

A SURVEY OF ATTITUDES OF MARRIED GRADUATE NURSES
TOWARD PARENTS WHO STAY WITH THEIR CHILDREN
ON PEDIATRIC WARDS

by

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ABSTRACT

The purpose of this study was to determine if married graduate nurses from Duke University School of Nursing, Class of 1956, had a positive attitude toward parents remaining with their children on pediatric wards and to identify some attitudes of this selected group toward parents remaining with their hospitalized children. The study included an investigation of whether the attitudes of this group had changed from the attitudes they held as students.

A questionnaire which consisted of seventeen questions was used as the investigating tool. The questionnaire was comprised of three opinion questions, thirteen identifying questions, and one explanation question. A group of thirty-four married graduate nurses from Duke University School of Nursing, Class of 1956, participated in the study.

The data revealed that (1) the attitudes expressed at the time of the study by two-thirds of the group were positive at the time the nurses were students and unmarried; (2) twenty-nine of the thirty-four nurses surveyed were found to have had positive attitudes toward parents at the time of the study; (3) one-third of the thirty-four nurses could be said to have neither strong positive nor strong negative attitudes toward parents at the time those nurses were students; (4) five of the thirty-four were found to have neither strong positive nor negative attitudes toward parents at the time of the study; (5) one-third of the thirty-four nurses had experienced a change in attitudes which may have been a positive or a negative change; (6) thirty of the thirty-four nurses desired unlimited visiting hours for themselves if their children required

hospitalization, although not all of the thirty would grant such privileges to other parents; (7) no identifiable factors influenced the attitudes of the respondents.

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CHAPTER I

THE PROBLEM

I. INTRODUCTION

For some time there has been a growing awareness in the science field of the need for young children to be with their parents or parent substitutes, especially the mother, with as few separations as possible. One fairly recent report which dealt with the child and hospitalization was a report by the World Health Organization. The findings of the Expert Committee on Mental Health were summed up as follows:

The sick child has an increased need for his mother, an increased dependency on her, and, on her part, anxiety is increased. The anxiety of the sick child may be shown in other ways than obvious fear, noisiness, aggression, and unruliness. The so-called well-behaved child who causes no disturbance in ward routine, a pattern of behaviour which nurses often consider desirable, may have greater anxiety than the so-called naughty child...

Every effort must, therefore, be made to preserve a live relationship between the mother and the preschool child during the period of hospitalization. Its continuity should be regarded by the hospital staff as an integral part of medical treatment whatever the reason for hospitalization. The mother's frequent presence in the hospital should be regarded as a positive necessity for the child's mental health. Her visits should be welcomed by the staff despite the inconvenience to ward routine which they cause or the emotional disturbance of the child, which may follow them.¹

¹ _____, "Expert Committee on Mental Health," WHO Technical Report Series No. 31, (April, 1951), p. 17.

Since hospitalization of the child requires in most present-day hospitals a separation from parents for much of the hospitalization period, and since some hospitals are moving toward keeping parents with their children for the entire time or for much of the time, it should be of great interest to parents, nurses, psychologists, doctors, and members of allied professional fields to know how nurses feel toward parents on pediatric wards. In a position of close contact with the children and the parents, nurses are more consistently with them than are any other group of hospital personnel. Their opinions can have a large effect on the relationship between parents and ward personnel.

II. THE PROBLEM

Statement of the problem. The problem of this study was to determine if married graduate nurses from Duke University School of Nursing, Class of 1956, had a positive attitude toward parents remaining with their children on pediatric wards in light of the trend toward keeping parents with their children during much of their hospitalization. In determining the answer to the problem, it was expected that some attitudes of these nurses toward parents and pediatrics could be identified.

Objectives of the study. The objectives of this study were to discover:

1. What was the recalled attitude toward parents on pediatric wards while the nurse was a student and unmarried?

2. What were the attitudes at the time of the study?
 - a. Did they differ from the recalled attitudes?
 - b. Did they differ for those nurses who have had children in the hospital for an illness from those who have had no children or from those who have not had children hospitalized?
 - c. Did they differ in those nurses who had worked on pediatrics from those who had not?
 - d. Did they differ for degree graduates from diploma graduates of the same school?

Purpose of the study. The purpose of this study was to determine and to identify some attitudes of married graduate nurses from Duke University School of Nursing, Class of 1956, toward parents on pediatric wards, to determine whether or not a change in attitudes had taken place, and to relate these attitudes to the particular status of the nurse in an effort to make some generalizations on a subject upon which little has been done.

Assumptions. The basic assumptions underlying this study were:

1. The trend in pediatrics has been toward having parents of hospitalized children remain with their children as much as possible.
2. Nurses in general have not liked having parents remain on pediatric wards with their hospitalized children.

3. Nurses might favor having parents remain on the ward with their hospitalized children in the cases of nurses who have had children, those who have had children hospitalized, or those who have worked on pediatrics since graduation from nursing school.

Scope and limitations. This study was limited to thirty-four married graduate nurses in the same class of which twenty-two were degree graduates, eleven were diploma graduates, but all had spent three years in the nursing curriculum.

The questionnaire used limited the responses which the interviewee could check, and the lack of open-end sentences limited the results of the study to a certain range of answers. However, a space was provided for comments on a change of attitude and it was hoped that this would allow some degree of freedom in the responses.

One of the questions required the respondent to recall an attitude she had had as a student nurse. It was not possible for this investigator to ascertain whether the recalled attitude was the attitude held as a student, or whether the respondent answered the question as she thought the investigator wanted it answered.

Definition of terms.

Attitude: A specific mental disposition toward an incoming or arising experience.²

²Howard C. Warren, Dictionary of Psychology as quoted from Attitudes in Psychiatric Nursing Care by M. Olga Weiss (New York: G.P. Putnam's Sons, 1954), p. 34.

Positive attitude: A specific mental disposition toward an incoming experience which is affirmative or constructive to relationships.

Negative attitude: A specific mental disposition toward an incoming experience which is non-affirmative or destructive to relationships.

Diploma graduates: Referred to nurses who completed three years in Duke University School of Nursing and who had been awarded diplomas in nursing.

Degree graduates: Referred to nurses who completed four years (three years in Duke University School of Nursing and one year of college prior to entering Duke) and who had been awarded B.S. degrees in nursing.

III. JUSTIFICATION FOR THE STUDY

There has been much written on: (1) the need of the child for the parent; (2) the anxiety and the emotional trauma that can result from separation due to hospitalization; and (3) the more accepted expectations of ward personnel toward children in hospitals. Lucille Wilson has conducted an excellent investigation into the behavior of ward personnel toward children who cried when parents left the ward.³ However, little has been done to pin-point nurses' attitudes, despite the advent of some general hospitals allowing parents to stay with their hospitalized

³Lucille M. Wilson, Behavior of Nursing Personnel Toward Young Hospitalized Children Who Cry At Parent Departure (Master's thesis, University of Colorado, Denver, 1959).

children longer than in previous years when parents adhered to set visiting hours and regulations. This approach has been tried in relatively few hospitals at the present time. This writer has observed that many nurses have a negative attitude toward the presence of parents which is in contradiction to the recommendations of child authorities. It behooved this writer to investigate a cross-section of nurses, both diploma and degree graduates, of the same nursing school in the same class with experience in the same hospital, all of whom were married, in an effort to discover their attitudes toward parents remaining on pediatric wards.

CHAPTER II

REVIEW OF THE LITERATURE

In the past twenty-five years, there have been many books and reports published on child growth and development, both mentally and physically. With these books there has been an ever increasing awareness of the importance of the unity in the family and the need for minimizing emotional trauma for the pre-school child. A White House Conference report in 1940 was specific in saying:

The vast majority of children are members of families. Their world opens up in a family and they continue to spend most of the hours of the day in or about the home... Home and family are the first conditions of life for the child. They are first in importance for his growth and development.¹

Hyman S. Lippman was explicit when he wrote of what constitutes an emotional conflict for the child:

A child suffers emotional conflict whenever anything interferes with the satisfaction of his instinctual drives and his frustration produces a state of tension. This interference may come from the other world, from internal demands..., or from forces within the child.

External circumstances which frustrate or fail to satisfy the child's basic needs often produce pathogenic disturbances. Every child needs to feel loved and wanted, to feel secure, to be recognized as a person, to express some of his sexual and aggressive drives, to have a degree of independence, to be helped to accept reality with a minimum of conflict.²

¹ _____, White House Conference on Children in a Democracy, Washington, D.C. (June, 1940), p. 26.

²Hyman S. Lippman, Treatment of the Child in Emotional Conflict, (New York: McGraw-Hill Book Company, Inc., 1956), pp. 1-2.

Hospitalization has been an outside source of interference with the child's needs that could produce pathogenic disturbances. For further findings along this line, James Robertson's book will be mentioned later.

Considering the young child especially as a part of the family unit and realizing that the young child has a greater degree of dependency on the mother than on any other family member, some professional people have undertaken studies on what separation from the family and the mother can do to the child. Since this paper dealt in part with hospitalization of children, which many times involved separation of the child from his parents, the investigator has looked at some of these studies. Hoch and Zubin report:

When a baby is removed from his mother (at six months), he characteristically suffers from a kind of psychological shock. He becomes listless, withdrawn, and unresponsive... The separation reaction may be prolonged... a stable relationship with a mother person has to be restored before the child again reacts with its typical expression of complacency or happiness.

...studies confirm that if babies are entirely denied any opportunity for close contact with a mother, they show a singular inability to achieve a close, reciprocating human relationship.³

Lucille Wilson's thesis on behavior of hospital personnel shows that, in those hospitals studied, the personnel did not effect a close relationship with the children following parent departure from the ward, and that they were falling short of advocated behavior toward children.⁴

³Paul H. Hock and Joseph Zubin, Psychopathology of Children (New York: Greene and Stratton, 1955), p. 114.

⁴Lucille M. Wilson, op. cit., p. 116.

One of the most informative and interesting books to be published recently about hospitalized children is James Robertson's Young Children in Hospitals. In this book, the author used three case studies on children ("A Short Stay in the Hospital," "A Settled Child," and "A Long Stay in the hospital"), and did a follow-up on these children at home. In all three cases he found undesirable behavior as much as a year later, for example, violent tears upon the mention of a hospital, great anxiety on a return visit to the hospital, severe temper tantrums in the streets, and destructiveness. In none of these cases had the parent remained with the child on the ward.

It is remarkable that, although everyone who has lived in a family must be aware of the utter dependence of the young child on his mother, and although it has been for many years common knowledge in the community that young children are acutely unhappy in the hospital and are often "changed" for the worse on return, until recently little attention has been given to the matter in medical and nursing literature--and still too little in the training of doctors and nurses.⁵

Robertson quotes O.A. Faust as writing in a report of the Department of Pediatrics and Anesthesiology at Albany Medical College as follows:

For most children under five years, it is our observation no amount of love and understanding will make up for the absence of the mother. When doctors realize how inextricable the emotional welfare is bound up with the physical welfare, provision will be made for a parent to stay with the hospitalized child.

⁵James Robertson, Young Children in Hospitals (New York: Basic Books, Inc., 1958), pp. 12-13.

If only in the interest of physical well-being, a consideration of the child's emotional needs must eventually take precedence over rules, schedules, and the polish on the floors.⁶

Some hospitals in the United States have been making provisions for parents to stay with their children, although this practice has not been wide-spread. For instance, New York Hospital was reported in 1947 as having only one visiting day (Sunday) a week for parents except in the case of critically ill children.⁷ However, two hospitals in 1957 were reported in the American Journal of Nursing as either admitting parents or helping the parent to work closely with the child during his hospital stay. Los Angeles Children's Hospital has provided sleeping facilities for one parent on its small unit. Parents were encouraged to be present on the day the child had surgery or some other major procedure.⁸ While at Children's Hospital in Buffalo, New York, although it has not always been possible for the parent to stay with the child because of crowded conditions, the staff works closely with the parents and with the children to alleviate as much anxiety as possible. The staff believed in helping the parents first to help the children, especially by encouraging the parents to maintain the responsibility for

⁶O.A. Faust, "Reducing Emotional Trauma in Hospitalized Children: A Study in Psychosomatic Pediatrics," as quoted from Young Children in Hospitals by James Robertson (New York: Basic Books, Inc., 1956), pp. 16-17.

⁷_____, A Study of Pediatric Nursing (New York: National League of Nursing Education, 1947), p. 71.

⁸Bertha M. Hohle, "We Admit Parents Too," American Journal of Nursing, Vol. 57, No. 2, (July, 1957), pp. 865-7.

the child while he was hospitalized.⁹ One private hospital in Raleigh, North Carolina provided a bed in a private room for one parent of a child who came for a tonsillectomy; although, in a parent's experience which will be cited in a later chapter, the parent was left with almost the entire responsibility of the post-operative child with little instruction about the care to be given. A hospital in Suffren, New York had no facilities (eating or sleeping) for parents of children in the cramped pediatrics ward in 1958. Until recently, a small hospital in New Jersey allowed parents to visit only during the lunch and supper mealtimes.

Although some authors have taken the attitude that the effects of hospitalization may be positive or negative, educationally good or psychically traumatic,¹⁰ in the opinion of the investigator, most hospitals in the United States are not oriented to trying to help the young hospitalized child and his parents to an educationally good experience. Even with a good preparation by the parent, the hospital stay can be extremely detrimental to the child's emotional outlook if he has been in a situation which was not conducive to good relationships between the staff and the parent. "To make the best of a hospital experience, the members of the staff must recognize that it is not a child, but rather a

⁹Beatrice R. Moore, "When Johnny Must Go To The Hospital," American Journal of Nursing, Vol. 57, No. 2, (February, 1957), pp.178-81.

¹⁰Rosemaire H. Kangery, "Children's Answers," American Journal of Nursing, Vol. 60, No. 12, (December, 1960), p. 1748.

child-parent unit that is being admitted to the hospital."¹¹

It was not this author's intention to review for the reader the reams of material available in libraries. Rather, it was to acquaint him briefly with: (1) some of the present-day thoughts on emotional trauma to the child, (2) the child as a part of the family unit, (3) some of the emotional hazards of hospitalization for the small child, and (4) some of the prevailing practices of hospitals in regard to parents and visiting hours. It was felt that these thoughts have been presented in the references quoted earlier in this chapter and that the reader would not be as much concerned with a greatly detailed review of literature as he would be with the methodology, analysis, interpretation, and recommendations of this study which follow.

¹¹A.D. Hunt, Jr., "Experiment on Teamwork," Child Study, Vol. 34, (Winter, 1956-57), p. 14.

CHAPTER III

METHODOLOGY

An investigation of the attitudes toward parents who stay with their children on pediatric wards of the married graduate nurses in the group chosen seemingly could have best been approached through a questionnaire as the research tool. It was applicable in this case because, as Hillway stated:

The written questionnaire may be regarded as a substitute for the personal interview. Because of the relative ease and speed with which it can be distributed by mail over a large geographical area, the questionnaire has definite advantages in survey research. It saves both time and expense.¹

The problem directly involved a recalled opinion of the past and two present opinions in regard to hypothetical situations. It also required some specific facts.

Because the members of the group used for the study lived in many states, from California to North Carolina and from New York to Florida, the mailed questionnaire with a stamped return envelope was utilized to obtain the data. The possible answers to the three opinion questions were limited to a choice from three answers, so as to have been more easily tabulated and to have prevented the nurse from digressing from the question. (See Appendix page 45 for the questionnaire). The disadvantages of the closed-end answers were discussed previously in the section on the scope and limitations of the study.

¹Tyrus Hillway, Introduction to Research, (Boston: Houghton Mifflin Company, 1956), p. 189.

As only individuals were used in the group who were classmates of the investigator rather than a group in an institution or a hospital, authorization to acquire the data was not necessary. An approval of the questionnaire and the study was obtained from Doctor Anna Pearl Sherrick, Director of Montana State College School of Nursing. This authorization was added to the letter explaining the study which was sent to each member of the group.

Subjects studied. The investigator chose the group for study from her nursing school classmates because it was thought that better results could be obtained from a group which the investigator knew and to whose members she could write directly. A hospital group was first considered and then excluded from the study, since in order to obtain results, the investigator had to rely on another person to get the questionnaires out and back. It was hoped, also, that the answers would be thought through better if the person knew the investigator than if the questionnaires were sent to persons who were strangers to the investigator. The study of this group was facilitated by the fact that the investigator had all the members' addresses at hand.

The study included thirty-four married nurses who were residing in eleven states. All of the group were 1956 graduates of the same collegiate nursing school, although twelve were diploma graduates and twenty-two were degree graduates. All thirty-four nurses had had three years at the school and all had begun at the same time, June 1953.

Although several were married prior to graduation, none had children by graduation in June, 1956, and all had had their pediatric experience prior to getting married.

The thirty-six married members of a class which graduated forty-one members were chosen as it was thought that the married nurses might be more likely to register a change in attitudes. Two married members of the group did not return the questionnaires, giving the group tested a response return of 94.4%. The study excluded one divorced member of the class and one member who married after the study was begun.

The investigating tool and the data collected. The questionnaire consisted of seventeen questions, three of which were opinion questions, thirteen of which were identifying questions, and one of which required an explanation of a response if it had been answered in the affirmative (See Appendix page 45). The length was considered by the investigator to be long enough to obtain the desired information and short enough for the recipients to give sufficient thought to the answers before they wrote. It was thought that the length of the questionnaire was particularly good for the group tested as it provoked supplementary responses from many nurses on their personal experiences for which the nurses were not specifically asked. This extra material added to the data and to the understanding of the author.

The questions were concise and followed a sequence which would seem to have stimulated interest and to have facilitated answering.

The opinion questions were reviewed by two faculty members and a group of five graduate nursing students prior to mailing of the questionnaires in an effort to prevent a wording of those questions which would indicate ambiguities. Space was left on the questionnaire for any additions which the interviewee might wish to insert; but, for most questions, additions were not requested. Spaces for those answers that required checking were placed on the right hand margin, which permitted easy tabulation.

Although there were several types of questionnaires which could have been used for collecting the data, the investigator made use of the closed-end questionnaire as it seemed to be the most suitable for the type of information sought. As the three choice questions referred to attitudes which the nurses had, it was thought that limiting the choice was necessary in order to get any results from which generalities could be made.

The questionnaires were mailed in February, a time which the author thought would not be an especially busy time of the year for the recipients, as it was neither the time of vacations nor a long holiday. A stamped, self-addressed envelope was enclosed with the questionnaire and the letter explaining the study. Twenty-four replies were received by the end of two weeks from the time of mailing. Six other replies were received in an additional two weeks. Follow-up cards were mailed to the six nurses who had not returned the questionnaires within a month from the time of mailing. Two of these crossed the returning questionnaires

in the mail, two others were mailed after the receipt of the follow-up cards, and two nurses failed to return the questionnaires.

Tabulation of the data. The data obtained from the questionnaires were transferred to a worksheet for tabulation. Analysis was essentially in terms of a change of attitudes and answers to the three opinion questions regarding the nurses' opinions on visiting hours. However, the manner of arranging the data also enabled an analysis of each question in terms of number of responses from nurses in the following categories: who had children, who had had children who had been hospitalized, who had worked on pediatrics since graduation from nursing school, who were degree graduates, and who were diploma graduates. The tabulations were then arranged into five tables which permitted vertical and horizontal analysis. Representative samples of the respondents' explanation of their attitudes were included in the discussion of the data.

In transferring the data, identifying information of the nurses was recorded in vertical columns while identifying information as to the responses was recorded horizontally. Immediately below the horizontal columns and across from the particular group specified in the vertical columns appears the number of responses from nurses in any given category, i.e. number of nurses who had children who responded with a change of attitudes. Since it was possible for a nurse to appear in more than one category (i.e. nurse who had children and nurse who was a degree graduate), it was not possible to add the number of responses

from nurses to obtain the number of nurses in a given category. The total number of nurses who responded to a given category appears at the end of the tables.

CHAPTER IV

ANALYSIS AND INTERPRETATION OF DATA

It was the purpose of this chapter to analyze and interpret the data collected from the questionnaires pertaining directly to the questions asked on the form as well as to interpret the personal observations which were added by some of the nurses. Of the thirty-four Duke University graduate nurses who returned the questionnaires, twenty-two were degree graduates, twelve were diploma graduates, twenty-four had children, and twelve had worked on pediatrics since graduation from nursing school.

On Table I is shown the breakdown of nurses who responded to opinion question seven:

If you had had a choice when you were on pediatrics as a student, would you have preferred parents to be:

- a. off the ward completely?
- b. on the ward during visiting hours only?
- c. on the ward at any hour for as long as they pleased if it was agreeable with the doctor?

The question was designed to recall the attitude, within limits, which the nurse had had as a student. Only one nurse out of the group of thirty-four responded to "a", while eleven responded to "b", and twenty-two responded to "c". Therefore, it could be said that approximately two-thirds of the nurses included in this study had a positive attitude toward parents while the nurses were students. Only one of the group indicated a negative attitude by her "a" response. Of the eleven who desired parents on the ward during visiting hours only, seven registered

TABLE I

RESPONSES OF NURSES AS TO THEIR RECALLED ATTITUDES TOWARD PARENTS WHO
REMAIN WITH THEIR CHILDREN ON PEDIATRICS WARDS

Question 7: If you had had a choice when you were on pediatrics as
a student, would you have preferred parents to be:

Number of Responses from nurses	Response A off the ward completely	Response B on the ward during visiting hours only	Response C on the ward at any time for as long as they pleased if it was agreeable with the doctor
who have worked on pediatrics	0	3	9
who had children	1	9	14
who had had hospitalized children	0	4	5
who were degree graduates	0	6	16
who were diploma graduates	1	4	7
who had had a change in attitudes	1	7	3
Total number of nurses who responded in each group	1	11	22

a change in attitudes. It was interesting that three of the group who responded in the positive attitude group indicated a change in attitudes. The reasons for this did not show up on the questionnaire. The change could have been toward a more positive attitude or toward a negative or an indifferent attitude.

On Table II is shown the number of nurses who responded with a positive change in attitudes from their student days and the number of responses in each category. Eleven (or 32.3%) of the thirty-four nurses who completed the questionnaires reported a change in attitudes toward parents remaining with their children. From analysis of Table II it was calculated that approximately one-third of the nurses in the study had had a change in attitudes.

Various reasons were given for the way in which the attitude had changed, although several might be considered to fall under similar reasons. One nurse with two children, one of whom had been hospitalized, stated:

As a student nurse, I lacked mature insight into the problem. Now I am a parent and consider the child's reactions are extremely important. I believe that a child feels more secure when his family can share as much of the hospital experience as possible.

Another nurse with one child who had been hospitalized wrote:

When I was a student, there were no facilities for parents to stay with their children, so those who were there were in the way. Having since become a parent, I realize how much it helped my child's security and my own anxiety to be with her.

One nurse with a small child who had not been hospitalized stated:

I feel that since my days as a student nurse that my attitudes in dealing with both patient and family have become more mature, or

TABLE II

POSITIVE RESPONSES TO A CHANGE IN ATTITUDES OF MARRIED
GRADUATES OF DEGREE AND DIPLOMA PROGRAMS OF
DUKE UNIVERSITY SCHOOL OF NURSING

	Number of Responses from Nurses Who Reported a Change in Attitudes	
	Yes	No
Nurses who had worked on pediatrics	1	10
Nurses who had children	10	1
Nurses who had had children hospitalized	4	7
Nurses who were degree graduates	5	6
Nurses who were diploma graduates	6	5
Total number of nurses in this study	34	
Total number of nurses reporting a change in attitudes since graduation from nursing school	11	

shall I say "mellowed". From personal experience I have become more aware of the anxiety and sometimes the frustration that families have when some member of their family is hospitalized. Also, the fact that as a parent I can certainly more easily understand the anxiety and fears with sick children. I still believe, however, that if parents are allowed unlimited visiting hours, that it should be by the consent of the doctor who is aware of the total ward function and the effect parents have on their sick child and the rest of the ward.

Several nurses expressed that being a parent and gaining maturity had given them more understanding into the nature of the problems and both the child's and the parent's needs at the time of hospitalization. One distinctly different way in which an attitude had changed came from a nurse who had two children, neither of whom had been hospitalized:

Before I felt that this had to be arranged democratically, no parents or all parents allowed. Now, I feel this should be decided in as much as possible on the needs of the individual child with intention of complete co-operation of doctors and nurses' needs.

At the end of the questionnaire, this same nurse added:

I do feel that, although difficult at times, arrangements can be made for child care on individual basis. At the county hospital...we admitted families largely on this criteria and though there were some squaks from other groups, they got taken care of without much trouble most of the time. When we were short of help, those parents were a great boon and, in preparation of home care, no arrangement could have been more satisfactory.

The limiting factors seemed at all times to be in the parents' abilities in understanding and accepting hospital practices and requirements--much more important than the child's needs, i.e. tense parent, tense child. Therefore, it would seem that a properly prepared (by doctors and nurses) and emotionally capable parent would or should be the criteria for acceptance of any parental stays, other than short-term visiting.

On Table III (page 25) is shown the number of nurses who responded negatively to a change in attitudes from the time they were students to the time of the study. Twenty-three (or 67.6%) of the thirty-four nurses

reported no change in attitudes. Several of these nurses also made comments to either qualify their answers or to add some personal experience. One degree nurse who had three children, one of whom had been hospitalized, wrote:

I think that it depends entirely on the parents' attitude and how well staffed the ward is. From both points of view (as a nurse and as a mother), I think feeding times and getting the child prepared for bed are important. Other than that most visiting hours are adequate.

Another nurse with two small children wrote:

...don't mind the parents or relations if they are the helpful kind, or, of course, if the patient is seriously ill. But more so with children the separation from home can be upsetting and depending on the illness, if the parent can be there all the time, all the better for the child.

Another nurse added to the last of her questionnaire:

I think it makes a lot of difference how the parent behaves--whether supportive of the child and helpful to its needs, or upsets the child and harrasses the staff for little things parents could do (water, toilet, etc.).

Although some of the nurses answered that they had not had a change in attitudes, several seemed to agree in their comments with one nurse who added:

Naturally when dealing with people you always run into a few who one prefers not to, have around, but in general, I think the child needs his parents and especially now that I am a parent I would definitely want to be with my child whenever I want to and whenever I felt it necessary.

Of the thirty-four nurses tested, twelve (or 35%) had worked on pediatrics since graduation. Only one nurse reported a change in attitudes while eleven who had worked on pediatrics registered no change in attitudes. This indicated for this study that having had experience

TABLE III

NEGATIVE RESPONSES TO A CHANGE IN ATTITUDES OF MARRIED
1956 GRADUATES OF DEGREE AND DIPLOMA PROGRAMS OF
DUKE UNIVERSITY SCHOOL OF NURSING

	Number of Responses from Nurses Who Reported No Change in Attitudes	
	Yes	No
Nurses who had worked on pediatrics	11	12
Nurses who had children	14	9
Nurses who had had children hospitalized	5	19
Nurses who were degree graduates	17	5
Nurses who were diploma graduates	6	17
Total number of nurses in this study	34	
Total number of nurses who reported no change in attitudes since graduation from nursing school	23	

on pediatrics did not tend to change the attitudes of those nurses either positively or negatively.

	<u>Number Reporting Change</u>	<u>Number Reporting No Change</u>	<u>Total Number</u>
Total number reporting	11	23	34
Number of nurses who have worked on pediatrics	1	11	12

Of the thirty-four nurses tested, ten nurses with children registered a change in attitudes, while fourteen nurses with children registered no change in attitudes. Since almost an equal ratio of children to parents (2:1) was present in the group reporting a change and in the group reporting no change, it could be said that having had children did not tend to change the attitudes of the nurses in this study.

	<u>Number Reporting Change</u>	<u>Number Reporting No Change</u>	<u>Total Number</u>
Total number reporting	11	23	34
Total number who had children	10	14	24
Total number of children in group	19	28	47

Of the thirty-four nurses tested, nine (or 26.5%) had had children hospitalized for illnesses. Of these nine, four had registered a change in attitudes and five had registered no change in attitudes. This in-

dicated that having had children hospitalized did not necessarily tend to change the attitudes of the nurses in this study.

	<u>Number Reporting Change</u>	<u>Number Reporting No Change</u>	<u>Total Number</u>
Total number	11	23	34
Number of nurses who had had hospitalized children	4	5	9

Of the thirty-four nurses tested, twenty-two were degree graduates and twelve were diploma graduates. Of the twenty-two degree graduates, five registered a change in attitudes and seventeen registered no change in attitudes. Of the twelve diploma graduates, six registered a change in attitudes and six registered no change in attitudes. This indicated that a higher incidence of degree graduates had experienced no change in attitudes.

	<u>Number Reporting Change</u>	<u>Number Reporting No Change</u>	<u>Total Number</u>
Total number	11	23	34
Number degree graduates	5	17	22
Number diploma graduates	6	6	12

On Table IV (page 29) is shown the responses of the nurses to opinion question fourteen:

If your child had to be hospitalized, would you prefer to:

- a. come and go as you wished as long as it was agreeable with the doctor?
- b. stay away until the child was ready to be discharged?
- c. adhere strictly to visiting hours?

One degree nurse who was married to a doctor refrained from answering the question. Of the thirty-three who did check an answer, thirty (or 88%) responded to "a". No one checked the response "b". This indicated that, for the most part, the nurses tested (those with children and those without) would want unlimited visiting hours if their children had to be hospitalized. There were not enough responses to "c" to allow any conclusions to be drawn as to why those three nurses would desire regular visiting hours. It was of interest that only one of the three had children and two had worked on pediatrics since graduation, one of whom was an instructor in pediatrics at the time of the study.

The responses to opinion question seventeen, the last opinion question, were tabulated on Table V (page 30). The question was:

If you were setting up visiting regulations for a pediatrics ward now, would you:

- a. have regular visiting hours?
- b. have no visiting hours?
- c. have unlimited visiting hours for parents if agreeable with the doctor and does not interfere with the treatment of the child?

Of the thirty-four nurses who responded, five responded to "a", none responded to "b", and twenty-nine responded to "c". This indicated that 85% of those nurses included in the study could be said to have had a positive attitude toward parents at the time of the study, as indicated by their response to this question. It was thought that allowing parents

TABLE IV

RESPONSES OF NURSES AS TO THE VISITING PRIVILEGES THEY WOULD DESIRE
IF THEIR CHILDREN WERE TO BE HOSPITALIZED

Question 14: If your child had to be hospitalized, would you prefer to:

Number of Responses from nurses	Response A come and go as you wished as long as it was agree- able with the doctor	Response B stay away until the child was ready to be discharged	Response C adhere strictly to visiting hours
who had worked on pediatrics	10	0	3
who had children	23	0	1
who had had hospitalized children	9	0	0
who were degree graduates	20	0	2
who were diploma graduates	11	0	1
who had a change in attitudes	10	0	1
Total number of nurses who responded in each group	30	0	3

TABLE V

RESPONSES OF NURSES AS TO WHAT VISITING PRIVILEGES THEY WOULD ALLOW PARENTS

Question 17: If you were setting up visiting regulations for a pediatrics ward now, would you:

Number of responses from nurses	Response A have regular limited visiting hours	Response B have no visiting hours	Response C have unlimited hours for parents if agree- able with the doctor and does not inter- fer with the treat- ment of the child
who had worked on pediatrics	3	0	9
who had children	3	0	21
who had had hospital- ized children	1	0	8
who were degree graduates	4	0	18
who were diploma graduates	1	0	11
who had had a change in attitudes	2	0	9
Total number of nurses who responded in each group	5	0	29

unlimited visiting hours in an hypothetical situation would be indicative of a positive attitude. One of the two nurses who had had a change in attitudes and who would limit visiting hours for parents added this note as to the way in which her attitude had changed:

I think that becoming a parent has changed my attitude entirely in that only a parent realizes the moods and personality (and fears) of their child. We all realize that the mental attitude of the parents decides (or should I say affects) the treatment and ultimately their recovery; therefore, I think that visiting hours should always be limited but that the length of time and the time of day a parent should be with his child should depend on the child (his habits, etc.). While working on pediatrics, I thought parents should only be there at visiting hours and even then sometimes I felt that they were "in the way!"

The other nurse who registered a change in attitudes and who also would limit visiting hours for parents added this note:

Some children seem to improve and behave better with their parents staying with them. However, I feel it is better to have parents leave the room for treatments and medications to be administered. Some parents prolong hospitalization of a child by their actions with the patient.

Both of these nurses checked on question fourteen that they would want unlimited visiting hours if their child were hospitalized.

One other nurse who had children, who had worked on pediatrics, and who had had children hospitalized, registered no change in attitudes and responded to regular visiting hours on question seventeen. She made the following enlightening comment:

A child of about four and older can adjust to a parent's coming and going and look forward and expect them to come once a day. Smaller children are upset by the parent's coming and going and are better off not to have visitors. I worked for nine months in a toddler nursery where parents were allowed to observe their children through a mirrored window where they could see the child but the child could not see them. This worked very well to satisfy parents.

As a parent and as a nurse I trust no one with my children but myself. Part of this is due to the hospital and the sometimes poor supervision given the children due to being understaffed and also the fact that in the four hospitals I have worked since Duke, none of them measures up to Duke's standard. Often a junior student will be left in charge even on her second day on pediatrics. This doesn't bother non-professional parents, but as a nurse, it terrifies me.

Observation and personal experience were not expressly asked for on the questionnaire, but those nurses who saw fit to add them contributed valuable information. Because of the limited number of these experiences, it would not have been advisable to draw conclusions wholly from them, but they did help to point up attitudes of nurses working on pediatrics.

A nurse entered a hospital in North Carolina with her four year old son who was admitted for a tonsillectomy. She did not tell the personnel that she was a registered nurse. In her own words:

"I don't think that we would have seen an R.N. that evening except that Ray tripped in the hall and had to be checked by the resident and an accident form made out. There were two graduates on duty in the evening and three or four during the day time. One gave Ray his injection before going to the O.R. No one explained anything about the operation to Ray or me except one of the aides... Ray and Randy [another child who entered the same time as Ray] returned to the room about ten a.m. and we took complete care of them with the aide checking on us several times and the R.N. once during the day. It seemed that the parents were left completely with the responsibility of the child's care.

She went on to say that Randy had not recovered as quickly as Ray and that his mother was extremely apprehensive throughout the hospital stay.

I wonder how Ray would have done if he had not been prepared or if I couldn't have been there. I realize that the tonsillectomy is a minor operation and that the nurses probably had to spend their time attending to more important tasks or children more seriously ill. But one thing I shall never forget--not one person introduced themselves to us.

It is well that this particular hospital encouraged parents to stay with their children and provided places for them. However, it seemed that those nurses working on pediatrics completed only half their job by leaving parents to care for their children without any instruction. Although it might be said that the hospital's policies toward parents indicated a positive attitude in general, the nurses' attitudes could not be considered to be of a constructive nature in this instance.

Another nurse in New Jersey had the following comments to make on the hospital in which she had worked:

The two pediatrics units, medical and surgical, were located at the far end of the hall from the nurses' station and kitchen. The children were the most neglected patients in the hospital--often left alone behind two heavy double fire doors (to keep other patients out) when the R.N., L.P.N. or aide assigned there left to help on the floor or went to supper. Yet no parent could visit except at mealtime--lunch or supper. At this time of day help was most scarce and no one had much time to answer questions parents had or to assist them in care. Just a week ago the two units were consolidated and expanded to include isolation pediatrics which held forth on still another floor.

When Stevie was in the hospital, I drew up a procedure for applying a scrotal bag using a rubber glove and folded diaper. It stayed on and was comfortable, but I never showed it to any one. The atmosphere here is so indifferent no one would have used it anyway...

The attitude of nurses on this ward was obviously one of disinterest.

One other incident was reported from an army base hospital in South Carolina:

Here at the base hospital, there is a great shortage of nurses. One nurse covers two-three wards in evenings and nights. On the pediatric ward, the father or mother is expected to remain with the child at all times. This relative is expected to give AM care, change bed, feed. There is a bed and crib in each cubicle for the adult to use next to the child. Nurses are almost 100% administrators. Corpsmen fulfill the "nursing" duties even including sterile

techniques, all treatments, medications...parents are essential here. This set-up has just been arranged for by my husband without a great deal of construction or expense within the last year. Parents (with very few exceptions) do not get in the way or hinder convalescence...

The importance that can be attached to these personal experiences was, in this investigator's opinion, an indication that this was an area which needed a great deal of research. These experiences point up definite negative attitudes of ward personnel to parents and to children. The subjects used in this study, however, tended to have positive attitudes while the nurses were students and tended to maintain those positive attitudes as graduates. While only one-third of the nurses in the study checked changes in attitudes, most of those felt that having become parents had helped them to gain insight into the problems of hospitalization of children.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

I. SUMMARY

The problem of this study was to determine if married graduate nurses from Duke University School of Nursing, Class of 1956, had a positive attitude toward parents remaining with their children on pediatric wards and to identify some general attitudes of this selected group toward parents remaining with their hospitalized children on pediatric wards. This study included an investigation of whether attitudes of the members of this group had changed from the attitudes that they had held as students.

The objectives of this study were to discover: (1) what were the recalled attitudes toward parents on pediatrics while the nurse was a student and unmarried; (2) what were the attitudes at the time of the study.

The purpose of this study was to determine some general attitudes of married graduated nurses from Duke University School of Nursing, Class of 1956, toward parents on pediatrics wards, to determine whether a change in attitudes had taken place, and to relate these attitudes to the particular status of the nurses in an effort to make some generalizations.

The basic assumptions underlying this study were that, (1) the trend in pediatrics has been toward having parents of hospitalized children remain with their children as much as possible; (2) nurses in

general have not liked having parents remain on the ward; and (3) the attitude should be different in the cases of those nurses who have worked on pediatrics since graduation from nursing school, those who have had children, and those who have had children hospitalized.

The study was limited to thirty-four married graduate nurses of Duke University School of Nursing, Class of 1956. All of the nurses had had experience in pediatrics at Duke Hospital and all had had three years of study in nursing at the school. At the time of the study, the nurses were living in eleven different states.

A review of literature revealed that there was an increasing recognition in professional circles that the child should be thought of as a part of the family unit and not a being within himself, totally. It was shown that separation from parents, especially from the mother, could result in a traumatic experience of such intensity as to cause personality damage to the child. It was realized that hospitalization of the child could be a traumatic experience and that ill effects could be heightened by the absence of the mother from the child. Several hospitals in the United States have made provisions for the parent to remain with the child during much of the hospitalization. Other hospitals have maintained strict visiting hours.

As far as it could be ascertained, no studies had been done at the time this study was begun directly on attitudes of nurses toward parents on pediatrics. One study had been done on behavioral aspects of ward personnel toward crying children.

Since the members of the group used in this study were scattered throughout the country, the mailed questionnaire was chosen as the best tool for the collection of data. Closed-end questions were chosen for the three opinion questions in order to facilitate tabulation and in order to categorize the opinions of the respondents. Thirteen questions dealt with facts about the nurse's experience and her family. One question asked for an explanation of how her attitude had changed.

In tabulation, data were arranged on a single worksheet in a way as to allow both horizontal and vertical analysis, to simplify references to data, and to facilitate comparison between responses and the particular status of the nurses. Analysis was primarily in terms of positive and negative attitudes manifested by the responses to the three opinion questions.

The analysis of the data collected revealed that twenty-two of the thirty-four nurses who returned the questionnaires had recalled from their student days a positive attitude toward parents remaining on the ward with their children. One nurse from the group of thirty-four recalled a negative attitude toward parents, while eleven of the thirty-four nurses recalled attitudes which could not be said to be either strongly positive or strongly negative.

It was determined that of the thirty-four nurses included in the study, eleven reported a change in attitudes since their student training. Twenty-three of the thirty-four reported no change in attitudes. Further analysis showed that nurses appeared in all status sections

(i.e., having worked on pediatrics since graduation, having had children). Whether the change in attitude was a change from a positive attitude to a negative attitude or from a negative attitude to a positive attitude was not dealt with in this study.

From an opinion question which asked the nurse what privileges she would desire if her child were hospitalized, it was determined that thirty of the thirty-four nurses would desire unlimited visiting hours. One respondent refrained from answering the question, while the remaining three of the group desired limited visiting hours.

Analysis of the third opinion question revealed that twenty-nine of the group of thirty-four had a positive attitude toward parents at the time of the study. The remaining five of the group could be said to have had neither strong positive or strong negative attitudes toward parents.

Personal comments and experiences of the respondents added to the chapter on analysis and interpretation, although no attempt was made to analyze in detail these comments. It was thought by the writer that the comments added more to the study than the actual findings of the study and that the comments might be of use in some further research. The personal experiences brought in many attitudes and practices that were not covered by the questions in the questionnaire.

II. CONCLUSIONS

From the results of this study, the following conclusions would appear to emerge:

1. The attitudes expressed at the time of this study by two-thirds of the nurses included in this study toward parents remaining with their children on pediatric wards were positive at the time those nurses were students and unmarried.
2. The greater part of the group (twenty-nine of the thirty-four or 85%) were found to have had positive attitudes toward parents at the time of the study.
3. One-third of the thirty-four nurses could be said to have had neither strong positive nor strong negative attitudes toward parents at the time these nurses were students.
4. The smaller part of the group (five out of thirty-four or 14.7%) were found to have neither strong positive nor strong negative attitudes toward parents.
5. One-third of the thirty-four nurses had experienced a change in attitudes since their student days. This may have been either a positive change or a negative change.
6. The greater part of the group (thirty out of thirty-four or 88%) desired unlimited visiting hours for themselves if their children required hospitalization. Not all of the thirty would grant such privileges to other parents, thereby having shown that their attitudes as mothers were inconsistent with their attitudes as nurses.
7. Of the factors investigated as to status of the nurses (having worked on pediatrics, having had children, having had children hospitalized, having graduated from the diploma program, and having

graduated from the degree program), one alone could be said to have been closely associated with a positive attitude or a negative attitude or of a change in attitudes. No identifiable factors influenced the attitudes of the respondents.

III. RECOMMENDATIONS FOR FURTHER STUDY

As a result of this study, the following recommendations were made:

1. Inasmuch as the data collected from various personal experiences indicated that there were a variety of attitudes among nurses not included in this study, it would be of great interest to have a similar study to this done in other groups, especially a random sampling nationwide. This would help to ascertain whether a positive, a negative, or an indifferent attitude toward parents were prevalent among nurses.
2. A study which involved one variable (i.e., nurses with children as opposed to nurses without children) would be of interest in helping to determine what influence the variable had in the nurse's attitude toward parents on pediatrics.
3. A study which identified the general attitudes of nurses who worked exclusively on pediatrics as opposed to nurses who did not work on pediatrics would also be of interest.

4. A study dealing with how nurses would utilize parents on pediatrics wards would probably be very enlightening as the nurses' specific attitudes toward parents being on pediatrics wards.

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LITERATURE CITED

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APPENDIX

1201 Fox Street
Bozeman, Montana
February 18, 1961

Dear

You probably know that I am continuing my education and working for a Master of Nursing Degree at Montana State College, Bozeman. The graduate students are required to prepare a research study and your assistance is needed in the study I plan. The topic deals with the attitudes of nurses toward parents and nurses as parents toward visiting on pediatrics wards.

The enclosed questionnaire will be sent to all of the married members of our 1956 class. You will see that the questionnaire is less than two pages long. You should spend about one-half hour on it in order to think through carefully your replies.

Your cooperation with this project will be greatly appreciated.

Sincerely,

Nancy H. Cooper

(Mrs.) Nancy Cooper, R.N.

NC/blh

Dear

This study is being made under the guidance of the Montana State College School of Nursing faculty. Any consideration you can give Mrs. Nancy Cooper will be appreciated as we believe her study will be of value in planning for patient-care as well as in teaching nurses.

Anna Pearl Sherrick

Anna Pearl Sherrick, R.N., Ed.D.
Director, School of Nursing

Instructions: Please check the appropriate blank in questions which have blanks. For those questions which require a written answer, please make your answers as brief and concise as possible.

1. Have you worked on pediatrics since graduation from nursing school? Yes___ No___
2. If yes, how long were you employed? Years _____
3. What were the hours during which parents could visit on the ward when and if you worked as a graduate? _____
4. Were the parents allowed to stay during hours other than those prescribed as visiting hours? Yes___ No___
5. If yes, under what circumstances?
6. Have you worked on any Pediatric Ward where there were facilities for parents to sleep on the ward? Yes___ No___
7. If you had had a choice when you were on Pediatrics as a student, would you have preferred parents to be:
 - a. off the ward completely? a. _____
 - b. on the ward during visiting hours only? b. _____
 - c. on the ward any hour and for as long as they pleased as long as it was agreeable with the doctor? c. _____
8. What is your husband's occupation? _____
9. How many children do you have? _____
10. What are their ages? _____
11. If you have any children, have any of these been in the hospital for any illness? Yes___ No___
12. If yes, how long were you permitted to remain with the child per day? _____
13. Did the time vary as the child became better? Yes___ No___

14. If your child has to be hospitalized, would you prefer to:

- a. come and go as you wished as long as it was agreeable with the doctor? a. ____
- b. stay away until the child was ready to be discharged? b. ____
- c. adhere strictly to visiting hours? c. ____

15. Has your attitude toward parents remaining on the ward with their children changed from the last time you worked on Pediatrics? Yes ____ No ____

16. If yes, state in what way your attitude has changed.

17. If you were setting up visiting regulations for a Pediatrics Ward now, would you:

- a. have regular limited visiting hours? a. ____
- b. have no visiting hours? b. ____
- c. have unlimited hours for parents if agreeable with the doctor and does not interfere with the treatment of the child? c. ____