# MODES OF COPING USED BY A TODDLER DURING A FOURTEENTH HOSPITALIZATION

by

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# CHAPTER I

## INTRODUCTION

Pediatric nurses are frequently confronted by toddlers who have chronic illnesses and require repeated hospitalization. Studies by Bowlby[1], Robertson[2], and others, show that hospitalization in this age group and the maternal deprivation and separation anxiety it produces, creates problems for the child, his family, and the nursing personnel. Repeated hospitalization disrupts the child's relationship with his mother, increases his fears and anxiety, and thus becomes a potential threat to his future development.

With hospitalization each child brings characteristic ways of responding to anxiety producing situations. Murphy says that a child uses these responses as coping devices

> ...to master its individual problems with the environment.............................................................. "Coping" points to the process--the steps or sequences through which the child comes to terms with a challenge or makes use of an opportunity. "Adaptation" is the result....Defense mechanisms may be, and often are, part of the overall coping effort;...the child's own manner of dealing with pressures and threats, potential and actual.[3]

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[1] John Bowlby, Maternal Care and Mental Health, (Geneva: World Health Organization, Monograph Series, No. 2, 1951).

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

[3] Lois Barclay Murphy, The Widening World of Childhood, (New York: Basic Books, Inc., 1962), pp. 6-7.

Coping devices and modes of adaptation vary with the individual, based on such variables as: past experiences, environment, family patterns and values, inner resources, physical status, and the support given by significant adults.

When a loved young child with a chronic illness is separated from his mother for repeated hospitalization, he goes through phases of adjustment to loss of maternal care. Bowlby[1] and Robertson[2] have identified these phases as protest, despair and denial of his need for mother and mothering.

There is a need to study chronically ill children who are faced with repeated hospitalization to acquire more knowledge upon which to build nursing theory. In doing this study, the writer, a nurse, intends to contribute to the scientific body of nursing knowledge by:

1. Making nurses aware of behavior patterns which may be acquired by young children when they are deprived of continuity in their relationships with their mother because of repeated hospitalizations.
2. Making nurses aware of ways in which they can make necessary subsequent hospital experiences for such children as constructive as possible.
3. Increasing nurses' insight into the young child's

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[1]Bowlby, Maternal Care and Mental Health.

[2]Robertson, Young Children in Hospitals.

need for his mother during hospitalization.

4. Pointing out ways in which nurses can support mothers through the stresses of hospitalization of their children.

## Statement of the Problem

The intent of this study is to identify, describe and evaluate changes in a thirty-three month old boy's mode of coping with stressful events when supported by his mother and a nurse during a fourteenth period of hospitalization for diagnosis of a chronic respiratory problem.

The objective of the study is to answer the following questions:

1. What situations provoked stress for the child during the initial period of study as demonstrated by clinging to his mother's body or hand and to toys from home, by tempestuousness, withdrawal, apprehensive facial expression, crying, sucking, rocking, hiding, fearfulness in leaving his room, inability to play, etc.?
2. What modes of coping did the child use to deal with stressful events during the initial period of study?
3. How did the child's mother respond to the child during periods of stress?
4. How can a nurse provide support for a child and his mother to make hospitalization a constructive experience?

5. What changes in modes of coping with stressful events occurred during the period of the study?

## Assumptions

This study is based on the following assumptions:

1. Hospitalization and the maternal separation that results create stressful experiences for a toddler.[1,2]
2. Children in the second and third years of life respond to the loss of maternal care in ways which may be threatening to healthy personality development.[3]
3. Every child has a capacity to cope with stressful situations with varying levels of coping capacity and response to the environment at different times. There are phases when the child can cope with more and times when he has to limit himself to less.[4]
4. Every child needs support from significant adults that enables him to use his own resources for

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[1] Bowlby, Maternal Care and Mental Health.

[2] Robertson, Young Children in Hospitals.

[3] Florence G. Blake, "Nursing Intervention to Reduce Suffering From Separation Anxiety," Conference on Maternal and Child Nursing, (Columbus, Ohio: Ross Laboratories, 1965), p. 1.

[4] Murphy, The Widening World of Childhood. p. 290.

coping and constructive adaptation.[1]

## Definition of Terms

For the purpose of this study, terms are defined as follows:

Toddler: A child whose chronological age is between one and three years.

Significant Adults: Individuals who are important to a child, such as his parents.

Mode of Coping: Meeting, encountering or overcoming problems. Process of developing ways of dealing with new and difficult situations that produce stress. Process by which an individual attempts to accommodate to his problem in a healthy manner.

Coping: "The steps or sequence through which the child comes to terms with a challenge or makes use of an opportunity."[2]

Coping Behavior: The use of available resources within the child to master problems of the environment.

Coping Devices: Specific action involving a choice in ways of using these resources.[3]

Chronic Illness: A pathological condition of lifelong duration.

Inborn Error of Metabolism: An hereditary or genet-

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[1] Ibid.

[2] Ibid, p. 6.

[3] Ibid.

ic disorder resulting from abnormal gene development. Cystic fibrosis of the pancreas falls in this category of disorders.

Maternal Deprivation: Situations in which a young child does not experience a continuous, warm, initmate, and mutually satisfying relationship with his mother.[1] The child in this study experienced repeated maternal separation due to several factors: illness requiring repeated hospitalization, hospital visiting regulations, mother's preoccupation with her own problems, and mother's responsibility to other family members.

Separation Anxiety: Behavioral and personality changes that occur in a young child when the mother-child relationship is disrupted by hospitalization.

Stress: A child's perception of outer conditions that arouse anxiety in him to the extent that he may be unable to maintain his autonomy in dealing with threat.[2]

Withdrawal: Defense or escape mechanism in response to stress whereby the individual becomes immobilized, passive and/or apathetic.

## Review of Literature

Separation experiences for the young child who has

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[1] John Bowlby, "Child Care and the Growth of Love," (2d ed.; Baltimore: Penguin Books, 1965), pp. 13-14.

[2] Lois Barclay Murphy, "Prevention Implications of Development in the Preschool Years," Prevention of Mental Disorders in Children, ed. Gerald Caplan (New York: Basic Books, Inc., 1961), p. 219.

had a continuous, warm relationship with his mother are potentially pathogenic. This hypothesis is well supported by evidence from Bowlby et al's. work.[1] Studies by Bowlby[2] and Robertson[3] also show that separation of young children from their mothers (repeated, prolonged, or disturbing experiences during short-term separations) may produce damaging effects upon personality development and affect later mental health.

Separation from a loved mother through hospitalization is a basic threat to the emotional security of any child under four years of age. The person in whom his expectations of comfort and security are vested is not there to meet his urgent need of her, and he is plunged into grief, fury and despair.

> ...The greatest single cause of distress in young patients is not illness and pain but separation from their mothers in strange surroundings....Emotional security in early years is the basis of emotional security in later life.[4]

Robertson[5] says reactions to separation (if the mother-child relationship is good prior to loss of maternal care) may progress through three phases of emotional

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[1]John Bowlby, James Robertson, and Dina Rosenbluth, "A Two-Year-Old Goes to the Hospital," The Psychoanalytic Study of the Child, (VII, 1952), pp. 82-94.

[2]Bowlby, Maternal Care and Mental Health.

[3]Robertson, Young Children in Hospitals.

[4]James Robertson, Hospitals and Children: A Parent's-Eye View, (New York: International Universities Press, 1962).

[5]Robertson, Young Children in Hospitals.

responses: protest, despair and denial. A child may be for days or weeks in a state of transition from one phase to another.

In protest the child has a strong, conscious need for his mother and expects her to respond to his cries. This is a normal reaction. In despair the child has a conscious need for his mother, coupled with increasing hopelessness. In denial the child is repressing his need for and feelings about his mother.

The child may deny his need for mothering by his own mother (crushing out the image of his mother, who, in his thinking, abandoned him). He may deny all need for mothering, following repeated attachments to a series of people who leave him and cause him pain. He may transfer his desire for closeness to people to material things, and may become self-centered. Superficiality (superficial sociability with everyone) is a possible consequence of separation if the child is separated from his mother before he has ego strengths to cope with it.

According to Bowlby[1] there is evidence to demonstrate that maternal deprivation can have adverse effects on the development of children during the period of separation, during the period immediately after restoration to their mothers' care, and permanently. Certain variables may affect this: age and emotional development of the child, length and degree of deprivation, quality of care provided

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[1] Bowlby, Maternal Care and Mental Health.

during separation from mother, and relations with mother before and after deprivation.

During early childhood, the mother is the child's ego and super ego.[1] These vital growth processes develop as the child grows. Only when the child's primary human relationships are continuous, growth-producing, and unimpaired by deprivation can he develop his unique potentials to the fullest.

Separation during a period of vulnerability to loss of maternal care may leave some psychological scar or scars. These scars can be reopened and cause varying degrees of stress by incidents or objects which remind the child of the original separation experience, and those which came thereafter.

Murphy[2] states that each child has a capacity to cope with stressful situations, but that each child needs support from significant adults to enable him to make the maximum use of his coping abilities for constructive adaptation. Professional groups have begun to analyze how children handle themselves in situations that are new to them. The "drive toward mastery" underlies coping efforts. Coping devices oriented to meet a challenge, insofar as they aim at a new and healthier level of balance may be

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[1]Florence G. Blake and F. Howell Wright, _Essentials of Pediatric Nursing_, (7th ed. rev.; Philadelphia: J. B. Lippincott, Co., 1963), pp. 22-23.

[2]Murphy, _The Widening World of Childhood_, p. 290.

seen as constructive. Coping devices in response to stress, inasmuch as they aim at maintaining an old balance or one at a lower level of equilibrium, may be seen as defensive devices.[1] Integration and assimilation are part of the adaptation as a result of successful coping.

Children may use the same coping devices but the method of using them is highly individualized and emphasis should be placed on the specific uses and meaning they have for the individual child. Evidence of growth is indicated by the child's capacity to modify coping behaviors to help him adapt to his illness and the many problems it presents to him.

## Methodology

This study was conducted in a children's hospital which was part of a large midwestern university medical center. The child in this study was chosen because of his numerous (thirteen) past hospitalizations, all of which involved separation from his mother. The fourteenth hospitalization differed in that the child's mother was able to stay with him for long, continuous periods. The writer was interested in observing the child's mode of coping during his fourteenth hospitalization, based upon his past hospitalization experiences.

The study began when Peter and his mother arrived at the hospital on the day of his fourteenth hospital ad-

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[1] Ibid, p. 109.

mission. The writer introduced herself as the nurse who would be caring for him. Peter was assigned to a three bed unit in a twenty-six bed toddler and preschool ward.

Peter was thirty-three months old at this time. His previous thirteen hospitalizations had all been in one other hospital for treatment of a chronic respiratory condition. He was admitted to this university medical center which was 300 miles from his home. The purposes of this admission were for diagnostic workup and for teaching of Peter's mother in his subsequent home care.

The writer, a participant observer, collected data daily for this study over a consecutive ten day period from admission to discharge. Intermittent periods of observation were made between 8 A.M. and 8:30 P.M. These covered waking and bedtime hours, meal times, rest periods, play periods and scheduled special procedures. The periods varied in length from two to five hours, averaging four hours a day. On some days the writer arranged two time periods of study in accordance with the needs of Peter and his mother. Data were collected through daily recordings written as soon as possible after the period spent with Peter alone or with Peter and his mother. On one occasion an instructor recorded the interaction between Peter and the writer.

These recordings included Peter's reaction to separation from his mother, painful and/or new procedures, play, interaction with the ward personnel, and interaction with his mother and the writer. The writer attempted to record her responses to Peter and his mother as well.

All recordings were read daily by the writer's instructor, who assisted her in understanding and interpreting the interaction and responses. Assistance was also given the writer in formulating nursing diagnoses, goals, nursing care plans, and evaluating the effectiveness of the above.

Peter's mother, Mrs. Gibbs, retained a sleeping room nearby and made arrangements to remain in the city during Peter's hospitalization. The strain resulting from Peter's hospitalization as well as separation from her husband and four other children was obvious. However, Mrs. Gibbs was able to express her feelings about this freely. She spent a great part of each day with Peter since hospital visiting hours were unrestricted and parents were encouraged to visit. Mrs. Gibbs had a streptococcal throat infection at this time, and appeared exhausted, physically as well as emotionally. To meet her needs, as well as Peter's, the writer relieved the mother several times to shorten her day, in the morning, during rest periods, and at bedtime.

During the study, the writer provided Peter with physical care and relationship experiences which included periods of play. She also spent time with Mrs. Gibbs to support her through the difficult period of hospitalization and separation from members of her family.

Instructions were given for care of Peter in his home by the physician and the writer prior to discharge.

Peter was referred to the local family pediatrician for follow-up care. Peter's pediatrician at the university medical center communicated his findings and recommendations to the local pediatrician.

Limitations of the study were:

1. The data recorded relied upon the memory recall and attention span of the writer with the exception of the one process recording by an instructor.
2. The use of only one patient in the study.
3. Neither the child studied nor his family were known to the writer prior to this hospitalization.

## Organization of the Remainder of the Study

The remainder of this study is presented in four subsequent chapters. Chapter II includes a brief history of the child, his family, and his medical problems. In Chapter III the writer gives a detailed description of stressful events, the child's mode of coping with them, the nursing diagnosis, goals, and plan of nursing care. Chapter IV shows changes in modes of coping with stressors and their evaluation. Chapter V comprises a summary, conclusions, and recommendations for further study.

# CHAPTER II

# PETER, HIS FAMILY, DEVELOPMENT, HEALTH HISTORY AND CURRENT HEALTH STATUS

## Peter and His Family

Peter was a stockily-built thirty-three month old toddler with a mop of dark brown, slightly curly hair. He had dark brown eyes that were large, expressive and his dominant feature.

He was the second youngest of five children ranging in age from seven years to twenty-one months born to Mr. and Mrs. Peter Gibbs, Jr. The Gibbs family lived in a small town about 300 miles north of the medical center where Peter had a fourteenth period of hospitalization.

Peter's father was twenty-eight years old. He worked as a laborer for a hoist and derrick company in a large city several miles from their home. Peter's mother, Mary, was twenty-six years old. In addition to fulfilling her responsibilities as a homemaker, she worked part-time as a nurses' aide in a nursing home. She worked in the evening or on weekends when her husband was home. Mrs. Gibbs liked working with patients and expressed a desire to enter nursing school and become a registered nurse.

The Gibbs family belonged to the Lutheran Church. Peter had not been baptised, but Mrs. Gibbs had intended

to have this done prior to this hospitalization.

### Peter's Development and Health History

Peter Gibbs, III, was born on June 2, 1963, following an uneventful pregnancy, labor and delivery. He weighed six pounds three ounces and was nineteen inches long. His physical development followed normal trends as described by Watson and Lowrey.[1] He sat up at three months and walked at one year. He started talking before he was two years old. With the exception of a few words, his speech was difficult to understand until one became familiar with his speech patterns. His mother usually had no difficulty understanding him. They were able to communicate with each other easily.

Prior to this hospitalization Peter was toilet trained for both urine and stool, with infrequent urinary incontinence during the night. He had daily bowel movements, usually in the morning.

As an infant, Peter developed facial eczema and diarrhea. He was taken off milk and placed on a soybean formula. The eczema and diarrhea ceased. Peter continued to gain weight after the formula change, and at the age of two years he was eating regular foods. He fed himself, and usually ate well. Peter had no other known food allergies. He was not fond of vegetables but ate almost

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[1]Ernest H. Watson and George H. Lowrey, Growth and Development of Children, (4th ed.; Chicago: Year Book Medical Publishers, Inc., 1962).

everything else. He was conscientious about oral hygiene and initiated brushing his teeth after meals.

According to his medical record, Peter had recurring respiratory infections during his first winter. His eyes were dull, and he was lethargic. He developed wheezing and coughing, with occasional vomiting, which lasted from four to seven days. The wheeze and cough responded well to epinephrine and bronchodilators. Recurrent respiratory infections occurred during cold weather, especially when it snowed. He did not have difficulty during the summer months or when the weather was warm. X-rays at times of infection revealed bronchopneumonia around the hilar areas. The pneumonia responded to antibiotics.

Ten days prior to the time this study began, Peter had a left otitis media which responded quickly to penicillin. During this period he had a cold and profuse nasal discharge.

Peter had not received any immunizations although all the other children in the family had. Peter's pediatrician advised his parents to wait with his immunizations because of the facial eczema during infancy. Peter has not had any of the childhood communicable diseases, any operations or other illnesses.

## Peter's Hospitalizations

Peter was first hospitalized at seven months of age with a diagnosis of pneumonia. Repeated hospitalizations thereafter (total of thirteen) were due to respira-

tory problems and the resultant pneumonia. Mrs. Gibbs did not remain with Peter during these periods of hospitalization but she did visit him for brief periods each day. During the time this study was done, Mrs. Gibbs' mother went to the Gibbs' home to care for Peter's siblings thereby enabling Peter's mother to remain in the city where he was hospitalized. No hospital record was sent to the medical center for reference. Therefore, little is known about his previous medical treatment and experiences in the other hospital.

On the basis of Peter's repeated bouts of pneumonia, he was suspected of having cystic fibrosis of the pancreas. His pediatrician contacted the pediatrician-in-charge at the university medical center and made arrangements for Peter's admission for diagnostic workup and for learning the therapeutic regimen which his mother could manage at home. Mrs. Gibbs planned to remain with Peter during this hospitalization to learn how to care for him at home. Hospitalization insurance was available through Mr. Gibbs' employer, and Peter was admitted as a private patient.

## Peter's Current Health Status

Peter was a husky little boy. His weight on admission was thirty-four and one-fourth pounds. His height was thirty-six and three-fourths inches. His rectal temperature was 99.6° Fahrenheit at the time of admission. He had rhinitis and his left nostril was red and irritated.

Peter's initial physical examination was essential-

ly negative. His lungs were clear. There was no clubbing of the fingers, or cyanosis of the nails or lips which are sometimes prominent symptoms of cystic fibrosis of the pancreas. His stools were formed and brown. This is not typical of the stools often observed in children with cystic fibrosis of the pancreas. Usually the stools of children with this inborn error of metabolism are large in volume, mushy but not watery, and have an offensive odor.[1]

There was no history of cystic fibrosis of the pancreas on either side of the family. However, one of Mrs. Gibb's nephews died of pneumonia at three years of age. Neither side of the family had any history of asthma, eczema or hayfever.

Peter's initial doctors' orders included: mist tent with 10 percent propylene glycol at nap time and bedtime, sweat test, nose and throat culture and smear, routine laboratory work, neosynephrine ½ percent solution one drop to each nostril every six hours when awake, polyvisol 0.6 cubic centimeter by mouth daily, stool for qualitative fat analysis, four day fecal fat determination test, and a chest x-ray. A physical therapy consultation for postural drainage was ordered. Mrs. Gibbs was to accompany Peter to the physical therapy department to receive instructions and practice in postural drainage techniques to be used at home.

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[1]Blake and Wright, Essentials of Pediatric Nursing, p. 342.

Peter's chest x-ray revealed a right upper lobe pneumonia. A heavy growth of beta streptococcus, group A, and staphylococcus aureus was found in his nose and throat culture. He was started on intramuscular nafcillin every twelve hours. All other tests were within normal range, including the sweat test which is used to confirm or rule out the diagnosis of cystic fibrosis of the pancreas.

An allergy consultation was ordered. Skin testing revealed a $1^+$ sensitivity to dust and $2^+$ to feathers. These findings were of no medical significance. On the medical record, the allergist's note stated:

> ...This child represents one of a group which shows increased susceptibility to infection. There is history of wheezing and respiratory symptoms severe enough to require treatment in the hospital. Wheezing appears to have been relieved by adrenalin, and is provoked by respiratory infections. These symptoms warrant a diagnosis of infectious asthma or asthmatic bronchitis.

Before being discharged and referred to the local pediatrician, Peter's pediatrician at the university medical center discussed the findings with Mrs. Gibbs. He realized the Gibbs family still had the problem of Peter's recurrent respiratory difficulties. The doctor stated that the chronic lung problems could lead to bronchiectasis, but he felt as Peter continued to grow and his respiratory system developed he would probably outgrow his medical problems.

A repeat nose and throat culture was negative. Peter was sent home on oral nafcillin for five days. Mrs. Gibbs was instructed to make an appointment for Peter to see his local pediatrician in a week, or before this time

if he had difficulty. A detailed report of Peter's hospitalization was sent to his local pediatrician.

In Chapter III the writer identifies events that produced stress for Peter during his fourteenth admission to a hospital; she describes his behavior on this admission, his mother's responses to and support of Peter during the initial period of stress, and includes the nurse's diagnosis, goals, and plan of care for Peter and his mother.

# CHAPTER III

## STRESSFUL EVENTS, PETER'S MODE OF COPING WITH THEM, THE NURSING DIAGNOSIS, GOALS AND PLAN OF CARE

### Peter's Behavior During the Initial Period of Study

#### Findings from Observations

The findings which follow are taken from data collected during Peter's admission and periods of observation the following two days. These are presented to portray his behavior on his fourteenth admission to a hospital.

Day of Admission.--When the study of Peter was begun, both he and his mother showed the effects of a difficult and wearisome trip to the hospital from their home which was 300 miles away. Peter was snuggled close to his mother. Mrs. Gibbs looked exhausted as she waited for Peter's grandfather to complete the financial arrangements for admission to the hospital.

As I introduced myself and interpreted my role to Mrs. Gibbs, Peter watched me closely out of the corner of his large brown eyes. He turned away from me and pressed his face into his mother's coat when I greeted and talked to him.

Peter watched closely, but failed to respond to the interne's gesture of friendliness when he entered to

lobby and extended his hand to each of them. Instead of accepting the interne's hand, Peter withdrew and clung more tightly to his mother.

Peter rested his head on his mother's shoulder and cried quietly on the short walk to the ward. During the ensuing interview with Mrs. Gibbs, Peter stopped crying and watched me closely from his mother's arms. Tension remained evident, however, as Peter sucked vigorously on his thumb. In his free hand he clutched a miniature car and trailer he had brought from home. As she held Peter, Mrs. Gibbs smiled faintly and said that he was "a mama's boy" although none of her other children were.

When I returned from getting hospital clothing for Peter, Mrs. Gibbs was crying. A nursing instructor took her to a lounge chair in a corner of the room and remained with her to provide support. Seeing his mother cry was a great threat for Peter. He watched her intently from the chair where she had placed him. He did not cry or make any movement to go to her, but sat quietly near the nurse, never taking his eyes off his mother.

Peter's grandfather entered the room. Peter cried out, "Paw-paw!" and ran to him. His grandfather smiled at him, and took his hand as they walked over to Mrs. Gibbs who had regained her composure. The paternal grandfather was responsive to Peter's needs and considerate of his daughter-in-law.

Mrs. Gibbs said that Peter was usually shy and

rather hesitant with new people and in strange surroundings. If given time to observe and learn about his new environment in his own way and at his own pace, she felt Peter could adapt more comfortably. The situation of introducing the required hospital clothing to Peter illustrated this. Peter looked askance at the hospital clothing and did not want to remove his own familiar things to don those that were unfamiliar. His mother did not force the issue but had him look at the hospital blue jeans and pointed out that they were similar to the ones he wore at home. Within half an hour Peter permitted his mother to change his clothing without any protest.

During a three hour period on the morning of admission, Peter had contact with ten persons unfamiliar to him in this strange and frightening environment. From fleeting contacts with these many different people, Peter was exposed to the varied experiences of the hospital's admitting routines, including: height and weight; temperature, pulse and respiration; stool and urine specimen collections; changing into hospital clothing; medical history; and physical examination.

At bedtime, Peter was placed in a mist tent. He resisted this with tempestuous behavior: striking out, pulling at the canopy, and crying. He had been in mist tents previously, but had always been restrained and had fought the restraints. His mother and grandfather remained with him until he finally quieted and fell asleep.

Second Day of Hospitalization.--When I returned to his room this morning, Peter was sitting across the hall eating breakfast with another patient. He was in pajamas, holding a piece of toast and looking pensive. As I greeted him and smiled, Peter turned his head slightly to look at me but did not speak or change his facial expression. Except for milk and a few bites of toast, he had not eaten the food on his tray.

As I tried to interest Peter in eating some cereal, he turned away from me, sitting impassively, with a sober expression on his face. He glanced at the tray, yawned, picked at his nose, and looked sadly toward the hallway. Attempts to get Peter to eat failed as he turned his head and kept his lips pressed tightly together whenever food was offered.

Peter kept watching the hallway, looking at every person who passed. Suddenly he pointed to the hallway and said urgently, "Mommy come? Mommy?" However, his mother was not there and grief immobolized him again.

Later Peter took my hand as we walked to the playroom where most of the children were playing. Peter stood near the toy shelves, sucking his thumb and looking very sober. I put some small wooden train cars on the floor. Peter hooked them together and slid them slowly back and forth. He returned to the toy shelves and took a truck, placing a tractor in it. He cautiously slid the truck along the floor, bumping it gently into the train without

any appearance of exuberance or delight. After a few moments he stopped playing and sat quietly, apparently fascinated by two other children who were playing noisily with the punching bag and pounding boards.

I left Peter with the playroom teacher, telling him I had to go to class but would return later. He looked at me impassively, said nothing, but watched me leave. I turned, smiled and waved at him from the doorway. He did not respond.

Upon my departure, an instructor recorded her observations of Peter. After I left, Peter looked at the door frequently and once said quietly, "Mama." Twice he went to the door and tried to open it. In an attempt to distract him and interest him in play, the teacher took Peter by the hand and led him to the closet to look for a ball. Meanwhile, Peter's mother and grandfather arrived and opened the playroom door. Peter saw them at once and walked slowly out of the playroom to his mother's side. She smiled at him warmly but did not attempt to embrace him. They walked into his room with his mother talking softly to him. After she was seated he went to her and sat on her lap. She cuddled him and he smiled at her, but continued to look her over from time to time with a very grave expression on his face.

That afternoon Peter played with his cars and trucks in his room, close to his mother and grandfather. Mrs. Gibbs suggested that they go to the playroom, but Peter shook his head and emphatically said, "No!" Peter

continued to push his trucks and cars back and forth on the radiator cover, staying close to his loved ones. His play and his expression were more animated than either had been in the playroom.

Soon Peter moved behind his mother's chair and played peek-a-boo with me, smiling as he did so. It was the first smile I received from Peter! I responded to the smile and the game!

Third Day of Hospitalization.--Peter again refused to go to the playroom and stayed in his room with his mother, playing with his cars and trucks. His Paw-paw had returned home the previous day and Mrs. Gibbs said that she missed him and felt lonely.

Two technicians entered the room to do a sweat test on Peter. I picked him up and held him on my lap. He protested loudly, "No, no!", crying and trying to get off my lap. His mother sat next to us as we showed Peter the equipment, let him handle it and told him how it would be used. He soon quieted after examining the equipment and permitted me to hold one arm as he tightly grasped his toothbrush and toothpaste in his free hand. He remained quiet during the test, but watched every move the technicians made.

Upon completion of the test I brought a toy case into the room, put it on the floor and helped Peter open it. His face brightened as he explored the contents saying, "Oooh!" and "See!" as he held items up for his mother to observe. He found some dark brown modeling clay, rolled, pressed and flattened it in the palms of his hands. He took

out two pipe stem cleaners and pressed them into the clay. He picked up a hypodermic syringe, fingered it briefly and dropped it back into the case.

Peter discovered a rubber tourniquet, and although he was seated on the floor next to the case, he got up, holding the tourniquet in front of him, approached me, wide-eyed saying, "No!" and shaking his head expressively from side to side. He walked over and contemptuously flung it into the wastebasket.

Peter returned to the case, found a plastic bandage, handed it to his mother and pointed to his left arm near the site where the sweat test had been done. She placed the bandage on the spot Peter indicated and he returned to the toy case. Picking out the blunt edged scissors, he started to cut the modeling clay into small pieces, demonstrating more aggression than he had in previous play experiences.

Later in the morning, Peter was started on a four day fecal fat test. This required saving all his stools and keeping an accurate record of his food and fluid intake for the next four days. One of the staff members entered and tied a brown bib around Peter's neck to indicate to the staff that stools were to be collected. Peter protested violently crying, "No! No!" and "I'm a horsey!" He cried and shook his head from side to side. Repeatedly he tried to remove the bib by pulling at it and its ties. I could feel the tenseness in his body as I retied the bib to make it looser. His distress and frustration were ap-

parent in his facial expression. His mouth was drawn and quivering; his face was strained and his eyes expressed fright.

An attempt was made to reduce Peter's anxiety by explaining why he needed to wear the bib, and by suggesting that his mother pin it on the back of his T-shirt. We hoped by doing so to remove the bib from Peter's sight. He continued to protest, trying to reach back to pull off the bib and crying, "I'm a horsey!" Then he shook his head back and forth in despair.

Peter's mother lifted him onto her lap to comfort him. Suddenly, Peter turned his head and bit his surprised mother on the shoulder. Angrily, Mrs. Gibbs held Peter away from her and started to reprimand him. As her feelings overcame her control, her voice broke and she burst into tears. She quickly covered her eyes with her hands and wept quietly. Immediately Peter stopped crying, put his finger in his mouth, and watched his mother with great concern.

I put one hand on Mrs. Gibbs' arm, and my other arm around Peter's shoulders and told him that his mother did not feel well. Peter repeated, "Mama sick!" He kept his eyes on her face and watched quietly and intently. When she stopped crying, Peter put his hand on her arm, looked up into her face and said, "Mama sick! Don't cry, Mama!" Mrs. Gibbs tried to smile as she put her arm around him to hold him close, but again her eyes filled with tears. She excused herself to go to the bathroom to regain her

self-control, and I took Peter from her. Peter started to cry again.

To help Peter bear his mother's leave-taking, he was carried to the gate where we waited for her. Peter stopped crying as I held him, although his body was tense and he watched constantly for his mother's return. In a few minutes Mrs. Gibbs appeared. Her eyes were red from crying but she smiled at Peter and seemed composed and under control. Peter said, "Mama," in a quiet voice, returned her smile and reached for her hand as they walked back to his room.

In retrospect, Peter's violent objection to the application of the bib may have been altered had he been given an opportunity to become more of an active participant in the activity. Given time to examine the bib and an opportunity to choose how it was to be applied (tied around his neck or pinned to his T-shirt), and by whom, Peter may have been able to meet the expectation. This method of approach would have supported his strivings for autonomy and his own unique coping mechanisms.

Two aspirin tablets and a glass of orange juice were obtained for Mrs. Gibbs as her throat was still sore and she was having difficulty swallowing. Peter resumed play with his cars and trucks, pushing them back and forth vigorously. However, he stayed close to his mother, watching her as he played.

That afternoon, after mother and child had both rested, Mrs. Gibbs and I accompanied Peter to the physical

therapy department of the medical center to learn positioning techniques that would facilitate respiratory exchange in Peter's lungs. Mrs. Gibbs needed to know these procedures in order to continue them when Peter returned home. She learned them readily, although she fatigued rapidly in carrying out the procedures.

Peter complied with most of the demands placed on him during this procedure. He submitted passively to the positioning and clapping of his chest but refused to cough as requested.

## Interpretation

Peter's behavior demonstrated that he was having problems (1) in coping with fear lest his mother leave him, (2) in dealing with the feelings aroused when she departed and was gone from his room, (3) in adapting to the fearsome, painful and strange demands which were made upon him in the hospital environment, and (4) in seeing his mother's distress.

<u>Identification of Events that Produced Stress</u>.--The data revealed many events that produced stress and created problems for Peter during the initial period of study. These events were closely related to past experiences which were painful for him.

Stress was produced from: (1) entrance into a hospital ward which had beds and sick children as Peter had seen before in his previous hospitalizations; (2) exposure to many unfamiliar hospital persons dressed like the per-

sons Peter had been frightened of before; (3) loss of his own clothing and being dressed in hospital attire; (4) subjection to examinations, tests and procedures which were painful and frightening; (5) rapid attachment of an unfamiliar object (a bib) to his body; (6) constant fear that his mother would leave him alone in a ward as she had during his previous hospitalizations; and from (7) acute awareness of his mother's tension and distress. Her occasional departures from the ward, and being cared for by someone other than his mother were almost more than he could bear.

<u>Peter's Mode of Coping with these Events</u>.--Peter used a variety of coping devices in adapting to stress, some were healthy and some were self-defeating. The way he coped was influenced greatly by the milieu he came into and his feelings from the past. This experience surely reactivated feelings about his previous hospitalizations that Peter had been too young to master.

Peter coped with fear of separation from his mother by clinging to her, pressing his face into her coat, and getting as close as possible to her. He dared not venture from her side. Peter did not deny his need for his mother and could cry in protest when she left the ward or the hospital. He did not have the resources to cope with his anxiety as evidenced by his inability or refusal to eat in his mother's absence. He maintained a watchful vigilance, looking forlorn and apathetic until she returned. Upon her return Peter approached her slowly, and

his mother embraced him when he moved toward her and indicated his need for closeness.

During periods of stress for Mrs. Gibbs, Peter maintained an unusual degree of control as he watched her cry. He had probably repressed grief and anger from past separations. He may have been threatened lest he cry and have trouble stopping, or frightened lest his anger would be uncontrollable.

Peter was fearful of strangers but motivated to learn about them to overcome his fear. He engaged in a game of peek-a-boo behind his mother's chair, using this device to get acquainted with or related to new people, but kept in close contact with his mother.

Fear of strange people, places and things immobilized Peter and kept him from seeking companionship and play experiences in the playroom. He preferred to stay in his room and play with the cars and trucks he brought from home, and to investigate the contents of the toy case. His play was somewhat constricted, but he did show some aggression when playing with the clay and scissors.

In one of the most stressful situations encountered by Peter and his mother, the application of the brown bib, Peter coped actively. His body was tense, his facial expression strained, as he cried, pulled at the bib, and bit his mother as she tried to comfort him. Why Peter responded with such acute distress to the application of the bib is uncertain. Perhaps it was the abrupt manner in which it was applied. The data show that Peter was able to adapt

rather comfortably to the hospital clothing, the sweat test and physical therapy procedures when he was given time to examine objects, and provided with simple explanations and support from his mother and nurse. Another possibility is that the bib may have represented one more stressor added to all the others he had to bear. As tension from various stresses accumulated and Peter was subjected to one more unfamiliar experience, his anger was discharged to protect himself from disorganization. This incident also demonstrated how difficult it is for anxious children to cope with unexpected interference. They do not have the strength or flexibility to deal with it.

Other coping devices used by Peter to deal with stress were self-comforting measures such as placement of fingers in his mouth, picking at his nose, holding on to items from home. Peter's general appearance and facial expression reflected apprehension which revealed his inner feelings and fears.

_Mrs. Gibbs' Support of Peter_.--Through her actions and manner, Mrs. Gibbs demonstrated her awareness of the threat that hospitalization held for Peter. Recognizing his need for more closeness than usual on admission to the hospital, she carried him to the ward. She had been able to accept his clinging behavior in the past, and the fact that he was "a mama's boy".

Mrs. Gibbs was able to allow Peter to adapt in his own way. She gave him time to become interested in and to

explore his surroundings. She waited until Peter was ready before putting on hospital clothing.

Leave-taking and returning to the ward were handled by Mrs. Gibbs in a way that was supportive to Peter. She prepared Peter for her leaving and told him when she would return. Her honesty was a supportive measure to help him regain trust, although each time she left, the separation was a great threat for Peter. When she returned to the ward she waited for Peter to come to her, and then met his need for physical contact and comfort. Mrs. Gibbs tried to be at his bedside to greet him when he awakened from his naps.

Mrs. Gibbs was able to meet Peter's needs even though she was not up to par physically and was under stress from separation from her husband and family. Although her fatigue, loneliness and distress were communicated to Peter, she also communicated strength. She called home every evening and let Peter talk with his family. This was supportive for herself, as well as for Peter.

Mrs. Gibbs manifested confidence in the nurse and accepted support for herself as well as for Peter. She rested during time away from Peter in order to offer him support during her time with him.

From this experience Mrs. Gibbs learned how difficult hospitalization is for young children. She felt the strain of hospitalization on herself, and had ego strengths and resources Peter did not have. She observed Peter's responses to hospitalization, accepted them and helped him

maintain his relationship with her.

Peter's Responses to the Nurse.--Peter's wariness of strangers was evidenced in his responses to me at the start of this study. He watched me closely during my interaction with his mother, but turned his head from me when I attempted any interaction with him.

Initally, during his mother's absence Peter could not accept my presence and use me for support, but remained pensive and looked forlorn. He refused to eat, turning his head from me as I tried to encourage and help him. He remained impassive when I left him.

Toward the end of the initial period of study, Peter was starting to establish a relationship with me, and indicated an awareness of my presence. He initiated a game of peek-a-boo behind his mother's chair, and smiled at me in an attempt to become acquainted with me, although he remained close to his mother.

### Nurse's Diagnosis, Goals and Plan of Care

After observing Peter the day of admission, acquiring knowledge of his medical problem and the doctors' goals and plan for treatment, I made the following nursing diagnosis: Peter's previous hospitalizations threatened his ability to gain trust and immobilized him in his strivings to gain autonomy, resulting in a clinging, possessive, anxiety-ridden relationship with his mother.

Peter's greatest problem was fear of separation from his mother. Feelings about thirteen previous hospi-

talizations were undoubtedly stirred up which made this an unusually hard one to bear, even though his mother was with him. Past experiences had also made him fearful of personnel and hospitals. He had had frightening and painful experiences without his mother's support in the past. Therefore he not only anticipated painful events, but was also put under great stress by rearousal of unmastered feelings about them.

Peter had probably repressed grief from past separations and worked hard to keep his angry feelings under control. He did not yet have the defenses to cope with separation. He had not lived long enough, and the years he lived had been filled with disruption of his primary relationship with his mother.

In the belief that Peter and his mother were entitled to maximum physical comfort and help in coping with the frustrations and pain which they had to bear during Peter's fourteenth hospitalization, nursing goals were formulated. The purposes of my interaction with Peter and his mother appear below:

1. To identify their problems in adjustment to a chronic respiratory condition and repeated hospitalizations.
2. To help Peter learn about his hospital world and thus reduce his anxiety and fear of the unknown.
3. To help Peter strengthen his ego through the use of constructive coping methods and adap-

tation to stress producing events.

4. To provide emotional help to his mother in coping with problems confronting her during this time when she was away from home.
5. To provide for Peter and his mother a corrective experience which minimized anxiety associated with hospitals and separation.
6. To evaluate the changes seen in Peter's coping devices throughout the period of study.

From my observations and nursing diagnosis, the medical evaluation and orders, I formulated a plan of care for Peter. This plan was modified as indicated by Peter's progress. The plan of care, based on the above as well as on my goals for Peter and his mother, included:

1. Spend time with Peter and his mother each day to establish a relationship with them and offer support throughout this experience. Help Peter see that I wanted to help him cope with the problem that concerned him most--separation from his mother.
2. Prepare Peter for examinations, tests and procedures. Explain what was to be done, show him the equipment, demonstrate how it was used, and let him handle and explore it to lessen his fear of the unknown.
3. Encourage Mrs. Gibbs' participation in tests and procedures done on Peter to help her appreciate the value of her support for Peter.

4. Instruct Mrs. Gibbs in the use of the mist tent. Let Peter explore the tent to lessen his fears through exploration and participation.
5. Take Peter with me when getting supplies or using equipment on the ward, to help him learn more about the hospital world and personnel, thus decreasing his fear of the unknown environment.
6. Provide play activities in his room or in the playroom when Peter indicated readiness to go there, to help him get release from tension and to promote his physical and emotional growth.
7. Support Peter by meeting his need to express his loneliness and grief when his mother is absent. Try to sustain Peter's relationship with his mother so that denial of his need for her does not become necessary.
8. Encourage Peter to eat and take nourishment between meals. Plan with Mrs. Gibbs for one of us to be present at mealtime, as Peter showed little interest in food or refused to eat when his mother was absent.
9. Help Peter to maintain his habits of oral hygiene after meals, and toiletting acquired prior to this hospitalization.
10. Prepare Peter before administering medications

and treatments ordered by the doctor: Poly-visol 0.6 cubic centimeter by mouth daily (8 A.M.); Nafcillin 375 milligrams intramuscularly every twelve hours (8 A.M. and 8 P.M.); Neosynephrine nose drops one-half persent solution, one drop to each nostril every six hours when awake; Vaseline to excoriated area around left nostril as necessary. Permit him to express his feelings about medications and treatments. Hold Peter as he indicated a need for comforting after administration.

11. Offer Mrs. Gibbs support in providing care for Peter. Discuss his medical problems to increase her comprehension and ability to care for him at home.
12. Help Mrs. Gibbs bear the stress of this hospitalization and her loneliness from separation from her family. Provide companionship and support, physical as well as emotional.
13. Evaluate changes seen in Peter's responses throughout this hospitalization, and modify the plan of care accordingly.

The nursing care plan was formulated to help Peter grow through this experience, to perceive personnel in hospitals as kind, protective persons, so that each adjustment in a hospital will be more apt to be a healthy learning experience than an experience which disrupts his relationship with his parents to a greater extent than it has been al-

ready.

Chapter IV lists criteria used to evaluate the effectiveness of the nursing care plan and to measure Peter's progress. A description of the changes in behavior which occurred in response to stress-producing events and to consistent adult support by his mother and the nurse are also a part of Chapter IV.

# CHAPTER IV

## CHANGES IN PETER'S MODE OF COPING WITH STRESS-PRODUCING EVENTS AND THEIR EVALUATION

### Criteria Used to Measure Progress in Peter's Coping Behavior

Criteria used to evaluate the effectiveness of nursing care and to measure Peter's progress in coping with stress-producing events appear below:

1. Peter's relationship with me will deepen.
2. As this relationship deepens, Peter will become able to use me and signal his needs in such ways as reaching for and holding my hand when we leave his room during his mother's absence.
3. Peter will show progress in accepting care by someone other than his mother, as manifested by taking nourishment and maintaining control of bowel and bladder function in his mother's absence.
4. Peter will be able to go to the playroom with me while his mother is gone.
5. His tie to and need for his mother will be sustained by my presence and support as manifested by Peter's appropriate responses to her depar-

ture from and return to the ward.

6. Peter will be able to initiate the exploration of the ward and equipment he was fearful of at the onset of this hospitalization.
7. Peter will become more able to face doctors and tests which become familiar to him.
8. Peter will become secure enough to venture away from his mother and his room to accompany me on trips on the ward and when getting the case of toys from the office off the ward.
9. Peter will become able to focus on other things, such as play, when his mother is gone.
10. As our relationship is strengthened, Peter will gain trust in his mother and in people, and Mrs. Gibbs will see me as a helping person.

### Mrs. Gibbs' Progress in Coping with this Hospitalization Experience

Mrs. Gibbs' progress in coping with her problems resulting from this hospitalization was evaluated with the criteria which appear below:

1. She will gain insight into the effects of the stress of hospitalization upon Peter.
2. She will have confidence that Peter will be cared for in her absence.
3. She will be able to leave Peter for longer periods of time.
4. She will not be threatened by Peter's growing

attachment to and use of me in her absence.

5. She will be able to seek increasingly more support for herself.
6. She will feel freer to talk with me about her problems and concerns, and ask for help when she needs it.
7. She will feel increasingly more comfortable in the hospital.

## Changes in Peter's Mode of Coping with Stress-Producing Events

Changes that occurred in Peter's modes of coping with stressful events during the study as revealed by the data collected indicated progress and growth. His responses to the support provided by his mother and me demonstrated his struggle to gain trust and his attempts to move toward more independence and autonomy.

During periods when Peter's behavior showed little or no change the observational data have been summarized. When definite changes in his behavior occurred, excerpts from the data are presented in detail. In categorizing the data there is some overlapping, especially in changing behavior in relation to his mother and the nurse.

### Changing Behavior in Relation to His Mother

Changing behavior in relationship with his mother indicated a step toward gaining trust for Peter. He was able to use his mother's support and understanding remarkably well.

As Peter's relationship with me deepened, coupled with the support he received from his mother, his relationship with his mother became less clinging and anxiety-ridden. Gradually he was able to venture away from her and his room. On Peter's fourth day in the hospital he took my hand as we walked to the nursing education office to get the case of toys, leaving his mother in his room. Five days later, he walked ahead of me with his arms swinging at his side to lead the way. It was the first time that he was able to let go of my hand and move ahead of me.

During most of the study period, Peter's behavior manifested profound distress whenever his mother left the ward; he protested verbally and cried but worked hard to get his feelings under control. Peter and I followed her to the gate each time she left. Periodically in his mother's absence, he reached for my hand and led me to the gate as if he were trying to assure himself that he would see her again. He never became completely able to trust that she would return. Frequent reassurance throughout the study was necessary and he always went to his mother immediately upon her return.

On the day before discharge Peter's coping behavior showed beginning change in relation to his mother's leave-taking; he did not have to return to the gate to watch for her. Instead, he was able to stay with me and engage in play activities.

Peter's behavior also revealed that he was making

progress in coping with disappointments and the absence of his mother when awakening from his nap. At naptime on the seventh day of the study, Mrs. Gibbs told Peter that she was going to the parents' lounge to rest but would leave her purse on his bedside table. After she settled him for his nap and placed her purse in view, she left his room. Peter lay quietly in the mist tent as she left and it was reported that he soon went to sleep.

Forty-five minutes later when I returned to the ward from class, Peter was sleeping and Mrs. Gibbs' behavior betokened her need for rest. Her eyes were reddened from crying and she talked of how much she missed her husband and other children. She had not slept much during the night. When I told her that I could remain with Peter while she rested, she welcomed the opportunity to go to her room. Before leaving she took her purse from Peter's bedside table. I remained close by so that Peter would see me when he awakened.

In a few minutes Peter roused, sat up, looked at the bedside table, and started to cry. His mother's purse was gone! I called his name and moved quickly to the bed, lowering the siderail. Peter cried forlornly, "Mommy!" as he looked toward the door. I sat close to him as I explained, "Your mother was very tired, Peter. When I came to see you, she went to her room to rest, and took her purse with her. You miss her, and her purse. After she has rested she will come back to you." Peter cried quietly as I talked to him. He looked at me pleadingly, and asked for

reassurance: "Mommy not go home?" I replied, "No, Peter. Mommy did not go home. She will be back after she has a nap."

When I noticed that Peter's hair was wet from the mist tent, I said, "Let's walk to the linen closet, Peter, and get a towel to dry your hair." He put out his arms to me as I lifted him out of bed. He reached for my hand as we walked down the corridor. After I rubbed his hair dry and combed it, Peter went to the bathroom. We returned to his room, and Peter played with his trucks, pushing them vigorously back and forth. The nourishment cart arrived, and Peter drank two cups of chocolate milk and ate two crackers.

Two hours after leaving, Mrs. Gibbs appeared in the doorway, smiled at Peter and said, "Hi, Peter! Did you have a good nap? Mommy sure did!" Peter smiled in return and walked slowly to her. Mrs. Gibbs hugged him and handed him a bag she had in her hand. As he opened it and pulled out a carton of ice cream, his eyes sparkled, and he said with delight, "Ooooh!" When I went out to get spoons, I turned around and saw that Peter had left his mother to join me in looking for them.

The above episode marked several changes in Peter's coping ability. This was the first time that Peter could cope with naptime without the physical presence of either his mother or me. As long as there was some visible evidence of his mother--her purse--Peter was able to muster

enough faith that his mother would return to enable him to sleep.

When Peter wakened and found that neither his mother nor her purse were in view, he voiced his fears that his mother had left him. He was able to use his nurse for support and to regain confidence that his mother would return. Evidence that his anxiety was lessened considerably was reflected in his ability to eat heartily and play with his toys rather than becoming immobilized with anger and grief as in the past.

### Changing Behavior in Relation to Doctors and Treatment Measures

Peter's fear of doctors, treatments and procedures lessened when he was included in preparation and helped to participate in tests. As he gained confidence through familiarity and support, Peter was able to explore what was new or frightening to him.

As stated in Chapter III, Peter resisted and fought as he was put into the mist tent on the night of admission to the hospital, even though he had been in mist tents previously. After showing him how to turn on the motor for the mist tent, letting him operate the switch several times and examine the tent, Peter no longer resisted being in it at naptime or bedtime.

On admission, the scale was pushed into Peter's room to obtain his height and weight. Peter was reluctant to get on it at that time. We waited until Peter was ready to have his mother undress him and don hospital clothing.

Then he was able to let me weigh and measure him. Later in the study on one of his trips around the ward, Peter stepped on the scale voluntarily and watched with interest as I indicated on the scale how much he weighed and how tall he was.

Peter responded in a healthy manner by protesting and crying during uncomfortable or painful procedures such as the administration of nosedrops and intramuscular injections. This behavior persisted as a constant pattern throughout his hospital stay.

Peter became less fearful of doctors and their tests as his relationship with his medical student strengthened. The medical student established rapport with Peter early in this hospitalization by examining Peter in his room with his mother present. He explained to Peter what he was going to do throughout the physical examination. When Peter started to cry as the medical student used the handle of the percussion hammer on the sole of his foot, he demonstrated what he was doing with the use of the palm of his hand, and handed Peter the percussion hammer. After Peter used it on the medical student, he cooperated with the test without protest. The medical student used the same routine in testing Peter's reflexes and in carrying through other details of his examination.

Later in the study, when the medical student entered the room, greeted Peter with a big smile and said, "Hi, Peter!", Peter grinned at him and moved closer to

the student. The medical student responded by rubbing the top of Peter's head, and Peter moved his head contentedly under his hand.

### Changing Behavior in Relation to the Nurse

As Peter began to establish a relationship with me and to see me as a helpful, protective person, he was able to make his needs known to me in his mother's absence. After uncomfortable or painful procedures in his mother's absence, Peter accepted comfort from me and permitted me to hold him closely for a few moments as he relaxed in my arms.

Early in the study, in the absence of his mother, Peter signaled his need for physical contact to me by reaching for my hand everytime we left his room. Later, when supported by his mother and me, he was able to walk ahead of us, but always kept one or both of us in sight.

On Peter's sixth day of hospitalization while his mother was at the beauty parlor, Peter's behavior demonstrated increased ability to use me in coping with separation. While conferring with my instructor in the conference room, Peter kept coming to me and tugging at my arm. He wanted to keep moving but he was sorely in need of companionship. When I showed him how he could find me by going out one door, encircle the nurses' station and return through another door, he followed my suggestion. Several times he made the circle tour and poked his head in the door to peek at me. However, he soon tired of

this and began to pull at my sleeve to go for a walk with him.

When the case of toys was opened for Peter's play, concern about his mother's absence was expressed verbally. He played with clay; he pushed pipe stem cleaners through it and broke off pieces. Then he interrupted my conversation with the instructor. He said, "Mommy," and pointed to his hair. Because I thought that he was seeking reassurance that his mother was gone only temporarily, I said, "That's right, Peter. Your mother went to the beauty shop to get her hair fixed." Then Peter abandonned his play and ventured away from me into the hall.

Upon looking for him, I found him in his room looking at pictures as he sat on his mother's lap. When I prepared to leave, Mrs. Gibbs thanked me and said that Peter wanted to give me a kiss. When I stooped down, Peter walked over and kissed me on the cheek.

While Peter's expression and manner were joyless throughout most of this study, he smiled spontaneously toward the latter part of the study and laughed happily during one play experience with his mother and me. During a game of peek-a-boo with me, Mrs. Gibbs reached behind the chair and moved her fingers across Peter's chest and said, "Here comes the bee, Peter! The bee is trying to get you!" Peter forgot about peek-a-boo. He laughed and squealed with delight as he said, "Again! Do it again, Mommy!" This interaction between Mrs. Gibbs and Peter was delightful, and gave evidence of the significance which

his mother's stay was having for him.

In his mother's absence, periodically Peter stopped playing, came to me, took my hand and led me to the gate. There I picked him up and let him sit on the railing. He pointed in the direction his mother had gone and asked, "Mommy? Mommy not go home?" His eyes and facial expression reflected his anxiety. I responded, "You are missing your mommy very much, Peter. It is hard to understand why she goes. She went to eat and sleep. She will come back again tomorrow. It is so hard to wait, but she told me she would come back and she told you so, too."

Walking hand-in-hand to the gate and watching became a ritual for Peter and me. At the gate he always turned to me and asked expressively, "Mommy not go home?" This ritual persisted until the day before he was discharged.

Later in the study, when Peter was able to venture into the playroom, he remained close to me. Indicating an interest in exploring new areas, Peter took my hand or held onto my arm as he led me across the playroom to watch the fish in the aquarium.

During the latter part of the study, whenever I left after telling Peter and his mother when I would return, Peter waved and said, "Bye," to me, but did not respond to my smile. On the one occasion mentioned previously, Peter kissed me on the cheek.

Peter's responses to me were gratifying. I found myself responding to him emotionally as well as physically.

I wanted to protect him and help him overcome his fears so that he could better face future hospitalizations if and when they became necessary.

### Changing Behavior in Relation to the Nurse's Activities

As Peter's relationship with me deepened, he was able to accept being cared for by someone other than his mother. Bedtime, in the absence of his mother, was the most difficult time for Peter. The first time I prepared him for bedtime was on his fourth hospital day. After tending to his toiletting routine, washing him and assisting him with oral hygiene, he submitted passively as I removed his clothing and helped him get into his pajamas. Then I held him on my lap for a while, as he turned the pages of a book and looked at pictures. As I lifted him up on the bed, he cried quietly and asked for his Mommy. I held him as he cried and told him that I knew how much he missed his Mommy. As he stopped crying and relaxed in my arms, I assured him that she would come again in the morning.

Peter crawled into the canopy of the mist tent offering no resistance. When I handed him a soft, cuddly, stuffed bunny and covered him with a cotton blanket, he touched the bunny, pushed it aside and pointed to one of his trucks. He moved about in bed, turning his head from side to side. I sat at the side of his bed and rubbed his back lightly. He dropped off to sleep quickly.

Succeeding bedtime experiences followed much the

same pattern. One night Peter helped me remove his shoes and socks, and we played This Little Piggy with his toes. Peter laughed with delight. Every time we approached his bed Peter cried for his Mommy. After I lifted and held him, I whispered, "What a good boy you are, Peter." Then he was able to relax in my arms. When placed on his bed he moved about, turned his head from side to side each time, and always fell asleep quickly with a truck from home in his hand.

Bathing in the large tub became a source of pleasure for Peter. He engaged readily in water play activities. He sailed the plastic boats and soap dish, submerged them, and poured water from one to another. He was reluctant to discontinue this play which was necessitated by the needs of other children for the tub.

Initially, as related in the observations in Chapter III, Peter was unable to or refused to eat in his mother's absence. Later in the study he ate some food at mealtime, in my presence, although his sore throat probably interferred with his eating and his appetite. He took nourishment well, particularly chocolate milk.

Peter showed the greatest progress in using play to cope with his problems. Initially, as described in the observations in Chapter III, he remained impassive and apathetic, and could not use play as an outlet for tension, frustration or anger. Later, he showed more aggression in his play with clay. He cut it into small pieces and pushed pipe stem cleaners into it in a jabbing, determined

manner. He also demonstrated imagination in his play. He used the plastic tip of the venetian blind cord to fill the gas tanks of his fleet of cars and trucks.

In another encounter with the tourniquet aside from the one already described, Peter showed progress in facing his feelings about its use. He handed the tourniquet to me and said, "No!" Then he stopped to watch and listen as I used the doll to demonstrate how doctors used it. After the demonstration I put the tourniquet on the lid of the case of toys. On this occasion Peter did not dispose of it; he could bear to have it in sight.

When Peter was able to venture from his room and go to the playroom, he pulled up a rocker, sat by the aquarium and rocked himself as he watched the fish. Later he took his mother in to see the fish. He was able to accept and use play materials offered him by the playroom teacher. However, he remained apart from the other children but watched closely as they engaged in active, noisy play.

Even though Peter used self-comforting measures throughout this study which betokened continued stress, his appearance and manner became less passive, immobile and apathetic. His facial expression became less apprehensive and forlorn, but he never displayed the range of affect expected in the healthy thirty-three month old boy.

## Evaluation of Nursing Care

The nursing care plan was deemed effective when observations demonstrated that Peter and his mother re-

sponded to me and used my support. As Mrs. Gibbs' relationship with me deepened, Peter's anxiety lessened to the extent that he was able to cope more constructively and actively with healthier responses to frustrations imposed by the personnel, the hospital environment and by the absence of his mother.

In Chapter V the study is summarized, conclusions are drawn and recommendations are made for further study.

CHAPTER V

# SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS FOR FURTHER STUDY

## Summary

One thirty-three month old boy, Peter Gibbs, III, was studied to identify, describe and evaluate changes in his mode of coping with stressful events when supported by his mother and a nurse during a fourteenth period of hospitalization for diagnosis of a chronic respiratory problem. His mother planned to remain with him for sustained periods during this experience, unlike his past thirteen hospitalizations when her time with him had been for brief visits. Peter was admitted to the hospital for diagnostic workup to confirm or rule out cystic fibrosis of the pancreas, and to initiate a therapeutic regimem which his mother could manage at home. This hospitalization was a ten day stay.

To collect data on the child's reaction to this hospitalization, process recordings were used. These were analyzed to determine stress-producing situations, coping devices and coping behavior.

Many coping devices were used, but those most consistently used were: a clinging, anxiety-ridden relationship with his mother; immobility; apprehensive, passive,

and/or apathetic manner; inability to play; fearfulness of the unknown; withdrawal; tempestuousness; crying; sucking; hiding; and rocking. These behaviors were highly interrelated. They provided evidence to demonstrate that Peter's primary concern during this fourteenth experience in the hospital was fear of separation from his mother. Even though his mother visited for long periods each day and he had daily periods of care provided by the same person (the writer) he showed the effects of stress throughout the period of study.

The data indicated that this child modified his coping behaviors as he went through a series of sequences and steps in coming to terms with the diversified stresses of his hospitalization. Initially, he clung to his mother. He could not venture away from her, or from his room. He was fearful of hospital personnel and routines. Later in the study, when supported by his mother and the writer, he was able to explore what was previously unfamiliar and frightening to him, to accept care from someone other than his mother, and could venture away from his mother and his room. This evidence of growth indicated his capacity to modify coping behaviors and use them to advantage.

## Conclusions

At the start of this study, the writer made several assumptions and formulated nursing goals and a plan of nursing care for Peter and his mother. Analysis of the data collected during the study of Peter and his mother supported

several conclusions. These conclusions are based upon the assumptions stated in Chapter I, and study of the data collected while the nursing intervention described in Chapter III was being carried out:

1. The fourteenth hospitalization created many more stressful situations for Peter because of his past experiences in the hospital, all thirteen of which resulted in separation from his mother and loss of her care.
2. Peter's initial responses brought about by fear of another separation from his mother were self-defeating.
3. With support of his mother and the writer, Peter was able to cope with and adapt in a more constructive manner to stress-producing events at the end of the experience than during the first two days after admission. Support geared to the requirements of a young child results in equilibrium, or a higher degree of stability.

Study of this child indicates his capability to adapt more constructively to the stresses of hospitalization by using his own inner resources together with his mother's presence, and consistent adult support in the hospital environment.

Upon completion of the study, the writer experienced a better understanding of the effects of hospitalization and the meaning of separation for a toddler. She more readily saw the anxiety which repeated separations

due to hospitalization produced in a young child, and the strain of this hospitalization and the resultant separation from her family on a mother. To have had an opportunity to participate in a relationship experience which produced support and growth for Peter and his mother was of much value to the writer.

## Recommendations for Further Study

The writer hopes that the data presented in this study will be useful to those who are interested in the study of children and concerned about their responses to hospitalization.

The following hypothesis is submitted for recommendation for further study: Maternal and consistent nurse support given to the young child who must experience repeated hospitalizations can strengthen the child's ego and create a healthier relationship between the child and his mother.

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