

ROLE EXPECTATIONS OF MOTHERS OF YOUNG HOSPITALIZED CHILDREN

by

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ABSTRACT

The purpose of this study was to identify some of the role and role relationship expectations of mothers of young hospitalized children. Data was collected by interviewing fourteen mothers of children under the age of three years during the period of the children's hospitalizations.

It was found that mothers desired to maintain the "normal" components of their role when their children were hospitalized. "Normal" components included those functions performed by the mother for her well young child. The mothers desired that nurses assume some of these "normal" functions when the children were seriously ill, but desired that the nurses relinquish them as the children were convalescing.

Nurses were expected to perform the "special" components of the mother role, that is, those functions performed by the mother in caring for her ill child at home, and assumed by the nurse when the child is hospitalized. Nurses were also expected to provide comfort measures for mothers and to discuss with mothers nearly all aspects of the children's care.

ROLE EXPECTATIONS OF MOTHERS OF YOUNG HOSPITALIZED CHILDREN

CHAPTER I

STATEMENT OF THE PROBLEM

Introduction

Maintenance of close contact between mother and child, particularly when the child is less than three years of age, has been a frequent recommendation of various disciplines who have studied child development. Provision of this close contact is of primary importance when the child is ill or hospitalized, for it has been recognized that the "child has a greater need for the parent during illness than he has in health."¹

Separation of the child from the parents, particularly the mother, is frequently viewed by the child as punishment or desertion and poses a severe threat to a still immature and dependent ego.² As a result, the illness and hospitalization have a greater potential traumatic effect.

Since World War II, as the result of studies by Bowlby, Freud and Burlingame, Spitz and Wolf, and others, maternal deprivation and its resultant emotional disturbances have received a great deal of attention in the literature. As the bulk of the early studies were carried out in

¹Irene M. Josselyn, The Happy Child. (New York: Random House, 1955), p. 392.

²Dane G. Prugh, et. al., "A Study of the Emotional Reactions of Children and Families to Hospitalization and Illness," American Journal of Orthopsychiatry, XXIII (January, 1953), p. 101.

countries more adversely affected by the war than was our own, such countries as England and France have made prominent strides in their recognition of the need of the child for his mother in time of sickness as well as health.

In recent years, the inclusion of mothers in the ward care of their children has become a more frequently accepted pediatric practice. Re-definition of roles assumed by mothers and nurses has proven to be necessary. Robertson states, regarding the practice of mothers being in attendance of sick children:

The fear is sometimes expressed that if mothers come into a hospital to help in the care of their children the nurse will lose an important part of her function and training -- the care of young children. In practice this appears to be unjustified; in fact the role of the nurse is enriched and not diminished. Mothers-in does not exclude the nurse. . . The skill of the nurse extends to include the mother and child as an entity, and there is much here that is new to learn.³

Amersham Hospital in Buckinghamshire, England is only one of many hospitals which encourage parental participation in ward care of the ill child. Under a program which began in 1953, Amersham admits mothers with children under the age of five years and with children of any age who have special difficulties such as cerebral palsy, blindness, mental retardation, and so on. During the acute phase of the child's illness, the mere presence of the mother is felt to be of primary importance. As the child improves, the mother does what she would normally do at home --

³James Robertson, Young Children in Hospitals. (New York: Basic Books, Inc., 1958), p. 71.

anticipating his needs, she gives food and drink, changes diapers, keeps bed fresh, and washes him, providing all the intimate care he needs. She may take axillary temperatures (although the nurse reads the thermometer), give oral medications (alone or with nursing supervision), and learn the collection of urine. . .⁴

In the United States, the Hunterdon Medical Center in New Jersey is one of the better known centers which practices permissive visiting policies for parents. In the parental participation program developed by the director of pediatrics, Andrew D. Hunt, Jr., M.D., mental health concepts are practiced in the care of ill children.⁵

The inclusion of parental care in the management of ill children is not a concept new to nursing. Public health nurses, for years, have been carrying out this idea, and assume, upon entering the home of a sick child, that they will assist parents in the care of the child.⁶

The Problem

For the most part, the practice of admitting mothers with their children has come about as a result of studies by psychologists, psychiatrists, child development workers and other professional people. Parents' views about their roles in a "mothers-in" situation seem to have been virtually ignored, except in a few studies.

⁴"Hospitalized Children With Mothers in Attendance," Pediatric Nursing Currents, 9:5 (September, 1962), p. 4.

⁵Ray E. Trussell, Hunterdon Medical Center. (Cambridge, Mass.: The Commonwealth Fund, 1956), pp. 117-127.

⁶Fagin, Claire M., "Why Not Involve Parents When Children Are Hospitalized?" American Journal of Nursing, 62:6, p. 79.

This study was an attempt to identify some of the role expectations of mothers of young hospitalized children.

Purposes of the Study

The purposes of this study were: (1) to identify some desires of mothers when their children are hospitalized, (2) to identify differences in roles expected by mothers of young children in three age groups, (3) to identify roles and/or role relationships desired by mothers during the hospitalization of their young children, and (4) to identify role relationships expected of nursing personnel.

It was not the purpose of this study to identify role relationships desired of or assumed by physicians or other hospital personnel.

Assumptions

Rubin has said that "maternal acts occur and change with the evolving needs and changes in the mothered person -- the infant, the baby, the toddler, and so on."⁷ It was an underlying assumption of this study that when a child is ill or hospitalized, the mother role changes in relation to the needs of the child caused by his illness, injury, or condition.

It was also an assumption of this study that mothers place certain role relationship expectations against nursing personnel during the hospitalization of the young child.

⁷Reva Rubin, "Basic Maternal Behavior," Nursing Outlook, 9:11 (November, 1961), p. 685.

Definition of Terms Used

In order to establish a common basis of understanding, the following definitions were used:

Young child -- any child who has not reached his third birthday.

Nurse, nursing personnel -- refers to those persons giving direct personal care to the patient, including graduate registered nurses, licensed practical nurses, student nurses, and nurse aides.

Role -- refers to that type of behavior, manifested or desired, which is displayed by mothers or nurses in relation to the functional components of the role.

Role relationship -- refers to a "type of . . . interaction between persons (mothers and nursing personnel) that has acquired a certain degree of definition. . ."⁸

Normal function -- refers to those functions routinely performed by the mother for her well young child.

Special function -- refers to those functions performed at home by the mother for the ill child, or assumed by the nurse when the child is hospitalized.

Justification for the Study

Improvement of nursing care is a continual goal in nursing. It was felt that an identification of some of the roles and role relationship expectations of mothers would assist nurses who work in the area

⁸Aidan Southall, "An Operational Theory of Role," Human Relations, XII:1 (1959), p. 24.

of pediatric nursing in their understanding of the desires of mothers. Improved understanding would hopefully help nurses to assist mothers in fulfilling their desires and make hospitalization less traumatic for young children.

Organization of the Remainder of the Study

The remainder of the study was arranged into four chapters. Chapter II contains the review of pertinent literature. Chapter III discusses the methodology and limitations of the study, while Chapter IV presents findings and interpretations of the data acquired from interviews with mothers. Chapter V contains the summary, conclusions, and recommendations.

CHAPTER II

REVIEW OF LITERATURE

Literature pertaining to the area of investigation falls into two categories: (1) the meaning of illness and hospitalization to the young child, and (2) reactions and expectations of parents regarding the illness and hospitalization of their child.

The Meaning of Illness and Hospitalization to the Young Child

In his book, Young Children in Hospitals, James Robertson presents a vivid picture of reactions of children to hospitalization. It was his conclusion that a

. . . stay in the hospital without maintaining contact with his mother exposes the young child to two main dangers: The Traumatic, in which the shock of losing the mother, especially if this is associated with painful investigations and operations, may be more than the immature mental structure can tolerate -- and may stay with him for a long time, in some instances probably permanently.

To the Traumatic the passage of time can add The Deprivational, in which lengthy separation from the mother undergone in a traditionally organized hospital ward may result in prolonged deprivation of maternal-type care (i.e., care by one mother figure) and a consequent and serious impoverishment of the personality.⁹

Along the same line, Jackson, et. al. state:

. . . For most children under four years of age, it is our observation that no amount of love and understanding will effectively substitute for the mother. When physicians realize how inextricably a child's emotional welfare is bound up with physical welfare, provisions will be made for a parent to remain with the hospitalized child. If only in the interest of physical well-being, a considera-

⁹Robertson, op. cit., p. 29.

tion of the child's emotional needs must eventually take precedence over rules, schedules, and the polish on the floor.¹⁰

Further reinforcement of the effect of psychological trauma on the young child is expressed:

Traumatic experiences in the period between eighteen and thirty-six months, when the child is beginning to define and recognize himself as an individual, may exert powerful influences later.¹¹

Reactions and Expectations of Parents Regarding the Illness and Hospitalization of Their Child

At the time of illness of a child, parents vary widely in their reactions and their decisions. At the time of admission of the child to the hospital

. . . they are apt to feel that their worry about the illness was justified. At the same time, there is a sense of relief that the responsibility will be removed from their shoulders and assumed by trusted professional people -- for most people do trust their doctors and do feel that their children will receive good care in the hospital. This sense of relief is often followed by, and becomes mixed with, feelings of uneasiness and helplessness, and, probably, with ill-defined feelings of guilt.¹²

Blake offers a slightly different point of view:

Infants and children are not the only ones who experience distress with hospitalization. Mothers also experience it when they leave their children in the hospital, for mothers, too, need

¹⁰Jackson, Katherine, et. al., "Problem of Emotional Trauma in Hospital Treatment of Children," The Journal of the American Medical Association, 149:17 (August 23, 1952), p. 1537.

¹¹"Human Factors in Helping Handicapped Children," Feelings and Their Medical Significance, 3:5 (May, 1961), p. 1.

¹²James M. Baty and Veronica B. Tisza, "The Impact of Illness on the Child and His Family," Child Study, (Winter 1956-57), p. 15.

a continuous relationship with their young children, and they suffer great anxiety when they are forced to leave them in the hands of nurses and doctors with whom they have had too little experience to feel confident of their abilities. Many mothers feel that they are being forced to abandon their children when they leave them in the hospital. They are skeptical of the care they will receive, and it is understandable why they respond in this way.¹³

Along the same line, Merriam Hemmendinger reviews her own experiences as the mother of a hospitalized child, and paints a vivid picture of parental reactions:

. . . hospital is a horrid word to most parents. We're grateful for these institutions, but we dread them for ourselves and doubly for our children. . . The sicker a child becomes, the harder it is to relinquish him to those skilled, devastatingly efficient and impersonal hands.¹⁴

Prugh believes that there is a place for parents in the hospital:

Parental reactions to the illness and hospitalization of the child are important and may call for special supportive efforts. If opportunity is available, certain parents can make vital contributions to the hospital program through their participation in the ward care of their own children.¹⁵

Mrs. Hemmendinger aptly states the importance of being allowed to remain with her child:

I could be with my child, minister to him, comfort him. And comfort myself!¹⁶

¹³Florence G. Blake, The Child, His Parents, and the Nurse. (Philadelphia: J.B. Lippincott Company, 1954), p. 15.

¹⁴Meriam Hemmendinger, "Rx: Admit Parents At All Times," Child Study, (Winter 1956-57), p. 3.

¹⁵Dane G. Prugh, "Investigations Dealing With the Reactions of Children and Families to Hospitalization and Illness: Problems and Potentialities," in Caplan, Gerald (ed.), Emotional Problems of Early Childhood. (New York: Basic Books, Inc., 1955), p. 331.

¹⁶Hemmendinger, op. cit., p. 4.

Robertson made his beliefs known: "Plainly, the more that children can be kept out of hospitals or nursed at home, the better."¹⁷

Regarding mothers in attendance, Robertson believes that the ordinary mother is usually sufficiently competent to deal with her ill child sensibly:

But like anyone else, if she finds herself in a situation that is specially restrictive, it is likely that she will feel frustrated and show it in behavior that is unusual for her. It is then seen that the more contact the mother has with her young child, especially if she is also allowed to do simple things such as feeding and washing, the more normal does her behavior become.¹⁸

In a study of sick-care functions, Greenblum stated:

The hospitalization of a child for a relatively long period implies the transfer of various parental functions to hospital personnel and the curtailment of others. At least two major functions are subject to transfer: the physical sustenance of the child and his socialization into paths of desirable behavior. The ordinary performance of these functions in the modern family setting is a significant aspect of the parental role. However, control of these functions, in a large measure, is derived from their effective performance. On the other hand, the modern hospital, as a social organization, attempts to perform many functions similar to those within the family. At least two broad types of hospital functions may be delineated: instrumental and primary. The first refers to the medical tasks associated with the care and treatment of illness, including the provision or withholding of medical information to patient and family. The second refers to the diverse arrangements for attending to the socio-emotional needs of patients, such as the physical surroundings, nursing attitudes, and visiting hours. When a child is transferred to the hospital, parents are constrained to transfer their control of these functions and to surrender the roles concerned with them.¹⁹

¹⁷Robertson, op. cit., p. 57.

¹⁸Ibid., p. 62.

¹⁹Joseph Greenblum, "The Control of Sick-Care Functions in the Hospitalization of a Child: Family Versus Hospital," Journal of Health and Human Behavior, 11:1 (Spring, 1961), p. 32.

It was Greenblum's hypothesis that "parents are more willing to give up control of the instrumental functions involved in the sickness situation than of the associated primary functions."²⁰ His longitudinal study with fourteen families with children with paralytic polio elicited some interesting findings. When the children were acutely ill, parental dissatisfaction with the physical surroundings was most acute. As the children moved into the convalescent hospital, parental dissatisfaction with inadequacy of medical information increased and dissatisfaction with physical surroundings decreased.

When the diagnosis of polio was made, parents relinquished their "lay doctor" role to the medical personnel, but continued to seek control of some of the primary functions, with visiting privileges being one they were particularly interested in controlling.

Greenblum believes that further study is necessary in this area to "elucidate more precisely the relation between familial and hospital structures in performing those instrumental and primary functions involved in the treatment and rehabilitation of children with a long term disability."²¹

²⁰ibid.

²¹ibid., p. 38.

CHAPTER III

METHODOLOGY AND LIMITATIONS

Construction of an Interview Guide

In order to gain responses from mothers about their role expectations, a structured interview guide was developed. The guide was constructed in two parts, with the first portion recording identifying information and information about projected variables. The second part consisted of questions which the mothers were asked by the investigator.

Questions 1, 3, and 4 required a "yes" or "no" response from the mothers and dealt with topics of a general nature. Question 2 was more specific, requiring the mothers to indicate which functions they would like to perform when the children were (A) seriously ill (or just following surgery), or (B) less seriously ill (or convalescing after surgery). The mothers were also to indicate which functions they would like the nurses to perform at these two times.

Questions 5 and 6 were open-ended questions relating to communication between mothers and nurses, and to discipline. (See sample interview guide, Appendix, pp. 48-52)

Questions 1 and 2 contained items which were classified as being either a "normal" function of the mother's role in relation to her well child, or a "special" part of the mother role, assumed by the mother at home when the child is ill, and by the nurse when the child is hospitalized.

Items b, d, e, h, i, and l of Question 1 were classed as being "normal." Items g, j, and k were classed as being "special"; items a, c, and f were not classified.

Question 2 contained items a, b, c, d, g, h, i, j, k, l, and m which were classified as "normal" and items e, f, and n which were classed as being "special" functions of the mother role.

Questions 3 and 4 contained items which followed Greenblum's interpretations of primary and instrumental functions.²² Question 3 contained items of a primary nature only. Question 4 contained items c, h, and i which were classed as instrumental; the remaining items were not classified.

Items a and c of Question 4, while appearing to be similar, were utilized to determine if mothers differentiated between the type of information the nurse could discuss with them (item a) as opposed to the information the physician could discuss with them (item c).

Methodology of the Study

Using the survey method, this study was based on a sample of fourteen mothers. The data was collected by interviews with mothers during the period of hospitalization of their children. A structured interview guide was used to insure a higher degree of similarity in the wording of questions by the investigator.

²²ibid.

Selection of the Sample

The population selected for study included mothers of all children under three years of age who were hospitalized in one general hospital during three weeks in the spring of 1963, and in another general hospital during five weeks in the summer of 1963. Both general hospitals were located in Montana.

It was believed that the mothers of all children in the eligible group visited their children during the period of hospitalization. The sample was selected by interviewing those mothers who visited their children between 11:00 a.m. and 12:00 noon and between 4:00 and 5:00 p.m. at one hospital, and between 3:00 and 4:00 p.m. and 7:00 and 8:00 p.m. at the other hospital. The sample was selected in this manner because of potential availability of mothers and because these were times when the investigator could be at the hospitals. No mother declined to be interviewed.

Full realization was given the fact that many variables contributed to the study and could not be controlled because of the nature of the population and the manner in which the sample was selected.

Some of the variables included: (1) cultural background of the families, (2) socio-economic status, (3) acuteness or graveness of the children's conditions at the time of the interviews, (4) the diagnoses of the children's conditions, (5) length of the children's hospitalizations, (6) the mothers' philosophies of child-rearing, and (7) previous hospital experiences for the children.

It was believed that identification of these variables, and the gathering of as much information about them as possible, would minimize their impact on the findings.

Limitations to the Study

This study was conducted by interviewing mothers of young children during the period of hospitalization. The investigator had gained considerable experience in interviewing mothers in a previous work situation and believed she had sufficient skill in interviewing for the purposes of the study.

The limitations of the structured interview as a means of gaining information were fully realized.

It was recognized that the nature of the study and the size of the sample interviewed place limitations on the conclusions that could be drawn from the study.

CHAPTER IV

FINDINGS AND INTERPRETATIONS OF THE DATA

Classification of Respondents

Information gathered in the first part of the interviews provided a means of classifying the respondents and offered understanding of some of the projected variables.

Mothers whose children were less than twelve months of age comprised Group A. Those whose children were twelve to twenty-four months of age comprised Group B. Group C included those mothers whose children were twenty-four to thirty-six months of age. Because of the small number of respondents and the very decided break in age groups, it was decided to compare the answers given by the mothers by using only two groups as shown below:

	<u>Ages of Children</u>	<u>Number of Mothers</u>
Group A	under 10 months	5
Group B	19 to 36 months	9

Discussion of Variables

In Group A, three of the children (60%) had surgical correction of congenital defects, and two (40%) were admitted for medical treatment. Group B contained six children (67%) admitted for medical reasons, one (11%) admitted with a fracture, and two (22%) who had tonsillectomies and adenoidectomies. Thus, a total of five children (36%) in both groups had surgery and nine (64%) were admitted for medical or other reasons.

The mean length of hospitalization was 9.4 days, with the range being two days to thirty days. The mean day of hospitalization at the times of interviews was 6.6 with the range being from the day of admission to the twenty-fourth day of hospitalization.

Eleven of the children (79%) had had no previous hospitalization experience. Three children (21%) in Group B had been hospitalized previously.

Ten of the children (72%) had siblings. In Group A, two children had older brothers and sisters; three were the only children in the family. Group B contained eight children with brothers and sisters; one without.

All except four families interviewed appeared to be in the middle economic category. One family of Indian extraction received welfare assistance, another Indian family was in the lower income category. Mothers were responsible for family income in two families; one of these families received welfare assistance as mentioned previously, in the other family the mother worked while the child remained with relatives. The fourth family which one might expect to have a less than average income was that of a college student.

Acuteness or graveness of the children's conditions at the time of the interviews was a nebulous item which could not be measured adequately by the investigator. It was recognized that the mothers' interpretations of acuity or graveness of illness could differ from the interpretation given by nursing personnel.

Responses to Questions

Items of the second portion of the interview guide were tabulated in order for statistical interpretation to be made. Prior to interpretation of each question, Fisher's exact probability test* was used to determine if there was a significant difference in the way mothers in Group A answered the questions, as compared with the mothers in Group B.

Since there was no significant difference, it was possible to pool the data and test the significance of group responses.

To test the significance of the group responses, the binomial distribution** was used. The significance level used was .05, meaning

*Fisher's exact probability test is a useful non-parametric technique for analyzing discrete data when the two independent samples are small in size. It is used when the scores from the two samples fall into one or the other of two mutually exclusive classes. Using a 2x2 contingency table,

A	B	A+B
C	D	C+D
A+C	B+D	N

, the general formula for the determination of the probability is $p = \frac{(A+B)!(C+D)!(A+C)!(B+D)!}{N!A!B!C!D!}$ ²³

**The binomial test is used when the data are in two discrete categories and the design is of the one sample type. Table D in Siegel's Nonparametric Statistics gives the one-tailed probabilities associated with the occurrence of various values as extreme as X under the null hypothesis that $P = Q = \frac{1}{2}$. ²⁴

²³Sidney Siegel. Nonparametric Statistics for the Behavioral Sciences. (New York: McGraw Hill Book Company, 1956), pp. 96-103.

²⁴ibid., p. 250.

that a value of p which was equal to or less than .05 indicated that the responses were better than what would be expected by chance alone.

Question 1.

Table 1 (pp. 21 and 22) reports the responses of mothers in Groups A and B to Question 1, items a through l.

The hypotheses for this question were stated as follows:

Null hypothesis: There is no difference in the way mothers respond to the "normal" and "special" function items of this question; no opinion trend is expressed.

Alternate hypothesis: Mothers will respond affirmatively to those items classified as a "normal function of the mother, and will respond negatively to those items classed as a "special" function of the mother.

Item a. With seven affirmative and six negative answers, and a p value of .50, the null hypothesis that mothers express no significant opinion about providing home nursing care for their sick children was accepted. One mother who said she would like to provide home nursing care for her twenty-one month old child added the comment, "But I'm not sure I could stand it!"

Item b. Seven affirmative and five negative responses resulted in a p value of .387 indicating no opinion trend about bringing food to hospitalized children; the null hypothesis was accepted. One mother who wished to bring food to her ten month old baby said, "The food is too salty; there's no baby food unless you ask for it." A second mother

wanted to bring special foods if it was "ok with the hospital."

Item c. One affirmative answer and eleven negative answers, with a p value of .003 caused rejection of the null hypothesis and acceptance of the alternate hypothesis: Mothers are satisfied with the placement of their children within the hospital. The lone mother who wished to have her child moved commented that it was "too noisy" where she was. The child's room was near the elevator.

Item d. With seven "yes" answers and two "no" answers, giving a p value of .09, the null hypothesis was accepted. A trend was noted in mothers desiring to have siblings visit the hospitalized child. The mothers commented: "He misses them." "I'd like the oldest one to visit." The majority of siblings referred to were younger than the permissible age for visiting in these hospitals.

Item f. One affirmative answer and eight negative answers with a p value of .02 indicated that mothers did not wish pets to visit their hospitalized children. The null hypothesis was rejected and the alternate accepted. Many comments were made similar to, "The hospital doesn't allow it anyhow!"

Item g. With seven affirmative and seven negative answers, and a p value of .605, the null hypothesis that no opinion trend was expressed regarding the giving of oral medications to hospitalized children was accepted. One mother who wished to give medications to her 33½ month old child said, "He's used to me (sic) giving him things."

TABLE I

RESPONSES TO QUESTION 1, ITEMS a THROUGH i OF FOURTEEN MOTHERS OF HOSPITALIZED CHILDREN

Question 1. Would you be interested in doing the following for your child when he is ill or hospitalized?

	GROUP A		GROUP B		TOTALS		
	Yes	No	Yes	No	Yes	No	N.O.
a. Providing home nursing care when your child is confined to bed (U)	2	2	5	4	7	6	1
b. Bringing special or favorite foods to your child in the hospital (N)	2	2	5	3	7	5	2
c. Having your child moved into a different room in the hospital (U)		4	1	7	1	11	2
d. Bringing special or favorite toys from home to your hospitalized child (N)	2	3	8	1	10	4	
e. Having brothers and sisters visit the hospitalized child (N)	1*		6	2*	7	2	5*
f. Having favorite pets visit the hospitalized child (U)		3*	1	5*	1	8	5*
g. Giving oral medications to your hospitalized child (S)	2	3	5	4	7	7	
h. Bathing your child when he is hospitalized (N)	5		6	3	11	3	

TABLE I (continued)

	GROUP A		GROUP B		TOTALS		
	Yes	No	Yes	No	Yes	No	N.O.
i. Comforting your child after an injection (shot) or other painful procedure (N)	5		7	2	12	2	
j. Assisting with dressing changes (S)		5		6		11	3
k. Going with child to a department off his ward, such as x-ray, therapy, entrance of operating room, etc. (S)	1	4	5	3	6	7	1
l. Assisting with admitting the child to the hospital -- weighing, taking temperature, undressing, etc. (N)	4	1	6	2	10	3	1

i. Comforting your child after an injection (shot) or other painful procedure (N)

j. Assisting with dressing changes (S)

k. Going with child to a department off his ward, such as x-ray, therapy, entrance of operating room, etc. (S)

l. Assisting with admitting the child to the hospital -- weighing, taking temperature, undressing, etc. (N)

(N) Normal function of mother

(S) Special function of mother

(U) Unclassified

N.O. No Opinion

* Item did not apply to remainder of mothers in sample.

Another mother of a thirty-five month old child said, "I think she takes them better from the nurses."

Item h. Eleven affirmative answers and three negative answers gained a p value of .029 which caused rejection of the null hypothesis and acceptance of the alternate: Mothers want to bathe their hospitalized children. One mother whose baby had a surgical correction of a congenital defect commented that she would like to bathe him "after he gets better."

Item i. Twelve affirmative and two negative answers, with a p value of .006 caused the null hypothesis to be rejected and the alternate accepted: Mothers wish to comfort their children after painful procedures within the hospital. Many mothers responded to this question with "Definitely!" On the negative side, one mother commented, "If they hurt her, they'd better tell her why!"

Item j. No positive answers and eleven negative answers earned a p value of less than .006, causing rejection of the null hypothesis and acceptance of the alternate: Mothers do not wish to assist with dressing changes.

Item k. Six affirmatives and seven negatives resulted in a p value of .50 causing the null hypothesis to be accepted. Mothers do not give a significant opinion about going with their children off the ward. One mother commented that she would like to go "to see what they do." Another did not want to go herself, but wished that her husband be allowed to do so.

Item 1. Ten mothers responded "yes" and three "no", resulting in a p value of .046. The null hypothesis was rejected and the alternate accepted: Mothers wish to assist with admitting their children to the hospital. Some mothers commented that they had been permitted to assist by undressing the children or taking temperatures. One mother said that she would like to be in the room more than actually assisting with the procedure.

A brief summary of Question 1 showed that mothers wished to perform the following "normal" functions for their hospitalized children: (1) bathing, (2) comforting, and (3) assisting with admission procedures. Mothers did not wish to assist with dressing changes, a "special" function. Of the unclassified items, the mothers indicated that they were satisfied with their children's placement within the hospital.

No significant responses were given to the remainder of the items in Question 1, although a trend was noted in mothers desiring to bring toys to their hospitalized children and in having siblings visit, both of which were "normal" functions.

Question 2.

Table II (pp. 25, 26 and 27) reports the responses of the mothers in Groups A and B to Question 2, Parts A and B, items a through n.

The hypotheses for this question were stated as follows:

Null hypothesis: There is no difference in the way mothers respond to the "normal" and "special" function items of this question; no opinion trend is expressed.

TABLE II

RESPONSES TO QUESTION 2, PARTS A AND B, ITEMS a THROUGH f
OF FOURTEEN MOTHERS OF HOSPITALIZED CHILDREN

- Question 2. Which of the following would you like to do for your child when he is hospitalized?
- A. Would you like to do these things when your child is seriously ill (or just following surgery), or would you prefer that the nurses do these things at this time?
- B. Which would you like to do when your child is less seriously ill; which would you like the nurses to do?

	Group A				Group B				Totals			
	Part A		Part B		Part A		Part B		Part A		Part B	
	Self	Nurse	Self	Nurse	Self	Nurse	Self	Nurse	Self	Nurse	Self	Nurse
a. Bathing (N)	4	1	5		3	6	6	3	7	7	11	3
b. Feeding (N)	3	2	5		6	3	6	3	9	5	11	3
c. Brushing teeth (N)	*	*	*	*	4	5	6	3	4	5	6	3
d. Toileting/changing diapers (N)	4	1	5		6	3	6	3	10	4	11	3
e. Taking temperature (S)		5	1	4	1	8	1	8	1	13	2	12
f. Giving oral medica- tions (S)	1	4	1	4	3	6	4	5	4	10	5	9

TABLE II (continued)

	Group A				Group B				Totals			
	Part A		Part B		Part A		Part B		Part A		Part B	
	Self	Nurse	Self	Nurse	Self	Nurse	Self	Nurse	Self	Nurse	Self	Nurse
g. Reading to child (N)	*	*	*	*	6	3	6	3	6	3	6	3
h. Playing with child (N)	1	*	1	*	7	2	8	1	8	2	9	1
i. Saying bedtime prayer with child (N)	1	*	1	*	5*	2	5*	2	6	2	6	2
j. Performing same routine as at home to prepare child to go to bed and to sleep (N)	4	*	4	*	7	2	7	2	11	2	11	2
k. Explaining to child about injections (shots), enemas, IV's, blood tests or similar things (N)	1	*	1	*	6	3	6	3	7	3	7	3
l. Explaining to child about his operation, x-rays, dressing changes, therapy, or other similar procedures (N)	1	*	1	*	6	3	6	3	7	3	7	3

TABLE II (continued)

	Group A		Group B		Totals		
	Part A	Part B	Part A	Part B	Part A	Part B	
	Self Nurse	Self Nurse	Self Nurse	Self Nurse	Self Nurse	Self Nurse	Self Nurse
m. Comforting your child after injection or other painful procedure (N)	4	1	5	7	2	2	11
n. Assisting with dressing changes or treatments on the ward (S)	5	5	5	1	7*	1	12

(N) Normal function of the mother

(S) Special function of the mother

* Item did not apply to remainder of mothers in sample.

Alternate hypothesis: Mothers will respond in a manner relating to "Self" performance in both situations A and B of the "normal" function items, and will respond in a manner relating to the "Nurse" performance of the "special" function items of the question.

Item a. In Part A there were seven "Self" and seven "Nurse" responses which resulted in a p value of .605 indicating that mothers expressed no significant opinion regarding the bathing of their hospitalized children when they were seriously ill. The null hypothesis was accepted. When the children were less ill (Part B), eleven mothers wished to bathe them, three wished the nurse to bathe them, giving a p value of .029 which caused rejection of the null hypothesis and acceptance of the alternate hypothesis: Mothers wish to bathe their hospitalized children when they are less seriously ill (or convalescing from surgery).

Item b. When the children were seriously ill (Part A), nine mothers wished to feed them; five wished the nurses to feed them. A p value of .212 was insignificant, causing acceptance of the null hypothesis: Mothers show no significant opinion about feeding their seriously ill children. Eleven mothers wished to feed their children as they began to recover (Part B); three wished the nurses to feed them. A p value of .029 caused rejection of the null hypothesis and acceptance of the alternate: Mothers wish to feed their hospitalized children when they are less seriously ill (or convalescing from surgery). One mother commented that she "should learn how to feed" her baby.

Item c. The item regarding the brushing of teeth did not apply to the mothers of the children in Group A; therefore, the interpretation of the data was for Group B only. When the children were seriously ill (Part A), four mothers desired to do the tooth brushing; five desired the nurse to do it. A p value of .50 caused acceptance of the null hypothesis of no significant opinion expressed. When the children were less seriously ill (Part B), six mothers desired to brush the teeth, three did not. A p value of .254 again caused acceptance of the null hypothesis of no significant opinion expressed regarding teeth brushing.

Item d. Toileting and/or changing diapers received ten desires by the mothers to do this when the children were seriously ill; four for the nurse to do this. A p value of .09 caused acceptance of the null hypothesis although a trend was noted. When the children were less seriously ill (Part B), eleven mothers wished to take care of toileting, three wished the nurse to do this. A p value of .029 caused rejection of the null hypothesis, and acceptance of the alternate: Mothers wish to tend to the toileting needs of their children when they are less seriously ill (or convalescing following surgery).

Item e. One mother wished to take the temperature when her child was seriously ill; thirteen wished the nurse to do so. A p value of .001 caused rejection of the null hypothesis and acceptance of the alternate: Mothers do not wish to take their children's temperatures when the children are seriously ill. In situation B, two mothers wished to take temperatures; twelve did not. A p value of .006 again caused

rejection of the null hypothesis, and acceptance of the alternate hypothesis: Mothers desire the nurse to take their children's temperatures when the children are less seriously ill.

Item f. Four mothers desired to give oral medications to their seriously ill children, ten desired that the nurse do this. A p value of .09 caused acceptance of the null hypothesis of no opinion, although a trend was noted towards mothers desiring that the nurse give the oral medications. When the children were less ill, five mothers desired to give the medication; nine mothers desired the nurse to do this. A p value of .212 caused acceptance of the null hypothesis of no significant opinion expressed.

Item g. The mothers of the children in Group A felt that the item regarding reading to their children did not apply; therefore the data was interpreted from Group B only. The responses were identical when the children were seriously ill and less seriously ill. Six mothers desired to read to them; three desired the nurses to read to them. A p value of .254 indicated no significant opinion, therefore the null hypothesis was accepted.

Item h. Four mothers in Group A felt that they could not answer the item regarding playing with their children, therefore interpretation of the data was confined to one mother from Group A and the nine mothers from Group B. When the children were seriously ill (Part A) eight mothers desired to play with their children, two wished the nurse to do this. A p value of .055 is on the borderline of rejection of the

null hypothesis and indicates a strong trend among mothers in desiring to play with their seriously ill hospitalized children. When the children were less seriously ill (Part B), nine mothers wanted to play with them, one wished the nurse to. A p value of .011 indicated a significant desire of mothers to play with their less seriously ill children. The null hypothesis was rejected and the alternate accepted.

Item i. Four mothers in Group A and two mothers in Group B felt the item regarding the saying of a bedtime prayer did not apply to their children. The data from the remaining responses were interpreted. The responses were identical when the children were seriously ill and when they were less seriously ill. Six mothers desired to say prayers with their children; two desired the nurse to. A p value of .145 caused acceptance of the null hypothesis of no significant opinion expressed.

Item j. One mother felt she could not answer the item relating to the performance of the same before-bed routine as at home because her baby had been admitted to the hospital immediately following birth. The remaining thirteen mothers responded identically to Parts A and B. Eleven mothers desired to perform the same routine; two desired the nurse to do this. A p value of .011 caused rejection of the null hypothesis and acceptance of the alternate: Mothers desire to perform the normal routine for their children prior to bedtime when the children are hospitalized.

Items k and l. Four mothers of very young children felt they could not answer the two items relating to explaining to their children

about injections, surgery, therapy, and so forth. The remaining ten mothers responded identically to Parts A and B of items k and l. Seven mothers desired to do the explaining at all times; three desired the nurse to do this. A p value of .172 was not significant, causing acceptance of the null hypothesis of no opinion expressed.

Item m. Eleven mothers desired to comfort their children when they were seriously ill; three desired the nurses to comfort. A p value of .029 was significant and caused rejection of the null hypothesis and acceptance of the alternate: Mothers desire to comfort their seriously ill children. When the children were less seriously ill, twelve mothers desired to comfort; two desired the nurses to do this. A p value of .006 was again significant, causing rejection of the null hypothesis and indicating that mothers desire to comfort their children throughout the period of hospitalization. One mother commented, "I don't feel the nurses here can be mothers enough."

Item n. One mother of an older child felt the item relating to dressing changes and treatments did not apply to her child and she could not answer. The remaining thirteen mothers responded identically to Parts A and B. One mother desired to assist with dressing changes; twelve wished the nurse to assist. A p value of .002 caused rejection of the null hypothesis and acceptance of the alternate hypothesis: Mothers desire that the nurse assist with dressing changes and treatments on the ward.

A summary of Question 2 showed that when the children were seriously ill (Part A) the mothers wished to perform the following "normal" functions: (1) same before-bed routine as at home, and (2) comforting. The mothers did not wish to do bathing or feeding when their children were seriously ill. A trend was noted towards mothers wanting to do the "normal" functions of tending to toileting needs and playing with their children. Mothers did not want to do the "special" functions of (1) taking temperatures or (2) assisting with dressing changes. A trend was noted in mothers desiring that nurses give oral medications when the children were seriously ill.

When the children were less seriously ill (Part B), mothers desired to do more "normal" functions: (1) bathing, (2) feeding, (3) toileting, (4) the same before-bed routine, and (5) comforting. The only strong desires regarding "nurse" performance were for her to continue to do the "special" functions of assisting with dressing changes and taking temperatures. No significant opinion was expressed regarding the other items of the question.

Question 3.

Table III (p. 34) reports the responses of the mothers in Groups A and B to Question 3, items a through d.

The hypotheses for this question were stated as follows:

Null hypothesis: There is no difference expressed by the mothers regarding visiting privileges, that is, no difference is noted other than what would be expected by chance.

TABLE III

RESPONSES TO QUESTION 3, ITEMS a THROUGH d OF FOURTEEN MOTHERS OF HOSPITALIZED CHILDREN

Question 3. How do you feel about visiting and staying with your child?

	GROUP A		GROUP B		TOTALS		
	Yes	No	Yes	No	Yes	No	N.O.
a. Visiting time is ample	5		9		14		
b. I like the privilege of staying overnight	5		6	1	11	1	2
c. I like the privilege of staying during the day	5		7		12		2
d. My child is better when he is not visited		2	3	3	3	5	6

Alternate hypothesis: Mothers desire to visit and stay with their hospitalized children.

Item a. All of the mothers indicated that visiting time in the two hospitals was ample. Visiting hours in one hospital are from 11:00 a.m. to 8:00 p.m.; in the other hospital they are from 3:00 to 4:00 p.m. and from 7:00 to 8:00 p.m. Both hospitals make exceptions for parents of critically ill children and for parents of surgical patients. Facilities are available for parents to remain overnight in both hospitals.

A p value of less than .001 indicated very significantly that the mothers felt the visiting time was ample. The null hypothesis was rejected.

Item b. Eleven mothers liked the privilege of being able to remain at night with their children; one did not. A p value of .003 caused rejection of the null hypothesis and acceptance of the alternate: Mothers like the privilege of staying overnight with their children. One mother commented that when she stayed at night, "I took care of him -- nobody had to look in on him."

Item c. Twelve mothers liked to be able to stay with their children during the day; no mothers expressed a negative opinion. A p value of less than .003 caused rejection of the null hypothesis and acceptance of the alternate: Mothers desire to be able to stay with their hospitalized children during the day.

Item d. Three of the mothers who offered opinions said their children were better when they were not visited. Five mothers felt

their children were not better when no one visited them. Six mothers did not express an opinion or responded, "I don't know." A p value was computed for the eight mothers offering an opinion, with p being equal to .363. The null hypothesis of no significant opinion expressed was accepted.

Question 3 can be summarized by saying that the mothers felt visiting time was ample and liked the privileges of remaining with their hospitalized children during the day and at night.

Question 4.

Table IV (pp. 37 and 38) reports the responses of mothers to Question 4, Items a through i.

The hypotheses for this question were stated as follows:

Null hypothesis: No opinion is offered in regard to the types of things mothers wish to have nurses discuss with them or do for them, that is, there is no difference that what would be expected by chance in the answers given by the mothers.

Alternate hypothesis: Mothers desire that nurses discuss with them certain aspects of the children's care while they are hospitalized, and certain aspects of home nursing care after the children are discharged; mothers do not expect the nurse to discuss items relating to the medical care of the children (those items classed as instrumental).

Item a. With nine positive answers and no negative answers a p value of .002 was obtained. The null hypothesis was rejected and the alternate accepted: Mothers desire that the nursing care be

TABLE IV

RESPONSES TO QUESTION 4, ITEMS a THROUGH i OF FOURTEEN MOTHERS OF HOSPITALIZED CHILDREN

Question 4. What types of things would you like the nurses to discuss with you or do for you?

	GROUP A		GROUP B		TOTALS		
	Yes	No	Yes	No	Yes	No	N.O.
a. Discuss your child's nursing care	5		4		9		5
b. Allow you to participate in the child's care	5		6	2	11	2	1
c. Discuss your child's illness	4		5	1	9	1	4
d. Make you more comfortable when you are staying with your child -- bring you a chair, cup of coffee, etc.	5		7		12		2
e. Discuss hospital rules and regulations	1			2	1	2	11
f. Discuss your child's daily hospital routine	3		6	1	9	1	4
g. Discuss your child's home nursing care when he is discharged	5		8	1	13	1	
h. Discuss your child's diet while he is hospitalized	3		4	2	7	2	5

TABLE IV (continued)

	GROUP A		GROUP B		TOTALS		
	Yes	No	Yes	No	Yes	No	N.O.
i. Discuss your child's diet and any special tips on feeding him or getting him to eat when he goes home	5		5	2	10	2	2

discussed with them. One mother commented that the nurses should "do as much as they can. The doctor is doing some -- lays it on the line." Another mother said, "They don't have to be so secretive!"

Item b. Eleven positive answers and two negative answers earned a p value of .011 which caused rejection of the null hypothesis and acceptance of the alternate hypothesis: Mothers desire that the nurses allow them to participate in their children's care. One mother wanted to care for her child "after he's better." Another commented that she would like to be able to care for her child when she wants to; still another commented that she would like to participate except when it involved "something that would hurt him."

Item c. Nine affirmative answers and one negative answer gave a p value of .011 which caused the null hypothesis to be rejected and the alternate to be accepted: Mothers desire the nurses to discuss their children's illnesses with them. This function, which rightly belongs to the physician, was expected of nurses by many mothers. Some of the comments from the mothers indicated that nurses should discuss the illness "as much as they can." Another mother said that it "would help" if the illness were discussed. One mother whose child's condition had not been diagnosed made the wry comment that nurses should discuss the illness "if they know what it is." Still another mother commented that she would like to know about the illness if "they do it so I can understand it."

Item d. The twelve mothers who answered this question responded affirmatively to the idea of nurses making them more comfortable. A p value of less than .003 caused rejection of the null hypothesis and acceptance of the alternate: Mothers expect nurses to make them more comfortable when they are staying with their children. Many of the mothers commented that measures had been taken to make them more comfortable.

Item e. As only three mothers offered an opinion on the item of discussing hospital rules and regulations, no statistical interpretation could be made. Many of the mothers who said they "didn't care" about having the regulations discussed commented that they had been patients or had other children who had been patients so that they were familiar with the regulations.

Item f. Nine mothers responded positively and one mother responded negatively to the item regarding discussion of the children's daily routines. A p value of .011 caused rejection of the null hypothesis and acceptance of the alternate hypothesis: Mothers wish the nurses to discuss the children's daily routines with them. One mother commented, "They did blood tests and I didn't know about it." Another desired to know about the daily routine "especially if tests are done." Another commented that she would like to know about the daily routine so she could be at the hospital "for special things."

Item g. All but one of the fourteen mothers desired to have information about the child's home nursing care after discharge. A p

value of .001 caused rejection of the null hypothesis and acceptance of the alternate: Mothers desire to know about their children's home nursing care. The comments were: "Very definitely!" and a hopeful, "I imagine I will know these things before I go."

Item h. Seven mothers wished to know about the children's diets within the hospital; two did not. A p value of .09 caused acceptance of the null hypothesis, with a trend toward wanting to know about the diets noted. One mother who did not want to know about her son's diet said, "They feed him what they want to anyhow!"

Item i. Ten mothers wanted information on the children's diets and special feeding tips; two did not. A p value of .019 gave acceptance to the alternate hypothesis: Mothers want information on home feeding of their ill children.

A brief review of Question 4 showed that mothers desire to have nurses discuss nearly all aspects of the children's care with them, including discussion of the children's illnesses. Home nursing care is an area where discussion is desired. Discussion about diets within the hospital is not as important as discussion of diets after the children are dismissed. Rules and regulations do not appear to be needy of discussion by nurses with mothers.

The mothers were asked if there were any things other than the above-mentioned items which they wished nurses would discuss with them. One mother whose child had had a convulsion with fever responded to this question. She desired that the nurses give her more information

about her child's temperature. She said, "They don't tell you anything, just that it's 'up a little' or 'down a little'."

Questions 5 and 6.

Questions 5 and 6 were open-ended and related to communication between the mother and the nurse and to discipline of the children by nurses. Question 5 evoked only one answer from the mothers. This mother said that the nurses had asked her what her child did at home and were interested in this aspect of her child's development. The remainder of the mothers said, "I think everything's been covered." "I can't think of anything else." "No, there's nothing more I would like to discuss."

Question 6 provided many interesting comments from the mothers. The non-verbal communication perhaps provided a better index of the mothers' feelings about nurses disciplining their children than did the verbal comments.

The comments were varied, but included several categories: no discipline, withholding privileges, corporal punishment, and threats. By age groups the comments follow:

Group A -- children under ten months of age

"I feel he is too young for any special discipline. Later, I think denying privileges would be best."

"Too young."

"No discipline at this age."

"Gentle, but firm when she is seriously ill. Don't be cruel to her, but don't spoil her."

"She is too little."

Group B -- children nineteen to thirty-six months of age

"I don't know -- usually don't discipline children when they are ill."

"Deny TV which he dearly loves."

"Nobody should spank him. Children want to be told what to do. They should be stern with him."

"Firm believer in spanking at home. In hospital, deprive of privileges."

"Spank him."

"Probably spank him."

"Make him stay in bed. Tell him I won't come see him."

"At home she gets spanked. I don't believe other people should spank her. Isolate or deprive of privileges."

"She's being punished enough in that traction!"

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

The problem undertaken in this study was an identification of the role expectations and desires of mothers of young hospitalized children. Data was gathered by interviewing fourteen mothers of children under three years of age during the period of the children's hospitalization.

Several hypotheses were formulated to coincide with questions of the structured interview guide: (1) Mothers desire to continue to perform the "normal" care items and do not wish to perform the "special" care items while their children are hospitalized, (2) Mothers will respond in a manner relating to "self" performance of the "normal" care items when the children are seriously ill and/or convalescing, and will respond in a manner relating to "nurse" performance of the "special" functions when the children are seriously ill and/or convalescing, (3) Mothers like the privileges of visiting and staying with their hospitalized children, and (4) Mothers expect nurses to discuss aspects of the children's care while they are hospitalized, and desire discussion of home nursing care; mothers do not expect the nurse to discuss the medical care of the children.

Conclusions

On the basis of the data, certain conclusions can be drawn about the mothers who comprised the sample. Inference can be made from the conclusions which would be applicable to the population from which the

sample was drawn. It must be recognized that results from a larger sample would strengthen or refute these results.

1. Mothers desire to continue their role in respect to its "normal" components while the children are hospitalized.
2. Mothers expect that nurses will assume the "special" functions.
3. Mothers desire that nurses assume some of the "normal" functions when the children are seriously ill, but relinquish them as the children are convalescing.
4. Mothers desire to visit and stay with their hospitalized children.
5. Mothers desire that nurses discuss certain aspects of their children's care. The nurse is expected to provide information about nursing care, the child's illness, his daily routine, any special routine for home nursing care, including the diet.
6. In addition, the nurse is expected to make the mothers comfortable and allow them to participate in their children's care more or less as the mothers desire.
7. Varied reactions were given by mothers to the idea of nurses disciplining their children. Very young children as a rule were not disciplined, older children were disciplined in manners ranging from withholding privileges to spanking to threatening.

Recommendations:

The following recommendations appear to be indicated: (1) A

more definitive study needs to be carried out, utilizing a larger, more unified population from which to draw the sample so as to eliminate many of the variables, (2) A similar study with mothers of older children, such as the age group from eight to twelve, would be useful to gain needed information about this age group, (3) Further investigation of mothers' opinions about children's reactions when they are not visited seems warranted, and (4) Robertson's discussion of the changing role of the nurse²⁴ in relation to a mother-in situation would provide material for further investigation.

Implications for Nursing

Identification of some of the common desires, roles, and role relationship expectations of mothers of young hospitalized children has a great deal of implication for pediatric nursing and nursing in general. As the health emphasis becomes more family-centered, nurses will be called upon more frequently to assist families in caring for their ill members, rather than confining her role to caring only for the patient.

The mother of a young hospitalized child is in an excellent position to gain much needed training in the care of the sick, if nurses are able to recognize that their role extends into the teaching of the patients' families. Identification of some role expectations and desires of mothers should assist nurses in fulfilling this part of their role.

²⁴Robertson, op. cit., p. 71.

APPENDIX

INTERVIEW GUIDE

Part I: Identifying Information

NAME _____ CHILD'S NAME _____ B/D _____ AGE (months) _____ DATE _____

DIAGNOSIS _____ ADMITTED _____ DISCHARGED _____

OCCUPATION OF: FATHER _____ MOTHER _____

PREVIOUS HOSPITAL EXPERIENCE FOR THIS CHILD _____

BROTHERS AND SISTERS (Ages) _____

OTHER INFORMATION _____

Part II: Questions

1. Would you be interested in doing the following for your child when he is ill or hospitalized?

- Providing home nursing care when your child is confined to bed
- Bringing special or favorite foods to your child in the hospital
- Having your child moved into a different room in the hospital
- Bringing special or favorite toys from home to your hospitalized child
- Having brothers and sisters visit the hospitalized child
- Having favorite pets visit the hospitalized child

Yes	No	No Opinion	Comments

Yes	No	No Opinion	Comments

- g. Giving oral medications to the hospitalized child
- h. Bathing your child when hospitalized
- i. Comforting your child after an injection (shot) or other painful procedure
- j. Assisting with dressing changes
- k. Going with your child to a department off his ward, such as x-ray, therapy, to the entrance of the operating room, etc.
- l. Assisting with admitting the child to the hospital -- weighing, taking temperature, undressing, etc.

2. Which of the following would you like to do for your child when he is hospitalized?

A. Would you like to do these things when your child is seriously ill (or just following surgery), or would you prefer that the nurses do these things at this time?

B. Which would you like to do when your child is less seriously ill (or convalescing following surgery); which would you like the nurses to do?

a. Bathing

b. Feeding

A Seriously Ill		B Less Seriously Ill		Comments
Self	Nurse	Self	Nurse	

- c. Brushing teeth
- d. Toileting/changing diapers
- e. Taking temperature
- f. Giving oral medications
- g. Reading to child
- h. Playing with child
- i. Saying bedtime prayer with child
- j. Performing same routine as at home to prepare child to go to bed and to sleep
- k. Explaining to child about injections (shots), enemas, IV's, blood tests, or other similar procedures
- l. Explaining to child about his operation, x-rays, dressing changes, therapy, or other similar procedures
- m. Comforting your child after injection or other painful procedure
- n. Assisting with dressing changes or treatments on the ward

[illegible]

3. How do you feel about visiting and staying with your child?

Yes	No	No Opinion	Comments

- a. Visiting time is ample
- b. I like the privilege of staying overnight
- c. I like the privilege of staying during the day
- d. The child is better when he is not visited

4. What types of things would you like the nurses to discuss with you or do for you?

Yes	No	No Opinion	Comments

- a. Discuss your child's nursing care
- b. Allow you to participate in the child's care
- c. Discuss your child's illness
- d. Make you more comfortable when you are staying with your child -- bring you a chair, cup of coffee, etc.
- e. Discuss hospital rules and regulations
- f. Discuss your child's daily hospital routine
- g. Discuss your child's home nursing care when he is discharged

Yes	No	No Opinion	Comments

- h. Discuss your child's diet while he is in the hospital
- i. Discuss your child's diet and any special tips on feeding him or getting him to eat when he goes home

5. What problems or situations about your child, other than those mentioned above, would you like to discuss with the nurses?

Probes: Other problems the child has

Parents' fears, anxieties about illness

Special words child uses

6. How do you feel nurses should discipline your child if he misbehaves?

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