RELATIONSHIP OF PARENT CONCERNS TO ADEQUACY OF PREPARATION OF CHILD FOR HOSPITALIZATION

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CHAPTER I

INTRODUCTION

In our society today it is not uncommon for a child to experience at least one period of hospitalization. This period of hospitalization carries with it not only the physical discomfort which may accompany it, but also the emotional trauma that is related to it.[1]

In the last twenty-five years there has been an increasing awareness by members of the medical profession of the importance of the emotional care of the child when hospitalized. Several studies have demonstrated the emotional trauma which can occur during the child's hospitalization.[2,3,4] This emotional trauma can stem

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[1]Helen Gofman, Wilma Buckman and George H. Schade, "The Child's Emotional Response to Hospitalization," AMA Journal of Diseases of Children, XCIII (February, 1957), p. 157.

[2]Dane 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), pp. 70-106.

[3]Albert J. Solnit, "Hospitalization: An Aid to Physical and Psychological Health in Childhood," AMA Journal of Diseases of Children, XCIX (1959), pp. 155-163.

[4]E. B. Jackson, "The Treatment of the Young Child in the Hospital," American Journal of Orthopsychiatry, XII (1942), pp. 55-60.

from various sources such as maternal-child separation, the quality of the parent-child relationship, the attitudes of the hospital personnel toward the child and his parents, the parental concerns relative to hospitalization, and the type of preparation which the child received prior to hospitalization.

Inadequate preparation of the child for hospitalization is a major source of trauma for the child. Prugh's study on the reaction of children to hospitalization demonstrates the need for adequate psychological preparation of the child.[5] Many hospitals are now utilizing hospital tours, pamphlets, and play therapy to facilitate adequate preparation.

The need for the child to be prepared honestly and by someone whom he trusts (in most cases the parent)

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[5]Prugh, "A Study of the Emotional Reactions of Children and Families to Hospitalization and Illness," p. 104.

has been well documented in the literature.[6,7,8] When a child is ill, the parents frequently undergo a change of attitude which may be reflected in their behavior.[9] Their behavior can also be affected by the fact that all mothers of ill children are anxious to varying degrees.[10] Because of the close symbiotic relationship that exists between mother and child many of the fears and anxieties of the young child have been learned from the mother.[11] Recognition has also been given to the fact that distur-

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[6]Spurgeon O. English and Gerald H. Pearson, Emotional Problems of Living (New York: W. W. Norton and Co., Inc., 1963), p. 219.

[7]Grover F. Powers, "Humanizing Hospital Experiences," American Journal of Diseases of Children, LXXVI (October, 1948), p. 377.

[8]Reva Rubin, "The Family-Child Relationship and Nursing Care," Nursing Outlook, XII (September, 1964), p. 38.

[9]Sula Wolff, Children Under Stress (London: Allen Lane The Penguin Press, 1969), p. 54.

[10]Melvin Lewis, "The Management of Parents of Acutely Ill Children in the Hospital," American Journal of Orthopsychiatry, XXXII (1962), p. 60.

[11]Paul H. Mussen, John J. Conger, and Jerome Kagan, Child Development and Personality (New York, Evanston, and London: Harper & Row, 1963), p. 319.

bances in the behavior of the child during hospitalization may reflect the attitudes and anxieties of the parents relating to hospitalization.[12]

In view of the above mentioned factors it may be difficult for the parents to prepare their child for hospitalization without the help of a professional other.

STATEMENT OF THE PROBLEM

Research has demonstrated the need for psychological preparation of the child for hospitalization. Research has also established that parents of these children may be the most appropriate persons to perform the preparation. At the same time, studies have revealed that parents experience anxiety relative to hospitalization which often contributes to further anxiety of the child. Few studies have reported on the sources of parental concern and how professionals can help the parents in preparing their child for hospitalization more effectively. Additional information concerning parental feelings and experiences in dealing with this stress situation is needed to focus the professionals' efforts in assisting the parent who requires such help.

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[12]Prugh, "A Study of the Emotional Reactions of Children and Families to Hospitalization and Illness," p. 72.

STATEMENT OF PURPOSE

The purpose of this study is to determine the feelings and sources of concern of the significant parent relative to the hospitalization of his child, and to ascertain if a relationship exists between these factors and the way in which the preparation of the child for hospitalization was effected. More specifically the study will focus on the following questions:

1. What are the feelings and sources of concern parents have relative to the hospitalization of their child?
2. What kind of preparation have the parents been able to provide for their child prior to hospitalization?
3. Is there any evidence of association between the nature of parental concerns relative to hospitalization of the child and the kind of preparation which they have provided?
4. What kind of professional assistance did the parents receive prior to their child's hospitalization?
5. What assistance as perceived by the parents may have been useful?

ASSUMPTIONS

This study is based on the following assumptions:

1. Hospitalization and illness are traumatic experiences for the child.[13,14,15,16]
2. Parents have anxieties regarding the hospitalization of their child.[17,18,19,20]

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[13]William S. Langford, "Physical Illness and Convalescence: Their Meaning to the Child," Journal of Pediatrics, XXXIII (1948), p. 242.

[14]Wolff, Children Under Stress, p. 51.

[15]Herman S. Belmont, "Hospitalization and Its Effects Upon the Total Child," Clinical Pediatrics, IX (August, 1970), p. 472.

[16]Gofman, "The Child's Emotional Response to Hospitalization," p. 157.

[17]Solnit, "Hospitalization: An Aid to Physical and Psychological Health in Children," p. 156.

[18]Lewis, "The Management of Parents of Acutely Ill Children in the Hospital," p. 60.

[19]Helen Gofman, Wilma Buckman and George H. Schade, "Parents' Emotional Response to Child's Hospitalization," AMA Journal of Diseases of Children, XCIII (June, 1957), p. 630.

[20]James Robertson, Young Children in Hospitals (New York: Basic Books, Inc., 1958), p. 109.

3. The response of the child to hospitalization will be affected by his parents' concerns.[21,22,23,24]

4. Preparation of the child for hospitalization is necessary to prevent emotional trauma.[25,26,27,28]

5. Preparation of the child for hospitalization should be accomplished by the person in whom he places his trust, i.e., his parents or significant

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[21]Prugh, "A Study of the Emotional Reactions of Children and Families to Hospitalization and Illness," p. 72.

[22]Harry S. Sullivan, The Interpersonal Theory of Psychiatry (New York: Norton Company, 1953), p. 41.

[23]B. W. MacLennan, "Non-Medical Care of Chronically Ill Children in Hospital," The Lancet, II (July, 1949), p. 209.

[24]Hedley G. Dimock, The Child in the Hospital Philadelphia: F. A. Davis Company, 1960), p. 37.

[25]K. T. A. Vernon, et al., The Psychological Response of Children to Hospitalization and Illness (Springfield, Illinois: Charles C. Thomas, 1965), p. 10.

[26]Prugh, "A Study of the Emotional Reactions of Children and Families to Hospitalization and Illness," p. 104.

[27]Belmont, "Hospitalization and Its Effects Upon the Total Child," p. 480.

[28]Gofman, "Parents' Emotional Response to Child's Hospitalization," p. 631.

others.[29,30,31,32]

6. Preparation of the parents for the child's hospitalization by a professional will help the parents to prepare their child more effectively.[33,34,35,36]

DEFINITION OF TERMS

The following terms will be used frequently throughout this paper, and unless otherwise indicated in context, will be defined as follows:

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[29]Solnit, "Hospitalization: An Aid to Physical and Psychological Health in Children," p. 161.

[30]Prugh, "A Study of the Emotional Reactions of Children and Families to Hospitalization and Illness," P. 94.

[31]Mary Scahill, "Preparing Children for Procedures and Operations," Nursing Outlook (June, 1969), p. 37.

[32]Robertson, Young Children in Hospitals, p. 103.

[33]Reynold A. Jensen and Hunter J. Comly, "Child-Parent Problems and the Hospital," Nervous Child, VII (April, 1948), p. 202.

[34]Gofman, "Parents' Emotional Response to Child's Hospitalization," p. 636.

[35]Lewis, "The Management of Parents of Acutely Ill Children in the Hospital," p. 60.

[36]Wolff, Children Under Stress, p. 73.

1. Parent is the term used to denote mother, father or significant other with whom the child has the closest relationship in terms of support and reassurance.
2. Hospitalization is the term used to denote the admission of the child to the hospital regardless of the length of the stay.
3. Perceptions of hospitalization is the phrase used to denote the parents' awareness of why the child was hospitalized and what happened to him during this period.
4. Preparation of the child is the phrase used to denote the process of explanation and the emotional support given by the parents to the child prior to his hospitalization and its relative effectiveness.

LIMITATIONS

In generalizing from the findings of this study certain limitations should be noted:

1. A convenience sample rather than a random sample was utilized for the study.
2. The setting for the collection of data was a Pediatric Hospital in Texas.
3. Due to the predominance of Mexican-American people

in the population area studied, cultural factors may have influenced the preparation of the child for hospitalization.

4. Due to the time of the year that the study was conducted (Fall) there may be more unplanned admissions than planned admissions thus negating the chances for preparation of the child by the parents.

CHAPTER II

REVIEW OF THE LITERATURE

Development of the Parent-Child Relationship

The relationship between mother and child develops even before the infant is born. During pregnancy the hormonal changes occurring usually arouse feelings of well-being that are intimately related to motherliness. The mother has fantasies which incorporate her own desires for the child and include wishes and ambitions that she wishes to fulfill through the child.[37]

After birth the woman's desire to care for the baby and to experience the close body contact really represents the original symbiotic relationship for both the infant and the mother. When the mother's needs are gratified, her capacity to meet the infant's needs are enhanced. The baby begins to identify the physiological effects of a warm, relaxed body with the psychosocial effects of the mother's smiling face and soothing voice. As the experiences accumulate, the baby begins to distinguish between tension and relaxation, between anxiety

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[37]Theresa Benedek, "The Psychosomatic Implications of the Primary Unit: Mother-Child," American Journal of Orthopsychiatry, XIX (1949), p. 642.

and contentment. The child's early and sustained closeness with the mother makes him very sensitive to her moods.[38]

The early relationship is based a great deal on the security which the mother offers the child. Studies done by Beverly in 1936 revealed that love and a feeling of security, which are two essentials for normal development, are given to the newborn by the mother. At birth the baby is completely dependent upon the mother and finds security in her. Later he begins to find security in significant others such as the father and siblings. Continuous security must be given during development otherwise the child will become fearful.[39] According to Erikson, the earliest interactions between a mother and her infant provide the groundwork for the child's development of a sense of trust or distrust of the world. If the mother rewards and gratifies the infant, it leads to a sense of trust which generalizes from trust of the mother to a sense of trust of others. In contrast, if the mother does not meet the child's needs satisfactorily, a sense of distrust of the

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[38]Donna Juenker, "Child's Perception of His Illness," in Nursing Care of the Child with Long Term Illness, ed. by Shirley Steele (New York: Appleton-Century-Crofts, 1971), p. 160.

[39]Bert I. Beverly, "The Effect of Illness Upon Emotional Development," The Journal of Pediatrics, VIII (May, 1936), p. 533.

mother can occur which can generalize to the world.[40]

Parent-Child Relationship During Illness

Illness can bring about changes in the parent-child relationship in various ways. Some authors have reported on changes that can occur within the family structure during the hospitalization or illness of a family member. Hill reported that stressor events such as family illness bring about marked changes in the family configuration. Such illnesses may require a reallocation of the patient's role to others within the family, and adjustment to such a crisis will depend upon the adequacy of role performance of family members.[41] Hill further stated: "Changes in Parent-child relations are frequently reported in adjustment to crisis."[42] McCarthy and Morrison, in their studies of illness among preschool children, mentioned that "it is assumed that stresses, including the stress of illness within the family increase the susceptibility of individual

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[40]Paul H. Mussen, "The Psychological Development of the Child (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1963), p. 67.

[41]Reuben Hill, "Generic Features of Families Under Stress," in Crisis Intervention: Selected Readings, ed. by Howard J. Parad (New York: Family Service Association of America, 1965), pp. 37-46.

[42]Ibid., p. 47.

members to other types of disorders."[43] Included in these disorders is the possibility of other family members suffering great distress and anxieties when a child in that family is hospitalized.

The change in the parent-child relationship can be due to a variation in the behavior of both the child and his parents. In the child's struggle for independence and maturity he needs help from his parents or an adequate substitute. At the onset of illness, emotional stresses and strains develop which complicate this struggle. During this period it is not unusual for the child to "regress" in his adaptive behavior, making excessive demands on his parents, particularly his mother. When this occurs, the parents usually become oversolicitous and concerned. This disruption may not only complicate the illness but may also interfere with the parent-child relationship, resulting in a set of circumstances in which the tensions of one reinforce the tensions of the other.[44]

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[43]Jessie McCarthy and Joan Morrison, "An Explanatory Test of A Method of Studying Illness Among Preschool Children," Nursing Research, XXI (July-August, 1972), p. 319.

[44]Jensen, "Child-Parent Problems and the Hospital," p. 200.

Parents undergo a change of attitude when the child is ill. Frequently in their anxiety for their child to recover they overlook what they know to be only temporary misery. Their usual behavior towards the child changes. In their effort to get the child well the parents may resort to force feeding, physical restraint or even deception. Parents also operate with denial mechanisms. The know the illness will pass, and often they do not face the child's anxieties.[45]

The relationship between mother and child is an important factor to consider when a child is to be hospitalized. Schwartz and Schwartz have stated:

> In assessing a child's capacity to cope with illness it is helpful to learn something of the mother-child relationship before hospitalization. Problems with the mother may be accentuated during hospitalization when both the mother and child are under stress.[46]

In a study done by MacCarthy, Lindsay and Morris, the mother-child relationship proved to be an important factor. These researchers observed 1000 admissions of sick children accompanied by their mothers to a hospital in Buckinghamshire, England to determine the advantages

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[45]Wolff, Children Under Stress, pp. 53-54.

[46]Lawrence Schwartz and Jane Linker Schwartz, The Psychodynamics of Patient Care (New Jersey: Prentice-Hall, Inc., 1972), p. 128.

of rooming-in of the mothers. One of the observations made during this study was that mothers who had a fundamentally poor relationship with the child were unable to give the child any kind of security during his period of illness.[47]

Clinical psychiatric observations made by Langford revealed that physical illness in a child may be a focus out of which emerge emotional disturbances of far-reaching significance. The above mentioned consequences depend to a great extent on the existing relationship between child and parent. Children who were in an emotionally insecure state before their illness are likely to cling to temporary security provided by parents or others during this period. Some children, however, respond to illness in a constructive manner. The parent-child relationships to which such children have been exposed have been, for the most part, healthy ones; and the period of illness, when well handled by the parents, may result in a constructive growth experience.[48]

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[47]Dermod MacCarthy, Mary Lindsay and I. Morris, "Children in Hospital with Mothers," The Lancet, I (March, 1962), pp. 603-608.

[48]Langford, "Physical Illness and Convalescence: Their Meaning to the Child," p. 246.

A study by Prugh on the emotional reactions of children and their families to hospitalization demonstrated the relationship between the quality of the parent-child relationship and the degree of trauma the child sustained during hospitalization. Two groups of fifty children each were selected for study, one designated as the control and the other as the experimental group. The majority of these patients had been hospitalized for relatively acute illnesses and remained in the hospital for a short period of time. The control group was allowed visiting periods of two hours weekly while the experimental group was allowed daily visiting periods. The children in both groups who showed the most successful adjustment to hospitalization were those who seemed to have the most satisfying relationship with their parents (especially the mother), and whose parents accomplished the most balanced adaptation themselves to the experience of illness and hospitalization on the part of their child.[49]

Parental Concerns Relative to the Hospitalization of the Child

The parental concerns relative to the child's

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[49]Prugh, "A Study of the Emotional Reactions of Children and Families to Hospitalization and Illness," pp. 73-81.

hospitalization often affect the parent-child relationship. Parental concerns are many and can range from apprehensiveness that the child will not be properly cared for in the hospital to severe anxiety due to feelings of guilt or hostility. The term "anciety" is used frequently by authors describing the feelings of parents relative to hospitalization.

Freud considered anxiety as an affective response which occurred automatically under certain circumstances. The antecedent conditions are situations of danger or any circumstance that produces a growing tension which the individual is helpless to terminate. Freud also proposed that every developmental stage has its own particular conditions for anxiety, and that whether a situation is "dangerous" depends upon learning.[50]

Rogers defined anxiety as a state of uneasiness or tensions which occur when responses that elicit both positive and negative self-evaluative thoughts are aroused within the individual. The key to the occurrence of anxiety, according to Rogers, is that the individual becomes aware of responses that contradict his habitual

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[50]Donald H. Ford and Hugh B. Urban, Systems of Psychotherapy (New York, London, Sydney: John Wiley and Sons, Inc., 1963), pp. 127-128.

ways of thinking about himself. To avoid anxiety the person will use two types of defense: (1) he can ignore the crucial responses even though they may be occurring, and (2) he can attend to the crucial responses but think about them inaccurately so that they are in accord with his habitual self-thoughts.[51]

Sullivan considered anxiety to be the consequences of some kind of interpersonal situation. He further classified it as an innate response, inherent in the human situation, and an inevitable component of each person's response repetoire. Sullivan proposed that anxiety is one of the reasons leading to difficulties in communication between people.[52]

In discussion of the child in the hospital, Dimock emphasized the importance of the parent-child relationship and the parental attitudes relative to hospitalization as two factors which will determine the child's adjustment to his illness and hospitalization. When the child is hospitalized the parents have worries relating to the child's prognosis, length of stay in the hospital, period of recovery, and the amount of suffering the child will

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[51] Ibid., pp. 416-418.

[52] Ibid., pp. 524-529.

undergo. Many of these worries stem from the parents' own fears about doctors and hospitals. In addition, the parents may worry about the cost of hospitalization and how it will affect the family budget.[53]

Issner, in studying the family of the hospitalized child, found the concerns of the parents to be similar to the concerns reported by Dimock. Another worry of the parents is the separation that may be faced when the child is hospitalized. How the parents cope with this separation will depend upon: (1) the seriousness of the threat to their child, (2) the medical procedures involved, (3) their own ego strengths, (4) previous experiences with illness or hospitalization, (5) their cultural values and religious beliefs, and (6) their individual adaptive behavior. To parents, illness in any form is an obstacle to the child's development. Many times they feel that they have failed either through ignorance, neglect or heredity. This failure may be intensified if hospitalization occurs as the parents feel that their care of the child has been physically or psychologically inadequate.[54]

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[53]Dimock, The Child in the Hospital, pp. 37-43.

[54]Natalie Issner, "The Family of the Hospitalized Child," Nursing Clinics of North America, VII (March, 1972), pp. 9-10.

In studies of the emotional needs of the hospitalized child, Mason reports that mothers feel guilt about their child becoming ill or about leaving him in the hospital. They also feel anxiety for their child and guilt if they cannot protect him from pain and unhappiness. Such guilt or anxiety can alter the mother's response to the child, producing trauma in the child.[55]

A study of the parent's emotional responses to the child's hospitalization was conducted by Gofman, Buckman and Schade. Of 100 parents interviewed at the time of the child's admission, all expressed anxiety regarding separation from their child. In fifty-seven parents this anxiety was overwhelming. They also expressed the fear that understanding care would not be given to their child. Another source for parental anxiety was the fear regarding their child's illness. Forty-seven of the parents expressed fear of the unknown as being the most bewildering factor. Thirty-three of the parents were fearful that their child might have the illness all his life. Thirteen parents feared their child had an incurable, fatal disease. The remaining seven parents stated that their greatest

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[55]Edward A. Mason, "The Hospitalized Child - His Emotional Needs," New England Journal of Medicine, CCLXXII (February, 1965), p. 407.

difficulty was in leaving the child in the hospital.[56]

In working with the parents of acutely ill children in the hospital, Lewis followed the basic assumption that all mothers of ill children are anxious to some extent. He reported that the mother's anxiety may range from deep unconscious conflicts to reality-based worries about the illness and treatment of her child. Illness in the child may frighten some mothers, threaten another group who seem to resent the increased dependency of the ill child, or awaken forlorn feelings in others. In cases where a close symbiotic relationship exists between mother and child, the mother may even deny that the illness exists. In other cases guilt feelings may arise, particularly when unconscious hostile wished in the mother are stimulated by the sight of her sick child.[57]

Langford reported that parental anxieties arising out of the child's illness depend to a great extent on the role of the child and his illness in the psychic economy of the parent. There may be a great deal of underlying hostility toward the child and guilt-laden feelings which can bring about unreasonable fears in the

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[56]Gofman, "Parents' Emotional Response to Child's Hospitalization," p. 629.

[57]Lewis, "The Management of Parents of Acutely Ill Children in the Hospital," pp. 60-61.

parents. Other parents may feel guilty and anxious about their failure to have prevented the illness in the child.[58]

Effects of Parental Concerns on the Child

The literature has demonstrated that illness and hospitalization of the child can cause certain stresses within the family structure, and more specifically can cause a change in the parent-child relationship. The child's illness can also produce feelings and anxieties in the parents which may be expressed verbally or non-verbally.

It has been well documented in the literature that anxieties of the parents are generally passed on to the child. If the parents express fear or anxieties, the child usually reflects the same feelings.[59,60] As Jacobsen so aptly expressed it, "imitation of parental emotional expression influences the child's own discharge patterns and he will frequently exhibit the same reac-

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[58]Langford, "Physical Illness and Convalescence: Their Meaning to the Child," pp. 246-247.

[59]Carol H. Cooley, Social Aspects of Illness (Philadelphia: W. B. Saunders Company, 1951), p. 166.

[60]Garth J. Blackham and Adolph Silberman, Modification of Child Behavior (Belmont, Ca.: Wadsworth Publishing Co. Inc., 1971), p. 36.

tions."[61]

Freud and Burlingham, in their studies of displaced children in wartime, observed that children up to three years of age did not become anxious during the terror of the London blitz unless their mothers began to feel anxious. The children were unaffected by external stimuli until the meaning of the stimuli was transmitted to them via the mothers' affective attitude.[62]

Mussen, in his discussion of the fears of the young child, reported that most fears appear to be learned. Since the child's most important learning during the younger years occurs at home, it may be hypothesized that many of the young child's fears are acquired primarily from the parents. If the mother is frightened in certain situations she is probably unable to do anything to help modify her child's learned fear reactions.[63]

Langford in his investigations found that during illness the child's own anxiety is often intensified by that of his parents, who may become guilty and anxious

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[61]E. Jacobsen, "The Self and the Object World," Psychoanalytical Studies of the Child, IX (1954), p. 80.

[62]Anna Freud and Dorothy Burlingham, War and Children (New York: International Universities Press, 1943), p. 18.

[63]Mussen, Child Development and Personality, p. 319.

about their own part in the production of the illness or their failure to have prevented it. During this time the child wants to cling to his parents who are his natural pillars to lean on in time of stress; but the more anxious and upset the parents are, the more difficult it is for the child to look to them for security.[64]

Prugh reported that disturbances in the behavior of the child arising from illness and hospitalization may reflect the attitudes and anxieties of the parents. Therefore it is very vital to understand the parental reactions to the child's hospitalization and the way in which the parents express their concerns.[65]

Parental Preparation of the Child for Hospitalization

It has been well documented that preparation of the child for hospitalization needs to be accomplished gradually and is usually more successful if provided by the parents.[66,67] In Prugh's studies the impression was

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[64]Langford, "Physical Illness and Convalescence: Their Meaning to the Child," p. 42.

[65]Prugh, "A Study of the Emotional Reactions of Children and Families to Hospitalization and Illness," p. 72.

[66]Scahill, "Preparing Children for Procedures and Operations," p. 37.

[67]Robertson, Young Children in Hospitals, p. 109.

gained that sound preparation by the parents was of significant supportive value.[68] Rubin, in studying the family-child relationship, reported that identification and cues are the media of communication in a relationship. Without communicating, there is no relating. As the child develops more body language and speech along with an awareness of cues given by his mother, a more secure relationship is established.[69] Thus the preparation by the mother should be more effective due to a line of communication having been established.

The possible effects of parental concerns on the preparation of the child for hospitalization have been mentioned by several authors. Schwartz and Schwartz stated:

> Realistic fear over the severity of the child's illness, and overt anxiety and guilt about having contributed to it are only some of the feelings that parents may often face when a child is hospitalized... The capacity of the parents to control their own feelings, to give emotional support to the child, and to accept the realities of his illness are important in determining not only his response to hospitalization, but can also affect the course of his illness.[70]

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[68]Prugh, "A Study of the Emotional Reactions of Children and Families to Hospitalization and Illness," p. 94.

[69]Rubin, "The Family-Child Relationship and Nursing Care," p. 37.

[70]Schwartz, The Psychodynamics of Patient Care, p. 128.

The effectiveness of preparation by the mother is limited more by her attitudes and feelings than what she says to the child.[71] Dimock, in discussing the parent's preparation of the child for hospitalization, mentioned that parents must be very careful about their mood when they try to explain to the child because he is very sensitive to the feelings of his parents and depend more on motions and inflections than on actual words.[72] Solnit reported that the mother's subjective feelings about physical illness and medical procedures may hinder her from explaining to the child about hospitalization. Her own anxiety, stemming from previous experiences, may render her unable to help her own child.[73]

In order to adequately prepare the child for hospitalization, the parents must be able to communicate with him. Ford and Urban emphasized the fact that anxiety "paralyzes action" and "destroys communication," and hostility is said to have the same effect.[74] It has

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[71]J. M. Baty and Veronica B. Tisza, "The Impact of Illness on the Child and His Family," Child Studies, XXXIV (1956-1957), p. 16.

[72]Dimock, The Child in Hospital, p. 42.

[73]Solnit, "Hospitalization: An Aid to Physical and Psychological Health in Childhood," p. 161.

[74]Ford, Systems of Psychotherapy, p. 462.

already been revealed that most parents have anxieties relating to the hospitalization of their child. It is also noted that many parents have feelings of hostility toward their child. Therefore it can be hypothesized that the parental anxiety needs to be dealt with in order to re-establish communication and provide effective preparation.

The Role of the Professional in Assisting Parents

For parents to be capable of attending to children's emotional reactions and to carry through an effective program of preparation, they themselves need opportunities to express their anxieties and fears. They must be able to approach doctors and nurses freely with their questions and feel that there is an open line of communication.[75]

Frequently, parents who are handicapped by worries, fears and concerns about their children are unable to prepare them for hospitalization. In view of the effect upon the child it would seem very desirable for the professional to help the parents deal with these feelings as profitably as they can. The initial step in helping the parents is to try to understand how they feel about the event of hospitalization and illness of their child.[76]

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[75]Wolff, Children Under Stress, p. 73.

[76]Lewis, "The Management of Parents of Acutely Ill Children in the Hospital," p. 60.

The study done by Gofman, Buckman and Schade demonstrated the need for preparation of the parents by a professional prior to the child's hospitalization. Of the 100 parents interviewed, over one-half of these had such difficulty in coping with their own fears and anxieties that they were unable to give support to their child. Twenty-four of the parents, whose physicians gave some type of explanation for the hospitalization, did not seem as fearful regarding their child's hospitalization. The majority of the parents in the study expressed a desire to know why hospitalization for their child was necessary, and what to expect in the way of hospital facilities for their comfort. The parents were also concerned about the procedures that would be done and the risks involved. And last, but not least, they asked for help in preparing their child for the hospital stay.[77]

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[77]Gofman, "Parents' Emotional Response to Child's Hospitalization," pp. 630-631.

CHAPTER III

METHOD OF INVESTIGATION

Type of Study

The study was a descriptive exploratory study to determine the feelings and sources of concern of the significant parent relative to the hospitalization of his child, and to ascertain if a relationship exists between these factors and the way in which the preparation of the child for hospitalization was effected.

Population

The subjects in the study were selected from a Children's Hospital in Texas. The hospital is a general pediatric hospital with a bed capacity of 216 patients. The average daily admission rate is twenty-three children. The primary function of the insitutiton is to relieve suffering and to promote the restoration of health by maintaining a high degree of excellence in patient care without regard to age, color, creed, nationality or origin.

A convenience sample was utilized for the collection of data for the study. The parent or parents of fifty children admitted to the hospital were interviewed within forty-eight hours of the time of admission. Excluded

from the study were the parents whose children were under two years of age. This exclusion was based on a previous study done by Gofman, Buckman and Schade which demonstrated a lack of preparation for hospitalization by the parents when the child was under two years of age.[78] The data was collected during the Fall of the year.

Sample

The children of the parents in the study ranged in age from 2 years to 12 years of age, with a mean age of 5.9 years. The fathers in the sample group ranged in age from 20 to 44 years of age, with a mean age of 30.5 years. The mothers ranged in age from 19 to 42 years, with a mean age of 28.5 years. The educational level of the fathers ranged from the 10th through the 16th grade, with a mean educational level of 11.6 years of schooling. The educational level of the mothers ranged from the 7th grade through the 16th grade, with a mean educational level of 11.5 years of schooling.

Among the mothers, 28 were Anglo and 22 were Mexican-American. Among the fathers, 24 were Anglo and 25 were Mexican-American. (One father in the study was no

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[78] Ibid., p. 630.

longer present in the home due to divorce, and the mother did not wish to give any information regarding him.) The sample included 14 working mothers. All of the fathers were working at the time of the interview.

Description of Tools

An interview guide was developed by the researcher for the purpose of the study (see Appendix A). The guide was based in part on the interview guide utilized in a previous study on the emotional response of parents to a child's hospitalization.[79] The interview consisted of two parts. The first part dealt with factual information concerning the age, educational level, occupation and nationality of the family members. The second part consisted of open-ended questions relative to parental concerns regarding hospitalization of the child and the preparation which the child received prior to admission.

The interview was selected as the tool of choice for the study because it is especially useful in obtaining data concerning personal history or family life. The main advantages of the interview technique are four: (1) the interviewees may need the interpersonal relationship and stimulus of the interviewer in order to provide personal information which they would not put down on

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[79] Ibid., pp. 629-631.

paper, (2) the interviewer may follow up leads in a manner that is not possible by means of a questionnaire, (3) the interviewer may form some impression of the interviewee in relation to the things that have been left unsaid, (4) the interviewer may give information and develop attitudes on the part of the respondent sometimes encouraging exchange of ideas and information.[80] The main disadvantages of the interview technique are two: (1) the interviewer enters the situation with certain attitudes and beliefs that may affect his interpretation of the answers, (2) the respondent enters the situation with certain attitudes and beliefs which may influence the response he makes.[81]

The tool was pretested on the parents of thirteen children. A translator was utilized as two parents did not speak English. No apparent difficulty was found in the translation of the information. The children ranged in age from two years six months to eleven years four months. Three of the eleven children did not receive any form of explanation to prepare them for hospitalization. The questions asked of the parents elicited pertinent

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[80]Carter V. Good, Essentials of Educational Research (New York: Appleton-Century-Crofts, Inc., 1966), p. 228.

[81]Ibid., p. 237.

information relative to the parental concerns and to the preparation of the child for hospitalization. The responses obtained from the pretest were similar to the findings of Gofman, Buckman and Schade in their studies of parents' emotional responses to child's hospitalization.[82] Similar responses were also reported by Prugh in his studies of emotional reactions of children and families to hospitalization and illness.[83] The tool utilized for this study was judged to be reliable based on the criterion that similar tools have yielded similar results by other researchers.[84] The format of the question was changed slightly after the pretest in order that they could be understood more clearly by the parents.

Data Collection

The significant parent was interviewed by the researcher within forty-eight hours of the child's admission to the hospital. A tape recorder was to be used for all interviews, permitting the interviewer to establish a better

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[82]Gofman, "Parents' Emotional Response to Child's Hospitalization," pp. 629-631.

[83]Prugh, "A Study of the Emotional Reactions of Children and Families to Hospitalization and Illness," p. 94.

[84]Mabel Wandelt, Guide for the Beginning Researcher (New York: Appleton-Century-Crofts, 1970), p. 154.

rapport by devoting full attention to the respondent. The tape recorder eliminates a major source of interviewer bias, that is, the conscious or unconscious selection of the material to record. Although some authors mention certain disadvantages of using tape recorders, studies have shown that the advantages outweigh the disadvantages.[85]

Upon initiation of the parent interviews, the researcher encountered the following difficulties in utilizing the tape recorder: (1) two of the parents appeared apprehensive about answering the questions, (2) one parent refused without giving a reason why she did not want the interview recorded, (3) three parents refused to have the interview recorded because of what happened during the "Watergate scandal." The researcher decided that these responses were adequate justification for not utilizing the tape recorder for further interviews. The data received from the six parents was not included in the sample group of fifty parents. The data received from the interviews of the fifty parents included in the study was hand recorded.

Method of Data Analysis

The information collected in Part II of the inter-

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[85]Good, Essentials of Educational Research, p. 241.

view was subjected to a content analysis as described by Fox.[86] The parental concerns relative to the child's hospitalization were arranged in a frequency distribution, facilitating interpretation of the frequency of each response.[87]

The data was also analyzed in terms of the preparation of the child for hospitalization. The adequacy of the preparation of the child was measured against the following two criteria: (1) the accuracy of the information given to the child by the parents, (2) the opportunity for the child to communicate his feelings to the parents regarding his hospitalization. Each parental response was analyzed in terms of the criteria by a panel of experts. The panel included a Pediatric Nurse, a Child Psychologist and a Special Education Guidance Counselor. The panel of experts assessed a high or low value to the parental responses relating to information given to the child and the chance for the child to express his feelings relative to hospitalization. Since the data was collected by means of a convenience sample, all results were reported

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[86]David J. Fox, Fundamentals of Research in Nursing (New York: Appleton-Century-Crofts, 1970), pp. 262-286.

[87]John T. Roscoe, Fundamental Research Statistics (New York: Holt, Rinehart and Winston, Inc., 1969), p. 10.

in terms of percentages. The data was further analyzed to determine if a relationship existed between professional assistance given to the parents and the adequacy of the preparation of the child for hospitalization by the parents. This was accomplished by differentiating between the type of preparation given by the parents who had professional assistance and parents who did not have any professional assistance. Each interview was analyzed individually to determine if a relationship existed between the parental concerns and the adequacy of the preparation of the child. Other factors such as educational level and nationality were also considered in the analysis. A discussion of the findings is located in Chapter IV.

The last question on the interview dealt with parental suggestions as to what doctors or nurses could do to make it easier for the parents to bring the child into the hospital. The data was handled by means of a frequency distribution.

CHAPTER IV

ANALYSIS AND INTERPRETATION OF FINDINGS

Introduction

The content of the data collected was analyzed to determine the answers to the following questions:

1. What kind of preparation have the parents been able to provide for their child prior to hospitalization?
2. Did the parents receive any professional assistance prior to their child's hospitalization?
3. What are the feelings and sources of concern that parents have relative to the hospitalization of their child?
4. Is there any evidence of association between the nature of parental concerns relative to hospitalization of the child and the kind of preparation which they have provided?
5. What professional assistance as perceived by the parents may have been useful.

Adequacy of Parental Preparation

The adequacy of the preparation of the child was measured against two criteria: (1) the accuracy of the

information given to the child by the parents, (2) the opportunity for the child to communicate his feelings to the parents regarding his hospitalization. The adequacy of parental preparation was classified into four categories based on the assessment of the parental responses by the panel of experts. The categories were classified as follows:

1. High accuracy-high opportunity (HA-HO) group included the parents who informed their child why he was going to be hospitalized, and the child had the opportunity to express his feelings about hospitalization.
2. Low accuracy-low opportunity (LA-LO) group included the parents who did not inform their child why he was going to be hospitalized, and the child did not have the opportunity to express his feelings about hospitalization.
3. Low accuracy-high opportunity (LA-HO) group included the parents who did not inform their child why he was going to be hospitalized, but the child did have the opportunity to express his feelings about his hospitalization.
4. High accuracy-low opportunity (HA-LO) group included the parents who informed their child why

he was going to be hospitalized, but the child did not have the opportunity to express his feelings about his hospitalization.

The adequacy of parental preparation is reported in Table 1.

TABLE 1

ADEQUACY OF CHILD'S PREPARATION FOR HOSPITALIZATION BASED ON THE ACCURACY OF INFORMATION GIVEN TO CHILD AND THE OPPORTUNITY FOR CHILD TO EXPRESS FEELINGS

Opportunity for Child to Express Feelings	Accuracy of Information Provided by Parents: Low	Accuracy of Information Provided by Parents: High
	48%	6%
	6%	40%

The majority of the parents in the study were classified into the HA-HO group and the LA-LO group. Three parents were classified into the LA-HO group for the following reasons: (1) the children of two of the parents

expressed their feelings about hospitalization to the Doctor rather than to the parents, (2) one child tried to express his feelings, but the mother would not listen. Three parents were classified into the HA-LO group for the following reasons: (1) one child was too ill to express his feelings, (2) one child was too embarassed about his illness to express his feelings, (3) one of the mothers felt her child was too young to express any feelings about hospitalization.

In the HA-HO group, the mothers ranged in age from 23 to 42 years, with a mean age of 30.9 years. The fathers ranged in age from 24 to 44 years, with a mean age of 32 years. The educational level of the mothers ranged from the 10th grade to 4 years of college, with a mean educational level of 12.1 years. The fathers educational level ranged from the 10th grade to 4 years of college, with a mean educational level of 11.5 years.

In the LA-LO group, the mothers ranged in age from 19 to 39 years, with a mean age of 25.7 years. The fathers ranged in age from 20 to 43 years, with a mean age of 27.7 years. The educational level of the mothers ranged from the 7th grade to the 12th grade, with a mean educational level of 10.8 years. The fathers' educational level ranged from the 10th grade to 3 years of college,

with a mean educational level of 11.3 years.

In the HA-LO group, the mothers ranged in age from 23 to 32 years, with a mean age of 28.3 years. The fathers ranged in age from 30 to 33 years, with a mean age of 32 years. The mean educational level of the mothers was the 12th grade. The fathers' educational level ranged from the 12th grade to 4 years of college, with a mean educational level of 14 years.

In the LA-HO group, the mothers ranged in age from 33 to 35 years, with a mean age of 34.3 years. The fathers ranged in age from 39 to 42 years, with a mean age of 40 years. The mean educational level of the mothers was the 12th grade. The fathers' educational level ranged from the 12th grade to 4 years of college, with a mean educational level of 13.3 years.

The parent who prepared the child for hospitalization was the mother in all but two cases. There was some variation in the mean age and educational level of the mothers in the HA-HO and the LA-LO groups (see Table 2). The mean age of the mothers in the HA-HO group was 5.2 years greater than the mothers in the LA-LO group. The mean educational level of the mothers in the HA-HO group was 1.3 years greater than the mothers in the LA-LO group. No studies were found in the literature relating to the effects of parental age and educational level on the pre-

paration of the child for hospitalization. However, these factors should not be overlooked as possible variables affecting the child's preparation for hospitalization.

TABLE 2

MEAN AGE AND EDUCATIONAL LEVEL OF PARENTS CLASSIFIED ACCORDING TO ADEQUACY OF PREPARATION

Adequacy of Preparation	Mean Age in Years		Mean Educational Level in Years	
	Mother	Father	Mother	Father
High Accuracy-High Opportunity	30.9	32	12.1	11.5
Low Accuracy-Low Opportunity	25.7	27.7	10.8	11.3
High Accuracy-Low Opportunity	28.3	32	12	14
Low Accuracy-High Opportunity	34.3	40	12	13.3

There was also some variation in the nationality between the HA-HO group and the LA-LO group. In the HA-HO group, 65 percent of the mothers were Anglo and 35 percent were Mexican-American. In the LA-LO group, 42 percent of the mothers were Anglo and 58 percent of the mothers were Mexican-American. Although no studies could be found in the literature directly relating to preparation of the child by mothers of various nationalities, it could be hypothe-

sized that cultural factors may affect the preparation of the child for hospitalization.

The mean age of the children in the HA-HO group and the LA-LO group differed by 3 years. In the HA-HO group, the mean age of the hospitalized child was 7.4 years, while in the LA-LO group the mean age was only 4.4 years. A study done by Gofman, Buckman and Schade reported that parents frequently did not prepare their child for hospitalization when the child was between the ages of 3 and 4 years.[88]

The data was analyzed to determine if the amount of time the parents had to prepare their child would affect the adequacy of preparation. The parents were divided into the following groups:

1. Group I admitted the child directly from the Emergency Room with no time for preparation.
2. Group II admitted the child from the Doctor's office with a maximum preparation time of two hours.
3. Group III had a minimum time of forty-eight hours to prepare the child.

The results of the data analysis demonstrated that 42 percent of the parents had a minimum preparation time of

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[88]Gofman, "Parents' Emotional Response to Child's Hospitalization," p. 630.

forty-eight hours, while 58 percent had a maximum of two hours preparation time (see Table 3).

TABLE 3

AMOUNT OF TIME AVAILABLE TO PREPARE CHILD FOR HOSPITALIZATION AS COMPARED WITH THE ADEQUACY OF PREPARATION

Adequacy of Preparation	Group I[a]	Group II[b]	Group III[c]	Total
High Accuracy-High Opportunity	4 (20%)	6 (30%)	10 (50%)	20 (100%)
Low Accuracy-Low Opportunity	8 (33%)	7 (29%)	9 (38%)	24 (100%)
High Accuracy-Low Opportunity	1 (33%)		2 (67%)	3 (100%)
Low Accuracy-High Opportunity	2 (67%)	1 (33%)		3 (100%)

[a]Child admitted directly from Emergency Room with no time for preparation.

[b]Child admitted from the Doctor's office with a maximum of two hours for preparation.

[c]Child admitted with a minimum of forty-eight hours time for preparation.

The adequacy of preparation did not appear to be appreciably affected by the amount of time available for preparation. In the HA-HO group, 50 percent of the parents were able to provide accurate information to the child with less than two hours available for preparation. In the LA-LO

group, 38 percent of the parents were unable to provide accurate information although they had more than forty-eight hours to prepare the child.

Professional Assistance to Parents

The data was analyzed to determine the effects of professional assistance to the parents on the adequacy of preparation of the child. For the purpose of this study professional assistance was defined as information relative to the child's hospitalization given to the parents by a Doctor or professional other prior to the child's admission. Professional assistance was received by 76 percent of the parents in the study (see Table 4).

TABLE 4

RELATIONSHIP BETWEEN ADEQUACY OF INFORMATION PROVIDED BY PARENTS AND THE PROFESSIONAL ASSISTANCE GIVEN TO PARENTS

Adequacy of Preparation	Professional Assistance Given to Parents	
	Yes	No
High Accuracy-High Opportunity	18 (36%)	2 (4%)
Low Accuracy-Low Opportunity	15 (30%)	9 (18%)
High Accuracy-Low Opportunity	2 (4%)	1 (2%)
Low Accuracy-High Opportunity	3 (6%)	
Total	38 (76%)	12 (24%)

Although assistance was given to thirty-eight parents, eighteen parents were unable to provide accurate information to their child. The reasons given by the eighteen parents for not telling their child about his hospitalization are as follows: (1) six parents did not want to frighten their child, (2) four parents felt that the child was too young to be told, (3) four parents were too upset to give an explanation to their child, (4) two parents did not know what to tell their child, (5) two parents felt they did not have enough time to prepare their child.

Parental Concerns

The expressed feelings and sources of concern of the parents relative to the child's hospitalization were arranged in a frequency distribution (see Table 5). The concerns most frequently expressed were as follows: (1) length of the child's hospitalization, (2) how the child will respond to treatment, (3) the child's illness may be serious or fatal, (4) the child will be disfigured or handicapped. Similar parental concerns were reported in previous studies.[89,90,91,92]

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[89]Dimock, The Child in the Hospital, pp. 37-43.

[90]Gofman, "Parents' Emotional Response to Child's Hospitalization," p. 630.

[91]Lewis, "The Management of Parents of Acutely Ill

The parental concerns were analyzed further to determine if a relationship existed between the concerns expressed and the adequacy of preparation given by the parents to the child (see Table 6).

TABLE 5

FREQUENCY DISTRIBUTION OF PARENTAL CONCERNS RELATIVE TO HOSPITALIZATION OF CHILD

Expressed Parental Concerns	Frequency of Response
Length of child's hospitalization	15
Will child respond to treatment	14
Child's illness is serious or fatal	13
Child will be disfigured or handicapped	10
Will child be cared for in hospital	9
How will child react to hospitalization	9
Will child be in pain	7
Guilt that child was not seen by Doctor sooner	6
Fear of surgery	6
Financial worries	6
How long will child be out of school	4
Will other children in family contact illness	4
Guilt that child's illness was inherited	4
Guilt that inadequate home care was given	3
Guilt because illness was due to home accident	3
What will happen to child in hospital	2

Children in the Hospital," pp. 60-61

[92]Langford, "Physical Illness and Convalescence: Their Meaning to the Child." pp. 246-247.

TABLE 6

RELATIONSHIP OF THE FREQUENCY OF EXPRESSED PARENTAL CONCERNS TO ADEQUACY OF PREPARATION OF CHILD

Expressed Parental Concerns	Frequency of Responses			
	HA-HO Group	LA-LO Group	HA-LO Group	LA-HO Group
Length of child's hospitalization.....	6	6	1	2
Will child respond to treatment.....	6	7	1	
Child's illness is serious or fatal.....	1	9	1	2
Child will be disfigured or handicapped.....		7	2	1
Will child be cared for in hospital.....	5	4		
How will child react to hospitalization.....		5	3	1
Will child be in pain.....	2	3	1	1
Guilt that child was not seen by Doctor sooner.	2	4		
Fear of surgery.....		3	2	1
Financial worries.....	1	1	2	2
How long will child be out of school.....	4			
Will other children in family contact illness..	1	2		1
Guilt that child's illness was inherited.....	1	2	1	
Guilt that inadequate home care was given.....	1	2		
Guilt that illness was due to home accident....	2	1		
What will happen to child in hospital.....		1		1
Total	32	57	14	12

The frequency of expressed concerns of parents in the LA-LO group was greater than the parents in the HA-HO group. An average of 2.4 expressed concerns were elicited from the parents in the LA-LO group, while only 1.6 concerns were expressed by parents in the HA-HO group. The type of concerns expressed by the two groups also varied. In the HA-HO group, the main concerns expressed were as follows: (1) six parents were concerned with the length of the child's hospitalization, (2) six parents expressed concern over how the child would respond to treatment, (3) five parents expressed concern over the care the child would receive in the hospital. In the LA-LO group, the main concerns expressed were as follows: (1) nine parents were concerned that their child's illness was serious or possibly fatal, (2) seven parents expressed a concern that their child might be handicapped or disfigured, (3) seven parents were concerned with how their child would respond to treatment.

In comparing the expressed concerns of the parents in the two major preparation groups, the concerns of the parents in the LA-LO group were of a more serious nature. Previous studies have demonstrated that parents' anxieties increase with the seriousness of the child's illness.[93]

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[93]Prugh, "A Study of the Emotional Reactions of Children and Families to Hospitalization and Illness," p. 94.

It is also known that anxiety destroys communication which is necessary to prepare the child for hospitalization.[94] It is therefore concluded that the lack of adequate preparation by the parents in the LA-LO group was due in part to the nature of the expressed parental concerns.

Parental Perceptions of Professional Assistance

The parents were asked what professional assistance as perceived by them might have been useful in preparing their child for hospitalization. A total of sixty-nine suggestions were made by the parents (see Table 7). An average of 1.1 suggestions were made by parents who had received professional assistance, while an average of 2.3 suggestions were made by parents who had not received professional assistance.

The main types of professional assistance as perceived by the parents which may have been useful are as follows: (1) an explanation of the child's course of treatment, (2) more time for the parents to ask questions, (3) information about preparing the child for hospitalization, (4) information about the cause of the child's illness. The parental suggestions varied between the HA-HO group and the LA-LO group (see Table 8). An explanation

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[94]Ford, Systems of Psychotherapy, p. 462.

of the child's course of treatment was felt to be needed by 41 percent of the parents in the HA-HO group and 21 percent of the parents in the LA-LO group. In the HA-HO group, 18 percent of the parents felt that the Doctor should provide more time for asking questions, while 21 percent of the parents in the LA-LO group had similar feelings. The greatest differences between the two groups was noted in the area of information regarding the cause of the child's illness and the preparation for hospitalization. More information about preparing the child for hospitalization was felt to be needed by 14 percent of the parents in the HA-HO group and 21 percent of the parents in the LA-LO group. Additional information relating to the cause of the child's illness was felt to be needed by 5 percent of the parents in the HA-HO group and 18 percent of the parents in the LA-LO group.

The data suggests that some parents were able to provide adequate preparation for their child without the use of professional assistance. It can be hypothesized, however, that a well prepared program of professional assistance based on parental suggestions may benefit parents who are unable to provide adequate preparation for their child. Previous studies reported similar parental suggestions, which when utilized, were helpful in preparing

children for hospitalization.[95,96]

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[95]Wolff, Children Under Stress, p. 73.

[96]Gofman, "Parents' Emotional Response to Child's Hospitalization," pp. 630-631.

TABLE 7

FREQUENCY DISTRIBUTION OF THE TYPES OF PROFESSIONAL ASSISTANCE PERCEIVED BY THE PARENTS TO BE USEFUL

Types of Professional Assistance	Frequency of Response
Explanation of child's course of treatment	19
Doctors should provide more time for parents to ask questions	14
Provide more information about preparing the child for the hospital	12
Provide more information about the cause of the child's illness	9
Provide an explanation of the tests done	4
Provide picture books about the hospital for the child to read	3
Provide information as to what the child will need in the hospital	2
Doctors should explain things in simple terms that parents can understand	2
Doctors should prepare the child for hospitalization	2
Provide information as to the length of the child's hospitalization	2

TABLE 8

NEEDED PROFESSIONAL ASSISTANCE PERCEIVED BY PARENTS IN THE DIFFERENT PARENTAL PREPARATION GROUPS

Types of Professional Assistance	Frequency of Responses			
	HA-HO Group	LA-LO Group	HA-LO Group	LA-HO Group
Explanation of the child's course of treatment.	9	8	1	1
Doctors should provide more time for parents to ask questions.....	4	8		2
Provide more information about preparing the child for the hospital.....	3	8		1
Provide more information about the cause of the child's illness.....	1	7		1
Provide an explanation of the tests done.....	2	2		
Provide picture books about the hospital for the child to read.....		2		1
Provide information as to what the child will need in the hospital.....	1		1	
Doctors should explain things in simple terms that parents can understand.....		2		
Doctors should prepare the child for hospitalization.....		2		
Provide information as to the length of the child's hospitalization.....	2			
Total	22	39	2	6

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

This study sought to investigate the feelings and sources of concern of the significantparent relative to the hospitalization of his child, and to ascertain if a relationship exists between these factors and the way in which the preparation of the child for hospitalization was effected. A total of five questions were raised and subsequently examined. These questions were: (1) What kind of preparation have the parents been able to provide for their child prior to hospitalization? (2) Did the parents receive any professional assistance prior to their child's hospitalization? (3) What are the feelings and sources of concern that parents have relative to the hospitalization of their child? (4) Is there any evidence of association between the nature of parental concerns relative to hospitalization of the child and the kind of preparation which they have provided? (5) What professional assistance as perceived by the parents may have been useful?

The sample group who were interviewed consisted

of fifty parents with the mother being the significant parent to prepare the child for hospitalization. Twenty mothers were able to provide adequate preparation for the child according to predetermined criteria which included: (1) the accuracy of the information given to the child by the parents, (2) the opportunity for the child to communicate his feelings to the parents regarding his hospitalization. The characteristic mother in this group was Anglo, thirty-one years of age, and had a high school education. The mean age of the child receiving adequate preparation was 7.4 years. The adequacy of preparation was not appreciably affected by the amount of time available to prepare the child. Thirty-eight of the parents received professional assistance prior to the hospitalization of the child. Eighteen of the thirty-eight were unable to provide adequate preparation for their child.

The main expressed parental concerns centered around the length of the child's hospitalization, the severity of the illness, and the child's response to treatment. The parents who expressed the greatest number of concerns relative to the severity of the child's illness were unable to adequately prepare the child for hospitalization.

The main types of professional assistance as perceived by the parents which may have been useful included: (1) an explanation of the child's course of treatment, (2) additional information about the cause of the illness and the preparation of the child for hospitalization, (3) the Doctors should allow more time for the parents to ask questions. The parents who were unable to provide adequate preparation offered twice as many suggestions as to the type of professional assistance they felt useful as compared with the parents who were able to provide adequate preparation.

Conclusions

As a result of this study the following conclusions were reached:

1. Adequate preparation for the child's hospitalization was provided by 40 percent of the parents in the study.
2. The significant parent to prepare the child was the mother in all but two cases.
3. The mean age and educational level of the mothers who provided adequate preparation for their child was higher than that of mothers who did not provide adequate preparation. No studies were found

in the literature to support this finding.

4. The majority of the mothers who did not provide adequate preparation for their child were Mexican-American. Although no studies could be found in the literature to support this finding, it could be hypothesized that cultural factors may affect the preparation of the child for hospitalization.
5. The older child was more likely to be adequately prepared for hospitalization than the younger child. This finding is supported by previous studies in which children under four years of age were infrequently prepared for hospitalization.[97]
6. The amount of time available for preparation did not appreciably affect the adequacy of the preparation.
7. Professional assistance did not seem to appreciably affect the adequacy of preparation by the parents. This data contradicts previous studies which demonstrated an increase in the adequacy of preparation by parents receiving professional assistance.[98] The contradiction may be due to the fact than an

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[97] Ibid., p. 630.

[98] Ibid., p. 631.

in depth qualitative assessment of professional assistance was not used in this study.

8. The main parental concerns centered around the length of the child's hospitalization, the severity of the illness, and the child's response to treatment. This finding was supported by previous studies.[99,100]

9. The adequacy of preparation of the child for hospitalization is affected by the nature of the parental concerns. The concerns of the parents, who were unable to provide adequate preparation for the child were of a serious nature. This finding is supported by the fact that parent's anxieties increase with the seriousness of the child's illness.[101]

Recommendations

1. This study should be replicated with a larger group of subjects selected by random over a longer period of time.

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[99]Lewis, "The Management of Parents of Acutely Ill Children in the Hospital," pp. 60-61.

[100]Gofman, "Parents' Emotional Response to Child's Hospitalization," pp. 630-631.

[101]Prugh, "A Study of the Emotional Reactions of Children and Families to Hospitalization and Illness," p. 94.

2. Future efforts should probe to a greater extent the intrafamilial relationship, particularly the mother-child relationship prior to hospitalization. Special attention should be given to such factors as maternal age, educational level and nationality.
3. Future efforts should probe to a greater extent the quality of professional assistance offered to the parents prior to the child's hospitalization.
4. A program of parental preparation for the child's hospitalization should be established to provide the following: (a) time for the parents to express their concerns about the child and to ask questions relative to the child's illness, (b) assist the parents in coping with their anxieties relative to the child's hospitalization, (c) assist the parents in adequately preparing the child for hospitalization.

APPENDIX A

Interview Guide for Parents

Part I

	Mother	Father
Age	_____	_____
Occupation	_____	_____
Educational Level	_____	_____
Nationality	_____	_____

Hospitalized Child: Age _____ Diagnosis _____

Part II

A. When did you first find out that your child was going to be admitted to the hospital?

B. Describe to me what the Doctor or professional other told you about why your child needed to stay in the hospital.

C. Did the Doctor tell your child why he had to stay in the hospital?

D. Who in your family told the child he was going to the hospital? Describe what was told to the child.

E. Describe to me how the child responded to what you told him.

APPENDIX A (cont.)

F. Have any of the other children in the family been hospitalized? Describe what was told to the child.

G. I know it is very difficult for a parent to bring his child to the hospital. Can you describe your thoughts and feelings about bringing your child to the hospital?

I. Could you make any suggestions as to what Doctors or Nurses could do to make it easier for parents to bring the child to the hospital?

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RELATIONSHIP OF PARENT CONCERNS TO ADEQUACY OF PREPARATION OF CHILD FOR HOSPITALIZATION

ABSTRACT

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A study was done to investigate the feelings and sources of concern of the significant parent relative to the hospitalization of his child, and to ascertain if a relationship existed between these factors and the way in which the preparation of the child for hospitalization was affected. The parents of fifty hospitalized children between the ages of two and twelve years were interviewed. Twenty mothers were able to provide adequate preparation for the child according to predetermined criteria which included: (1) the accuracy of the information given to the child by the parents, (2) the opportunity for the child to communicate his feelings to the parents regarding his hospitalization. The characteristic mother in this group was Anglo, thirty-one years of age, and had a high school education. The mean age of the child receiving adequate preparation was 7.4 years. The adequacy of preparation was not appreciably affected by the amount of time avail-

able to prepare the child. Professional assistance appeared to have little affect on the adequacy of preparation. Of thirty-eight parents receiving professional assistance, eighteen were unable to adequately prepare their child for hospitalization.

The main expressed parental concerns centered around the length of the child's hospitalization, the severity of the illness, and the child's response to treatment. The parents who expressed the greatest number of concerns relative to the severity of the child's illness were unable to adequately prepare the child for hospitalization. The main types of professional assistance as perceived by the parents which may have been useful included: (1) an explanation of the child's course of treatment, (2) additional information about the cause of the illness and the preparation of the child for hospitalization, (3) the Doctors should allow more time for the parents to ask questions. The parents who were unable to provide adequate preparation offered twice as many suggestions as to the type of professional assistance they felt useful as compared with the parents who were able to provide adequate preparation.