a baccalaureate degree program, three from a diploma program and one an associate degree program who previously had been a licensed practical nurse. None of the nurses had children. The data for each nurse may be found on table 11.

Table 11. Demographic Information on Seven Registered Nurses Employed in the Pediatric Department

Number	Length of Experience in Nursing	Length of Experience in Pediatrics	Number of Years Since Graduation	Type of Basic Nursing Program
1	5	3.5	2	Associate degree
2	3.5	2.5	3.5	Diploma
3	2.5	2.5	3.5	Diploma
4	2.5	2	3.5	Baccalaureate
5	1.5	1.5	1.5	Diploma
6	1	1	1	Baccalaureate
7	Less than one	Less than one	Less than one	Baccalaureate

The interview guide for the nurses was adapted from the one used for the mothers, presenting the same questions in the same order. In some instances the nurses were asked what they thought on the subject then asked what was actually practiced on that unit. Generally the two were found to be the same.

In response to the first question regarding the concerns expressed by mothers of hospitalized children a variety of answers were received. They expressed that the mothers' concerns were

apt to be:

that someone would be with the child

would the child be watched closely

about what is wrong with the child

about how many tests would be done

about what are the doctors going to do

would the child live through the experience

if the mother could stay at night

would the child get what he wanted to eat

would the routines the child is accustomed to be carried out

would the child be upset over separation from parents

Regarding the concerns of mothers preparing their children for hospitalization the nurses gave these responses:

worry about what is wrong and what will happen

how long the child will have to stay and how often will the parents be allowed to see the child

how the child will behave

what do the parents need to bring

how the child will accept being separated from the family

where the mother will stay

The nurses thought some parents:

were concerned about the children knowing what is going to happen and explain to the children

do not know how to prepare the children

are so upset themselves they do not tell the children anything

Each nurse had a different suggestion on how the pre-hospital concerns should be met. Though all felt the nurse had a responsibility to help only two of the responses suggested help prior to hospitalization; the other suggestions applied to the time of admission and subsequent period. One stated that it was an idealistic thought but she felt an interview between the child, the mother, and the nurse prior to hospitalization would help. Another suggested a tour of the hospital in advance of admission, at least for those who lived near the hospital. Both nurses felt that sending an information sheet in advance would benefit the parents. To their knowledge none of these things were now being done.

These were suggestions that might more appropriately refer to the admission process but are inserted here because they were elicited by item two:

> A good admission is important. The nurse should be patient to answer questions and leave herself open to any further questions, show the playroom, introduce other children, explain procedures to those who are old enough. The visiting hours of 8 a.m. to 8 p.m. lowers the anxiety level of children
>
> When parents first come instruct them to explain everything to the children; the nurse follow this through by keeping the parents informed

The nurse should keep the doctor informed of what the mother's concerns are so he can explain what she needs to know.

Do pre-operative teaching to the children after they are admitted. The nurses have just started this.

Have the child bring familiar things to the hospital

Help the older children to telephone home

Discussion of the admission procedure and what would be of help to the mother and child led to expression of these activities by all of the nurses:

introduce the family to the patient environment including the treatment room, playroom, and nurses' desk, as well as the child's room

have the mother fill in the questionaire concerning her child's likes and dislikes and habits, preferrably doing this with the mother

provide the mother with this printed information sheet, and answer any questions.

Other activities deemed of importance by some of the nurses were:

establish rapport with the child putting him at ease

convey to the mother your interest in her child

observe the child's reactions to the hospital environment and the parent-child interaction

provide explanations concerning;

when the doctor will arrive

the team of doctors caring for the child

safety measures

fluids for the child

visiting hours, pointing out that the posted hours are not strictly adhered to and she may come anytime during the day

what will be done for the child and why

The nurses were then asked how a mother relates differently to her child in the hospital than at home and how the nurse can be of help to the mother. The nurses perceived the mothers as being over-protective and not administering discipline as they would at home. Suggestions of how the nurse could help were:

explain that certain limits and rules are necessary in the hospital, too

the nurses set an example by enforcing the established regulations

explain that if the child is up and about the mother should use discipline as at home and that the nurses would co-operate

The nurses recognized that hospitalized children received more constant attention than they would at home. This resulted in two divergent attitudes by the nurses (a) do not interfere with the constant attention; allowing the mother to spend as much time as she wished with the child, or (b) persuade the mother to spend less time at the hospital.

One nurse observed that some mothers did not understand how to

treat an ill child, which resulted in these mothers appearing detached. This nurse suggested that mothers would benefit from explanations about the child's physical condition and the treatments in progress. By instructing the mother regarding what she may or may not do for the child, both the mother and the child profit.

The nurses indicated that they help the mother meet the child's needs mostly through good explanation. The nurses deemed it necessary to explain to the mother:

that discipline is necessary in the hospital

that it is important that the mother not sneak out but inform the child when she leaves and when she would return

the purpose of treatments and equipment such as used for intravenous therapy

the particular disease and how it will affect the child so the mother can help him change routines if necessary

The nurses also proposed that the mother be involved in the care of the child. This suggestion led to the next item regarding how much physical care of the child the mother should be permitted to do.

Their comments proposed that, dependent on the situation, the mother should do:

as much as she wanted to do

as much as the nurse judged her capable of doing

as much of the personal care as she would do at home

The nurses agreed that the mothers could feed and bathe the child. Other specific tasks suggested for mothers to perform were:

change diapers and clothes

wash hair

ambulate child

rock child

hold for some procedures such as injections and suctioning

assist child with bathroom needs

learn any technical skill that she will have to do at home such as dressing changes and blood pressures

Comments by individual nurses suggested that there were limitations such as:

it might be too traumatic for mothers to be allowed in the treatment room

some mothers want to do more than they should. In these circumstances the nurse should diplomatically encourage them to spend less time with their children

adequate intake of food is not assured unless the nurse supervises

It was sought to ascertain how much the mothers on that unit usually did for their children. The nurses revealed that mostly the mothers provided attention by holding children, reading to them, and usually feeding them. It was stated that occasionally a mother would bathe her child or change his diapers. Some mothers did the various tasks enumerated previously.

conveying to the mother that not being able to stay at the hospital is acceptable and she is not regarded as being neglectful

contacting the doctor to talk with her when she visits the child

having the doctor telephone the mother if the nurse has detected by telephone conversation that this would help her emotionally

Next the nurses were asked what mothers want the nurses to discuss with them about their children. The nurses indicated that mothers were interested in knowing:

how the child has eaten and slept

if the child has been in pain

if the child has had any fever

Other topics mentioned by various nurses that mothers wish to discuss are:

whether the child has cried and been upset over his mother's absence

how the child has behaved

the results of tests

explanations of tests and procedures to be done

specific questions about the child's diagnosis

what will take place after surgery

what does the future hold for the child

After exploring what the nurses thought mothers wanted to discuss

it was asked how these topics were usually discussed with the mothers on this unit. The replies of the nurses were very individual. A synopsis of each nurse's reply is as follows:

she would

1. tell the mother the truth answering as thoroughly as possible
   tell exactly what the child's temperature was
   tell the mother all the little things that would put her at ease such as if the child was smiling and playing
   leave questions about the disease for the doctor to explain
2. usually conduct the discussion with the mother asking questions, feeling out what the mother was trying to say, helping her to verbalize her reactions
3. tell the mothers what they want to know including what the temperature had been, results of tests, and provide any explanations for which the mother had asked
4. tell the mother as much as she could as a nurse
   sometimes just sit and listen which seemed helpful
   often paged the doctor to come talk to the parents as some asked questions above the nurses heads while others did not ask at all
5. usually discuss what they want to know quite honestly
   refer questions about the child's condition to the doctor

6. discuss things in a pretty general way, being open about how the child was acting or eating, etc.
   refer questions about tests to the doctor
7. usually did not have to discuss much of anything as the mothers observed for themselves
   tell the mothers how the children slept, ate, and what they were doing at the moment when they called on the telephone

It was then sought to determine how the nurses thought mothers would respond to a regularly scheduled parents' discussion group conducted by the nurse during the child's hospitalization. Five of the nurses reported that they felt most mothers would respond favorably. They felt that especially those mothers whose children had long-term illnesses would appreciate such a program. One nurse related that a psychiatric nurse was currently conducting such a group for parents of children who had cancer and that it was well-attended. Two nurses replied that the discussion group was not necessary because the mothers get acquainted already and support each other. Three of the nurses stated they would like to participate as a nurse in the discussion group.

The general opinion of the nurses seemed to be that there should be two separate groups; one for parents of children with short-term illnesses and one for parents of children with long-term illnesses. They indicated that twice a week or daily meetings should be conducted for the short-term group and once a week would be sufficient for the

long-term group.

Next the nurses were asked how they thought mothers would react to the idea of a Care-by-Parent Unit where the mother is admitted with the child and taught his care. The seven nurses replied in the following manner:

one felt that mothers would respond positively

four thought that some would and some would not like the idea

two did not think mothers would want to participate

When the nurses were asked if they would want to work in such a unit four replied positively, one was uncertain, and two gave negative replies.

The last question posed to the nurses was what concerns do mothers most frequently have when taking a child home from the hospital. The topics most frequently mentioned by the nurses as being of concern to the mothers were:

how much activity the child should be allowed to do

what the child can eat

how soon the child can take baths following surgery and what is to be done about the dressings

when should they come back to see the doctor

will there be any medicines and how often should they be given to the child

Other concerns of mothers reported by the nurses include:

what will be included in the routine care

who should be called if the child gets sick

how much pain can they expect the child to have

what should be done if the child's temperature goes up

how is the mother to know what is wrong if the child cries

can the illness be expected to recur

As to what could be of help to the mothers with their post-hospital concerns the nurses offered the suggestion that before discharge: (1) the doctor should:

give the mother good written instructions

talk with the mother explaining what to do and why

(2) the nurse should:

clarify or interpret the doctor's instructions

answer questions

go over medication instructions helping to figure out the best times to be given

assure the mother she may call the doctor or clinic if any problems should arise

Two nurses stated they invite the mothers to call the nurses on the unit with questions that come up after they are home. One nurse suggested referring the family to a Public Health Nurse if the situation warranted it. This nurse felt that Public Health Nurses could be used more effectively.

Comparison of the Mothers' and Nurses' Responses

The final purpose of this study was to compare the responses of the mothers' with those of the nurses'. It was noted that in the

majority of the items on the interview guide the two groups did respond in much the same manner. The mothers' replies tended to be very specific whereas the nurses' sometimes were more general though including the same types of items. This was understandable since each mother was speaking for herself and the nurses were including all mothers in their replies. Indeed, the nurses expressed difficulty answering some questions as they considered each mother and child to be different. Therefore it was hard for the nurse to supply any one answer.

A concern that seemed of considerable importance to both the mothers and the nurses was the discipline, or lack of it, for the hospitalized child. Another concern recognized by both groups was that of separation anxiety. However, the mothers did seem to place more emphasis on this than did the nurses.

Item five on the interview guide asked how the nurse could help the mother meet the child's needs in the hospital. While the nurses supplied good suggestions they had found helpful there were several specific things mentioned by the mothers which the nurses did not include, at least not under this item. The following are suggestions on the list that were mentioned by more than one mother:

explain to the mother exactly what she can and cannot do for the child

allow the mother to stay with her child

co-operate with the mother in the potty-training of the child

provide reassurance for the mother about her child

Concerning item six the majority of the mothers wanted to do as much of the physical care of their children as was possible. Depending on the individual situation, the nurses were willing to allow the mothers to perform most of the personal care and to learn and carry out technical tasks they would be required to do at home. It was noted, however, that the mothers stated they did not always attend to as much as they would like because of their uncertainty. The nurses stated that only occasionally did mothers perform all the tasks allowed.

The eleventh item of the interview guide dealt with the idea of a Care-by-Parent Unit. The mothers responded much more positively to this than the nurses predicted with the mothers unanimously agreeing that they liked the idea. However, the nurses' indication that reaction by the mothers would be mixed cannot be discredited since the mothers in this study were those who had arranged to spend at least part of their time at the hospital and were available to the investigator for interview. It is not known what the reaction would be of the mothers who were not at the hospital.

3. Comparison with other Studies

There kept appearing throughout the interviews with the mothers the plea to be told just what they could and could not do for their children. They felt that if they were told what their role was to be they could feel more at ease and be of more help to their children. This coincides with the study by Sister Callista Roy (36) in which it

was found that the introduction of role cues by the nurse to the mother caused a significant increase in the adequacy of the mother to help her hospitalized child.

Nurses and mothers whose children had been hospitalized numerous times related that after several admissions the mothers become better acquainted with the hospital and the nurses. These mothers seem to feel more at ease, allowing them to treat their children more as they would at home. They also feel freer to ask questions of the nurses. This corresponds to the findings by Grubbs (19) that mothers of chronically-ill children do not as a whole have higher feelings of powerlessness. But those mothers new to the hospital setting do have high powerlessness scores.

CHAPTER III

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

1. Summary

Since studies have shown that mothers should be allowed to stay with their hospitalized children many hospitals have liberalized their visiting regulations. The literature reveals that the needs of parents often are not met. Studies also reveal various ways that nurses have found to be helpful in meeting the needs and concerns of parents.

The purpose of this study was to explore with mothers of hospitalized children and pediatric nurses the concerns and needs of those mothers, and to compare the two sets of responses to determine commonalities and dissimilarities.

Fifteen mothers of pre-school age hospitalized children and seven pediatric nurses in a selected hospital were interviewed using a structured guide developed for this study. The mothers who participated in this study were contacted in the hospital with no attempt made to contact mothers at home.

This study revealed that mothers want to be allowed to stay in the hospital with their children and assist with as much of the care as possible. They want to be kept informed so that they are knowledgable about their children's physical and emotional condition. The mothers need someone to whom they can relate, from whom they can

receive reassurance, and who can assist in helping them cope with their concerns.

The mothers' concerns are numerous and varied not only during the hospitalization but before admission and after discharge as well. The mothers' concerns centered around the following areas:

separation anxiety

discipline and routines to which the child is accustomed

condition, welfare, and treatment of the child

care of the child in the hospital and at home

future of the child

their own reactions as parents

As a whole, the nurses seemed to assess accurately the concerns of the mothers by considering each mother and her child individually. Effective communication between the mothers and nurses was apparent to varying degrees. Some mothers indicated they were kept well-informed while others stated they had not discussed their concerns and questions. Some of the mothers stated they attended to much of the care of their children while others indicated a desire to do more but were uncertain if it would be allowed. Although the nurses recognized that mothers have concerns before and after hospitalization, as a whole, their scope of nurse assistance with these was limited to the period of hospitalization.

2. Conclusions

On the basis of this study it can be concluded that:

1. pediatric nurses are able to identify the concerns of mothers of hospitalized children
2. mothers of hospitalized children have many concerns before and after the hospitalization with which the nurses could assist the family to cope
3. means of communicating with every mother needs to be established to insure that she is knowledgable about her child and to assist her in finding her role in the hospital

2. Recommendations

Recommendations for further study include:

1. replication of present study to include those mothers not present at the hospital by contacting them at home
2. replication of present study to include nurses who are themselves mothers
3. a study to determine the concerns and needs of mothers of acutely-ill children
4. a study of the families of hospitalized children to investigate the effects of mother's absence on the other children and father while she is staying with the hospitalized child
5. a study to discover the most effective means of communicating with every mother to keep her well-informed and assist her in determining what her role is to be in the hospital
6. a study to delineate a means by which nurses may assist the families with pre- and post-hospital concerns

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APPENDIX A

Mothers Interview Guide

MOTHERS' DEMOGRAPHIC INFORMATION

Child's Age:

Child's diagnosis:

Admitted:

Surgery and date:

Condition:

Mother's age:

Mother's education:

Mother's occupation:

Father's age:

Father's occupation:

Father's education:

Ages of siblings:

How many times has child been in hospital?

Have any of your other children been in the hospital?

Where do you live?

APPENDIX A

MOTHER'S INTERVIEW GUIDE

1. a. What are the concerns most frequently expressed by mothers with children in the hospital?

   b. What has caused the most concern to you during this hospitalization?

2. a. What are the concerns of mothers preparing their children for hospitalization?

   b. Did you have any this time?

   c. How did you meet them?

   d. Who helped you?

3. a. What should be included in the admission procedure that would be of help to mother and child?

   b. What did you find helpful this time?

   c. What do you think would have been of help?

4. a. How do you think that a mother might relate differently to a hospitalized child than she would to the same child in the home prior to hospitalization?

   b. In what ways have you related differently to_____ since he's been here?

   c. In what ways could the nurse be of help to you concerning these matters?

5. a. How might the nurse help the mother meet her child's needs while in the hospital?

   b. What would help you to meet _____ needs in this situation?

6. a. How much of the physical care of the child should the mother be permitted to do?

   b. How much do you want to do for _____?

7. a. How are a mother's other responsibilities affected during the time she is staying in the hospital with her sick child?

   b. How have yours been affected this time?

8. a. When a mother is unable to stay with her child how may the nurses be of help?

   b. What has been of help to you this time?

   c. Is there anything else you think would be helpful?

9. a. What are the things mothers would most like the nurses to discuss with them about their child?

   b. What are the things you would most like to discuss with the nurses in this situation?

   c. How have you been able to do this?

10. a. How do you think mothers would respond to the idea of a regularly scheduled parents' discussion group conducted by the nurse during the child's hospitalization?

   b. If one were conducted here how would you respond?

   c. How often should the discussion group be conducted?

11. a. What are your reactions to the idea of a Care-by-Parent Unit where the mother or other relative is admitted with the child and taught his care?

   b. What would you think if this type unit were available for this hospitalization?

12. a. When taking a child home from the hospital what are the concerns that mothers most frequently have?

   b. As you think about taking _____ home what are the things that you are concerned about?

   c. Who and what do you think can help you with these after you go home?

APPENDIX B

Nurses' Interview Guide

NURSES' DEMOGRAPHIC INFORMATION

How many years experience nursing?

How many in pediatrics?

Graduated from what type School of Nursing?

How many years since graduation?

Do you have children of your own? Ages?

NURSE'S INTERVIEW GUIDE

1. What are the concerns most frequently expressed by mothers of hospitalized children?

2. a. What are the concerns of mothers preparing their children for hospitalization?

   b. How could these be met?

   c. Who should help the family meet these?

3. a. What should be included in the admission procedure that would be of help to mother and child?

   b. What is included in the regular admission procedure on this unit?

4. a. How do you think that a mother might relate differently to a hospitalized child than she would to the same child in the home prior to hospitalization?

   b. In what ways could the nurse be of help to the mothers concerning these matters?

5. How might the nurse help the mother meet the child's needs in the hospital?

6. a. How much of the physical care of the child should the mother be permitted to do?

   b. How much do the mothers on this unit usually do?

7. How are a mother's other responsibilities affected during the time she is staying in the hospital with her sick child?

8. a. When a mother is unable to stay with her child how may the nurses be of help to her?

   b. How is it usually done here?

9. a. What are the things mothers would most like the nurses to discuss with them about their child?

   b. How are these things usually discussed with the mothers here?

10. a. How do you think mothers would respond to the idea of a regularly scheduled parents' discussion group conducted by the nurse during the child's hospitalization?

    b. What would your reaction be to the idea of participating as a nurse in such a discussion group?

    c. How often should such a discussion group meet?

11. a. How do you think mothers would react to the idea of a Care-by-Parent Unit where the mother or other relative is admitted with the child and taught his care?

    b. What would your reaction be to working in such a unit?

12. a. When taking a child home from the hospital what are the concerns that mothers most frequently have?

    b. Who and what can be of help with these?

AN ABSTRACT OF THE THESIS OF

CAROLYN TOMBLINSON OLSON, B.S.

For the MASTER OF SCIENCE IN NURSING EDUCATION

Date of receiving this degree: June 9, 1972

Title: THE CONCERNS OF MOTHERS OF HOSPITALIZED CHILDREN AS EXPRESSED BY FIFTEEN MOTHERS AND SEVEN PEDIATRIC NURSES

Approved: [redacted]
(Thesis Adviser)

The purpose of this study was to explore with mothers of hospitalized children and pediatric nurses the concerns and needs of these mothers and determine commonalities and dissimilarities between responses of the two groups. Fifteen mothers of pre-school age hospitalized children and seven pediatric nurses in one hospital were interviewed using a structured interview guide. The mothers who participated in this study were contacted in the hospital with no attempt made to contact mothers at home.

This study revealed that mothers want to be allowed to stay with their children and assist with as much of the care as possible. They want to be knowledgable about their children's physical and emotional condition. They need someone to whom they can relate, from whom they can receive reassurance, and who can assist in helping them cope with their concerns.

The concerns of the mothers begin before hospitalization and extend beyond discharge and are basically centered around the following areas: separation anxiety, discipline and routines to which the child is accustomed, condition, welfare and treatment of the child, care of the child in the hospital and at home, future of the child, their own reactions as parents.

On a whole, the nurses seemed to assess accurately the concerns of the mothers by considering each mother and child individually. Effective communication between mothers and nurses was apparent to

varying degrees. The nurses' scope of assisting with the concerns was limited to the hospital.

On the basis of this study it can be concluded that:

1. pediatric nurses are able to identify the concerns of mothers of hospitalized children
2. mothers of hospitalized children have many concerns before and after the hospitalization with which the nurses could assist the family to cope
3. means of communicating with every mother needs to be established to insure that she is knowledgable about her child and to assist her in finding her role in the hospital