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ATTITUDES OF PEDIATRIC NURSES IN SELECTED MONTANA
HOSPITALS TOWARD VISITATIONS BY PARENTS
OF HOSPITALIZED CHILDREN

by

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ABSTRACT

The purposes of the study were (1) to determine whether or not the opinions about visiting privileges as expressed by nurses in pediatric units are in accord with those held by authorities in the field of pediatrics; (2) to ascertain whether or not a relationship exists between (a) age, (b) educational background, (c) staff position, and (d) the stated opinions of the nurse; and (3) to discover whether a relationship exists between (a) the length of pediatric experience, (b) choice to specialize in pediatrics, and (c) the stated opinions of the nurse. An initial step in the investigative procedure was an examination of related literature on the current opinions and the trends of authorities in the field of pediatrics.

The study was conducted from June to October, 1971. The sample population was comprised of thirty-five registered nurses who were attached to pediatric services in six general hospitals in the State of Montana. The instrument employed for gathering the data was a survey questionnaire which was devised and was designed by the researcher.

One conclusion based upon the findings of this study was that the nurses working in the pediatric units of the six general hospitals in the State of Montana were not in agreement with the recommendations offered by authorities in the field of pediatrics. A second conclusion was that visiting hours and privileges observed in the pediatric units in Montana are not in agreement with current recommendations by authorities for visiting hours and privileges.

No relationship was apparent between age, education, position on staff, experience, and choice of speciality and the opinions as stated by the respondents. Also, it was noted that parents would be allowed to remain past visiting hours, if their activities and length of stay were agreeable with the nurse.

Chapter 1

THE PROBLEM

INTRODUCTION

Since the early part of the twentieth century, a growing interest both in children and in their problems has caused a number of authorities in the field not only to investigate pertinent factors but also to publish literature on (1) maternal deprivation, (2) separation anxiety, and (3) the effects of institutionalization on children. An increasing awareness has taken place among hospital personnel of the necessity for young children to be with their parents, especially with their mother. The effects of maternal deprivation, because of the hospitalization of children, have led to a growing number of authorities in the field to agree that as few separations as possible are in the very best interest of the child.¹

In 1959 the British Government published the famous Platt Report. The report resulted from a study of the emotional well being of children in hospitals. In this report it was emphasized that parents of any hospitalized child should be granted unrestricted visiting privileges and should help as much as possible with the care of the child. Mothers of children under five-years-of-age should be encouraged to room-in with their children. It was

¹Dorothy Johnson, "The Meaning of Maternal Deprivation and Separation Anxiety for Nursing Practice," Issues in Nursing, eds. Bonnie Bullough and Vern Bullough (New York: Springer Publishing Co., Inc., 1966), p. 251.

concluded that the presence of the parent aids in the recovery of the child.²

Such findings have stimulated personnel in many hospitals to move toward keeping parents with their children as much as possible. This movement has involved lowered restrictions on visiting hours to allow for convenient and accessible visiting on the part of the parents with their children. An awareness by nursing personnel of the necessity for children to maintain a close relationship with their parents, during hospitalization, is essential to giving optimum care.

STATEMENT OF THE PROBLEM

The problem of this study was to investigate opinions of nurses in pediatric services in selected Montana hospitals concerning the visiting privileges of parents of hospitalized children.

PURPOSES OF THE STUDY

The study had the following three purposes:

1. To determine whether or not the opinions about visiting privileges, as expressed by nurses in pediatric units, are in accord with those which are held by authorities in the field of pediatrics.

²Gayle A. Pearson, "Concepts of Stress and Separation Anxiety," Parent-Child Relation: Role of the Nurse, eds. Ann Clark, Margaret Bunnell, and Emilie Henning (New Brunswick, N.J.: Rutgers University Press, 1968), p. 71.

2. To determine whether or not a relationship exists between age, educational background, staff position, and the stated opinions of the nurse.

3. To determine whether or not a relationship exists between length of pediatric experience, choice to specialize in pediatrics, and the stated opinions of the nurse.

OBJECTIVES

Three objectives were devised by the investigator for the study:

1. To note the time of day and the length of visiting hours in pediatric services in selected Montana hospitals.

2. To note the differences of opinions among Montana nurses in hospital pediatric services as to their preference for time of day to visit, length of visiting hours, and type of visitors.

3. To identify parent functions as expressed by nurses and relate those functions to the parental functions which were described in the reviewed literature as necessary for maintenance of a positive parent-child relationship.

ASSUMPTIONS

The assumptions underlying this study were:

1. Most children, during hospitalization, need to maintain a close relationship with their parents, parent-substitute, or mother.

2. Recognition by nursing personnel of the hospitalized child's need for emotional comfort is an important contribution to his adjustment and total well-being.

SCOPE AND LIMITATIONS OF THE STUDY

The scope of the study was influenced by the following delimiting factors:

1. The study was confined to those six hospitals which were found to have separate pediatric units.
2. Nurses working in the selected pediatric units were the sole sources of data.
3. Interpretation of responses are subject to the biases of the investigator, even though every effort was directed toward an objective analysis of data.
4. The study was limited to hospitals in one state only.

METHODOLOGY

Letters of introduction to the study were sent by the investigator to directors of nursing in sixty-one general hospitals in Montana. Out of these sixty-one hospitals, six qualified for the study by having a separate pediatric unit. In the six hospitals, forty-two nurses were working in the pediatric units and were chosen as the target population for the study.

A survey questionnaire was sent by the investigator to each of the forty-two registered nurses in order to elicit information about (1) educational background, (2) position on the staff, (3) visiting hours, and (4) other general information. In addition, other questions were employed to elicit information about each nurse's opinion concerning parent function during a child's hospitalization. Each questionnaire was accompanied by a letter of explanation and by a stamped self-addressed envelope.

DEFINITIONS

The following terms are defined only for the purpose of this study:

1. age limit restriction: the denial of visiting hours and privileges to visitors of certain age groups.
2. authorities: "individuals (as specialists in a given field) who are the source of conclusive statements or testimony: one who is cited or appealed to as an expert whose opinion deserves acceptance."³
3. maternal deprivation: "the absence of a warm, continuous relationship with the mother (or mother-substitute) in which both find satisfaction and enjoyment."⁴

³Webster's Third New International Dictionary (Springfield, Mass.: G. & C. Merriam Co., 1961).

⁴Johnson, op. cit., p. 251.

4. parent function: the kind of parent behavior which the nurse either preferred or expected during a child's hospitalization.

5. pediatric nurse: a registered nurse working exclusively with children on a pediatric unit.

6. separation anxiety: "the anxious emotional state of a person which is the direct result of separation from someone who is loved or longed for."⁵

7. separate pediatric unit: a separate children's ward or unit used for the care of children.

8. visiting hours: the limited time schedule which is set up by the hospital in order to allow visitors to enter the hospital and to visit with the patients.

9. visiting privileges: the visiting time allowed for patients which is based upon certain factors: (1) the condition of the patient to be visited, (2) the condition of other patients who might be affected, and (3) the condition of any other individuals who might be involved.

OVERVIEW OF THE REMAINDER OF THE STUDY

The text of the study is divided into four chapters. The first chapter is a statement of the problem unit. The review of the related literature is found in the second chapter while the third chapter is the

⁵Pearson, op. cit., p. 71.

discussion of (1) the methodology which was utilized in the study and (2) the analysis, or interpretation, of the data which were gathered.

The fourth chapter contains the summary, the conclusions, and the recommendations.

Chapter 2

REVIEW OF THE RELATED LITERATURE

Nursing literature supported the concept that parents, in most situations, were an asset to and an essential part of their child's care, emotional security, and recovery. Separation of the individual or the child from his parents, specifically his mother, has led to many studies of the stress and the anxiety that were provoked as a result of this crisis situation.

Little literature was found with direct reference to parent function during a child's hospitalization. The relevant literature that was presented by the researcher represents studies done by various paramedical and investigative personnel. The studies support theories about separation anxiety, maternal deprivation, and hospital approaches toward solving these problems.

As far back as 1905, the concept of separation anxiety first appeared in the literature. At this time Sigmund Freud devoted a few sentences as to the effects of separating the child from his mother. In 1926, Freud again discussed separation anxiety in his book, Inhibitions, Symptoms, and Anxiety. It is here that the first definition of separation anxiety appeared. He defines it as "missing someone who is loved and longed for." At this time he felt this was the key to understanding the entire concept of anxiety.¹

¹Gayle A. Pearson, "Concepts of Stress and Separation Anxiety," Parent-Child Relation: Role of the Nurse, eds. Ann Clark, Margaret Bunnell, and Emilie Henning (New Brunswick, N.J.: Rutgers University Press, 1968), p. 71.

During the late 1930's and early 1940's, more than a decade later, David Levy, John Bowlby, and Laurretta Bender began to publish works which dealt with the effects of separation anxiety as a possible pathogenic factor. The authors were concerned with the effects of a disturbed mother-child relationship created by physical separation.²

Also at this time, in the 1940's, Edelston wrote about the effects of separation anxiety as a result of hospitalization in children.

Edelston (1943) was the first author to consider the effects of separation in emotional disturbances arising from hospitalization. He proposed that the protection and affection provided by the parent engender feelings of confidence and security in the child. The failure to satisfy the primitive (and possibly instinctive) need for security and the child's resulting feelings of insecurity were seen as important sources of psychological upset.³

During this time, also, World War II was in progress. As a result of observation in the war disaster areas, Anna Freud and Therese Benedek were able to devote time to the study of the effects of separation on evacuated children.⁴ John Bowlby and Rene Spitz "contributed much to our knowledge by studying long term effects of institutionalization on children."⁵ Specifically, Bowlby and Spitz studied the

²Ibid.

³David T. A. Vernon, The Psychological Responses of Children to Hospitalization and Illness (Springfield, Ill.: Charles C. Thomas, Publisher, 1965), pp. 26-27.

⁴Pearson, loc. cit.

⁵Ibid.

problems of maternal deprivation. Johnson, in her writings in Issues of Nursing, cites Bowlby's definition of maternal deprivation:

A state of affairs in which the child does not have a warm, intimate, and continuous relationship with his mother (or permanent mother-substitute) in which both find satisfaction and enjoyment.⁶

Having studied the effects of maternal deprivation, most authorities have accepted the fact that separation from parents during an illness has definite traumatic effects. The effects of maternal deprivation during infancy can create difficulties both in the physical and the emotional development of the child. The areas of disagreement among authorities were (1) degree of distress, (2) extent of the post-hospital effects, and (3) the precise age at which such a situation is the most traumatic.⁷

In the 1950's, John Bowlby and James Robertson spent much of their time in England, studying short-term separation anxiety. "Robertson published two books entitled Young Children in Hospitals and Hospitals and Children. Two films were produced also: Two Year Old Goes to the Hospital (1952) and Going to the Hospital with Mother (1958)."⁸

⁶Dorothy Johnson, "The Meaning of Maternal Deprivation and Separation Anxiety for Nursing Practice," Issues in Nursing, eds. Bonnie Bullough and Vern Bullough (New York: Springer Publishing Co., Inc., 1966), p. 251.

⁷Vernon, op. cit., pp. 27-33; see also Pearson, loc. cit.

⁸Pearson, op. cit., p. 72.

Both the books and the films have been used extensively throughout the United States for teaching and for hospital preparation.

The hospitalization of children because of illness has been an area of much concern for researchers. As has been noted, recognition of the problems resulting from this stress situation has been the target for a number of investigations. Throughout the years some conclusions and some theories have been drawn, have been proved, or have been stated as such. The information gathered from each of these research efforts has contributed greatly to the modern approaches for the hospitalization of children. Examples of these trends are liberal visiting hours, parent rooming-in, liberal visiting for friends and relatives, in-service educational programs for the hospital staff, and parent involvement.

Gallert, in 1958, defined the number of ways that stress is manifested in hospitalized children.

Children cry, whine, or scream; they cling tenaciously to their parents; they eat or sleep poorly; they struggle against treatment and resist taking medications; they are tense and fearful; they become silent, sad, and withdrawn; they may show an increase in regressive behavior or compulsive behavior; they may become destructive of their environment or even themselves.⁹

Through the efforts of researchers, recognition of these stress characteristics has aided greatly in planning for childrens' care not only during the hospitalization period but also at home after

⁹Vernon, op. cit., p. 5.

discharge. "The marked concern about the traumatic effects of separation on children provided tremendous impetus for more liberal visiting programs."¹⁰ Several references to visiting policies of a decade or two ago indicate that parents were permitted to visit their hospitalized child infrequently, perhaps only an hour, once or twice a week. No surveys of these early visiting hours nor policies were found; but, "as recently as 1954, 60% of the member hospitals of Greater New York Hospital Association, reported that parents were allowed to visit one to three times weekly, usually for a period of one hour."¹¹

In previous years, since visiting seemed to produce crying and to upset the children, such a practice was deemed undesirable. With increased visiting, the hope was that the crying would cease and the child would be less upset; however, this reaction did not occur.

Robertson's (1960) ideas appear representative of the thinking of those who tried to account for the phenomenon. He stated that visits are not the cause of the upset but provide the opportunity for the release of existing feelings of grief and pent-up misery underlying the child's otherwise quiet and uncomplaining behavior.¹²

Robertson contended that this expression of affect indicates that an active relating process existed between the mother and the child. This factor was an important one for the readjustment period after discharge from the hospital.¹³

¹⁰ Ibid., p. 33.

¹¹ Ibid., p. 34.

¹² Ibid.

¹³ Ibid.

The Platt Report, published in 1959, emphasized that parents of any hospitalized child should be granted unrestricted visiting privileges and should be allowed to help as much as possible with the care of the child.¹⁴

Taking a broad view with regard to visiting hours, it has been an unqualified success. The practice has spread widely in Britain. They did not have to deal with unmanageable rushes of visitors but rather the opposite. It has frequently been necessary to request that parents come more often.¹⁵

Having parents on the ward has an advantage in that they may provide some care of their own children, thus relieving the nursing staff to a certain extent. With parents living-in, a reduction occurs, in many instances, in the staff work load instead of an increase. However, living-in can pose disadvantages for parents. They may carry a considerable burden for amusing a sick child for hours on end with little privacy for their own needs. Many hospitals do not have adequate facilities for parents to take a break away from the bedside, and off-duty parents can be made to feel that they create problems for ward personnel.

The last point to be considered is the disadvantages to the nursing staff. With unrestricted visiting privileges nothing can be concealed from the parents. A shortage of nursing personnel can become

¹⁴Pearson, op. cit., p. 71.

¹⁵N. M. Jacoby, "Unrestricted Visiting in a Children's Ward," The Lancet, II (September 13, 1969), 585-86.

quite apparent during the weekends or at night; and the unavoidable dirty child, who is bound to be found, can reflect poorly on the nursing staff.¹⁶

The trend toward more liberal visiting privileges than have been in existence has stimulated additional surveys, studies, and investigations into this area of increasing concern. From these studies came the following published conclusions and information.

Meyer, in 1969, investigated the problems of hospitalized adolescents. His conclusion, as a result of the investigation, was that the parents should not have all the "say so" in the care that the young people received. The actions and the feelings of the patients should be understood in the light of both their maturity and their age. Of particular importance was the fact that visiting hours should be worked out with the hospitalized children, not just with the ward personnel or with the parents.¹⁷

Mrs. Beatrice Martinson, mother of five children and a part-time research assistant for her husband, a sociology professor, writes of the death of her eighty-year-old mother. "She died alone because of the five minute rule for 'visitors.' Only they were family, not visitors, and felt cheated that they could not comfort her in her last hours or

¹⁶Ibid., p. 586.

¹⁷Herbert L. Meyer, "Predictable Problems of Hospitalized Adolescents," American Journal of Nursing, LXIX (March, 1969), 525-28.

comfort themselves."¹⁸ The members of this family definitely felt cheated because they could not share in the death of someone whom they loved. Consequently, the visiting times should be flexible, not restrictive, in order to meet the needs of those concerned.

In 1958, the hospital where Sister Callista Roy was working opened the doors and invited mothers for increased visiting on the pediatric ward. Some of the problems of thirteen years ago, however, still are facing the nurses working on this ward. Pediatric nurses are or should be convinced that mothers belong with their hospitalized children. An emphasis has been on the continuity of the mother's contact with her child as a means of reducing the harmful effects of hospitalization upon the child.¹⁹

Contact with the mother helps to maintain the security that the child wants and needs so badly. The contact is not enough. The child must know also what to expect of his mother since he has become accustomed to her performing tasks in certain ways. This study notes that the security of the young child lies in his expectations of how his mother will respond toward him. The mother knows how to respond to a normal child but, possibly, will have a difficult time adjusting to the

¹⁸ Beatrice Martinson, "Must It Be?" American Journal of Nursing, LXX (September, 1970), 1887.

¹⁹ Sister Callista Roy, "Role Cues for the Mother of the Hospitalized Child," ANA Clinical Sessions, ed. American Nursing Association (New York: Appleton-Century-Crofts, 1968), pp. 199-206.

new role expected of her.²⁰ At this point, the nurses must give the mother cues on how to act and how to function in order to restore her child's security. In the pediatric ward about which Sister Callista Roy writes, PIP was established: pay attention, inform, and permit participation.²¹

Four years prior to the Roy study, personnel attached to the pediatric ward of a Canadian hospital increased the number of visiting hours to nine hours daily. The parents of hospitalized children greeted this announcement with open arms, but the staff members had problems developing a positive attitude toward the innovation. The investigation revealed that the parents were cognizant of the necessity for hospitalized children to maintain ties with the parents; whereas the staff needed to develop positive attitudes toward parent participation. Gradually, the level of awareness was increasing; and the staff members were learning from the parents, as well as the parents and the children learning from the nurses.²²

Personnel attached to the Care-by-Parent Unit at the University of Kentucky Medical Center commented on the program. "Parents are delighted at being able to stay with their children and are unanimous

²⁰Ibid.

²¹Ibid.

²²E. Mae MacDonald, "Parents Participate in Care of the Hospitalized Child," Canadian Nurse, LXV (December, 1969), 37-39.

in their enthusiasm about the unit."²³ Parents assume the care that had been done formerly by auxiliary personnel. In addition, considerable teaching and educational opportunities are offered. The parents enjoy being involved; and less separation anxiety is exhibited by the mothers as they prepare snacks, sleep in the rooms, learn techniques, and utilize home methods of care.²⁴

Visiting privileges in many hospitals are based upon intuition or upon trial and error with the first consideration given to the convenience of the visitors or the hospital. The wishes of the patients seem largely to have been ignored. "Before the hospital establishes visiting policies, they should first determine the patient's wishes regarding visitors and examine the factors related to those wishes."²⁵ This suggestion was from a study conducted by Trites and Green of 853 patients over a seven-week period. From a report of the investigation the following information also was obtained:

The best that can be hoped for is to maximize the satisfaction of the greatest number of patients. Potentially this goal can be achieved by: (1) placing controls on visits by friends; (2) matching roommates as closely as possible on the basis of age, education, distance from home, size of home community, marital

²³Mary Jo McClure and Ann Clouse Ryburn, "Care-by-Parent Unit," American Journal of Nursing, LXIX (October, 1969), 2148.

²⁴Ibid., pp. 2148-52.

²⁵David K. Trites and Riley M. Green, "Hospital Visiting: The Patient's Point of View," Nursing Outlook, XVIII (August, 1970), 44-45.

status, and reason for hospitalization; (3) requiring all visitors to leave the room while a patient is being assisted by a nurse; and (4) encouraging family members to visit in small groups.²⁶

Working with young hospitalized children, Branstetter searched for information concerned with reactions to separation from the mother. According to the study, children with mother-present and children with substitute-mother present manifested much less disturbed behavior than did the mother-absent group. The substitute-mothering group did not replace the real "mother" since children did not forget their own mothers. These results were considered to show how unnecessary is the extreme distress so often seen in young children who are hospitalized and who are separated from their mothers.²⁷

In a strange environment or a separation situation, a child has a potential need for caretaking. Branstetter offered suggestions concerned with a modifying of the current systems of institutional care. For instance, the use of volunteer, minimally trained personnel using planned activities of substitute-mothering was suggested for hospital care of children. Also, pediatric units should be arranged to promote, not hinder, interaction with others by utilizing isolated rooms.²⁸

²⁶Ibid.

²⁷Ellamae Branstetter, "The Young Child's Response to Hospitalization: Separation Anxiety or Lack of Mothering," American Journal of Public Health, LIX (January, 1969), 92-97.

²⁸Ibid.

In yet another study, which was conducted by Arneson, a data collection tool was employed both to identify and to describe the changes in mode adaptation to separation from the mother. Where mothers are unable to room-in, case assignments are proven to be the best substitutes for the loss of the mother. One or two staff members should be assigned to the child so that a close relationship can be established. Such a relationship will help in the mastery by the child of the hospital experience.²⁹

The following suggestions to pediatric staff members were derived from the Arneson study:

1. To be well read in the area of growth and development.
2. To have a continuing in-service educational program in pediatrics.
3. To explain the behavior of the child to his mother. The withdrawal and the rejection on the part of the child which occur at visiting time can prove to be not only anger-provoking but also confusing for the mother.³⁰

The final study to be reviewed was one conducted at the City of Hope Medical Center in Durato, California. The research involved the

²⁹Sara A. Arneson, "Changes in a Toddler's Mode of Adapting to Separation from His Mother During Daily Relationships Experience with One Nurse," ANA Clinical Sessions, ed. American Nursing Association (New York: Appleton-Century-Crofts, 1968), pp. 134-41.

³⁰Ibid.

analysis of a successful parent involvement program which had been set up at this center.

A successful parent participation program in a hospital rests on several concepts: that separation of a child from his mother is traumatic, particularly at a time of illness when at least some degree of regression takes place; that a hospital is more therapeutic when it is homelike; that serious illness has implications for the entire family, not just the patient; that a well informed family is better able to handle anxiety states; and that actively caring for her child under medical and nursing guidance better equips a mother to care for him at home.³¹

To be called successful, the nursing activities which involve the whole family as the "patient" need to be defined. The nurse may have less contact with the child because family members are present, but her contribution to the child's welfare may be greater. She will exercise influence over the whole family, an influence which shapes the entire environment of the child in or out of the hospital.³²

The nurse involved in this type of program must take the following into consideration:

It is her position to modify hospital routines as much as possible to accommodate the unique customs of each family. She has, however, two other considerations--the medical condition of the child, and the welfare of the other children on the unit--which can sometimes be in conflict with a family's demands.

Here a nurse must set priorities according to the specific incident, must walk a middle road between individual needs and general welfare, and must base her decisions on a rational view of

³¹Joanne Shape, "Parental Involvement Program," Nursing Outlook, XVIII (April, 1970), 32.

³²Ibid., p. 33.

the entire situation rather than on her own inclinations or on a hospital routine.

Here, greatest assets are a sincere interest in each child and family, belief in the worth of all people whether they agree with her or not, and an open mind as to what solutions may be possible.³³

The prime objectives of the Shape study were to show that service and a humane approach on the part of the nurse were of utmost import. In addition, an attempt was made to point out that the recognition of the impact of the illness on the entire family might aid both the nurse and the child. Opportunities at the City of Hope Medical Center challenged nurses to function in a professional role where the whole patient was considered.³⁴

Chapter 2 was an attempt to show, from an historical viewpoint, the increased interest in the areas of (1) separation anxiety, (2) maternal deprivation, and (3) the effects of institutionalization on children. A growing interest has occurred in helping children to adjust to hospitalization with the least trauma physically and psychologically to the child. Through this increased interest, a number of studies have been initiated and have been completed to demonstrate the necessity for parent participation during a child's hospitalization. The need also for nurses and for doctors to instigate change has been substantiated by the research. Such professional individuals have to assume this type of responsibility to provide optimum care for children.

³³Ibid., p. 34.

³⁴Ibid.

According to the reviewed studies, maintaining the parent-child relationship is the optimum way of decreasing both anxiety and trauma for the child and for the parents. Even in the early 1900's Sigmund Freud recognized the necessity for anxiety levels to be decreased through close contact with a loved one. However, some hospitals currently are using archaic methods for determining visiting hours, parental involvement programs, and teaching methods for parents. Many hospital administrators and nursing personnel fail to respond to the connection between promoting a high level of well being and involving parents or families in the planning and care of hospitalized children.

Chapter 3

METHODOLOGY AND INTERPRETATION OF DATA

INTRODUCTION

The data presented in this study were collected by the survey questionnaire method. The written questionnaire, considered as a substitute for the personal interview, was found to be the best method for collection of data in this nonexperimental descriptive research effort. The survey method was conducive to data collection over a large geographic area with relative speed and ease.¹

The researcher endeavored to structure the questions in an objective, unbiased manner. The questionnaire (see Appendix A) was pre-tested in May, 1971, with twelve nursing students enrolled in the Montana State University student program. These subjects had varied ages and backgrounds as would the actual participants. Pre-testing was done to determine if the questions were stated clearly and understood, if the instructions were clear and concise, and if the time involved in answering the questions were adequate. Several questions in the pre-test questionnaire were rewritten to aid clarification and to control any biases of the researcher.

¹Tyrus Hillway, Introduction to Research (Boston: Houghton Mifflin Co., 1956), p. 201.

In this chapter, an attempt was made to identify trends or differences of opinions as expressed by the respondents.

METHODOLOGY

An introductory letter was sent by the researcher to the director of nurses in sixty-one general hospitals in Montana. (See Appendix B.) The list of hospitals was obtained from the Montana Hospital Association. Only those hospitals which were government-sponsored and those which were other than general in nature were eliminated from the study. Of the sixty-one hospitals initially surveyed, six reported having a separate pediatric unit. All six gave permission for the study to be conducted in the hospital. A total of forty-two registered nurses was found to be working in the pediatric units of these hospitals; this number was used as the target population.

A letter of introduction (see Appendix C) was sent for each registered nurse along with a copy of the questionnaire and a return envelope. The letter of introduction did not explain the nature of the subject to be studied. Inclusion of such information, the researcher believed, might bias the results. The letter, however, did contain an explanation of the mechanics of the questionnaire.

The questionnaires were sent to the director of nursing in each of the six hospitals for distribution to nurses working in each pediatric unit. The study was conducted from June to October, 1971. Of

the initial forty-two questionnaires sent, thirty-four were returned within three months of the distribution date. One questionnaire was returned within five months of the distribution date. Thus, a return of 83 percent was realized on the questionnaires.

The researcher then categorized the responses according to variables pertaining to the respondents: (1) age, (2) educational background, (3) experience, and (4) position on the staff. The next step in the analysis was to determine if any differences or apparent trends appeared in the opinions and to ascertain if any similarity existed with the trends discussed in the related literature.

DEVELOPMENT OF QUESTIONNAIRE

A survey questionnaire has the advantage of being (1) relatively inexpensive to administer; (2) able to be completed in a short period of time; and (3) adaptable to subjects who are cooperative. This technique is comparable to the experimental approach which is, however, usually more expensive, more time consuming, and more apt to involve uncooperative subjects.²

The questionnaire (see Appendix A) was comprised of twenty items. Six of the items were of the closed form type with suggested responses following each item. Fourteen of the questions were of the

² Faye G. Abdellah and Eugene Levine, Better Patient Care Through Nursing Research (New York: Macmillan Co., 1965), pp. 166-67.

open form type with blanks provided for the respondent's answer. The questionnaire was designed primarily (1) to elicit general background information about the respondents and their job situations and (2) to obtain opinions about specific aspects of visiting in pediatric units.

Question one—position on staff—was asked to determine (1) how many head nurses were in the study, (2) how many staff members, and (3) how many, if any, were team leaders. The length of time in the position (question two) length of experience as a pediatric nurse (question three), educational backgrounds (questions four and five), and age (question eight) were all used as general information items for comparison with the opinions expressed. Questions six and seven—choosing pediatrics for a speciality and reasons for working in pediatrics if this area were not a speciality area—were asked to determine if the nurses working in these units were pediatric nurses with a wide range of experience and education in pediatric nursing or if they just were working in this area as a means of employment.

The researcher assumed that nurses working in a unit of choice were usually cognizant of the problems and solutions utilized in planning patient care and in promoting high levels of well being. As a result, they, possibly, would be aware of current trends and opinions of authority figures in their field.

Questions nine and ten were designed to determine daily visiting hours and visitors allowed in the selected Montana hospitals. Questions

twelve through sixteen were used to elicit information about ward and hospital policy concerning visitors staying past visiting hours and overnight with children. This information was to be compared with expressed opinions of nurses on visiting hours, visitors, and role of parents during visits.

Questions seventeen through twenty offered an opportunity to nurses to express preferences and opinions on visiting hours, visitors, and parent function during visiting hours. Such information was to be compared with ward and hospital policies under which these nurses function.

ANALYSIS OF DATA

Questionnaires were distributed to forty-two registered nurses in the pediatric services of six general hospitals in the State of Montana. Thirty-five (83 percent) of the questionnaires were returned to the researcher. Data, obtained from the returned questionnaires and analyzed by the researcher, were presented in tabular form according to grouped like questions and categorized like responses. Analysis, or interpretation, was done from the grouped questions and responses.

Responses to items on respondent's age, education, position on staff, length of employment in pediatrics, and length of experience as a pediatric nurse were grouped as general background information. Questions 1, 2, 3, 4, 5, and 8 with responses are shown in Table 1.

Table 1

Registered Nurses' Responses to Questionnaire
Items: General Background Information

Items on general background	Registered nurses checking item	
	Frequency	Percentage
1. Position now held on pediatric ward?		
Team leaders	3	9
Head nurses	6	17
Staff nurses	26	74
2. How long have you been in present position?		
Three weeks to one year	15	43
Two years to five years	12	34
Six years to ten years	5	14
Eleven years to fifteen years	3	9
3. How long have you been a pediatric nurse?		
Six weeks to five years	25	71
Six years to ten years	5	14
Eleven years to fifteen years	3	9
Sixteen years to twenty years	2	6
4. What is your basic education?		
Associate degree	1	3
Bachelor's degree	6	17
Diploma	28	80
5. What is the highest degree you hold?		
Associate degree	1	3
Bachelor's degree	6	17
Diploma	28	80
8. What is your age?		
Twenty-two to thirty years	12	34
Thirty-one to forty years	6	17
Forty-one to fifty years	6	17
Fifty-one to sixty years	11	32

Of the thirty-five respondents who answered question one, three (8 percent) were team leaders, six (17 percent) were head nurses, while twenty-six (74 percent) were staff nurses. All six hospitals that were utilized for this study maintained the head nurse position for supervision of patient care. Three of these six hospitals used the team care approach, under the supervision of a head nurse, for deliverance of patient care and services. The remaining three hospitals functioned under only the head nurse position for patient care organization, planning, and deliverance of services.

In question two, thirty-five respondents answered for a response of 100 percent. Answers to this question ranged from three weeks to fifteen years. The average length of time for working in their present positions was 3.75 years.

Responses to question three showed that the average was 5.21 years of working experience in the area of pediatric nursing. The range of experience in pediatric nursing was from six weeks to twenty years. Responses to questions two and three indicated a wide range of working experience in and exposure to pediatric nursing.

Responses to question four, basic educational preparation, and to question five, highest educational degree held, were the same. No one in continued educational endeavors achieved a higher degree than the original basic education. Three respondents had credit hours toward the next degree but did not complete any program preparation.

Twenty-eight of the respondents were registered nurses with diplomas; six were from registered nurse programs which granted bachelor of science degrees, while one was a registered nurse with an associate degree. Of the nurses who work in pediatric units, 80 percent were diploma graduates; 17 percent were from a collegiate program; and 3 percent were from an associate degree program. No attempt was made to determine the type, if any, of pediatric experience and clinical rotation through a pediatric unit that the respondents had received in their original educational program.

The age of each respondent, as requested in question eight, was grouped with other like ages in Table 1, page 28. The information was used to determine the range of ages of nurses who work in pediatrics and to ascertain if any trends or differences in opinions occur in the different age groups. Ages of the nurses ranged from twenty-two years to sixty years with the average age of 31.23 years. Between the ages of twenty-two to thirty, five nurses had bachelor degrees while seven had diplomas. From the ages of thirty-one to forty years, five nurses had their diplomas while one had an associate degree. Between the ages of forty-one to fifty, six nurses had their diplomas; and between the ages of fifty-one to sixty, ten had diplomas; one had a bachelor's degree.

The younger nurses seemed to have earned bachelor degrees; whereas, the older nurses seemed more likely to be graduates from diploma programs. Two positions of head nurse were held in the age

group of twenty-two to thirty years while the remaining four positions were in an age band from thirty to sixty years. The data seemed to show that experience or time in service was not the prime factor in the selection of nurses for the position of head nurse.

Twelve of the respondents (34 percent) were between twenty-two to thirty years of age. Six of the respondents were between thirty-one to forty years of age; six were in the range of forty-one years to fifty years of age. The remaining eleven, or 32 percent, were in the range of fifty-one years to sixty years. Of the respondents, 66 percent were in either the oldest or the youngest range of age distribution. The remaining 34 percent were in the middle range ranges of thirty-one years to fifty years of age. Consequently, the age of the respondents to the study seemed to reflect the entire age range of professional nursing; no particular age would seem to be an influence.

Age, educational background, experience, and availability of nurses were all factors that seemed to influence the selection of a head nurse; moreover, such seemed a change from the old methods of time in position. Nurses who work in a hospital either were assigned to a ward of their choice or were placed in a position where their skills were needed most by the hospital. Nurses who work in an area of interest to them, or in an area of interest that was chosen by them, seemed to read to keep up and to be aware of current trends in their field. Questions six and seven, in Table 2, revealed how many respondents in the study

were working in their speciality area. Reasons for working in this area if the nurses had not chosen it as the preferred working area were cited also.

Table 2

Registered Nurses' Responses to Questionnaire
Items: Pediatrics as a Speciality

Items on pediatrics	Registered nurses checking item	
	Frequency	Percentage
6. Did you choose pediatrics as your speciality?		
Yes	14	40
No	21	60
7. If no, why are you presently working in pediatrics?		
Available job at time of employment	15	71 ^a
Desire to change in work area	4	19 ^a
Needed staff nurse experience	2	10 ^a

^aPercentage of the total 21 who answered no in response to question 6.

Fourteen (40 percent) of the thirty-five respondents stated that they had chosen pediatrics as their speciality. The remaining

twenty-one, or 60 percent, of the registered nurses who replied to this questionnaire did not choose to specialize in the field of pediatrics. The nurses who are working in an area outside of their interest (60 percent) possibly might not be as aware of current trends and approaches in pediatric nursing although no question nor test was developed for such a speculation. The other registered nurses (40 percent) who answered yes might be cognizant of suggested approaches and trends in pediatric nursing; however, no question nor test was developed for this speculation.

Of the six nurses with bachelor of science degrees, as noted in Table 1, page 28, five stated that they did not choose pediatrics as their speciality. The five degreed nurses who negated question six were the five youngest respondents in the survey. Therefore, for the purposes of this study, the young nurses, with bachelor degrees, seemed not to be choosing pediatrics as their speciality area.

Grouped responses to question seven were shown in Table 2. Of the respondents, fifteen, or 71 percent, of the twenty-one who negated question six were working in pediatrics since it was the only available job at the time of employment. Four of the twenty-one respondents, or 19 percent, desired a change from a previous work area; and two respondents, or 10 percent, needed to increase experience in staff nurse duties. Six of the fifteen respondents who were working in pediatrics because it had been the only available position at the time

of employment stated that "they wouldn't trade now" or "wouldn't work anywhere else now."

Twelve of the twenty-one respondents, who did not choose pediatrics originally as a speciality, seemed now to be enjoying the area or field of employment. This reaction might indicate that about 74 percent of the nurses who were employed in these six general hospitals in Montana were interested in their areas of employment because of own preference or satisfying experiences after assignment to pediatrics. The majority of nurses who answered the questionnaire expressed themselves as satisfied with pediatric nursing experience; possibly, they were cognizant of current trends within the field of pediatric nursing.

From the literature that was reviewed, unlimited visiting was preferred for the maximum benefit of the child. Data were gathered about daily visiting hours, preferred visitors, hospital and ward policies for visiting, and preferred parent visiting. Table 3 was developed to show the results.

Eight, or 23 percent, of the respondents to question nine reported they had open visiting hours on the pediatric ward where they were employed. A maximum of six responses with various times for visiting hours was permitted within the instrument; nine different categories of responses were given. Individual hospitals had as many as three different visiting hours reported by respondents. Inconsistency was evident in reporting actual visiting hours at each hospital.

Table 3

Registered Nurses' Responses to Questionnaire
Items: Visitation Factors in Selected
Montana Hospitals

Items on visitation factors	Registered nurses checking item	
	Frequency	Percentage
9. What are your visiting hours?		
Open	8	23
2:00 to 4:00 p.m. 7:00 to 8:00 p.m.	8	23
2:00 to 4:00 p.m. 7:00 to 8:30 p.m.	4	11
2:00 to 3:30 p.m. 7:00 to 8:30 p.m.	1	3
11:00 a.m. to 8:30 p.m.	7	20
11:30 a.m. to 8:30 p.m.	1	3
11:00 a.m. to 7:00 p.m.	1	3
12:00 a.m. to 9:00 p.m.	1	3
11:00 a.m. to 8:00 p.m.	1	3
No response	3	8
10. To whom are your visiting hours extended?		
Parents and grandparents	1	3
Parents, grandparents, and over 12	1	3
Parents, grandparents, and over 14	2	6
Parents, grandparents, and over 16	3	8
Any relative over age restriction	23	66
Only age limit restriction	5	14
11. Are parents allowed to stay other than during visiting hours?		
Yes	34	97
No	1	3
12. Under what circumstances are parents allowed to stay other than visiting hours?		
Critical, surgical, infant	13	37
Parent's preference or desire	17	49
Beneficial to child	5	14
13. Do your ward rules allow parents to remain overnight?		
Yes	34	97
No	1	3

Table 3 (continued)

Items on visitation factors	Registered nurses checking item	
	Frequency	Percentage
14. If yes, under what circumstances?		
Critical, surgical, infant	14	40
Parent's preference or desire	5	14
Doctor's request	3	8
Beneficial to child	1	3
Any circumstances	9	24
Private room with supervisor's permission	3	8
15. Does your hospital policy encourage parents to stay with their children?		
Yes	12	34
No	21	60
In a way	1	3
No response	1	3
16. If yes, why?		
To provide encouragement, stability, security, and contentment	4	33 ^a
Children need parents	4	33
To feed child	1	9
Trend of the moment	1	9
Inappropriate response	2	16
17. If you had a choice, would you prefer parents to be:		
Off the ward completely	1 ^b	3 ^c
On the ward only during visiting hours	14	40
On the ward with no restrictions when agreeable with doctor	11	30
On the ward when they wish	9	24
No response	1	3

^aPercentage of the total of 12 who answered yes to question 15 on hospital policy in reference to parents.

^bOne respondent selected two items in response to question.

^cSince one respondent selected two items on this question, the percentage is of the total responses of 30.

A conclusion seemed apparent that staff members in the same hospital and on the same ward were unaware of correct visiting hours. The differences in opinions as to correct visiting hours could be because of inadequate orientation of nursing staff members, disagreement between ward policy and hospital policy, or personal preference for specific hours for visiting. Such differences could lead to inconsistent management of ward problems with direct reference toward visiting privileges. The eight response categories, or 69 percent, indicated that restricted visiting was the preferred policy. Three registered nurses (8 percent) made no response to this item.

In reply to question ten, Table 3, page 35, 66 percent of the respondents reported that their hospitals allowed any relative to visit within the age limit restriction. Of the respondents, 20 percent restricted visiting to parents, grandparents, and indicated an age limit restriction that ranged from twelve to sixteen years.

Of the responses 17 percent indicated that only parents, grandparents, and individuals over the ages of twelve to sixteen years were allowed to visit. Since most parents and grandparents were over the ages of twelve to sixteen years, the assumption possibly might be that the respondents were unaware of the policy of the hospital or the ward, or they responded in an incorrect manner to the question. Therefore, this response error might invalidate the 17 percent of responses to the item; what was probable, however, was that a prohibition ban on

siblings was read into the questionnaire. From the 86 percent response, a trend in hospitals in Montana was shown to be toward the permitting of any relative within the age limit restrictions to visit. Visiting hours, choice of visitors, and age of visitors, therefore, seemed to be restrictions imposed by hospital policies.

Of the thirty-five respondents who answered question eleven, Table 3, page 35, thirty-four responded positively that parents were allowed to stay other than those hours established as visiting hours. One nurse responded negatively "only if necessary." Thus, 97 percent of the respondents indicated that parents were not restricted completely to the hospital visiting hours. The 3 percent who indicated a negative response permitted the parents to stay if such a stay were considered as necessary. According to the opinions of the respondents, the visiting hours appeared to be flexible for parents in 100 percent of the hospitals that were investigated.

Question twelve, Table 3, page 35, requested information in reference to the circumstances under which parents would be allowed to visit other than the established visiting hour schedule. From the thirty-five responses which were received on question twelve, seventeen, or 49 percent, permitted parents to stay any time and at their preference. Thirteen, or 37 percent, of the respondents indicated that they permitted parents to remain for a critical or surgical patient or a small infant. A total of 86 percent extended the visiting hours in

order to accommodate the parent, the patient, or the staff who were attached to the pediatric unit.

Parents who stayed with a critical patient, a surgical patient, or a small infant might be aiding the staff by maintaining close supervision of the child. Such would free the nursing staff members for other duties. Another reason possibly for extending visiting hours to these categories of patients or parents might be to decrease anxiety in the patient or the parent by allowing as near normal activities to proceed as deemed possible although no such response was requested.

A total of 14 percent would allow parents to stay when such a stay would prove beneficial to the child. As the terminology beneficial to the child was not clarified, this factor would seem to be interpreted to mean closely related to the other responses given. Therefore, all thirty-five of the respondents appeared to express flexibility in extending the visiting hours to parents of children in the indicated categories.

In response to question thirteen, Table 3, page 35, thirty-four, or 97 percent, of the respondents, indicated that the ward rules permitted the parents to remain overnight. One respondent, or 3 percent, reported that the ward rules did not allow the parents to stay overnight. The same respondent in answer to question eleven, Table 3, page 35, indicated that parents could not remain past visiting hours. This one individual appeared to be an illustration of hospital personnel

with a rigid adherence to hospital rules or personal preference for strict control over parents and over visiting privileges.

According to the reports of the nurses who responded to question fourteen, Table 3, page 36, ward rules would allow parents to remain overnight for several reasons. Fourteen, or 40 percent, indicated that for critical and surgical patients or for small infants the ward rules would allow parents to stay overnight. Nine of the respondents, or 24 percent, allowed parents to stay under any circumstances, while twelve, or 33 percent, would permit parents to stay overnight if the doctor requested such a stay, if the parents preferred this arrangement, if the stay benefited the child, or if the child were in a private room and the supervisor permitted.

In question fifteen, Table 3, page 36, twelve, or 34 percent, of the respondents indicated that the hospital policy did encourage parents to stay with the children. Twenty-one respondents, or 60 percent, noted that the hospital policy did not encourage parents to stay with their children. One respondent (3 percent) responded "in a way," while one nurse (3 percent) gave no response.

In brief, in the opinion of the registered nurses (97 percent) ward rules would allow the parents to stay overnight and past visiting hours. (See questions and responses to items eleven and twelve, Table 3, page 35.) In question fifteen, however, 60 percent of the respondents indicated that hospital policy did not encourage parents to stay.

Therefore, these nurses indicated that ward rules or policies were being followed more closely than hospital policy in reference to visiting hours and visiting privileges. The nurses would, or could, allow parents more privileges than those encouraged by hospital policy. This behavior on the part of the nurses could be due to the fact that either the wards, in these particular hospitals, were allowed to be flexible with hospital policy or the nurses were using discretion in disregarding the policies developed by administrators. The reasons for these differences were not obtained in the questionnaire.

The responding registered nurses believed that hospital policy encouraged parents to stay for a number of reasons. The reasons which were given a percentile rank order of frequency of response to question sixteen, Table 3, page 36, were:

1. To provide encouragement, stability, security, and contentment: 33 percent.
2. Because children need their parents: 33 percent.
3. To feed the children: 9 percent.
4. Because it is the trend of the moment: 9 percent.

Two nurses (16 percent) offered what were considered as inappropriate responses to this item. By comparing questions fourteen and sixteen, Table 3, page 36, the opinions as to the circumstances under which the parents could be allowed to stay were found to be extremely different. This apparent difference possibly might be that the nurses perceive

their reasons for flexibility of rules on the ward as quite different from their opinion of how the hospital administration views these reasons for flexibility.

Question seventeen, Table 3, page 36, gave the respondents the opportunity to select how much visiting time they would like parents to have. The question was used as a countercheck on the previously noted reasons for allowing ward and hospital rules to be flexible. The preference of the nurses (40 percent) was to have parents on the ward only during visiting hours. Thirty percent would prefer parents to be on the ward, with no restriction, as long as such a presence was agreeable to the doctor. Three percent wanted parents off the ward completely; whereas, 24 percent of the respondents would prefer parents on the ward as much as they wished. One nurse (3 percent) gave no response.

Of the respondents, 54 percent would prefer parents on the ward as much as they wished in direct reference however to the wishes of the doctor. Therefore, over one-half of the respondents would have flexible visiting or open visiting extended to parents and would prefer those parents to be on the ward.

Of the eight respondents (22.8 percent) who stated that their hospital had unrestricted visiting hours (See question nine, Table 3, page 35.) only five (14.2 percent) of these respondents, if given their choice as offered in question seventeen, would maintain open visiting hours. They seemed to be in agreement with the policy under which they

were employed, as revealed in Table 4. Two (5.7 percent) of the three (8.6 percent) with unrestricted visiting would prefer that parents be on the ward during visiting hours only. As visiting hours were not in effect in the hospitals that employed these two nurses, an assumption might be made that these nurses would prefer working under restricted rather than unrestricted visiting regulations. The eight respondents who were working with unrestricted visiting would prefer parents on the wards as long as their presence was agreeable with the doctor. The third nurse working with open hours chose the item--on the ward with no restrictions when agreeable with the doctor. Thus, three of the eight respondents working with unrestricted visiting would choose to have some type of restriction imposed on visitors.

In considering the 24 (68.8 percent) respondents who reported on working with restricted visiting conditions, three (8.6 percent) would choose liberal visiting privileges as in the item--on the ward as much as they (visitors) wish to be. Of the twenty-four respondents, twenty-one (60 percent), with restricted visiting, made the following choices: fourteen (40 percent) preferred visiting on the ward only during visiting hours while seven (20 percent) respondents preferred visiting on the ward with less restriction. According to Table 4, fourteen (40 percent) would choose to remain with the use of the same restrictive hours while seven (20 percent) would like to change from restricted to unrestricted visiting with permission of doctor.

Table 4

Registered Nurses' Responses to Questionnaire Item: Hospital
Policy on Visiting Hours^a

Hospital policy on visiting hours	Choice response	Registered nurses checking item	
		Frequency	Percentage
Unrestricted	Keep open visiting	5	14.2
	Change to more restrictive	3	8.6
	Choose more liberal	3	8.6
Restricted	Remain the same	14	40.0
	Less restricted with doctor's permission	7	20.0

^aN = 32. Three (8.6 percent) of the thirty-five registered nurses in the study made no response.

Question eighteen requested the opinions of the registered nurses as to how they saw the function of the parents during visiting hours with their children. The categorized responses can be found in Table 5. Question eighteen was utilized in order to allow each respondent an opportunity to express her true feelings as to how she saw the functioning of parents on her ward. The current literature trends were aimed toward maintaining mother-child relationships and family ties during hospitalization. The authorities in the field of pediatrics believed that the child should be exposed to as little trauma as possible. This reaction is concluded to be achieved best through parent participation in as much of the hospital routine as was deemed possible. With the boundaries of the condition of the patient, the maintaining of the routines and of the interactions that normally were carried out at home appeared to be the best approach for the maximum benefit to the child.³

The majority of the respondents saw the parents' functioning in various traditional ways. The parent should be strong, optimistic, reassuring, cooperative, stable, encouraging, cheerful, and entertaining. Parents should not change diapers, feed, hold, love, or caress the child, unless they were given explicit instructions; and then only in a minimal way.

³Mary Jo McClure and Ann Clouse Ryburn, "Care-by-Parent Unit," American Journal of Nursing, LXIX (October, 1969), 2148-52.

Table 5

Registered Nurses' Responses to Questionnaire
Items: Ideal Visitation Factors

Items on ideal visitation factors	Registered nurses checking items	
	Frequency	Percentage
18. In what ways should parents function with their child during visiting hours?		
To give minimum care, to feed, and to entertain the child.	46	50 ^a
To give encouragement, security, TLC (tender loving care), and to act as a stabilizing factor.	23	25 ^a
To act as a mediator between nurse, doctor, and patient.	4	4 ^a
To make child cooperate and understand more about the nursing functions and treatments.	9	9 ^a
Miscellaneous responses.	10	12 ^a
19. Finally, if you could set up an ideal pediatric ward, what would your visiting hours be?		
Open visiting.	7	20
2 to 4 hours per day.	8	23
5 to 8 hours per day.	3	8
9 to 12 hours per day.	6	17
Open to parents, restrict others.	8	23
Anytime that doesn't interfere with treatments.	1	3
No response.	2	6
20. To whom would your visiting hours be extended?		
Parents, grandparents, friends, and relatives.	4	11
Parents and immediate family.	5	14
Parents only.	4	11
Parents and grandparents.	4	11
Parents, grandparents, and relatives over age limit.	5	14
Anyone over age limit.	2	6
Anyone over age limit (not loud, obnoxious, improperly dressed or denied by doctor).	2	6
Parents, close relatives (brothers, sisters, and exceptions for friends).	5	14
Grandparents.	1	3
None.	1	3
Mother.	1	3
Parents who will help with child.	1	3

^a Percentage of total 92 responses on this questionnaire item.

Normal routines from home appeared not to be tolerated by the majority of these nurses. All but two or three of the opinions were rigid and strict in what they would allow the parent to do. Nursing procedures, functions, and desires were believed to come before any patient-parent consideration. The psychological aspect of care was touched upon lightly by the few who saw parents as giving encouragement, reassurance, and trust. However, those nurses who responded in this manner did not see any room for parents to give physical care. The nurses who stated they would allow minimal physical care did not see any part for parents to give psychological support.

From these responses, the nurses who were working in these six pediatric hospital units were not in agreement with current literature trends. They preferred to restrict and to control, to a great degree, the parent-child interaction. The preferred parent function was viewed as limited and controlled strictly by the nurse. These nurses did not prefer to have parents stay all day or all night or come at their convenience or maintain normal home functions that might be accomplished in connection with the patient's condition. Age, education, or position on the staff was not a contributing factor to any of the stated opinions.

Questions nineteen and twenty were constructed to elicit the nurses' opinions as to the ideal pediatric visiting hours and the ideal visitors. From responses to question nineteen, Table 5, page 46, seven

registered nurses, or 20 percent, when they were given their preference, would allow open visiting hours. Twenty-six, or 24 percent, who answered this question would restrict the visiting to specific times or to specific people. By eliminating eight respondents, or 23 percent, who answered in terms of people allowed and not in terms of time allowed, seventeen respondents, or 48 percent, would prefer to allow no more than two to twelve hours per day for visiting. No response was given for two nurses, or 6 percent.

The nurses did prefer to restrict parent-child contact to only those specific hours in the day that they deem as necessary or as tolerable. This conclusion can be because of the fact that the nurses were not aware of current trends toward unrestricted visiting; or, if the nurses were aware of these trends, they chose not to change. The target population in this study expressed a variety of preferred visiting hours. A difference of opinion, among pediatric nurses in selected hospitals in Montana, was apparent.

Responses in Table 5, page 46, for question twenty, revealed that the registered nurses preferred to have only parents, grandparents, and an occasional close relative as visitors. Friends and siblings were allowed only when such presence was deemed absolutely necessary as in the case of dying or of prolonged illness. Consequently, the majority of the respondents preferred to restrict visiting hours, visitors, and parent function. The trend among the registered nurses in pediatric

wards in selected hospitals in the State of Montana appeared to be somewhat more rigid and controlled than the current literature recommended it to be.⁴

The registered nurses, contrary to the authoritative opinions and studies which support unrestricted visiting and visitors, stated personal preferences away from the current trends. For the purpose of this study a difference in opinions from registered nurses in pediatric units in hospitals in the State of Montana, as compared with authorities in this field seemed to exist. The reasons, however, for this difference were not determined from the information as obtained by the researcher from the data.

SUMMARY

An overall variation in the expressed opinions of the registered nurses appeared. In question seventeen, Table 3, page 35, of the respondents, 54 percent would prefer the parents on the ward as much as the parent wished with some attention to the desires of the doctor. In question nineteen, Table 5, page 46, however, 74 percent would restrict visiting hours to specific times. As a result, an inconsistency in the responses was obtained from the target population that

⁴Ellamae Branstetter, "The Young Child's Response to Hospitalization: Separation Anxiety or Lack of Mothering," American Journal of Public Health, LIX (January, 1969), 92-97.

was studied. Therefore, no valid conclusions might be drawn by the researcher in reference to the opinions as stated. Some overall trends, however, were evident; and comparison with authorities in the field was discussed in Chapter 4.

Chapter 4

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

SUMMARY

The study was an opinion poll designed to investigate the visiting hour policies of selected general hospitals in the State of Montana as expressed by registered nurses in pediatric units. The opinions were gathered to determine whether or not those expressed by the nurses were the same or similar to those of authorities in the pediatric field. In addition, the questionnaire was developed to ascertain if a relationship existed between age, education, staff positions, and the nurses' stated opinions. Finally, an attempt was made to discover whether or not a relationship existed between length of pediatric experience, choice of pediatrics as a specialization, and the stated opinions of the nurses.

The literature that was reviewed contained pertinent information on maternal deprivation, separation anxiety, and parent-child relationships. Other relevant areas selected for review were concerned with visiting hours, parent-involvement programs, and parent rooming-in practices.

The target population in the study consisted of forty-two registered nurses who were working in pediatric services of six selected general hospitals in the State of Montana. A twenty-item

questionnaire that utilized both the open and the closed forms of items was sent to each registered nurse for completion and for return to the investigator. Thirty-five, or 83 percent, of the questionnaires were returned.

The data collected were arranged according to like grouped responses to the questionnaire items. Age, education, position on the staff, choice of speciality, and length of pediatric experiences were compared with opinions as stated by the respondents. No definite relationship was found to be present. Opinions that were expressed were inconsistent throughout the questionnaires.

CONCLUSIONS

The respondents surveyed in this study might be considered to be a valid sample of nurses who were working in pediatric services in the hospitals of Montana. Therefore, for the purposes of this study, the target population did seem to supply adequate information. The nurses who responded seemed to have different opinions about visiting policy than were held by the authorities in the literature which was reviewed by the investigator. The preferred visiting times were chosen primarily for the convenience of the nurse, not for the convenience of the parent, the family, or the patient. The preferred parent function during visiting times was expressed by the nurses as tradition-oriented and not in agreement with current trends nor with opinions of authorities in

pediatrics. The current visiting hours in the pediatric units of the hospitals of Montana were more restrictive than was recommended by the authorities in the field.

Moreover, the responses that were obtained seemed to be reported inconsistently from one section of a questionnaire to another section within the same questionnaire and from one employee to another in the same unit and hospital. No relationship was apparent between age, education, position on staff, experience, and choice of speciality and the opinions as stated by the respondents.

RECOMMENDATIONS

The research seemed to develop the fact that further work should be done in the field; in particular, a large sample should be used. The questionnaire should be revised in order to ascertain if some contradictions might be eliminated. Further clarification of the poll and of the responding nurses might be accomplished through an interview technique as well as the questionnaire. If the responses to the questionnaire were accepted as valid in reference to the pediatric units which were contacted, a follow-up study particularly in the area of updating the nurses in reference to current nursing policies would seem essential.

SELECTED BIBLIOGRAPHY

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Books

- Abdellah, Faye G., and Eugene Levine. Better Patient Care Through Nursing Research. New York: Macmillan Co., 1965.
- American Nurses Association (ed.). ANA Clinical Sessions. New York: Appleton-Century-Crofts, 1968.
- Blake, Florence G., Howell F. Wright, and Eugenia H. Waechter. Nursing Care of Children. 8th ed. Philadelphia: J. B. Lippincott Co., 1970.
- Bullough, Bonnie, and Vern Bullough. Issues in Nursing. New York: Springer Publishing Co., Inc., 1966.
- Clark, Ann, Margaret Bunnell, and Emilie Henning (eds.). Parent-Child Relation: Role of the Nurse. New Brunswick, N.J.: Rutgers University Press, 1968.
- Cooke, Robert E. (ed.). The Biologic Basis of Pediatric Practice. New York: McGraw-Hill Book Co., 1968.
- Geist, Harold, and Morse P. Manson. Children Going to the Hospital. Beverly Hills, Calif.: Western Psychological Services, 1965.
- Gustafson, Sarah R., and David B. Coursin. The Pediatric Patient. Philadelphia: J. B. Lippincott Co., 1969.
- Haller, J. Alex (ed.). The Hospital Child and His Family. Baltimore: The Johns Hopkins Press, 1967.
- Hillway, Tyrus. Introduction to Research. Boston: Houghton Mifflin Co., 1956.
- Jimmy and Susie at the Hospital. New York: Media Medica, Inc., 1968.
- Latham, Helen C., and Robert V. Heckel. Pediatric Nursing. St. Louis: The C. V. Mosby Co., 1967.
- Marlow, Dorothy R., and Gladys Sellow. Textbook of Pediatric Nursing. 2nd ed. Philadelphia: W. B. Saunders Co., 1969.

Persis, Mary H. Basic Pediatric Nursing. St. Louis: The C. V. Mosby Co., 1967.

Plank, Emma N. Working with Children in Hospitals. Cleveland: Western Reserve University Press, 1962.

Vernon, David T. A. The Psychological Responses of Children to Hospitalization and Illness. Springfield, Ill.: Charles C. Thomas, Publisher, 1965.

Webster's Third New International Dictionary. Springfield, Mass.: G. & C. Merriam Co., 1961.

Periodicals

Branstetter, Ellamae. "The Young Child's Response to Hospitalization: Separation Anxiety or Lack of Mothering," American Journal of Public Health, LIX (January, 1969), 92-97.

Jacoby, N. M. "Unrestricted Visiting in a Children's Ward," The Lancet, II (September 13, 1969), 585-86.

McClure, Mary Jo, and Ann Clouse Ryburn. "Care-by-Parent Unit," American Journal of Nursing, LXIX (October, 1969), 2148-52.

MacDonald, E. Mae. "Parents Participate in Care of the Hospitalized Child," Canadian Nurse, LXV (December, 1969), 37-39.

Martinson, Beatrice. "Must It Be?" American Journal of Nursing, LXX (September, 1970), 1887.

Meyer, Herbert L. "Predictable Problems of Hospitalized Adolescents," American Journal of Nursing, LXIX (March, 1969), 525-28.

Rosenthal, Alan. "Home Visits Ease Youngster's Fears," Today's Health, August, 1970, pp. 54-55.

Schulman, Jerome L., Joseph C. Kasper, and David Child. "Videotape Sampling of the Child's Day in the Hospital," The Journal of Pediatrics, May, 1970, pp. 728-31.

Shape, Joanne. "Parental Involvement Program," Nursing Outlook, XVIII (April, 1970), 32-34.

Trites, David K., and Riley M. Green. "Hospital Visiting: The Patient's Point of View," Nursing Outlook, XVIII (August, 1970), 44-45.

Vernon, James. "The Role of the Hospital in Infant and Child Care," International Childbirth Education Association News, September-October, 1970.

APPENDIXES

APPENDIX A

QUESTIONNAIRE

Below is a list of questions. Please check the appropriate blank or fill in your response as indicated.

1. Position now held on pediatric unit. _____
2. How long have you been in your present position? _____
3. How long have you been a pediatric nurse? _____
4. What is your basic nursing education? _____

5. What is the highest degree you hold? AD _____ DIPLOMA _____
BS _____ MASTER _____
6. Did you choose pediatrics for your speciality? _____

7. If no, why are you presently working in pediatrics? _____

8. What is your age? _____
9. What are your visiting hours? _____
10. To whom are your visiting hours extended? PARENTS _____
GRANDPARENTS _____ ANY RELATIVE _____
AGE LIMIT RESTRICTION _____ NO AGE LIMIT _____

APPENDIX A (continued)

11. Are parents allowed to stay other than those hours set down as visiting hours? YES _____ NO _____
12. Under what circumstances are parents allowed to stay other than visiting hours? _____

13. Do your ward rules allow parents to remain overnight?
YES _____ NO _____
14. If yes, under what circumstances? _____

15. Does your hospital policy encourage parents to stay with their children? YES _____ NO _____
16. If yes, why? _____
17. If you had a choice, would you prefer parents to be: (PLEASE CHECK YOUR ANSWER IN THE SPACE PROVIDED.)
 - a. _____ Off the ward completely.
 - b. _____ On the ward only during visiting hours.
 - c. _____ On the ward with no restrictions, as long as it is agreeable with the doctor.
 - d. _____ On the ward as much as they wish to be.

PLEASE ANSWER QUESTIONS 18 AND 19 ON THE BACK OF THE PAPER. THANK YOU.

APPENDIX A (continued)

18. In what ways should parents function with their child during visiting hours?
19. Finally, if you could set up an ideal pediatric ward, what would your visiting hours be?
20. To whom would your visiting hours be extended?

APPENDIX B

LETTER TO DIRECTOR OF NURSING

807 N. Black
Bozeman, Montana

July 1, 1971

Dear Director of Nursing:

I am a master's student at Montana State University and, in order to partially fulfill the requirements for a degree, I must write a research paper about a subject in which I am interested. I have chosen to do a study concerning pediatric nurses and how they perceive the role of the parent of a hospitalized child.

I have constructed a short questionnaire to be answered by each registered nurse working on pediatric units of hospitals in Montana. (copy enclosed) In order for me to send out my questionnaires and gather my data, I must know the following information about each hospital in Montana prior to their inclusion in my study.

1. Does your hospital have a separate pediatric unit or ward for hospitalized children?

2. If your hospital qualifies by having a separate pediatric unit, I would like your help and permission to send my questionnaire to you for distribution to your pediatric nurses.

3. I would need to know the number of R.N.'s working on your pediatric unit, inclusive of all three shifts.

Thank you for your help and time. I would greatly appreciate your response as soon as possible.

Sincerely,

Sandra Davies, R.N.

Sandra Davies

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July 1, 1971

The Montana State University School of Nursing appreciates any assistance you can give Mrs. Davies for this study.

(Mrs.) Laura Walker, R.N., Ph.D.
Director, School of Nursing

APPENDIX C

LETTER TO REGISTERED NURSE

807 N. Black
Bozeman, Montana

June 1, 1971

Dear Registered Nurse:

I am a master's student at Montana State University and, in order to partially fulfill the requirements for a degree, I must write a research paper about a subject in which I am interested.

I developed the attached questionnaire to aid me in collecting data for my paper. Please complete all of the questions and do not put your name anywhere on the questionnaire. The information you give me will remain anonymous and will only be used to aid me in writing my paper. The questionnaire takes about seven minutes to complete. After you have completed the questionnaire, place it in the self-addressed envelope included for your convenience.

Thank you very much for your time and cooperation. I greatly appreciate your help and effort in this matter.

Sincerely,

Sandra R. Davies, R.N.