

**THE PREPARATION OF PRESCHOOL AGE  
CHILDREN FOR HOSPITALIZATION**

has been approved by

**Lynne Rosalie Harrison**

**B.S., Loretto Heights College, 1956**

by

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Date August 12, 1960

**A Thesis submitted to the Faculty of the Graduate  
School of the University of Colorado in partial  
fulfillment of the requirements for the Degree**

**Master of Science**

**Department of Nursing**

**1960**

Harrison, Lynne Rosalie (M.S., Nursing) and Doctor,

The Preparation of Preschool Age Children for Hospitaliza-

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Thesis directed by Assistant Professor Maxine Berlinger

children's views. This Thesis for the M.S. degree by

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Lynne Rosalie Harrison

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Department of  
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areas of agreement and disagreement, and (3) to prepare an

outline which  
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Date August 12, 1960

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Twenty-eight persons; thirteen physicians, six nurses, and

nine mothers of hospitalized preschool age children composed  
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The data revealed that physicians, nurses, and

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on the body, knowledge of treatments by the doctor, knowledge of visiting hours, and the length of hospitalization. There was disagreement in relation to knowledge of treatments by the nurse, the value of tours of the children's ward, and knowledge of general hospital procedures.

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Further studies to determine the effects of preparation on the preschool age child were recommended.

This abstract of about 250 words is approved as to form and content. I recommend its publication.

Signed

Margie Seilmayer

Instructor in charge of thesis

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# ACKNOWLEDGEMENT

The writer wishes to express sincere appreciation to Maxine Berlinger and Marjory Hibbard for their support and guidance in the development of the problem, and in the organization and writing of the paper.

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THE PROBLEM AND DEFINITIONS OF TERMS USED

Hospital Prepared Literature for Parents . . 68

The emotional disturbances encountered by the child as a result of hospitalization have been the subject of many investigations in recent years. The findings of these studies have led to changes in the management of the hospitalized child. Among these changes has been the relaxation of rigid visiting routines in order to assure continued parent-child contact.

It would be desirable that parents enable their children to anticipate hospitalization by preparing them for the experience at home. This preparation may involve introducing the child to the unfamiliar sights and procedures found within the hospital through conversation, or through such devices as books and records.

The success of such preparation depends primarily upon the age and maturity of the child. "The older the child, the more likely that he can be prepared; the younger he is, the less likely."<sup>1</sup> The child under three years of age

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<sup>1</sup>James Robertson, Young Children in Hospitals (New York: Basic Books Incorporated, 1958), p. 102.



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## CHAPTER I

School-age children, on the other hand, have a background of experience which enables them to appraise situations more realistically.

### THE PROBLEM AND DEFINITIONS OF TERMS USED

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cannot appreciate the meaning of hospitalization; his primary concern is with the separation from his mother.

School-age children, on the other hand, have a background of experience which enables them to appraise situations more realistically.<sup>2</sup> Preschool age children represent a population that can benefit from preparation although a full

comprehension of the coming experience is impossible.

Ideally, the child should receive preparation from his parents, for in them he has the greatest trust. However, many parents will need a great deal of help in learning how to prepare their children for hospitalization. . . .<sup>3</sup>

In view of the preschool age child's need for preparation, and the role of the parent in preparing the child, it appeared reasonable to propose that the parents of preschool age children would benefit from guidance in the matter of preparing the child for hospitalization. Doctors and nurses, as well as parents are concerned with the well-being of the hospitalized child. It was felt that a study to determine the information these groups considered useful to parents in the task of preparation was advisable.

There were several variables noted, but not taken into account. Through adequate preparation, the parent

<sup>2</sup> Florence Blake, The Child, His Parents and the Nurse (Philadelphia: J. B. Lippincott Company, 1954), pp. 263-279.

<sup>3</sup> Beatrice R. Moore, "When Johnny Must Go to the Hospital," American Journal of Nursing, 57:178, February, 1957.



helps reduce the fears I. THE PROBLEM the child experiences

in a hospital situation and thus frees energy for the

Statement of the problem. What information do attainment of health.

mothers, doctors, and nurses think would be useful to Assumptions. For the purposes of this study, the parents in preparing the preschool age child for a hospital following assumptions were made: (1) knowledge of a new experience?

Purposes. The purposes of this study were: (1) to experience prior to its occurrence reduces the amount of apprehension which may be experienced, (2) parent figures elicit from mothers, doctors, and nurses the information can transmit this knowledge to the child more satisfactorily considered by them important in the preparation of the pre- than any other source, and (3) doctors and nurses contribute school age child for hospitalization, (2) to identify the to the parents' understanding of hospitalization. areas of agreement and disagreement, and (3) to organize the

Scope and Limitations. Responses within the study data into a systematic outline which may be used as the group were limited to nurses employed on the pediatric basis for the formulation of instructional aids for parents. division of a selected hospital, pediatricians using the

Need for the Study. Parental understanding of facilities of that hospital, and mothers of hospitalized hospitalization deserves prime consideration because the children of preschool age whose admission had been feelings of the parent, whether of anxiety or confidence are scheduled. Mothers were selected as the source of information transmitted to the child.<sup>4</sup> If the parent is secure in his knowledge of the experience, the child will gain needed support from parent-figures as they were more commonly present at the hospital bedside and usually played the more active role in the preparation of the child. However, the parent whose knowledge is inadequate may fail to prepare the child and in doing so, forfeit the

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<sup>4</sup> Beatrice R. Moore, "When Johnny Must Go to the Hospital," American Journal of Nursing, 57:178, February, 1957.

helps reduce the fears and insecurity the child experiences in a hospital situation and thus frees energy for the attainment of health.<sup>5</sup>

Assumptions. For the purposes of this study, the following assumptions were made: (1) knowledge of a new experience prior to its occurrence reduces the amount of apprehension which may be experienced, (2) parent figures can transmit this knowledge to the child more satisfactorily than any other source, and (3) doctors and nurses contribute to the parents' understanding of hospitalization.

Scope and Limitations. Responses within the study group were limited to nurses employed on the pediatric division of a selected hospital, pediatricians using the facilities of that hospital, and mothers of hospitalized children of preschool age whose admission had been scheduled. Mothers were selected as the source of information from parent-figures as they were more commonly present at the hospital bedside and usually played the more active role in the preparation of the child.

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Chapter II presents a discussion on the preparation

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<sup>5</sup>Blake, op. cit., pp. 264-265.  
selected literature from 1945 to 1960.

were: (1) previous personal or family hospitalization, (2) information concerning the diagnosis of the child, and (3) the number of years experience in pediatrics of the physicians and the nurses. the data that was collected, the analysis. The study group was limited insofar as pediatricians and nurses associated with a selected hospital were contacted. The study was also limited to mothers of preschool age children whose hospitalization in the selected institution was scheduled.

## II. DEFINITIONS OF TERMS USED

For the purposes of this study, the following definitions were used:

Mother. The natural maternal parent figure.

Preschool age child. The child three, four, and five years of age.

Hospitalization, Hospital experience. The confinement of the child to a hospital for diagnosis and/or treatment.

## III. ORGANIZATION OF REMAINDER OF THESIS

Chapter II presents a discussion on the preparation of the child for hospitalization as noted by reviewing selected literature from 1945 to 1960.



Chapter III gives a detailed presentation of the design of the study and the techniques by which the data were collected and analyzed.

Chapter IV contains the data that was collected, the analysis of the data, and the findings of the study. In Chapter V, the summary of the findings, the conclusions, interpretation, and the recommendations were presented.

The succeeding years have shown increasing emphasis on the problems encountered by children and their parents through hospitalization.

Discussion concerning the preparation of children for hospitalization was found in literature relating to the general topic of children in hospitals. Nursing, medical, and selected lay magazines, as well as related books were reviewed. Among the publications surveyed from 1945 to 1960 were the American Journal of Nursing, Pediatrics, Psycho-analytic Study of the Child, and Nursing World. Issues of Nursing Outlook were reviewed from 1953 to 1960, while Children was surveyed from 1954 to 1960.

The review of the literature will be discussed under the following headings: (1) the effects of hospitalization on infants, preschool age children, and school age children, (2) the effects of preparation, (3) the role of parents in preparation, (4) the content and timing of preparation,

(5) the techniques utilized in preparing the child, and

(6) preparation while in the hospital. The discussion was

not limited to the preschool age child, except when speci-

fically stated, as the literature took little notice of age

variation. The majority of literature dealing with the effects of hospitalization on children and the measures designed to

reduce these effects appeared to begin in the 1940's. The

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 (6) preparation while in the hospital. The discussion was  
 not limited to the preschool age child, except when specifically stated, as the literature took little notice of age variation other than by classifying children as "younger" or "older."

Researchers indicated that the young child will suffer emotional trauma regardless of preparation.

# I. THE EFFECTS OF HOSPITALIZATION

unless hospital facilities permit continued parent-child

Within the past twenty years, studies concerned with the effects on children of hospitalization have shown that a hospital experience can be one of the most fearful episodes in childhood.<sup>1</sup>

The emotional aftermaths of hospitalization may appear in such forms as night terror, fears, obsessions, negativisms, regressions to earlier, more baby-like behavior, and protracted hostility.<sup>2</sup>

placed in a hospital situation which deprived them of the mother figure. This anxiety is often symptomized by with-

<sup>1</sup>L. Jessner, and others, "Emotional Implications of Tonsillectomy and Adnoidectomy on Children," Psychoanalytic Study of the Child, 7:126-69, 1952; David M. Levy, "Psychic Trauma of Operations in Children," American Journal of Diseases of Children, 69:7-25, 1945; Dane G. Prugh, and others, "A Study of the Emotional Reactions of Children and Families to Hospitalization and Illness," American Journal of Orthopsychiatry, 23:70-106, 1953; R. A. Spitz, "Hospitalism: An inquiry into the genesis of psychiatric conditions in early childhood," Psychoanalytic Study of the Child, 6:14-16, 1951.

<sup>2</sup>Levy, op. cit., p. 10; James Robertson, Young Children.  
<sup>2</sup>Hedley G. Demock, The Child in Hospital (Philadelphia: F. A. Davis Company, Publishers, 1960), p. 8.

Several factors that affect the reaction of children to the hospital include their age and maturity, type of illness, previous experiences and relations with adults.<sup>3</sup> Of these factors, the age and maturity of the child appeared especially important in a discussion on preparation.

Infants. Researchers indicated that the young child will suffer emotional trauma regardless of preparation unless hospital facilities permit continued parent-child contact. Children under three years are dependent upon their mothers and have had little experience in social contacts. These younger children have an untoward reaction to a hospital experience because their comprehension of procedures and persons is limited. Children in this young age group usually experienced acute separation anxiety when placed in a hospital situation which deprived them of the mother figure. This anxiety is often symptomized by withdrawal, regression in feeding and elimination routines, and also by the return to more primitive gratification measures such as thumbsucking and headbanging.<sup>4</sup>

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<sup>3</sup> Ibid., p. 11. cit., p. 99.

<sup>4</sup> Levy, op. cit., p. 10; James Robertson, Young Children in Hospitals (New York: Basic Books Incorporated, 1958), p. 7; Prugh, op. cit., pp. 87-90.

Prugh, op. cit., pp. 90-92.

In a hospital where liberal visiting by parents or rooming-in is not possible, the young infant and child may benefit from consistent nursing care, as advocated by Robertson.<sup>5</sup> There appeared to be no satisfactory substitute for the presence of mother in the avoidance of anxiety symptoms. With this in mind, one author, Ronald Illingsworth, advocated that hospital admissions within this age group should be avoided whenever possible.<sup>6</sup>

Preschool age children. As the child increased in years and experience, he was more capable of tolerating separation from his mother. Hospitalization, however, continued to affect the child's emotional stability. Prugh's study indicated that these children showed wide-spread manifestations of anxiety, although they occurred less frequently in this age groups than in younger children.<sup>7</sup>

Preschool age children, while not as acutely concerned with the loss of the maternal-figure, developed more pronounced fears. These fears appeared related to fantasies of body mutilation and the child's interpretation of the Experience," Nursing Outlook, 4:503, November, 1958.

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<sup>5</sup> Ruth Winkley, "When a Child Must Go to the Hospital," The Child, Robertson, op. cit., p. 99.

<sup>6</sup> Ronald S. Illingsworth, The Normal Child (Boston: Little, Brown and Company, 1957), p. 336. 1954), p. 212.

<sup>7</sup> Prugh, op. cit., pp. 90-92.



hospital as punishment. The active imagination of the preschool age child, coupled with his beginning ability to comprehend, rendered him susceptible to his own fantasies about procedures and places. to take place.<sup>11</sup>

Studies by Erickson indicated that when play therapy was utilized, the preschool age child interpreted most nursing and medical procedures as punitive measures.<sup>8</sup>

Winkley's study indicated that children in this age group reacted fearfully to adults in white, going to bed in the daytime, rectal temperatures, and even to elevators.<sup>9</sup>

The natural curiosity of the preschool age child facilitated the transference of information. These children "are keen observers and have a great need for information to solve their problems, for they are poor interpreters of what they see."<sup>10</sup> Although the young preschool age child has less ability to comprehend the meaning of events than a five year old, his curiosity forms the basis of preparation for a

In summary, it may be noted that infants generally

<sup>8</sup> Florence Erickson, "Reactions of Children to Hospital Experience," Nursing Outlook, 4:503, November, 1958.

<sup>9</sup> Ruth Winkley, "When a Child Must Go to the Hospital," The Child, 17:35, November, 1952.

<sup>10</sup> Florence Blake, The Child His Parents and the Nurse. (Philadelphia: J. B. Lippincott Company, 1954), p. 212.

<sup>11</sup> Prugh, op. cit., pp. 92-94.

<sup>13</sup> Blake, op. cit., pp. 315-356.

new experience. The fact remains that the preschool age child may benefit from knowledge of a new experience and needs such knowledge to minimize the occurrence of unrealistic perceptions of what is to take place.<sup>11</sup>

School age children. Studies indicated that children of school age were not immune to emotional trauma associated with hospitalization. In fact, they may manifest fantasies concerning death and mutilation and may even interpret illness as a retribution for a previously performed act. Generally, however, school children may master much of their anxiety by verbalization.<sup>12</sup> The school age child presented problems in the hospital caused by his confinement at a time when he was active and curious to learn of the world about him. Although this child required information about the hospital in order to minimize the fears and uncertainties associated with a new surrounding, his adjustment was fairly rapid.<sup>13</sup>

## II. THE EFFECTS OF PREPARATION

In summary, it may be noted that infants generally cannot profit from preparation to any extent. Their main concern was with the loss of their mother, while the

emotional health of the hospitalized child. A study was conducted<sup>11</sup> Ibid., p. 285. England to determine the effect of

<sup>12</sup> Prugh, op. cit., pp. 92-94. hospitalization in the

<sup>13</sup> Blake, op. cit., pp. 315-356. although the study was



immaturity of their minds rendered the task of preparation difficult. If hospitalization for this group is to be less traumatic, measures to insure continued parent-child contact should be instituted.

School age children have a fairly broad background of experiences which contributes to their understanding. Increased social contact enables them to function relatively independently in a new situation. They are also able to communicate with other children and with hospital personnel in a way that helps minimize anxiety.

Children three, four, and five years of age have been shown to develop inadequate perceptions of a hospital experience. Their curiosity and natural fears of the unknown made a hospital experience potentially traumatic an experience in which proper preparation may alleviate the development of fears and fantasies.

## II. THE EFFECTS OF PREPARATION

A review of the literature revealed few sources of research concerning the effects of preparation on the emotional health of the hospitalized child. A study was conducted by Vaughn in England to determine the effect of explanation in the initial period of hospitalization in the reduction of emotional disturbances. Although the study was

not concerned with preparation before entering the hospital, Vaughn concluded that older children may benefit from a simple and systematic explanation of hospitalization with the opportunity to express their feelings about the experience.<sup>14</sup>

However, any number of authors indicated that preparation is desirable in the attainment of a healthy adjustment to the hospital. In The Child, His Parents, and the Physician, Shirley maintained that preparation helps the child to resolve his fears through play and questioning and to "gather up his courage for the ordeal."<sup>15</sup> Jenson and Comely pointed out:

The child . . . requires more time in which to make adjustments as well as help and support from his parents when in difficulty. At all points he needs to be sure not only of what is, but also of what is to be. Within these points of reference he can usually manage satisfactorily.<sup>16</sup>

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<sup>14</sup> G. F. Vaughan, "Children in Hospital," The Lancet, 272:117, 1957.

<sup>15</sup> Hale F. Shirley, The Child, His Parents, and the Physician (Springfield: Chas. C. Thomas Publisher, 1957), p. 100.

<sup>16</sup> Reynold A. Jenson and Hunter H. Comely, "Child-Parent Problems and the Hospital," Nervous Child, 7:200, 1948.

### III. THE ROLE OF PARENTS IN PREPARATION

It is generally recognized that parents constitute the most important source of love and understanding in the life of the young child. It is the parent that the child implicitly trusts, and in whom the child places his confidence.<sup>17</sup> It is also recognized that the parent should accept the responsibility of preparing the child for a hospital experience.<sup>18</sup> Many times, however, the parent is unable to prepare the child properly because of his own anxieties and fears.

Shame--guilt--resentment--excessive pity--all these represent hurtful attitudes that may be present, and might keep parents from giving the child the additional strength and support he needs during this period of stress.<sup>19</sup>

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<sup>17</sup> Lester Coleman, "Children Need Preparation for Tonsillectomy," Nursing World, 130:8, May, 1956.

<sup>18</sup> Ibid.; Shirley, op. cit.; James Baty and Veronica Tisza, "The Impact of Illness on the Child and His Family," Child Study, Winter, 1956-57, p. 14; Morris Green, "Working out Child-Parent-Nurse Relationships," Nursing World, 127:10, May, 1953.

<sup>19</sup> Hugh Messildine, "Preparation of Children for Hospitalization," Developments in Infant and Child Care, A Newsletter for Science Writers and Editors (Columbus, Ohio: Medical Department of Ross Laboratories, April-May, 1960), p. 1.

<sup>22</sup> Jenson and Comley, op. cit., p. 201.



Hartrich pointed out that while parents who fail to prepare their children for hospitalization are often criticized, the failure may actually be the fault of busy doctors and nurses.<sup>20</sup> Parents often require assistance in accepting and understanding hospitalization before they can communicate these facts to their children. It must be remembered that any apprehension on the part of the parent is readily transmitted to the child, and for this reason, it is necessary that parental fears be alleviated before the child is approached.<sup>21</sup> Professional personnel may facilitate parental understanding of hospitalization and allay their feelings of guilt and anxiety. "The early recognition of parental tension and the offering to help in its resolution often solves many attendant difficulties."<sup>22</sup>

Although most sources charged the physician with the responsibility for parental understanding, one author indicated that pre-hospital conferences with social workers are available in the community.<sup>24</sup> proved highly satisfactory in helping parents accept

served the child by enabling him to cope with the impending

<sup>20</sup> Betty Hartrich, "Parents and Nurses Work Together," Nursing Outlook, 4:148, March, 1956.

<sup>21</sup> Shirley, loc. cit.; Blake, op. cit.; Green, loc. cit.

<sup>23</sup> Winkley, op. cit., p. 36.

<sup>22</sup> Jenson and Comley, op. cit., p. 201.

<sup>24</sup> Baty, loc. cit.



hospitalization.<sup>23</sup>

The first consideration in the preparation of a child for hospitalization, should be the assurance that the parent of the child may anticipate the experience with minimal guilt and apprehension. If the parent is fearful of the procedure, this fear will be communicated to the child and the possibility of a traumatic hospital experience will be increased. any trauma.<sup>26</sup>

#### IV. THE CONTENT AND TIMING OF PREPARATION

The actual procedure of preparing the child for a hospital experience is dependent upon the needs of the individual child and the circumstances characterizing his admission. experience? What should the parents do when their child is taken there? These questions plague parents and doctors as well . . . There are no ready answers.<sup>27</sup>

Each child and the problem which leads to his hospitalization constitute a completely individual situation affected by such factors as the age of the child, his emotional and intellectual development, the emotional climate of the home and the hospital facilities which are available in the community.<sup>24</sup> his coming experience.

Although most writers contended that preparation served the child by enabling him to cope with the impending hospital stay, there was disagreement concerning the

<sup>26</sup> Coleman, loc. cit.

<sup>23</sup> Winkley, op. cit., p. 36.

<sup>24</sup> Baty, loc. cit.; Green, loc. cit.; Gwendoline Bellam, "Tonsillectomy without Fear," American Journal of Nursing, 51:244, April, 1951.

intensity or depth necessary in such preparation. For example, Robertson felt, "It would be neither possible nor desirable to anticipate everything that might happen to him in the hospital," because knowledge of procedures such as enemas and injections might increase anxiety.<sup>25</sup> On the other hand, Coleman was of the opinion that "the thoroughly prepared child goes through the entire experience with little, if any trauma."<sup>26</sup>

In any event, while authorities agreed that preparation for the hospital experience reduced the degree of trauma that might occur, the elements that constitute preparation were difficult to define. According to Baty:

How should the child be prepared for the hospital experience? What should the parents do when their child must be taken there? These questions plague parents and doctors as well . . . There are no ready answers.<sup>27</sup>

Writers were in agreement on several factors involved in preparation. The most important factor appeared to be that the child was truthfully told of his coming experiences.<sup>28</sup> Coleman emphasized that if the child was deceived,

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<sup>25</sup> Coleman, loc. cit.  
Robertson, op. cit., p. 105.

<sup>26</sup> Messildine, op. cit., p. 2.  
Coleman, loc. cit.

<sup>27</sup> Carra Lou McCaskell, "Pediatric Surgical Nursing,"  
Baty, loc. cit. May, 1958.

<sup>28</sup> Shirley, loc. cit.; Green, loc. cit.; Gwendoline Bellam, "Tonsillectomy without Fear," American Journal of Nursing, 51:244, April, 1951.

"there is immediate resentment at having been lied to and tricked into a situation, and there is the painful distrust the child suddenly feels for the parent."<sup>29</sup> Messildine

The point at which preparation for a hospital experience begins was another varying factor. Demock felt that stated on this topic, "Preparation should be brief, to the point, and above all, truthful."<sup>30</sup>

Most authors indicated that any information given the visits to the doctor as these initial contacts with physicians and nurses determined the child's attitude toward at a rate he could comprehend. The child should understand them. As noted previously in this chapter, the experiences of a child prior to hospitalization affect his reaction to the situation. Unpleasant memories of doctor and new games to play.<sup>31</sup>

Another point which should be clearly presented to the child is the reason he is going to the hospital. It is not so important that he understand the medical or surgical indications for hospitalization as it is that "he be made to feel the hospitalization is for his own welfare."<sup>32</sup>

He (or she) should be told simply and truthfully why [italics in the original] he has to go to the hospital.

Young children get strange ideas about the reason for as knowledge of the event any sooner may build up undue

<sup>29</sup> Coleman, loc. cit.

<sup>30</sup> Messildine, op. cit., p. 2.

<sup>31</sup> Robertson, op. cit., p. 103.

<sup>32</sup> Carra Lou McCaskell, "Pediatric Surgical Nursing," Nursing Outlook, 6:274, May, 1958.

<sup>33</sup> Shirley, op. cit., p. 101. Messildine, loc. cit.; Robertson, op. cit., p. 105.



things. Not uncommonly . . . they feel they have been naughty, and if they are not given the true reason for going, this is the kind of frightening reason they are likely to invent.<sup>33</sup>

The point at which preparation for a hospital experience begins was another varying factor. Demock felt that hospitalization should be introduced in minute amounts, and preparation for the hospital began at the child's first visits to the doctor as these initial contacts with physicians and nurses determined the child's attitude toward them.<sup>34</sup> As noted previously in this chapter, the experiences of a child prior to hospitalization affect his reaction to the situation. Unpleasant memories of doctor and nurse figures make the problem of adjustment more difficult.

It should be recognized that many pediatric admissions may not be anticipated. In those cases where the admission is planned, however, there were several factors that should guide the introduction of the experience to the child. Authorities indicated that the child should be told several days to a week prior to the planned admission date as knowledge of the event any sooner may build up undue anxiety in the child.<sup>35</sup>

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<sup>33</sup> Robertson, op. cit., p. 103.

<sup>34</sup> Demock, op. cit., p. 101.

<sup>35</sup> Messildine, loc. cit.; Robertson, op. cit., p. 105.



An important factor to be considered when telling a child of hospitalization was giving the child an opportunity to recover from his initial fear and the freedom to ask questions concerning the procedure.<sup>36</sup> Information about the hospitalization should be introduced in minute amounts, and themselves had an understanding of the hospital and were expanded at the pace set by the child's questions. In this manner, information can be repeated according to the child's individual needs, and "all the information given in the order he can best assimilate it."<sup>37</sup>

The questions concerning what a child should be told about the hospital and when he should be told of the experience appeared well answered by Green:

When hospitalization becomes necessary for a child it would seem wise to prepare him for this new and very different experience. This preparation need not be elaborate but mainly an honest effort to acquaint the child, in words he can understand, with the fact that he is going to the hospital and why this is necessary; that he will be separated from his parents for a time; that he will have certain experiences in the hospital, including anesthesia and surgery if such is the case, and that some of these procedures may hurt somewhat. It is best if the parents can do this, without an overt display of anxiety, sufficiently before admission to permit the child to think this through and ask whatever questions come to mind.<sup>38</sup>

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<sup>36</sup> Shirley, loc. cit. P. 46.

<sup>37</sup> Robertson, loc. cit.

<sup>38</sup> Green, loc. cit.

## V. THE TECHNIQUES UTILIZED IN PREPARING THE CHILD

ward, (2) that there will be pain after operation, and (3) that on return home the child will be difficult in his behavior.<sup>39</sup> Preparation by parents most commonly involved a narrative account of the hospital and the procedures within the hospital.<sup>39</sup> This type of preparation assumed that parents

Also available for children were books to read or themselves had an understanding of the hospital and were paint, and records explaining the hospital. These devices, of course, were more appropriate for older children in a non-threatening manner to their children. Demock also suggested that giving the child an opportunity to role play the doctor and nurse and supplemented, rather than replaced, parental explanation. Again, Robertson pointed out the shortcomings involved with play materials enhances narrative preparation.<sup>40</sup>

involved in most of these publications:

For those parents who were aware of their role in the preparation of their children for a hospital experience, (1) Everyone is shown smiling all the time--doctors, representation of frightening procedures . . . (3) There should be available a variety of booklets and leaflets intended to help them in their task. The value of this type of publication to parents is questionable. Hartrich pointed out that "only an exception hospital explains its routine conferences if the parent was to use them effectively."<sup>41</sup> so that parents and children know what to expect."

Robertson was in agreement with this statement when he said that this type of literature often avoids or minimizes three important aspects of the problem: (1) that the child will

Ruth Gross and Fannie C. Gettleman, "Books for p. 35; Ingeborg G. Mauksch, "Larry Has His Tonsils Out," American Journal of Nursing, 57:903, July, 1957.

<sup>39</sup> Demock, op. cit., p. 46.

<sup>40</sup> Ibid.; Hartrich, loc. cit.

<sup>41</sup> Hartrich, loc. cit.

be unhappy, and that there will be crying children in the ward, (2) that there will be pain after operation, and (3) that on return home the child will be difficult in his behavior.<sup>42</sup>

Also available for children were books to read or paint, and records explaining the hospital.<sup>43</sup> These devices, of course, were more appropriate for older children and supplemented, rather than replaced, parental explanation. Again, Robertson pointed out the shortcomings involved in most of these publications:

- (1) Everyone is shown smiling all the time--doctors, nurses, parents, and patients. (2) There is too much representation of frightening procedures . . . (3) The child who is too young to be helped by words or pictures is totally ignored. . .<sup>44</sup>

It was generally agreed that any printed material used in preparation should be supplemented by individual or group conferences if the parent was to use them effectively.<sup>45</sup>

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<sup>42</sup> Robertson, op. cit., p. 109.

<sup>43</sup> Ruth Gross and Fannie C. Gettleman, "Books for Children about Hospitals," Child Study, Winter, 1956-57, p. 35; Ingeborg G. Mauksch, "Larry Has His Tonsils Out," American Journal of Nursing, 57:903, July, 1957.

<sup>44</sup> Robertson, loc. cit., 1960.

<sup>45</sup> Ibid.; Hartrich, loc. cit. Community Hospital," Nursing Outlook, 7:572, October, 1959.



Another procedure that appeared effective in better enabling parents to prepare their children for a hospital experience was that of orienting both parties to the hospital at a date prior to hospitalization. Pitman described a program of orienting parents to the hospital that was "designed to make children and their parents feel more acquainted and at ease in a hospital environment."<sup>46</sup> In another community, nursery school children were toured through selected departments of their local children's hospital.<sup>47</sup>

In summary of this discussion on various techniques and procedures that focus on the preparation of the child for a hospital experience, it may be said that books, records, role playing, and tours of the local hospital all may aid parents in their task. These devices should, however, be considered as supplementary measures. The important factor appeared to be that parents who understand and accept hospitalization should be able to communicate their assurance to the child.

<sup>46</sup> Delora Pitman, "Getting Acquainted with Hospitals," Nursing World, 134:15, January, 1960.

<sup>47</sup> "They Learn about Their Community Hospital," Nursing Outlook, 7:572, October, 1959.



## VI. PREPARATION WHILE IN THE HOSPITAL

Preparation must begin in the home. It does not, however, end when the child enters the hospital. From the time a child is admitted and until his discharge, persons within the hospital should "recognize the importance of simple, truthful explanations . . ."<sup>48</sup>

The admission procedure itself presents an opportunity for nursing personnel to reinforce or supplement the knowledge of the parent and the child about the hospital. According to Jenson and Comely, "The majority of the problems center in the stresses and strains which occur at the time the child is admitted to the hospital."<sup>49</sup> The admitting process should be completed in a manner that allays fear and encourages acceptance of the hospital.

The child who has some understanding of the procedures to be performed, as well as the child who has not been prepared, needs an explanation immediately prior to any treatment. "One thing a pediatric nurse must do--she must

(5) the techniques utilized in preparing the child, and

<sup>48</sup> Marjory T. Overholser, "The Congenital Cardiac Program and the Nurse," American Journal of Nursing, 53:1480, December, 1953.

<sup>49</sup> Jenson and Comley, loc. cit.

<sup>51</sup> Albert J. Solnit, "Hospitalism," American Journal of Diseases of Children, 99:163, February, 1960.

explain what is going to be done and why, and be truthful about it."<sup>50</sup>

Physicians and nurses have the responsibility of helping the child accept procedures performed within the hospital; parental explanation alone is not adequate preparation.

In summary, the words of Albert Solnit appeared appropriate:

... hospitalization can be an important experience that furthers the mutual adaption of the child and the mother as well as the physical health of the child. When a crisis of hospitalization is integrated as an important experience by the mother and child, one can speak of the crisis being used to further development.<sup>51</sup>

## VII. SUMMARY

The review of the literature was discussed under six general headings: (1) the effect of hospitalization on infants, preschool age, and school age children, (2) the effect of preparation, (3) the role of parents in preparing the child, (4) the content and timing of preparation, (5) the techniques utilized in preparing the child, and (6) preparation while in the hospital.

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<sup>50</sup> Ruth Frank, "The Frightened Child," American Journal of Nursing, 51:327, May, 1951.

<sup>51</sup> Albert J. Solnit, "Hospitalism," American Journal of Diseases of Children, 99:163, February, 1960.

Studies indicated that many infants suffer acute separation anxiety when hospitalized, characterized by withdrawal and regression. There appeared to be no satisfactory substitute for mother in the avoidance of anxiety symptoms. Preschool age children were found to be more capable of tolerating maternal separation, however, they continued to show widespread manifestations of anxiety, particularly in relation to bodily mutilation and punishment when hospitalized. It was felt that this anxiety could be reduced by knowledge of the unfamiliar aspects of hospitalization. School age children exhibited trauma caused by hospitalization, but their increased social contact and ability to verbalize lessened the occurrence of emotional disturbances. Preparation for an impending hospitalization was found to be helpful in reducing the child's fears and enabling him to make the necessary adjustments to the new situation. It was generally conceded among authors that parents should play the primary role in preparing the child for hospitalization. Because the feelings of the parent are readily transmitted to the child, it was felt that the parents' apprehensions about the hospital experience should be reduced before they attempt to prepare the child.



What information should be given to a child about the hospital and when he should be told of the hospital experience were questions that raised some disagreement among authors. It was felt that these factors were determined to a large extent by the individual needs of the child, however, it was generally agreed that the child should be told of the experience several days before admission. That he should not be deceived was emphasized. Some authors felt he need not be previously prepared for every procedure.

Many techniques utilized in the preparation of the child were discussed. Books, records, and tours of the hospital have all been used to supplement parental explanation. It was felt that these techniques are more appropriate for the old child, although they generally showed some shortcomings.

It was considered important that preparation for hospitalization continue after hospital admission by careful reinforcement of the parent's explanations to the child regarding any occurrence. In this way, trauma to the child who was not adequately prepared was reduced, and the prepared child received needed support.

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<sup>1</sup> Carter V. Good, Introduction to Educational Research (New York: Appleton-Century-Crofts, Incorporated, 1959), p. 167.



### CHAPTER III

#### METHODOLOGY

The purposes of this study were to secure opinions from doctors, nurses, and mothers regarding information considered important for parents to have in preparing a preschool age child for hospitalization. In view of this purpose, the descriptive survey method of research was the only method considered for the study.

According to Good, a descriptive survey study is one that is directed toward ascertaining the prevailing facts or current conditions concerning the nature of a group of persons. Studies of this nature are conducted to obtain data concerning an existing condition and may also be utilized to identify standards in the development of new plans or processes.<sup>1</sup>

#### I. INTERVIEW INQUIRY

When the descriptive survey method is used to obtain information about feelings or beliefs, the interview and the

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<sup>1</sup>Carter V. Good, Introduction to Educational Research (New York: Appleton-Century-Crofts, Incorporated, 1959), p. 167.

questionnaire are appropriate techniques of data collection.<sup>2</sup> In both techniques, information is obtained by asking questions. Selltitz and associates state:

Questioning is particularly suited to obtaining information about what a person knows, believes, . . . intends, or does [italics in the original] and about his explanation or reason for any of the preceding.<sup>3</sup>

Both the questionnaire and the interview techniques have certain advantages and disadvantages. However, for the purposes of this study the personal interview was selected as the data-gathering device.<sup>4</sup> The interview is more flexible in its implementation than the written questionnaire and it also provides an opportunity to clarify responses and to followup clues.<sup>5</sup>

## II. DEVELOPMENT OF A TOOL

To accomplish the purposes of this study, it was necessary to devise a tool which would give information for spontaneous reply.

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<sup>2</sup> Marie Jahoda, Morton Deutsch, and Stuart W. Cook, Research Methods in Social Relations, Part I (New York: The Dryden Press, 1951), p. 51.

<sup>3</sup> Claire Selltitz, and others, Research Methods in Social Relations (New York: Henry Holt and Company, Incorporated, 1959), p. 243.

<sup>4</sup> Marie Jahoda, Morton Deutsch, and Stuart W. Cook, Research Methods in Social Relations, Part II (New York: The Dryden Press, 1951), p. 425.

<sup>5</sup> Ibid.

Ibid., pp. 426-427.

regarding the opinions of doctors, nurses and parents regarding information they considered important to parents in the preparation of a preschool age child for hospitalization. A schedule of questions to be used in the study was formulated after a careful review of literature in the area of techniques. Authors classify questions concerning opinions and events known to a respondent as "fact-finding" questions.<sup>6</sup>

These authors also discuss the type of question to be included in the schedule: check response or free response. The check response or closed answer question is entirely satisfactory for many types of data; it requires less interviewer skill; is easy for respondents and facilitates tabulation. On the other hand, the open-ended question, while difficult to tabulate and analyze and requiring some interviewer skill, provides the respondent with an opportunity for spontaneous reply.<sup>7</sup>

Another type of question, the follow-up question or the probe must also be considered in the initial formulation of the interview schedule. "The probe is a stimulus to her

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<sup>6</sup> Marie Jahoda, Norton Deutsch, and Stuart W. Cook, Research Methods in Social Relations, Part II (New York: The Dryden Press, 1951), p. 425.

<sup>7</sup> Ibid., pp. 426-427.



further communication on the part of the respondent."<sup>8</sup> The probe, a neutrally worded question or comment, is appropriate to elicit information needed by the interviewer. Usual probes include such phrases as "how do you mean?" or "anything else?"<sup>9</sup>

On the basis of these clues, an interview schedule containing both check and free response questions, as well as probe questions, was formulated. Although the type of probes advocated by Kahn were utilized during the interviews, they were not included in the written format of the schedule.

The questions contained in the interview schedule were based on information needed by parents regarding preparation of the preschool age child for hospitalization as noted in the literature. Three areas for consideration were: (1) information concerning the condition of the child, (2) information concerning the treatment of the child, and (3) information concerning hospital policies.

Two separate interview guides were formulated: one for use when contacting physicians and nurses, and another

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<sup>8</sup>Robert L. Kahn and Charles F. Cannell, The Dynamics of Interviewing (New York: John Wiley and Sons, Incorporated, 1957), p. 208.

<sup>9</sup>Ibid.

for mothers. The schedules were essentially identical in question content, however, semantics varied in an attempt to communicate with the various groups. In discussing the formulation of questions, Kahn stressed that each individual must "understand and interpret the information in the light of his own relevant past experiences."<sup>10</sup>

#### IV. PILOT STUDY

desirability of the proposed plan of data-collection,

#### III. SELECTION OF THE POPULATION

(2) the clarity of the proposed questions, and (3) the

practical. The population for the study consisted of pediatricians who utilized the facilities of a selected hospital, the nurses employed on the pediatric division of that hospital, and mothers whose preschool children were hospitalized in the same institution between June 6 and June 17, 1960. Permission to interview these persons was obtained by letter. (See Appendix A) Because of vacation schedules, thirteen of the sixteen pediatricians utilizing the hospital and six of a total of seven staff nurses were chosen to interview. Mothers of nine preschool age children were selected to be interviewed. These children represented the total number of scheduled hospital admissions within this age group for the two week

containing questions concerning the advisability of hospitalization. Ibid., p. 114.

schedule when persons contacted in the pilot study failed

period of the study. Eight of these children were to be admitted for tonsillectomies and one for observation and diagnosis. The schedule was revised rather than the original three, and was designed to permit more extensive recording of comments

#### IV. PILOT STUDY

A pilot study was conducted to determine: (1) the desirability of the proposed plan of data-collection, (2) the clarity of the proposed questions, and (3) the practicality of the interview format. The population for purposes of the pilot study was descriptive of the total population for study. Permission was obtained to interview two pediatricians and two nurses associated with a general teaching hospital. (See Appendix A) While no mothers of preschool age children were available in the same hospital, two mothers whose preschool age children recently experienced an anticipated hospitalization were located in the community. The schedule was developed.

The preliminary study indicated that the questions were understandable, however, it was felt that the general format of the schedule should be revised to provide additional space for answers. A fourth area for consideration, containing questions concerning the advisability of hospital-prepared literature, was added to the interview schedule when persons contacted in the pilot study failed



to mention the hospital as a source of information. The interview schedule utilized in the study contained four areas rather than the original three, and was designed to permit more extensive recording of comments and after each question. Copies of the final schedule may be found in Appendix B.

Introductory remarks made to physicians:

As a graduate student in nursing at the University of Colorado, I am preparing children for hospitalization. I would like to ask you some questions about the information that you feel

Interviewing is a process of communication in which the interviewer is a major influence. The interviewer must establish an atmosphere which will maximize the communicativeness of the respondent; in fact, the success of the interview depends considerably on the development of a friendly, permissive atmosphere. Adams<sup>11</sup> presented a number of principles that he felt represented a "philosophy" of interviewing. With these principles in mind, the interview procedure was developed.

The physician interviews varied in length from twelve to forty-five minutes, the average interview time being twenty-one minutes.

Nurses were contacted while on duty and interviewed in a ward classroom at a time previously arranged by the pediatric supervisor. Those nurses working day and evening hours were interviewed in the afternoon, while the nurses on night-duty were seen in the early morning hours. Introductory remarks similar to those made to physicians or negatively affect responses, especially from the mothers. acquainted the nurses with the purposes of the interview.

The studymaker conducted all interviews in street clothes as it was felt that nurses' attire might positively or negatively affect responses, especially from the mothers. acquainted the nurses with the purposes of the interview.

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<sup>11</sup>J. Stacy Adams, Interviewing Procedures (Chapel Hill: The University of North Carolina Press, 1958), pp. 12-30.

The interviews with the physicians were conducted on an appointment basis in their offices. Although the physicians indicated they had received and recently read the introductory letter, the studymaker identified herself and briefly stated the purpose of the interview. The following is an example of introductory remarks made to physicians:

As a graduate student in nursing at the University of Colorado, I am studying the problem of preparing children for hospitalization. I would like to ask you some questions about the information that you feel parents need in order to prepare the child to go to the hospital. My study is limited to the preparation of preschool age children, or children three, four, and five years of age.

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acquainted the nurses with the purposes of the interview.

The time involved in the nurse interviews ranged from ten to twenty-three minutes, or an average length of sixteen minutes.

The plan for analysis was to: (1) tabulate and compare the short answer responses obtained from persons in the three groups, (2) note the comments made in relation to each

The pediatric ward Kardex was checked daily between 12:00 noon and 3:00 P.M. for notice of scheduled admissions of preschool age children to be considered for this study. The child's name, age, and diagnosis were obtained prior to contacting the mother for an interview.

#### VII. SUMMARY

All mothers were interviewed twenty to twenty-four hours after the child's admission to the hospital and while sitting by the child's bedside. The mothers were approached at a time when the child was resting quietly and no visitors were present. The following is an example of the introduction made by the studymaker:

Mrs. \_\_\_\_\_. My name is \_\_\_\_\_. I am a nurse and I am now going to school at the University of Colorado. I am interested in how we can help parents prepare children for a hospital experience. I wonder if I could talk to you for a few minutes about some of the things you found helpful to know when you told \_\_\_\_\_ that he (or she) had to come to the hospital.

The mothers accepted the studymaker and responded freely to the questions. The interviews varied in length from ten to twenty-five minutes, the average interview being eighteen minutes.

were based on points of information suggested in the literature on preparation. Three areas of questions

#### VI. PLAN FOR THE ANALYSIS OF DATA

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The plan for analysis was to: (1) tabulate and compare the short answer responses obtained from persons in the three groups, (2) note the comments made in relation to each



question, and (3) formulate an outline of the information the persons in the study thought could be made available through the hospital.

## VII. SUMMARY

In order to secure from doctors, nurses, and mothers the information considered important for parents to have in preparing a preschool age child for hospitalization, the descriptive survey method was chosen. The personal interview was selected as the data-gathering device on the basis of its flexibility and the opportunity it affords to clarify responses.

The interview tool was formulated after a careful review of literature in the area of techniques. In the interest of communicating with the various groups, two interview schedules were formulated: one for use when contacting parents and another for physician and nurse interviews. Questions requiring short-answer responses in the schedules were based on points of information suggested in the literature on preparation. Three areas of questions originally formulated were: (1) information concerning the condition; (2) information concerning the treatment; and (3) information concerning hospital policies.

The study group chosen consisted of thirteen pediatricians utilizing the facilities of a selected hospital, six nurses employed on the pediatric division of that hospital, and mothers of nine preschool age children who experienced a scheduled hospitalization in the same institution during a two week period.

A pilot study was conducted in a general teaching hospital to determine the desirability of the plan of data collection, the clarity of the proposed questions and the practicality of the interview schedule. On the basis of the preliminary study, the format of the interview guide was changed to allow more space for the recording of answers. As persons contacted in the pilot study did not consider the hospital as a source of information in their comments, a fourth area with questions concerning hospital-prepared literature was added to the interview schedule.

Permission to perform the study in a selected private hospital was obtained. The interview procedure was developed through the utilization of principles of interviewing as reported in the literature. All persons contacted were introduced to the purposes of the study, rapport was established, and the interviews were conducted in privacy at a time convenient to the interviewee.

The plan for the analysis of data was to tabulate and compare the short answer responses, note the comments made by persons in relation to each question, and formulate an outline of the information these persons thought might be made available through hospital facilities.

The analysis of data was divided into three sections. The first section was concerned with a description of the participants in the study. The second section, "Analysis and Interpretation of Responses," utilized the modal responses of persons in each group to short answer questions. It identified the areas of agreement and disagreement in opinions about knowledge the parent should have in order to prepare the preschool age child for hospitalization. This section also contained selected comments by individuals in the study group in relation to each question analyzed. The third section, "An Outline for Hospital Prepared Literature," contained a tabulation and summarization of responses by physicians, nurses, and mothers to a question concerned with content of hospital prepared literature that would enable the parent to prepare the child for hospitalization.

with limited experience in pediatric nursing, appeared dis-

#### I. PARTICIPANTS IN THE STUDY

One of the purposes of this study was to elicit from doctors, nurses, and mothers the information considered by



them important for parents in the preparation of the preschool age child for hospitalization. To fulfill this purpose, twenty-eight persons were interviewed. Included in these twenty-eight persons were thirteen physicians, nine mothers, and six nurses.

#### ANALYSIS AND INTERPRETATION OF THE DATA

The analysis and interpretation of data was divided into three sections. The first section was concerned with a description of the participants in the study. The second section, "Analysis and Interpretation of Responses," same utilized the modal responses of persons in each group to short answer questions. It identified the areas of agreement and disagreement in opinions about knowledge the parent should have in order to prepare the preschool age child for hospitalization. This section also contained selected comments by individuals in the study group in relation to each question analyzed. The third section, "An Outline for Hospital Prepared Literature," contained a tabulation and summarization of responses by physicians, nurses, and mothers to a question concerned with content of hospital prepared literature that would enable the parent to prepare the child for hospitalization. Generally negative. One nurse,

with limited experience in pediatric nursing, appeared disinterested. She appeared to give no thought to her responses.

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them important for parents in the preparation of the preschool age child for hospitalization. To fulfill this purpose, twenty-eight persons were interviewed. Included in these twenty-eight persons were thirteen physicians, nine mothers, and six nurses. The pediatricians selected for the study utilized the facilities of a selected hospital and the nurses in the study were employed on the pediatric division of the same hospital. Mothers of nine preschool age children were selected for interview. The children represented the total number of scheduled hospital admissions within this age group for the two week study.

In an effort to obtain valid responses from persons in the study, the interview procedure was developed as outlined in Chapter II. However, several factors were noted during the process of interviewing that might serve to alter the analysis of data. Two physicians were behind schedule in their appointments, consequently, the interview was hurried; one mother was dissatisfied with hospital facilities and her answers were generally negative. One nurse, with limited experience in pediatric nursing, appeared disinterested. She appeared to give no thought to her responses to the questions. With the exception of these four

persons, the respondents appeared to give careful consideration to answering the study questions.

Physicians. The thirteen physicians interviewed for the purposes of this study were all practicing pediatricians and had a varying number of years experience in pediatrics, as indicated in the following summary:

Number of Physicians	Number of Years Experience
1	1 to 4 years
3	5 to 9 years
5	10 to 14 years
1	15 to 19 years
3	20 to 25 years

Nurses. Nurses contacted during the study were employed as staff nurses on the pediatric division of a selected hospital. No attempt was made to determine the extent of their educational background, however, their experience in pediatric nursing was noted. The range of experience in pediatric nursing varied from three months to twelve years. The number of nurses and the length of their experience in pediatric nursing was summarized as follows:

talization other than her own. (See Table I)



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Number of Physicians	Number of Years Experience
1	1 to 4 years
3	5 to 9 years
5	10 to 14 years
1	15 to 19 years
3	20 to 25 years

Nurses. Nurses contacted during the study were employed as staff nurses on the pediatric division of a selected hospital. No attempt was made to determine the extent of their educational background, however, their experience in pediatric nursing was noted. The range of experience in pediatric nursing varied from three months to twelve years. The number of nurses and the length of their experience in pediatric nursing was summarized as follows:

talization other than her own. (See Table I)

# Number of Nurses      Number of Years Experience

PREVIOUS EXPERIENCE WITH HOSPITALIZATION AS INDICATED BY MOTHERS		Under 1 year
1		1 to 2 years
2		3 to 4 years
1		Over 10 years
Identification	Previous Experience with Hospitalization	
Number of Mother	Self	This
Children.	Other	Other Member

The children whose mothers were interviewed ranged in age from three years to five years. Five of the children were five years old, two of the children were four years old, and two of the children were three years old. With the exception of one child who was admitted for observation and diagnosis, all the children were hospitalized for the purpose of having tonsillectomies.

Mothers. The nine mothers interviewed for the study were asked about their previous experience with the hospital. All of the mothers indicated that they had experienced hospitalization themselves, seven had experience with the hospitalization of another child or another member of their immediate family. Two mothers indicated that the child hospitalized at the time of the study, had been in the hospital before. One mother had no experience with a hospitalization other than her own. (See Table I)

II. ANALYSIS AND INTERPRETATION OF RESPONSES

The major questions utilized in the interviews were concerned with the content of preparation.

TABLE I  
PREVIOUS EXPERIENCE WITH HOSPITALIZATION  
AS INDICATED BY MOTHERS

Identification Number of Mother	Previous Experience with Hospitalization			
	Self	This Child	Other Child	Other Member of Family
1	x		x	
2	x		x	x
3	x		x	
4	x		x	x
5	x	x	x	x
6	x	x		
7	x		x	
8	x			
9	x		x	

## II. ANALYSIS AND INTERPRETATION OF RESPONSES

The questions contained in the interview schedules were designed to elicit from physicians, nurses, and mothers the information which they considered important for parents to have in the preparation of the preschool age child for hospitalization. The major questions utilized in the interviews were concerned with the content of preparation.



The physician and nurse interview schedules were designed to allow the recording of "always," "usually," "seldom," and "never" as responses to major questions. These answers were indicated by the symbols, "A," "U," "S," and "N." In questioning the mothers, the following responses were designated for their answers: (1) "this information was helpful," (2) "this information would have been helpful," (3) "this information would not have been helpful," and (4) "this information was not helpful." These responses were symbolized in the above order by the letters, "W," "X," "Y," and "Z." in relation to each question.

To secure a meaningful analysis of the small number of responses, items considered for analysis were grouped into two categories: positive and negative, and the modal responses to each question were considered the basis of interpretation. The modal response was obtained by noting the most frequent response to each question. In the analysis of physician and nurse responses, "always" and "usually" were reclassified as "positive," while "seldom" and "never" were classified as "negative." In the analysis of the responses by mothers in the study group, "this information was helpful," and "this information would have been helpful," were considered "positive," while the latter two responses, "this information would not have

been helpful" and "this information was not helpful" were considered "negative." and IV show the distribution of the responses. Questions pertaining to the implementation of preparation were also included. This was done in an attempt to obtain a complete response from persons in the study. Secondary questions, "who should supply this information?" and "when should it be given?" were asked with each of the major questions presented to physicians and nurses. Mothers in turn were asked, "where did you get this information?" "when did you get it?" and "would it have been helpful to have it at another time?" in relation to each question.

A descriptive summary, based on the majority response to these secondary questions by members of each group was presented with the analysis and interpretation of data obtained about each major question. Except when specifically stated, responses by mothers to the questions, "when did you get this information?" and "would it have been helpful to have it at another time?" were not included. The mothers in the study group indicated that they had received points of information from doctors at time intervals varying from one day to one month or through previous experience. As all the mothers indicated that there was adequate time for purposes of preparation within this varying time interval, conclusions regarding the time they felt necessary

were not possible. Tables II, III, and IV show the distribution of the responses by physicians, nurses, and mothers to each major question considering the original four categories of responses. Table V indicates the modal response of persons in each group when the data was reorganized into positive and negative responses. These tables are found in Appendix C.

The following analysis considered the modal responses of physicians, nurses, and mothers to each question item and included comments made by persons in each group.

Question number one, "In order for the parent to prepare a preschool age child for hospitalization, should the parent know the name of the condition?" was asked of doctors and nurses. The modal response (12) by physicians was positive, as was the modal response (4) by nurses. Some of the expressed views included: "There should be no secrecy with parents. They become too apprehensive. This is especially bad with preschooler--if the parents panic, the child will pick it up," and "Parents need to know this, but the child doesn't."

This question was posed to mothers as, "When you prepared your child to come to the hospital, did you find it helpful to know the name of the condition?" The modal



response (8) by mothers was in the affirmative. The comments by mothers paralleled the following example: "I told him his tonsils had to come out. I didn't use the term tonsillectomy, but I suppose it helped me to know."

The majority of physicians and nurses indicated that the physician should give the parents this information at a time prior to hospitalization. All mothers in the study had received this information from the admitting physician.

In summary, physicians, nurses, and mothers in the study group indicated by the positive modal responses in each group, that the parents should know the name of the condition in order to prepare the preschool age child for hospitalization. Comments made by respondents appeared to indicate that the parents understand the child's condition, but that the technical name need not be used in preparing the child. One physician indicated the role of parental understanding in the avoidance of anxiety on the part of the child.

Question number two, "In order for the parent to prepare the preschooler for hospitalization, should the parent know the cause of the condition?" was asked of doctors and nurses. The modal response (13) by physicians was positive, as was the modal response (6) by the nurses. The comments made included, "They should know as much about the condition

as possible. The only exception is in a condition such as leukemia, when you will want to tell them gradually." Another physician indicated: "Parents are usually interested in this, and care must be taken to rid them of guilt. I'm always quite explicit in saying, 'it's not anyone's fault, even if it is.'" Mothers were asked, "When you prepared your child to come to the hospital, did you find it helpful to know the cause of the condition?" The modal response (8) by the mothers was positive, however, several of their comments indicated that their understanding of the hospitalizing condition was not complete. One mother of a child undergoing tonsillectomy stated: "I've known for a year that her tonsils were bad. They even caused rheumatic fever and she wouldn't walk for a while." Most of the mothers felt as this one: "The doctor has been wonderful in explaining everything to me. He's talked to us several times about the general procedure." Unanimous agreement among physicians and nurses indicated that the information concerning the cause of the condition is the responsibility of the physician and should be given prior to hospitalization, if possible. All mothers indicated they had received this explanation from the admitting physician.

In summary of responses to question number two, physicians, nurses, and mothers in the study group agreed, as indicated by the positive modal responses in each group, that the parent should know the cause of the condition in order to prepare the preschool age child for hospitalization. Comments appeared to indicate that physicians in the study were concerned with the alleviation of feelings of guilt on the part of parents, but stated that conditions of a serious nature did affect the amount of information given to parents. Mothers indicated that they had as much understanding of the condition as they needed to prepare their children for hospitalization.

Question number three, "In order for the parent to prepare the preschool age child for a hospital experience, should the parent know the effect of the condition on the body?" was asked of physicians and nurses. The modal response (13) by physicians was positive, as was the modal response (6) by nurses. However, comments made regarding this question modified the unanimous positive response. Several persons indicated that in a serious illness, information is not given immediately. "Yes, except in cases of leukemia or other fatal conditions. Then you have to go slowly and carefully in explaining." Another commented,

effect of the condition on the child in order to prepare the



"Usually, but within reason. You do not want to overwhelm the parent with possibilities."

The question was asked of mothers, "When you prepared your child to come to the hospital, did you find it helpful to know the effect of the condition on the body?" Mothers replied positively, the modal response was seven. One mother stated, "I resent being kept in ignorance. This doctor is very good about explaining. Children this age have too active an imagination. You have to tell them what will happen and how they will feel." Another mother said: "It would have helped me to know that it would hurt afterward, I didn't tell him that."

Physicians and nurses agreed unanimously that information concerning the effect of the condition should be given the parent by the physician, usually before admission. Eight mothers had this information, but four mothers indicated they had received the knowledge from a source other than the physician. Three of the mothers had previous experience with other children having tonsillectomies, and one had talked to a neighbor.

In summary, physicians, nurses, and mothers in the study groups agreed, as indicated by the positive modal responses in each group, that the parent should know the effect of the condition on the child in order to prepare the

child for a hospital experience. The only exception to having this information given to parents appeared to be in the instance of a child with a fatal or otherwise serious illness. The transmission of information to the parent was delayed in this type of case.

Question number four, "In order for the parent to prepare the preschool age child for a hospital experience, should the parent know the reason for hospital treatment?" was asked of doctors and nurses. The modal response (13) of physicians was positive, as was the modal response (6) by nurses. Some of the views expressed were, "Yes, always. You may have to justify the admission of the child," and "Yes, but the parents do not have to tell the child too much. The child needs something concrete to visualize, like a bed with side rails, while the parents need an overall understanding."

In reference to this question, mothers were asked, "When you prepared your child to come to the hospital, did you find it helpful to know the reason for hospital treatment?" The modal response (9) by mothers was positive also. As the majority of the mothers had children in the hospital for the purpose of having tonsillectomies, their comments paralleled this: "I thought it would be better to have them taken out in the hospital."

The unanimous response among physicians and nurses was that the physician should aid the parent in understanding the reason for hospital treatment. All of the mothers indicated this had been done by the physician.

In summary of responses to question number four, physicians, nurses, and parents indicated by their positive modal responses that information concerning the reason for hospital treatment should be given the parents. Comments made by persons in the study indicated no reason why this should not be done. One physician stated that the parent should be given some explanation, if not the real reason: "Some mothers don't do well if they know the real reason--for example, a work-up for possible leukemia."

Question number five: "In order for the parent to prepare the preschool age child for a hospital experience, should the parent know the probable length of hospitalization?" was asked of doctors and nurses. The modal response (13) of the physicians was positive, as was the modal response (4) of the nurses. Comments made included: "Always give as good an estimate as you can," and "Usually, but if it's longer than you expect, both parents and children become upset." Another person indicated, "Yes, this information also helps parents to plan financially." doctor treatments such as x-ray, surgery, or laboratory



5555? This question was posed to mothers as, "When you prepared your child to come to the hospital, did you find it helpful to know the probable length of hospitalization?"

The modal response (8) by mothers was in the affirmative. Six mothers indicated they had talked to the physician about the length of hospitalization. Two mothers learned of this factor at the hospital desk and one mother knew from previous experience with hospitalization. One mother indicated that it would have been helpful to have the information earlier. In response to this question, one nurse indicated,

Physicians and nurses agreed that this information should be given the parent by the physician prior to admission. about these things, and it's usually because they

100:7 In summary, physicians, nurses, and mothers in the study group indicated by their positive modal responses that information concerning the length of hospitalization was important in preparing the child. Physicians and nurses felt that care must be taken to avoid promises that cannot be met, and also indicated that this information was helpful to parents in financial planning. information they needed, and

had no Question number six, "In order for the parent to prepare the preschool age child for a hospital experience, should the parent have a general description of probable doctor treatments such as x-ray, surgery, or laboratory up,

tests?" was asked of doctors and nurses. The modal response (13) of the physicians was positive, as was the modal response (6) by nurses. Some of the views expressed included: "Anything that will be painful to the child should be told to him by the mother," "Parents should tell the child in a matter of fact manner, then the child will accept it in this manner," and "You cannot prepare the preschooler for procedures too far in advance, but you give the information for the parent's sake."

In response to this question, one nurse indicated, "The nurse will have to explain these things as they are done. Sometimes the parents don't think about telling the child about these things, and it's usually because they don't have enough information."

This question was posed to mothers as, "When you prepared your child to come to the hospital, did you find it helpful to have a general description of probable doctor treatments such as x-ray, surgery, or laboratory tests?"

The modal response (7) by mothers was positive. Several mothers indicated that this was information they needed, and had not received. "Maybe I should have asked what to expect. I didn't have any questions, maybe this was because I didn't know what to ask." Another mother said: "I just told him that he would be put to sleep and when he woke up,

his tonsils would be gone. No one told me about it, I just remembered it from before."

The majority of the physicians indicated that this information should be given to the parent before admission, however several doctors stated that the child need not know of these procedures until immediately prior to their occurrence. The nurses also agreed that the physician should inform the parents of these procedures before hospitalization and again before the procedure is done. Two nurses indicated the nursing role in the preparation of the child for procedures in the hospital. Of the nine mothers in the study, two had talked to the doctor about probable treatments, four knew from previous experience, and three mothers indicated that this information was not available to them.

Summarizing the responses to question number five, physicians, nurses, and mothers in the study indicated, by positive modal response, that information about probable treatments by the doctor was important in preparation. Physicians indicated that this information was important, and yet both nurses and mothers commented that physicians often did not provide this information. However, it is worth noting that the mothers in this study had contact with physicians other than the pediatricians interviewed in the study group.



Question number seven was also concerned with treatments while in the hospital. "In order for the parent to prepare the preschool age child for a hospital experience, should the parent have a general description of probable nurse treatments such as injections, temperatures, or enemas?" was asked of doctors and nurses. The modal response (10) by physicians was positive, while the nurses' response was bimodal. Three nurses responded positively, and three replied negatively. Several physicians indicated that this information should be given, but was often overlooked. "I should do this, but usually take for granted that they know," "this is important, but usually is not done." Another physician indicated that all procedures can't be anticipated prior to admission, and stated: "I trust pediatric nurses to help the child accept and understand the procedure at the time it is done." A nurse indicated, "You should be careful not to give too much detail before the child enters the hospital. He will become too afraid."

When mothers were asked, "When you prepared your child to come to the hospital, did you find it helpful to have a general description of probable nurse treatments such as injections, temperatures, or enemas?" The modal response (6) was positive. One mother indicated, however, that the

child's previous experience with these procedures minimized the need for preparation. "This sort of thing is an old story to my children. They have shots at the doctors; enemas, and temperatures at home." Another mother expressed, "These things don't bother children, strange faces upset them more than anything else." The general response by mothers to this question was, "She is use to these things, so I didn't mention them."

The majority of the physicians indicated that information concerning probable treatments by the nurse should be given by the physician prior to admission and supplemented by nurse explanation at the time of the procedure. Three nurses were of the same opinion. The majority of the mothers indicated that because of previous experience they were familiar with nursing procedures. They also indicated that they made no special effort to prepare the child for these procedures. that it would

In summary of responses to question number seven, physicians and mothers in the study group indicated by their positive modal responses that information concerning treatments by the nurse was important to the parents in preparation. The nurses' response to this question was bimodal.

It appeared that familiarity with these procedures lessened the concern, and consequently the need for

information, of the mothers in the study group. As no attempt was made to determine the feelings of the child, it was impossible to determine if their anxiety was reduced because of familiarity.

Question number eight, "In order for the parent to prepare the child for a hospital experience, should the parent have knowledge of the pediatric ward such as through pictures or a tour?" was asked of doctors and nurses. The modal response (9) by physicians was negative. Physicians indicated that this practice was difficult in execution and commented: "If the ward is crowded with sick children, they would be better off not seeing it." Another physician commented, "There is time enough for this when admitted to the hospital."

On the other hand, the modal response (4) by nurses to the question was positive. Nurses commented that the idea was good, but that it would be hard to implement for all admissions. "Mothers don't always have time to bring them down, and the hospitals are usually busy, but it would really help if it could be done."

Mothers were asked the question in this way, "When you prepared your child to come to the hospital, did you find it helpful to have knowledge of the children's ward?" The modal response (5) by the mothers was negative. Many



commented that they had been on the ward before, and didn't use the knowledge in preparing the child. As one mother said, "Children can understand this as they see it. They don't need to know any sooner."

Although the majority of the physicians contacted indicated that this information was not helpful to parents, several mentioned that planned hospital tours might be utilized. Nurses also indicated that hospital tours could enlarge the parents' knowledge of the ward, and the majority of mothers indicated they knew of the children's ward through previous experience.

In summary, physicians and parents felt that knowledge of the ward prior to admission did not help the parents in preparation, while nurses responded that it would be helpful, but not easily accomplished. This raises a question as to who would be helped by this preparation, the child or the nurse.

Question number nine, "In order for the parent to prepare the preschool age child for a hospital experience, should the parent have knowledge of hospital procedures such as bedbaths, meals in bed, or the use of bedpans?" was asked of doctors and nurses. The modal response (8) of the physicians was negative. The opinions of physicians appeared well stated in this remark: "Mothers usually know

this for themselves, however, the concept of the preschooler is poor--you have to explain to them as you go along, not before."

Nurses responded in a bimodal fashion to this question. As these procedures are usually connected with nursing function, the variety of response raises the question of how secure the nurse feels with a prepared child.

This question was posed to mothers as, "When you prepared your child to come to the hospital, did you find it helpful to have knowledge of hospital procedures such as bedbaths, meals in bed, or the use of bedpans?" The modal response (5) of mothers to this question was positive, however most of them indicated in comments that they did not use this information when preparing the child. One mother stated, "I know about those things, but I didn't tell him about them," and another said, "I had no use for any of that information, however, if you don't know from experience, no one here tells you anything."

While the physicians' response was generally negative, several indicated the role of the physician in introducing the mothers to these procedures, and the role of nurse explanation in the hospital. The three nurses who responded positively, indicated that this information should be given by the nurse in the hospital, but not before. None

of the mothers had received this information from a physician although they knew from previous experience.

In summary of responses to question number nine, the modal response of physician was negative, and that of the mothers positive. The nurses' response was bimodal and no conclusions regarding their opinions were drawn, but some suppositions were made. Mothers indicated that this information was not used in the preparation of the child for the hospital experience, and this raises the question, "Do mothers need guidance in the preparation of the child?"

Question number ten, "In order for the parent to prepare the preschooler for a hospital experience, should the parent have knowledge of hospital rules such as visiting regulation?" was asked of physicians and nurses. The modal response (13) of the physician was positive as was the modal response (6) of nurses. Some of the views expressed were: "This is very important for parents to know," "The doctor and nurse must be in agreement with each other," and "hospital regulations must always be followed."

Mothers were asked the question in this way, "When you prepared your child to come to the hospital, did you find it helpful to have knowledge of hospital rules such as visiting regulations?" The modal response (9) of the mothers was positive. Mothers indicated that they used this

information in preparing the child and several stated an instance similar to the following: "I told him I would stay till he went to sleep, but then I had to break my promise because I had to leave earlier than I thought." Furthermore, the majority of the mothers indicated that they did not have this information until admission to the hospital.

While physicians and nurses agreed that information about hospital regulations was important for parents to know, they disagreed on the time such information should be given. The majority of the physicians indicated that the physician should inform the parents before hospitalization and the nurse should reinforce this knowledge in the hospital. The majority of the nurses indicated that this information was not necessary before admission and should be given by a nurse in the hospital. One mother received information about hospital regulations from the physician while the remainder learned of these regulations through hospital signs and the admission desk.

In summary of responses to question number ten, all persons in the study group responded in a positive manner. Physicians and nurses appeared quite concerned that hospital rules be followed and this question stimulated rather definite comments. Mothers, on the other hand, indicated



that while this information was important in preparation, it was not generally available until hospitalization was a reality.

In an attempt to meet one of the purposes of the study: to prepare an outline to be used in the development of instructional aids for parents, questions concerning the advisability and possible content of such literature were asked of physicians, nurses, and mothers in the study group.

Question number eleven, "In your opinion, can the hospital assist the parents in the preparation of the pre-school age child for hospitalization by providing literature prepared especially for this purpose?" was asked of physicians and nurses in the study. The modal response (13) by physicians was positive, as was the modal response (5) by nurses. Several persons indicated that one half of pediatric admissions were scheduled and that material of this nature would be effective only with that percentage of pediatric patients. With the exception of one person who felt that such material should be given to the parent at the time of admission, all persons in the study indicated that this literature should be available through physician's offices as well as through the hospital.

Several persons indicated that the preschool age child was difficult to prepare and that literature of this

type was not effective in preparation, but only for the information of the parent. As stated by one physician, "The doctor should see that the parents understand the condition, and the nurse should prepare the child before procedures in the hospital."

Mothers were asked: "In your opinion, could the hospital help you in preparing your child for hospitalization by providing literature about the hospital?" The modal response (7) by mothers was also positive. Several mothers indicated that the mother with little experience with hospitalization would benefit most from such literature. One mother stated: "It would be good for mothers who had no experience. The nurses always seem too busy for you to ask them any questions."

### III. AN OUTLINE FOR HOSPITAL PREPARED LITERATURE

Tentative topics suggested by persons in the study to be included in literature prepared by the hospital that would increase the parents' ability to prepare the preschool age child for a hospital experience fell into twelve categories. The frequency with which each topic was mentioned varied from one item with a frequency of fourteen to several items that were suggested once.

The relatively low endorsement of individual items made the development of a valid outline impossible, however, a list of the topics suggested to be included in hospital prepared literature and the frequency with which they were suggested was formulated. (See Table VI.)

#### IV. SUMMARY

In an attempt to obtain the information that physicians, nurses, and mothers thought to be important to parents in the preparation of the preschool age children for hospitalization, thirteen physicians, six nurses, and nine mothers were interviewed.

The questions asked were concerned with points of information that physicians, nurses, and mothers thought to be important in the preparation of the preschool age child for hospitalization, the sources of such information, and the time it should be given to parents.

As indicated by positive modal responses, doctors, nurses, and mothers in the study group agreed that the following points of information were helpful to parents in the preparation of the preschool age child for hospitalization:

TABLE VI

FREQUENCY OF TOPICS SUGGESTED BY DOCTORS, NURSES,  
AND MOTHERS TO BE INCLUDED IN HOSPITAL-PREPARED  
LITERATURE FOR PARENTS

Topics Suggested	Frequency of Suggestion			
	Doctor	Nurse	Mother	Total
Visiting Hours and other hospital regulations	9	2	3	14
Description of daily ward routine including meal and rest periods	7	1	2	10
Pictures and description of pediatric ward, rooms, and beds	5	2	2	9
Individually prepared literature on common routine procedures, such as T & A, isolation, general surgery	5	1	2	8
Pictures and description of various personnel encountered in the hospital	3	1	1	5
General information about play facilities	1	3	1	5
Explanation of routine procedures such as urinalysis and blood tests	2	1		3
General information about clothing and personal belongings		3		3
Explanation to mother of what child should be told	1		2	3
Prices of rooms			2	2
Procedure for admission and dismissal	1			1
Inform parents that questions concerning the child's condition should be directed to doctor	1			1



Question Number	Topic
1	the name of the condition
2	the cause of the condition
3	the effect of the condition on the body
4	the reason for hospital treatment
5	the probable length of hospitalization
6	a description of probable treatments by the doctor
10	knowledge of hospital regulations such as visiting hours.

The majority of physicians and nurses interviewed felt that these points of information should be made available to the parents through the physician. The majority of the mothers indicated that with the exception of question number ten, they had received information in these areas from the physician although previous experience with hospitalization played a major part in their knowledge.

While physicians and nurses agreed in their response to question number ten, that this information was important to the parent in the preparation of the child, they disagreed on the time it should be given the parent. Physicians indicated it should be given the parent before and after admission to the hospital and nurses indicated it

should be given upon admission. The majority of mothers indicated that they received this information by noting hospital signs or by talking to the admission clerk.

Physicians and mothers in the study agreed that knowledge of probable treatments by the nurse was important in preparation, while the nurse response was bimodal. Several mothers indicated in their comments that the child's familiarity with these procedures reduced the necessity of telling them about the probability of their occurrence in the hospital.

Physicians and nurses agreed that knowledge of the children's ward might aid parents in the preparation of the child while mothers in the study stated that it was not helpful.

The question concerned with knowledge of hospital procedures such as the use of bedpans or meals in bed, raised the most disagreement. Physicians indicated that while mothers knew of these procedures, the child needed no preparation for them. Nurses in the study responded bimodally, and mothers responded that this information was helpful. Many of the mothers, however, indicated that they had not used their knowledge of these facts when preparing the child for the hospital experience.

Twenty-five of the twenty-eight persons in the study indicated that literature prepared by the hospital would be helpful to parents in preparing the preschool age child for hospitalization. The points of information that might be included in this literature, as suggested by persons in the study, were placed in twelve categories and a list containing these suggestions was formulated. (See Table VI, page 68.)

## CHAPTER V

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

#### I. SUMMARY

This study was undertaken to determine the information which doctors, nurses, and mothers considered useful to parents in the preparation of the preschool age child for hospitalization. The purposes of the study were to (1) elicit from these persons the information considered by them important in the preparation of the preschool age child for hospitalization, (2) to identify the areas of agreement and disagreement, and (3) to prepare an outline which could be used as the basis for the formulation of instructional aids for parents.

It was felt that a study to determine the information helpful to the parent in the preparation of the preschool age child was important. The feelings of the parent are readily transmitted to the child and if the parent is secure in his knowledge of the experience, the child will gain needed support. However, if the knowledge of the parent is inadequate, he may fail to prepare the child and in doing so, forfeit the child's trust.



Assumptions made for the purposes of the study were:

(1) preparation for an experience reduces the anxiety that may accompany it, (2) parent figures can prepare the child more satisfactorily than any other source, and (3) physicians and nurses contribute to the parent's understanding of hospitalization.

Literature concerning children in the hospital was reviewed from 1945 to 1960. The review revealed that the degree and type of disturbance encountered by children in the hospital is dependent upon their age, maturity, and previous experience. In general, it was felt that infants cannot tolerate maternal separation while preschool and school age children require explanation about new procedures to reduce the development of fears and anxieties.

It was generally agreed among authors that parents should play the primary role in preparing the child for hospitalization. Although devices such as books and records are available to parents for use when preparing the child, authors agreed that a truthful, non-threatening explanation about the hospital by the parents was essential. What information a child should be given about the hospital and when he should be told about a hospital experience should be dependent upon the child's individuality. That the child

have an opportunity to ask questions and clarify misconceptions prior to admission was thought to be an important factor.

Another factor pointed out in the literature was that preparation does not end with admission to the hospital. Every hospitalized child needs truthful explanations of procedures as they occur.

In order to secure from doctors, nurses, and mothers the information they considered important for parents to have in preparing a preschool age child for hospitalization, the descriptive survey method of research was chosen. The personal interview was selected as the data gathering device on the basis of its flexibility and the opportunity it offered to clarify responses.

The interview tool was designed to permit the recording of short answer responses and comments to questions in four general areas: (1) information concerning the condition, (2) information concerning the treatment, (3) information concerning the hospital, and (4) the advisability of hospital prepared literature. In the interest of communicating with the various groups, two interview schedules were formulated; one for use when contacting physicians and nurses and another for parent interviews.

The study group was composed of twenty-eight persons. These persons included thirteen pediatricians utilizing the facilities of a selected hospital, six nurses employed on the pediatric division of that hospital, and the mothers of nine preschool age children who experienced a scheduled hospitalization in the same institution during a two week period.

Permission to perform the study in a selected hospital was obtained and the interview procedure was developed through the utilization of principles of interviewing as reported in the literature. All persons contacted were introduced to the purposes of the study, rapport was established, and the interviews were conducted in privacy at a time convenient to the interviewee.

The data obtained by interviewing doctors, nurses, and mothers were tabulated and the modal response to individual questions by persons in each group was considered the basis for analysis. Comments made in relation to each question were noted, and an outline was formulated by noting the topics to be included in hospital prepared literature as suggested by persons in the study.

The analysis of data indicated that the doctors, nurses, and mothers in the study group agreed that the following points of information were helpful to parents in

the preparation of the preschool age child for hospitalization: the name of the condition, the cause of the condition, the effect of the condition on the body, the reason for hospital treatment, the probable length of hospitalization, a description of probable treatments by the doctor, and knowledge of hospital regulations such as visiting hours. Physicians and nurses indicated that the physician should be responsible for giving this information to parents. Mothers in the study indicated that they had received most of the information from the physician. However, because of previous experience with hospitalization, their knowledge was increased. The mothers also indicated that they had not received knowledge of hospital visiting hours until after admission. This knowledge was obtained by noting hospital signs or talking to the admission clerk. The mothers indicated that it would have been helpful to have this information before admission.

Physicians and mothers agreed that knowledge of probable treatments by the nurse was important in preparation, but the nurse response to this question was bimodal. Several mothers indicated in their comments that because of the child's previous experience with nursing treatments, they did not prepare them for these procedures in the hospital.



Physicians and nurses agreed that knowledge of the children's ward might aid parents in preparation but the mothers in the study stated this information was not helpful.

A question concerned with knowledge of hospital procedures, such as the use of bedpans or meals in bed, raised the most disagreement. Physicians indicated that mothers were familiar with these procedures and the child needed no preparation for them. Nurses in the study responded bimodally, and the mothers responded that this information was helpful. Many of the mothers indicated that they had not used their knowledge of these facts when preparing the child for the hospital experience.

Twenty-five of the twenty-eight persons in the study indicated that literature prepared by the hospital would be helpful to parents in preparing children for hospitalization. The points of information that might be included in this literature, as suggested by persons in the study, were placed in twelve categories and a list containing these suggestions was formulated.

## II. CONCLUSIONS

The analysis of responses by doctors, nurses, and mothers to questions on information that the parent should

have in order to prepare the preschool age child for hospitalization revealed several factors that appeared worthy of further discussion.

The physicians in the study delegated to themselves the responsibility of conveying most information to the parents. They indicated concern that the parent should have as full an understanding of the condition of the child and the reason for hospitalization as necessary. However the majority of the doctors also indicated that the preschool age child could not comprehend this information and that preparation in this age group was limited. The physicians made no mention of utilizing an office nurse to convey information to parents. One questions the practicality of the attempt by physicians to discuss all the factors concerning hospitalization with parents.

Because of the limited number of nurses interviewed, generalizations were not possible. It was interesting to note, however, the disagreement among the nurses in the study concerning the preparation of the child for hospitalization. This disagreement was especially noticeable when the question concerned knowledge of nursing procedures. In these areas, and in the area of disseminating information about visiting hours, the nurses were of the opinion that

the nurse in the hospital should inform parents and children of these factors.

An opinion expressed several times by various persons in the study group was that the child three, four, and five years old could not be prepared for the procedures encountered in a hospital experience. Only one mother indicated that the child needs to know what to expect in a new situation. The general response indicated that while the specified points of information were useful to the parent, they were not necessarily to be communicated to the child.

The mothers indicated that little had been done by them in preparing the child for the new experiences, and showed no concern. As the majority of the children whose mothers were contacted had been hospitalized for the purpose of having tonsillectomies, their hospital stay was of short duration and the mothers were allowed at their bedside except during the night. These factors raised several questions: What effect does the presence of the mother in the hospital have on the child's need for preparation? Is the mother's acceptance of procedures as non-threatening communicated to the child non-verbally, or does he require verbal explanation? Would these children have benefited if their mothers had been guided in the utilization of their

knowledge about the hospital in preparing them for the experience? These questions may be answered only with further study in the area of preparation of children for a hospital experience.

On the basis of the data revealed by this study, the following conclusions regarding the study group were drawn:

1. Physicians and nurses indicated that parents should have as full an understanding of the child's condition and the reason for hospitalization as necessary in order to prepare them for the experience.
2. Physicians and nurses delegated to the physician the responsibility of conveying this information to the parent.
3. Explanation by the physician and previous experience with the hospital contributed to the mother's understanding of the situation.
4. On the whole, mothers indicated that they did not communicate much of their knowledge about the hospital and the necessary treatments to the child prior to hospitalization.
5. On the whole, physicians and nurses indicated that the preschool age child cannot benefit from preparation.



6. Physicians, nurses, and mothers agreed that literature prepared by the hospital would aid parents in preparing the child for the hospital experience.

### III. RECOMMENDATIONS

On the basis of the data obtained through this study, it is recommended that further study be undertaken in the area of preparation of the preschool age child for hospitalization in an attempt to determine:

1. The ability of the preschool age child to comprehend and benefit from preparation for a hospital experience.

2. The effect of preparation on the physical and/or emotional health of the hospitalized child.

3. The effect of the mother's presence at the bedside on the child's need for preparation.

4. The effect of previous experience on the part of the child with various procedures encountered in the hospital as related to his need for preparation.

5. The preparation given the hospitalized child by the nurse prior to individual procedures.

6. The role that the office nurse could or should be able to play in conveying information to parents and children about the hospital.

Following the completion of the studies recommended above, literature which would guide parents in preparing their children for hospitalization should be designed.

## BIBLIOGRAPHY

### A. BOOKS

Adams, J. Stacy. Interviewing Procedures. Chapel Hill: The University of North Carolina Press, 1958.

Blake, Florence. The Child, His Parents, and the Nurse. Philadelphia: J. B. Lippincott Company, 1954.

Demock, Hedley G. The Child in Hospital. Philadelphia: F. A. Davis Company, Publishers, 1960.

Good, Carter V. Introduction to Educational Research. New York: Appleton-Century-Crofts, Incorporated, 1959.

\_\_\_\_\_, and Douglas E. Scates. Methods of Research. New York: Appleton-Century-Crofts, Incorporated, 1954.

Illingsworth, Ronald S. The Normal Child. Boston: Little, Brown and Company, 1957.

Jahoda, Marie, Morton Deutsch and Stuart W. Cook. Research Methods in Social Relations. Part I. Basic Processes. New York: The Dryden Press, 1951.

\_\_\_\_\_. Research Methods in Social Relations. Part II. Selected Techniques. New York: The Dryden Press, 1951.

Kahn, Robert L. and Charles F. Cannell. The Dynamics of Interviewing. New York: John Wiley and Sons, Incorporated, 1957.

Kiesewetter, William B. (ed.). Pre and Postoperative Care in the Pediatric Surgical Patient. Chicago: The Year Book Publishers, Incorporated, 1956.

Robertson, James. Young Children in Hospital. Philadelphia: F. A. Davis Company, Publishers, 1960.

Sellitz, Claire, and others. Research Methods in Social Relations. New York: Henry Holt and Company, Incorporated, 1959.

Shirely, Hale F. The Child, His Parents, and the Physician. Springfield: Charles C. Thomas, Publisher, 1957.

#### B. ARTICLES

Baty, James M. and Veronica B. Tisza. "The Impact of Illness on the Child and His Family," Child Study, Winter, 1956-1957.

Bellam, Gwendoline. "Tonsillectomy without Fear," American Journal of Nursing, 51:244-245, April, 1951.

Coleman, Lester L. "Children Need Preparation for Tonsillectomy," Nursing World, 130:8-9, May, 1956.

Erickson, Florence. "Reactions of Children to Hospital Experience," Nursing Outlook, 6:501-504, November, 1958.

Fay, Audrey Barrett. "Public Relations Pay in Pediatrics," American Journal of Nursing, 52:1506-1509, December, 1952.

Frank, Ruth. "The Frightened Child," American Journal of Nursing, 51:326-328, May, 1951.

Green, Morris. "Working out Child-Parent-Nurse Relationships," Nursing World, 127:10-11, May, 1953.

Gross, Ruth, and Fannie Gettleman. "Books for Children about Hospitals," Child Study, Winter, 1956-1957.

Hartrich, Paulette. "Parents and Nurses Work Together," Nursing Outlook, 4:146-148, March, 1956.

Hohle, Bertha M. "We Admit Parents Too," American Journal of Nursing, 57:865-867, July, 1957.

Jackson, Edith. "Treatment of the Young Child in the Hospital," American Journal of Orthopsychiatry, 12:56-67, January, 1942.



- Jenson, Reynold A. and Hunter H. Comley. "Child-Parent Problems and the Hospital," Nervous Child, 7:200-201, 1948.
- Levy, David M. "Psychic Trauma of Operations in Children," American Journal of Diseases of Children, 69:7-25, 1945.
- Mauksch, Ingeborg G. "Larry Has His Tonsils Out," American Journal of Nursing, 57:903-905, July, 1957.
- McCaskell, Carra Lou. "Pediatric Surgical Nursing," Nursing Outlook, 6:274-275, May, 1958.
- Moore, Beatrice R. "When Johnny Must Go to the Hospital," American Journal of Nursing, 57:178-180, February, 1957.
- Overholser, Marjory T. "The Congenital Cardiac Program and the Nurse," American Journal of Nursing, 53:1478-1480, December, 1953.
- Pitman, Delora A. "Getting Acquainted with Hospitals," Nursing World, 134:15-17, January, 1960.
- Powers, Grover. "Humanizing Hospital Experiences," American Journal of Diseases of Children, 76:365-372, October, 1948.
- Prugh, D. G., and others. "A Study of the Emotional Reactions of Children and Families to Hospitalization and Illness," American Journal of Orthopsychiatry, 23:70-106, 1953.
- Solnit, Albert J. "Hospitalism," American Journal of Diseases of Children, 99:155-163, February, 1960.
- Spitz, R. A. "Hospitalism: An inquiry into the genesis of psychiatric conditions in early childhood," Psychoanalytic Study of the Child, 6:14-16, 1951.
- "They Learn about Their Community Hospital," Nursing Outlook, 7:572, October, 1959.
- Vaughan, G. F. "Children in Hospital," The Lancet, 272:1117-1120, 1957.

- Wallinger, Elgie. "Intramuscular Injections for Children," American Journal of Nursing, 48:112-113, February, 1948.
- Webb, Carolyn. "Communicating in Pediatrics," American Journal of Nursing, 60:194-195, February, 1960.
- Wessel, Morris A. "The Pediatric Nurse and Human Relations," American Journal of Nursing, 47:213,216, April, 1947.
- Wineman, David. "When a Hospitalized Child Must Be Disciplined," American Journal of Nursing, 56:568-571, May, 1956.
- Winkley, Ruth. "When a Child Must Go to the Hospital," The Child, 17:34-36, November, 1952.

#### C. PAMPHLETS

- Messildine, Hugh. "Preparation of Children for Hospitalization," Developments in Infant and Child Care. A Newsletter for Science Writers and Editors. Prepared by the Medical Department of Ross Laboratories. (Columbus, Ohio), April-May, 1960.



4185 East Florida Street  
Denver 22, Colorado  
May 30, 1960

Dear \_\_\_\_\_,

This letter is written to confirm our telephone conversation on May 23 regarding permission to perform a study at \_\_\_\_\_ Hospital. As you may recall, the study is concerned with the preparation of children for hospitalization.

In recent years, the literature has presented many articles concerned with the effects on children of hospitalization and separation from parents. A factor that affects the ease of the child's adjustment to hospitalization is adequate preparation for the experience. Most authorities agree that such preparation should be a responsibility of the parent; however, parents often require guidance in this task. Doctors and nurses, as well as parents, are concerned with the well-being of the hospitalized child.

In view of these facts, it was felt that a study to determine the information that these groups thought was important to parents in order to prepare children for hospitalization was desirable. Such a study would provide the basis for the formulation of a guide for parents.

In order to fulfill the requirements toward a Master of Science degree in Nursing at the University of Colorado, I plan to study this problem.

The study will be conducted at your hospital between June 6 and June 17, 1960. I plan to interview graduate nurses employed on the Pediatric service, mothers of hospitalized three, four, and five year old children, and pediatricians utilizing the hospital facilities. No identifying data will be included in the formal report of the study.



I appreciate your cooperation in this study. I will send you an abstract of the thesis and the material that would assist the hospital in formulating a guide for parents.

Sincerely yours,

(Miss) Lynne Harrison

4185 East Florida Street  
Denver 22, Colorado  
May 30, 1960

Dear \_\_\_\_\_,

In recent years, the literature has presented many articles concerned with the effects on children of hospitalization and separation from parents. A factor that affects the ease of the child's adjustment to hospitalization is adequate preparation for the experience. Most authorities agree that such preparation should be a responsibility of parents; however, parents often require guidance in the task. Doctors and nurses, as well as parents, are concerned with the well-being of the hospitalized child.

In view of these facts, it was felt that a study to determine the information that these groups thought was important to parents in order to prepare children for hospitalization was desirable. Such a study would provide the basis for the formulation of a guide for parents.

In order to fulfill the requirements toward a Master of Science degree in Nursing at the University of Colorado, I plan to study this problem.

The study will be conducted with the approval of \_\_\_\_\_, Chief of Pediatrics, at \_\_\_\_\_ Hospital in \_\_\_\_\_. Between June 6 and June 17, 1960, I plan to interview nurses on the pediatric division as well as mothers of hospitalized three, four, and five year old children, and pediatricians utilizing the hospital.

I will be in \_\_\_\_\_ on June 1 and would like to arrange an appointment at your convenience. The interview should not exceed twenty minutes. No identifying data will be included in the formal report of the study.

I would appreciate your cooperation in this study.  
If you would like to know the results of the findings, I  
will be happy to send you an abstract of the thesis.

Sincerely yours,

(Miss) Lynne Harrison

4185 East Florida Street  
Denver 22, Colorado  
May 30, 1960

This letter is to confirm our telephone conversation on May 27 regarding permission to perform a pilot study at \_\_\_\_\_ Hospital. As you may recall, the study is concerned with the preparation of children for hospitalization.

In recent years, the literature has presented many articles concerned with the effects on children of hospitalization and separation from parents. A factor that affects the ease of the child's adjustment to hospitalization is adequate preparation for the experience. Most authorities agree that such preparation should be a responsibility of parents; however parents often require guidance in the task. Doctors and nurses, as well as parents, are concerned with the well-being of the hospitalized child.

In view of these facts, it was felt that a study to determine the information that these groups thought was important for parents in order to prepare children for hospitalization was desirable. Such a study would provide the basis for the formulation of a guide for parents.

In order to fulfill the requirements toward a Master of Science degree in Nursing at the University of Colorado, I plan to study this problem.

The study will be conducted in another state. I appreciate your cooperation in allowing me to test the tentative interview schedules at \_\_\_\_\_ Hospital on May 28. Results of the pilot study will not be included in the formal report of the study.

Sincerely yours,

(Miss) Lynne Harrison



## APPENDIX B

Number \_\_\_\_\_

Physician and Nurse  
Interview Schedule

Position \_\_\_\_\_

Experience in Pediatrics \_\_\_\_\_

A--always  
U--usually  
S--seldom  
N--never

---

**INFORMATION CONCERNING THE CONDITION**

---

In order for the parent to prepare the preschool age child for a hospital experience, should the parent know:

1. The name of the condition? A U S N

a. Who should supply this information?

b. When should it be given?

---

2. The cause of the condition? A U S N

a. Who should supply this information?

b. When should it be given?

---

3. The effect of the condition on the body? A U S N

a. Who should supply this information?

b. When should it be given?

---

INFORMATION CONCERNING THE TREATMENT

---

In order for the parent to prepare the preschool age child for a hospital experience, should the parent know:

4. The reason for hospital treatment? A U S N

a. Who should supply this information?

b. When should it be given?

---

5. The probable length of hospitalization? A U S N

a. Who should supply this information?

b. When should it be given?

---

6. A general description of probable doctor treatments such as X-ray, surgery, or laboratory tests? A U S N

a. Who should supply this information?

b. When should it be given?

---

7. A general description of probable nurse treatments such as injections, enemas, or temperatures? A U S N

a. Who should supply this information?

b. When should it be given?

---

### INFORMATION CONCERNING THE HOSPITAL

---

In order for the parent to prepare the preschool age child for a hospital experience, should the parent have:

8. Knowledge of the pediatric ward through pictures or a tour? A U S N

a. Who should supply this information?

b. When should it be given?

---

9. Knowledge of hospital procedures such as bedbaths, meals in bed, or the use of bedpans? A U S N

a. Who should supply this information?

b. When should it be given?

---

10. Knowledge of hospital rules such as visiting regulations? A U S N

a. Who should supply this information?

b. When should it be given?

---

### HOSPITAL PREPARED LITERATURE

---

11. In your opinion, can the hospital assist the parents in preparing the preschool child for hospitalization by providing literature prepared especially for this purpose?

12. What information might be included in this literature?



Number \_\_\_\_\_

Mother Interview Schedule

Child's age \_\_\_\_\_

Diagnosis \_\_\_\_\_

Experience with Hospital  
Self \_\_\_\_\_

This child \_\_\_\_\_

Other child \_\_\_\_\_

Member of family \_\_\_\_\_

W--this information was  
helpfulX--This information would  
have been helpfulY--This information would  
not have been helpfulZ--This information was  
not helpful

---

 INFORMATION CONCERNING THE CONDITION
 

---

When you prepared your child to come to the hospital did  
you find it helpful to know:

1. The name of his illness?

W X Y Z

a. Who gave you this information?

b. When did you get it?

c. Would it have been helpful to have  
it at another time?

2. The cause of his illness?

W X Y Z

a. Who gave you this information?

b. When did you get it?

c. Would it have been helpful to have  
it at another time?

---

3. The effect of the illness on him?

W X Y Z

- a. Who gave you this information?
- b. When did you get it?
- c. Would it have been helpful to have it at another time?

---

INFORMATION CONCERNING THE TREATMENT

---

When you prepared your child to come to the hospital, did you find it helpful to know:

4. The reason for hospital treatment?

W X Y Z

- a. Who gave you this information?
- b. When did you get it?
- c. Would it have been helpful to have it at another time?

---

5. The probable length of hospitalization?

W X Y Z

- a. Who gave you this information?
- b. When did you get it?
- c. Would it have been helpful to have it at another time?

---

6. A general description of probable doctor treatments such as X-ray, surgery, or laboratory tests? W X Y Z

- a. Who gave you this information?
- b. When did you get it?
- c. Would it have been helpful to have it at another time?

---

7. A general description of probable nurse treatments such as injections, temperatures, or enemas? W X Y Z

- a. Who gave you this information?
- b. When did you get it?
- c. Would it have been helpful to have it at another time?

---

INFORMATION CONCERNING THE HOSPITAL

---

When you prepared your child to come to the hospital, did you find it helpful to have:

8. Knowledge of the children's ward? W X Y Z

- a. How did you get this information?
- b. When did you get it?
- c. Would it have been helpful to have it at another time?

---

9. Knowledge of hospital procedures such as bedbaths, meals in bed, or the use of bedpans? W X Y Z

- a. How did you get this information?
- b. When did you get it?
- c. Would it have been helpful to have it at another time?

---

10. Knowledge of hospital rules such as visiting regulations? W X Y Z

- a. How did you get this information?
- b. When did you get it?
- c. Would it have been helpful to have it at another time?

---

HOSPITAL PREPARED LITERATURE

---

- 11. In your opinion, could the hospital help you in preparing your child for hospitalization by providing literature about the hospital?
- 12. What information might be included in this literature?



## APPENDIX C

TABLE II

NUMBER OF PHYSICIANS AND THEIR RESPONSES TO QUESTIONS REGARDING THE INFORMATION HELPFUL TO PARENTS IN PREPARING THE PRESCHOOL AGE CHILD FOR HOSPITALIZATION

Question	Responses and Number of Physicians Responding			
	Always	Usually	Seldom	Never
In order for the parent to prepare the preschool age child for a hospital experience, should the parent know:				
The name of the condition?	9	3	1	
The cause of the condition?	7	6		
The effect of the condition on the body?	7	6		
The reason for hospital treatment?	11	2		
The probable length of hospitalization	8	5		
Should the parent have:				
A general description of probable doctor treatments such as x-ray, surgery, and laboratory tests?	10	3		
A general description of probable nursing treatments such as injections, enemas, and temperatures?	6	4	3	
Knowledge of the pediatric ward through pictures or a tour?	2	4	4	3
Knowledge of hospital procedures such as bedbaths, and meals in bed?	3	2	3	5
Knowledge of hospital rules such as visiting regulations?	13			

TABLE III

NUMBER OF NURSES AND THEIR RESPONSES TO QUESTIONS REGARDING THE INFORMATION HELPFUL  
TO PARENTS IN PREPARING THE PRESCHOOL AGE CHILD FOR HOSPITALIZATION

Question	Responses and Number of Nurses Responding			
	Always	Usually	Seldom	Never
In order for the parent to prepare the preschool age child for a hospital experience, should the parent know:				
The name of the condition?	2	2	1	1
The cause of the condition?	2	4		
The effect of the condition on the body?	3	3		
The reason for hospital treatment?	5	1		
The probable length of hospitalization?	4	2		
Should the parent have: A general description of probable doctor treatments such as x-ray, surgery, and laboratory tests?	4	2		
A general description of probable nursing treatments such as injections, enemas, and temperatures?	2	1	2	1
Knowledge of the pediatric ward through pictures or a tour?	1	3	1	1
Knowledge of hospital procedures such as bedbaths and meals in bed?	1	2	1	2
Knowledge of hospital rules such as visiting regulations?	6			

TABLE IV

NUMBER OF MOTHERS AND THEIR RESPONSES TO QUESTIONS REGARDING THE INFORMATION HELPFUL TO THEM IN PREPARING THEIR PRESCHOOL AGE CHILD FOR HOSPITALIZATION

Question	Responses and Number of Mothers Responding			
	Was helpful	Would have been helpful	Would not have been helpful	Was not helpful
When you prepared your child to come to the hospital, did you find it helpful to know:				
The name of the condition?	8			1
The cause of the condition?	8			1
The effect of the condition on the body?	7	1		1
The reason for hospital treatment?	9			
The probable length of hospitalization?	8			1
Did you find it helpful to have: A general description of probable doctor treatments such as x-ray, surgery, or laboratory tests?	6	1	2	
A general description of probable nursing treatments such as injections, enemas, or temperatures?	6		1	2
Knowledge of the children's ward such as through pictures or a tour?	3	1	4	1
Knowledge of hospital procedures such as bedbaths and meals in bed?	4	1	1	3
Knowledge of hospital rules such as visiting regulations?	7	2		

TABLE V

POSITIVE AND NEGATIVE MODAL RESPONSES BY PHYSICIANS, NURSES, AND MOTHERS TO EACH QUESTION REGARDING THE INFORMATION CONSIDERED HELPFUL TO PARENTS IN PREPARING THE PRESCHOOL AGE CHILD FOR HOSPITALIZATION

Question	Modal Responses					
	Physicians		Nurses		Mothers	
	Pos	Neg	Pos	Neg	Pos	Neg
In preparing the preschool age child for hospitalization, it is helpful for the parent to know:						
The name of the condition	12	1	4	2	8	1
The cause of the condition	13		6		8	1
The effect of the condition on the body	13		6		7	2
The reason for hospital treatment	13		6		9	
The probable length of hospitalization	13		6		8	1
It is helpful for the parent to have:						
A general description of probable doctor treatments such as x-ray, surgery, or laboratory tests	13		6		7	2
A general description of probable nursing treatments such as injections, enemas or temperatures	10	3	3	3	6	3
Knowledge of the children's ward through pictures or a tour	6	7	4	2	4	5
Knowledge of hospital procedures such as bedbaths and meals in bed	5	8	3	3	5	4
Knowledge of hospital rules such as visiting regulations	13		6		9	