NURSING INTERVENTION TO HELP A THREE YEAR OLD COPE WITH STRESS

BY

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CHAPTER I

INTRODUCTION

As an infant, a child's world revolves about his mother and father. They are his world. As he grows his world expands to include other family members. By the age of three, the healthy child is able to broaden his world and seek out experiences with those outside the family circle. However, he is still highly dependent on significant people, especially his mother, to meet his needs.

Any new situation which is stressful finds the child scurrying back to home and mother for the security and support he has learned to depend on. Should this support be unavailable, feelings of helplessness consume the child because he does not have the ego resources he needs to cope with such situations.

When separation occurs and it is compounded by illness and the stresses encountered during hospitalization, feelings of distress overwhelm the child. As Edelston states:

> Coming at a time when the young child is more helpless than ever owing to his illness and feels the need for his mother's care and affection most, removal from home must be a most distressing experience and will undermine his trust and confidence in his parents . . . a true understanding of the position is quite beyond the child's egocentric outlook and he consequently feels

> (or even actively misinterprets) the situation as a rejection or a punishment.[1]

Without the support of mother in the hospital, the child confronts the prospect of painful procedures and strange surroundings without the comfort, support and love which his mother generally provides. He has no familiar person to turn to for assistance and comfort. Freilich states:

> Unfortunately hospitalization develops into a stressful and traumatic experience for the child far too often since it rather effectively and abruptly suspends the mother-child relationship.[2]

Responses of young children to loss of maternal care during hospitalization have been studied intensively. The young child may respond to the loss of maternal care in ways which are threatening to healthy personality development. When pediatric nurses become more sensitive to the distressful feelings which researchers have identified by study of hospitalized children, they can focus more of their energy in finding ways to help children deal with the varied kind of stressors which confront them when they are ill.

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[1]H. Edelston, "Separation Anxiety in Young Children: A Study of Hospital Cases," Genetic Psychology Monograph Vol. XXVIII, 1943, as quoted in Florence G. Blake, The Child, His Parents and the Nurse (Philadelphia: L. B. Lippincott Co., 1954), p. 16.

[2]Herbert Freilich, "Psychological Problems in Hospitalization," Hospital Topics, XLIV (Feb., 1966) 103.

The Problem

The intent of this study is to describe and evaluate the nursing care used by the writer (a nurse) to help a three year old girl cope with stress during her first experience in the hospital for treatment of leukemia.

Objectives

The objectives which will be used to study the problem are stated in the form of questions. They are:

1. What stressors were identified from study of the child?
2. How did the child deal with the stressors?
3. What was the nursing diagnosis of her mode of dealing with identified stressors?
4. What goals of nursing care were formulated to help her deal more constructively with stress?
5. What was the writer's plan of nursing care?
6. What criteria were established to evaluate the effectiveness of the nursing care plan?
7. How was the plan of nursing care implemented?
8. What were the child's physiological, emotional and behavioral responses to it?
9. What conclusions can be drawn from evaluating the outcome of nursing care with established criteria?

Definition of Terms

Separation from Mother is defined in relation to this study as a seven day hospitalization during which mother visited daily for varying periods of time.

Separation anxiety is that feeling a young child endures when his need for security and comfort from his mother during a period of hospitalization and separation is not met. Feelings of distress, anger, fear, grief and revenge are aroused.

Trust is the sense of one's reliance on the sameness and continuity of those providing comfort and care and of being able to control one's urges to consider oneself trustworthy.[1]

Nursing Care is modifying the physical and emotional environment of the hospitalized child in such a way that he becomes more able to cope with the problems he faces. The purpose of alteration of the environment is to help him to progress toward physical and psychological health.

Stress is any internal or external force or circumstance that burdens the adjustment capacity of the individual.

Young child is a child from one to three years of age.

Coping is the means of dealing with or making

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[1]Erik H. Erikson, Childhood and Society (2nd ed. rev. New York: W. W. Norton and Company Inc., 1963), p. 248.

adjustment to a new and difficult experience.

Assumptions

In the writer's approach to this study and in collecting and evaluating data, the following assumptions have been made.

(1) Separation and hospitalization are stressful for the young child.[1,2,3]

(2) The young child's need for mothering is intensified during illness.[4,5]

(3) Hospitalization and resulting separation may cause feelings of mistrust and revengefulness.[6,7,8,9]

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[1]Thesi Bergmann and Anna Freud, Children in the Hospital (New York: International Universities Press, Inc., 1965), p. 47.

[2]Christoph M. Heinicke and Isle Westheimer, Brief Separations (New York: International Universities Press, Inc., 1965), p. 326.

[3]John Bowlby, Child Care and the Growth of Love (Baltimore: Penquin Books, 1955), p. 23.

[4]Bergmann, p. 48.

[5]Heinicke, p. 328.

[6]Erik H. Erikson, "Youth and the Life Cycle," Children, VII (March-April, 1960), 44.

[7]Ner Littner, Some Traumatic Effects of Separation and Placement (New York: Child Welfare League of America, Inc., Oct., 1965), pp. 8-9.

[8]Bowlby, p. 27.

[9]Edward A. Mason, "The Hospitalized Child-His Emotional Needs," New England Journal of Medicine, CCLXXII (Feb., 1965), 408.

(4) A nurse can positively influence the effect of hospitalization and separation from mother for the young child.[1,2]

Review of Literature

Essential to understanding the nursing care needed by children who are hospitalized and separated from mother is an understanding of the young child's responses to the hospital and separation from mother. In 1772 George Armstrong after his attempt to establish the first inpatient treatment of children stated:

> But a very little reflection will clearly convince any thinking person that such a scheme as this can never be executed. If you take away a sick child from its mother or nurse you break the heart immediately: and if there must be a nurse to each child what kind of hospital must there be to contain any number of them.[3]

One might postulate that Armstrong's work engendered the first concern for the child who must be separated from his parents because of illness.

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[1]Florence G. Blake, Nursing Intervention to Reduce Suffering from Separation Anxiety (Columbus: Ross Laboratories, 1965), p. 7.

[2]Mason, p. 410.

[3]Dorothy Burlingham, "Precursors of Some Psychoanalytic Ideas About Children in the Sixteenth and Seventeenth Centuries," Psychoanalytic Study of the Child, VI (New York: International Universities Press, Inc., 1951), 254.

After World War II there was an impetus directed towards an attempt to study and evaluate the effect that separation from their mother had on children. The abundant number of children separated and orphaned during the war concerned society. Freud and Burlingham[1] studied the effects of prolonged separation on institutionalized children during the war. Their findings showed that in some cases studied, lack of maternal care impeded physical and psychological development of children.[2] It is from the startling results of studies of maternal deprivation made by Bowlby, Robertson, and Freud and Burlingham, that concentrated effort has been made to study the effects of separation during hospitalization.

In a comprehensive review of the literature on the psychological responses of children to hospitalization and illness Vernon et al.[3] devote an entire chapter to the consequences of separation. They state " . . . the most frequently mentioned source of psychological upset for hospitalized children is separation from their parents."[4]

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[1]Anna Freud and Dorothy Burlingham, Infants Without Families (New York: International Universities Press, Inc., 1944), pp. 11-128.

[2]Ibid., pp. 11-128.

[3]David Vernon et al., The Psychological Responses of Children to Hospitalization and Illness (Springfield: Charles C. Thomas, 1965), pp. 25-56.

[4]Ibid., p. 25.

In their review of the literature, they found that authors placed different levels of emphasis on the causes of these upsets. Some authors dealt with the immaturity of the child; others with his need for his parent's support, or with the sole dependency of the child on his parents for care, affection and attention.[1]

Bowlby[2] and Robertson[3] have numerous works dealing with the problems a child faces upon separation and the dynamics of the mother-child relationship, which results from it. A graphic representation of Robertson's work can be seen in the film "A Two Year Old Goes to Hospital." Robertson[4] identified three stages through which a loved young child passes as he adjusts to loss of maternal care. Those identified were (1) protest characterized by crying and distress at the loss of mother; (2) despair characterized by increased hopelessness, withdrawal and decreased efforts to regain mother and (3) denial of his need for mother and for mothering. This later phase has been referred to as "settling in" and/or detachment.

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[1]Ibid., pp. 25, 29, 30.

[2]Bowlby, pp. 11-182.

[3]James Robertson (ed.), Hospitals and Children: A Parent's Eye View (New York: International Universities Press, Inc., 1962), pp. 9-156.

[4]John Bowlby, James Robertson and Dina Rosenbluth, "A Two Year Old Goes to Hospital," The Psychoanalytic Study of the Child, VII (New York: International Universities Press, Inc., 1965), pp. 89-94.

From observations of children in the hospital Bergmann and Freud found that young children need the presence of their mother urgently to enable them to deal with the stress that hospitalization and illness imposes.[1]

After an extensive study of children who were separated from their parents in a day and residential nursery setting Heinicke and Westheimer[2] hypothesized that the loss of the specific relationship to mother and father constituted the essential and most significant aspect of the traumatic event of separation from family.

In an investigation of children's reactions to hospitalization Prugh states:

> For the child of three years of age and under separation from the mother or mother substitute, often misinterpreted as punishment or desertion, appeared to pose the principle threat, regardless of the nature of his medical diagnosis or treatment.[3]

It is with this documentation of the importance of the mother and the recognition that separation from her causes overwhelming stress for the child, that others have investigated further the feelings that separation arouses in the child. In his study of the child's emotional needs

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[1]Bergmann, p. 47.

[2]Heinicke, p. 326.

[3]Dana G. Prugh, "Investigations Dealing with the Reactions of Children and Families to Hospitalization and Illness: Problems and Potentials," Emotional Problems of Early Childhood, ed. Gerald Caplan (New York: Basic Books Inc., 1955), p. 310.

in the hospital Mason states:

> If he acknowledges his feelings and expresses them in play or talk, the child can learn to deal with his environment promptly and appropriately and his growing maturity helps him cope better with future pain and frustration.[1]

Jackson[2] believes that neurotic anxiety may develop from the feelings of fear of loss of love during hospitalization. In their controlled study of the reactions of hospitalized children Prugh et al. state:

> The most common manifestation of disturbance in adaptation at any age level or in either group was that of overt anxiety . . . /at age two to four/ anxiety was often associated with fear or anger at the time of departure of the parents.[3]

In her writings on the behavior of the young child Fraiberg says:

> . . . Older infants find it painful to be separated from beloved persons. We grant him the right to protest. At the same time this pain, this discomfort is something he can learn to tolerate if it is not excessive. . . . The point at which protesting and complaining crying turns into urgent or terrified summons is the point where most of us would feel he needs us. . . . This is real anxiety and he needs our reassurance.[4]

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[1]Mason, New England Journal of Medicine, CCLXXII, 409.

[2]Edith Jackson, "Treatment of the Young Child in the Hospital," The American Journal of Orthopsychiatry, XII (Jan., 1942), 56.

[3]Dana G. Prugh et al., "Study of Emotional Reactions of Children and Their Families to Hospitalization," American Journal of Orthopsychiatry, XXIII, 70 (1953), 86-87.

[4]Selma H. Fraiberg, The Magic Years (New York: Charles Scribner's Sons, 1959), p. 78.

Bosselman et al. state, "The overt manifestations of the child on hospitalization reflect his anxiety with regard to separation from his parents plus the potential threat of the hospital and its procedures."[1]

Erickson alerts us to other manifestations of anxiety. She says:

> The child that should concern us is the one who lies withdrawn and silent; he feels--so completely--that he is deserted, that he hasn't even the words to ask if mother is coming back.[2]

Post says:

> Children under three cannot understand time concepts and believe that when mother goes away she is gone for good: they feel abandoned.[3]

When hospitalization is necessary for the young child and separation from his mother's constant vigil and protectiveness results, the nurse can become an extension of mother. Becoming an extension of mother must be accomplished through the development of satisfying relationships between the child, his mother and the nurse.

From her study of nurse-child relationships Blake states:

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[1]Beulah C. Bosselman, Ira M. Rosenthal and Marvin Schwarz, Introduction to Developmental Psychiatry (Springfield: Charles C. Thomas, 1965), p. 100.

[2]Florence Erickson, "The Toddler During Illness," Hospital Topics, XLII (September, 1964), 96.

[3]Shirley Post, "Hospitalization of Children Under Five," Canadian Nurse, LXII (July, 1966), 34.

> When the nurse stays close by the child he feels accepted and not quite as helpless or deserted. As his tension is reduced and he becomes less hostile toward the world he is more able to accept the comfort and support which the nurse offers. When his disease symptoms are ameliorated by meticulous nursing care he will feel protected and less frustrated by the lack of direct care from his mother. The personal and physical care he receives from the nurse thus helps him to maintain his emotional bond to his mother.[1]

In his study of hospitalized children Mason states:

> A more adequate provision for the needs of the child would be the arrangement for one person to remain with the child through all treatments, procedures, tests, examinations and moves. The child can establish a supportive and trusting relationship more easily when there is consistency.[2]

Although the effects of hospitalization on the child and resulting separation from mother is becoming an increasingly larger part of the knowledge of pediatric nurses, much more can be learned from clinical study. Of special importance is study of children's responses to purposefully planned nursing intervention.

Methodology

This study describes the nursing care which was provided for a three year old child to help her cope with the stress evoked by illness, hospitalization and separation from mother. The study was carried out in the children's hospital of a large midwestern university medical center.

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[1]Blake, p. 7.

[2]Mason, p. 410.

The unit on which the child was cared for was a twenty-six bed unit with some double, triple and ward rooms. The usual age range of patients on the unit was from one to five years with some variations depending on hospital circumstances. The child was in a double room, but no roommate occupied that room during her hospitalization. The children in the unit were cared for by trained nursing personnel, both professional and non-professional. Individual care was provided by a variety of individuals. The persons caring for the child on one day changed every eight hours in a twenty-four hour period.

There were many reasons why the subject was selected for study: (1) This was her first hospitalization and she had not had a previous experience with prolonged separations from mother and home. (2) Mother could visit frequently during the period of hospitalization and therefore changes in relationship to her could be observed. (3) The child on first observation was in obvious distress due to her state of health and experience in the hospital.

The writer functioned as a participant observer as she provided physical care and emotional support to the child during hospitalization. The writer influenced the environment of the child and because she interacted with her mother she also influenced her and her response to the child during hospitalization. The writer was present during painful procedures and assisted during these. The

writer did not directly perform any painful procedures on the child.

Data was collected as the writer studied the child on five of the seven days during which she was hospitalized. Data was collected during periods of the day; morning, afternoon or evening hours. There were times when the mother was present. At other times the writer was alone with the child. The observational periods were approximately three hours in length, with all observations taking place in the child's room with the exception of the day of discharge.

Process recordings of the verbal and non-verbal interaction which took place during the study periods were written from recall. Interpretations of the events and of the recordings were accomplished in conferences with the instructor who functioned as a non-participant observer. An epilogue to the study experience was written. The data used in writing it was gathered in a home visit one week after the subject was discharged from the hospital.

The limitations of this study as recognized by the writer are:

1. The writer was directly involved with the subject of study and therefore influenced and altered her environment.
2. The writer has no knowledge of other environmental influences during her absence, especially the effect

of individual personnel on the child or her mother.

3. The writer could only judge from observations and conversation with mother the quality of the mother-child relationship prior to hospitalization.
4. The writer had no knowledge of the child's previous methods of coping with stress to use in comparing them with her behavior during hospitalization.
5. Control of the environment and influencing variables was not possible in all situations.
6. Medicines and transfusions altered the child's physical state and undoubtedly influenced her emotional and behavioral responses to objects and activities. Which of the two factors--medical treatment or nursing--had the greatest effect in supporting progress toward health is unknown.

The remainder of this study will be presented as follows: Chapter II gives a description of the child, her family and health problem. Chapter III presents the initial observations of the child, the nursing diagnosis and plan of care. Chapter IV presents the implemented plan of nursing care and evaluation of its effectiveness in helping the child cope with stress during hospitalization. Chapter V presents the summary, conclusions and epilogue.

CHAPTER II

ANNE, HER FAMILY AND HEALTH PROBLEM

Framed by the expansive observation window of the room, a young child could be seen lying in a crib. Pale walls and dull lighting reflected on the white sheet which encompassed Anne as she lay immobile in her bed. Bobbed brown hair covered her head. Her tiny round pallid face lacked the usual animation of a vigorous three year old child. Her penetrating blue eyes made her look sullen and saddened as she peered into a world which was known to her. Her round cheeks lacked the rosy glow of childhood and her rosebud mouth was taut with corners turned down with an expression of sadness on her face. Her petite little body lay limp with exhaustion. Her frail arms were flexed and drawn in protectively against her body as she clutched a doll in one hand. This is how the writer initially saw three year old Anne Stone. Her twenty-eight pound body was not bounding with the limitless energy and curiosity of the young but was contained within the shadow of illness. Anne had not always been within this shadow. It had existed only during the past week--the time since she had been taken to the doctor because of a sore throat and cough.

Mrs. Stone, her face transfixed with sadness, sat pensively as she recalled the history of Anne's three years of life and the events that had recently and drastically changed the life of her young daughter and family. She looked much older than her thirty-four years. Her clean, but rumpled blouse and skirt hung loosely from her stocky figure. Her shoulders slumped as though heavy with the burdens of life. Her prematurely greying hair drawn back tightly in a knot at the nape of her neck accentuated her saddened, dark circled eyes and the lines of fatigue of her face. Her chafed, strong hands showed the results of many hours of washing and house cleaning. As Mrs. Stone spoke, the words flowed incessantly and conveyed the painful tension that she was enduring.

It was just three years ago almost to the month that the Stone Family had had their fifth child, a seven pound, twenty-one and a half inch baby girl. Anne was not to go home to her parents alone, but to the joyous laughter and excitement of her two brothers and two sisters. Anne's youngest sibling, John, was three years old when she was born. To have a new baby at home provided excitement for the entire family, Mrs. Stone recalled. The added financial burden of another child was as much a part of life as all the hardships the Stone family met with unyielding faith in God. Mr. Stone's position as a fire inspector for an insurance company yielded a minimal salary. However, the

family income which was augmented by money Mrs. Stone earned from taking in washing and ironing, provided for the needs of the family.

The originally small midwestern city in which the Stone's resided was now growing and expanding. Commercial businesses had encroached upon the formerly residential area in which their aging two story home was situated. The children's play area, once spacious and safe, was now small and a constant source of concern due to the unyielding automobiles that sped by, but this was their home--the home where Anne had grown to become a three year old child.

Anne followed the normal patterns of development until her illness. She showed her individuality by walking and climbing at nine and one half months of age. Her mother said that she was an active child and always into everything. She was breast fed until she was twenty months of age which gave her a longer period of physical closeness and possibly closer communication with mother than is experienced by most children in America. From listening to Mrs. Stone the writer gained the impression that she was also showered with love and attention by her father and the other children. The closeness of the family provided security.

Mrs. Stone expressed the belief that Anne had had an enduring and close relationship with her mother until two weeks before she was hospitalized. She became a

constant companion of her mother while the other children were away at school. As Mrs. Stone went about her daily household chores, Anne was right behind her dusting over the same tables and ironing on her small board as her mother ironed. At noon she and her mother were off to help Johnny cross the street to come home from school for lunch. On special days Anne and her mother would go shopping and on occasion would buy some scraps of material so that her sister could make Anne's doll a new dress.

Anne had never been separated from her mother until two weeks before she entered the hospital. At that time Mrs. Stone, pregnant with her sixth child, had suffered a miscarriage and was hospitalized for three days. This was a new experience for Anne. She had never known a time without her mother at home when she needed her. Anne was at home with her father, and brothers and sisters. However, according to her mother's report, she had been lonely in her absence. Anne had to be reassured that her mother would return. When her mother returned from the hospital Anne was like a shadow at her side. Ironically it was just two weeks later that Anne was to experience again the emptiness and loneliness of separation. This time she was not only separated from her mother but also from the entire family and her home as well.

A week prior to admission to the hospital, Anne had complained of a sore throat and had developed a cough. Her

appetite waned and her usual boundless energy decreased. Mrs. Stone recognized these signs as possible symptoms of ill health and took her youngest daughter to the family clinic. After making a thorough examination, the physician ran a complete blood count. The laboratory examination revealed unexpected and frightening information. An abnormally high white count with accompanying anemia alerted the physician to a serious problem. An examination of Anne's bone marrow on the next day confirmed the physician's diagnosis of acute lymphatic leukemia.

In the few days intervening before her admission to the hospital, Anne had continued to have a poor appetite and became listless. Minute skin hemorrhages and bruises began to dot her pale skin. Anne was a very sick little girl.

It was on the first day of her admission to a large midwestern medical center for the beginning treatment of her leukemia, that the writer first saw Anne.

Chapter III presents Anne's problems in the hospital, her coping devices and the plan of nursing care.

CHAPTER III

ANNE'S PROBLEMS, COPING DEVICES, NURSING DIAGNOSIS GOALS, PLAN OF NURSING CARE AND EVALUATIVE CRITERIA

This chapter presents the initial picture of Anne which alerted me to her distress. Observational data were obtained by me on the afternoon of admission and by the instructor during the evening of the same day. The data was interpreted and the findings used to formulate (1) a nursing diagnosis, (2) goals, (3) a plan of nursing care, and (4) criteria to use in evaluating the results of the nursing care provided for Anne.

Anne's Initial Response to Illness and Hospitalization

On the Afternoon of Admission

Observation of Anne alone in a hospital room caused me to recall a frightening experience which I had had years ago when I became separated from my mother in a bustling train station. I remembered that I had asked myself these questions: What would happen to me? Would someone hurt me? Would I ever find my mother again? Would someone help me? As my mind wandered, I re-experienced the feelings of helplessness and loneliness that I had endured until my

mother reappeared. At that moment the image of my frightened mother flashed into consciousness, as well.

Anne's sad, solemn face and listlessness made me want to learn more about her so I could find ways to help her through her first experience in the hospital for treatment of leukemia. My mind wandered again. Where was Anne's mother? Had she fled from the ward after Anne's admission because of family responsibilities? Or had the diagnosis which she had so recently learned created so much pain that she required a respite to mobilize her energies before she could be helpful to Anne? These questions were left unanswered for the moment.

Anne's physical state was indeed acute when she was examined on the first day of admission. The physical examination and laboratory findings revealed her bodily responses to lymphatic leukemia. Her appetite had decreased markedly during the week prior to admission; her admission weight was twenty-eight pounds which placed her in the 10th percentile for her age. Her pale skin was dry; her temperature was 104° F. Her body was covered with scattered petechiae and six to seven areas of fresh ecchymosis which was not considered to be due to trauma. Her liver and spleen were palpable and showed enlargement from her disease. Her cervical, axillary and inguinal lymph nodes were enlarged.

Anne's initial examination required further

investigation of her blood picture. Blood samples were taken and a bone marrow aspiration was done. She had endured these procedures before hospitalization and re-experienced them during the first hours after admission.

The blood smear and blood count revealed the deterioration of her physiologic state. Her blood smear showed multiple blast cells with increased mononuclear elements, morbid anemia, and thrombocytopenia. Her hemoglobin was low (8.9 gram); her white blood count 61,000, which had become elevated from the 45,000 level on the day prior to admission.

Upon my return to Anne's room after studying the physical findings from her first examination in the hospital, I saw her perched on the lap of a nurse who was reading a story to her. She had just had a blood count taken and she looked distressed. Her pallor gave signal to the toll her illness had already begun to take on her small body. The round little face reflected her dejection and fear. Her pleading blue eyes seemed almost despaired as if to say, "I need help but how can I get it without mother." Her pink tongue continuously contacted her dry cracked lips. She gnawed at her lips which conveyed the tension her young person had to endure. Her shoulders and chest methodically moved up and down as she took in minute gasps of air. Her body was becoming drained of the energy that was so vital to her.

Anne sat obediently on the nurse's lap with muscles and body tense. Her rigid body was nearly immobile as if perched on a marble base. She looked as if she could not accept care and comfort from this person; she was too frightened. This was a frightening place with unfamiliar sounds, objects and people. It was a place void of mother. Her small arms were held rigidly in front of her with her fingers spread apart as if she were trying to communicate this idea to me: "See what this place does to me; it hurts."

The story being read to divert Anne's attention from her despair did not ease her distress. The words of the story fell short; she seemed to be engulfed by the fear that consumed her. Anne had looked at me momentarily when I first entered the room. As I observed her further it seemed as though she were oblivious to my presence; she became preoccupied with herself again; she withdrew from the environment which was posing such a threat to her because her mother was not with her.

Anne passively conformed as the nurse attempted to draw her closer to her person. She held her fingers protectively in front of her and lay with her body unyielding against the nurse's shoulder. Her saddened eyes with tears held precariously in check glared watchfully at the door to her room.

On the Evening of the Day of Admission

Data was collected by an instructor as she observed from the door of Anne's room. It portrays more of her responses to her illness and the hospital milieu.

> Anne was lying quietly in bed except for occasional turning of her head. She acted as if she wanted to see people passing in the hallway. Her face was pale; her eyes were huge and looked frightened. Her body was rigid and her respirations were rapid. Because she had a temperature elevation, she was dressed only in pants and shirt.
>
> When she saw me standing in the hallway--she turned her head away. Periodically she looked toward me and then quickly turned away again.

After observing Anne from the doorway; the instructor noticed her dry, cracked lips as she moved into her room and sat down beside her. An excerpt from the instructor's data is given to describe her responses to a sympathetic person.

> Anne's respirations increased in rate and depth as I moved closer, but gradually quieted when I lowered the bedrail, sat down and said, "Anne, I'm a nurse, Miss D. I'm going to sit with you for awhile." Anne closed her eyes when I spoke--turned away for ten minutes as if she could not bear to look at me.
>
> Then suddenly Anne startled and cried out. Her head and body jerked; her eyes flew open and she looked at me fearfully. I put one hand over hers and she did not move it away from mine. She cried, "Ma-a-a-ma." Then I said, "You want your mamma very much Anne. I know you want her right now."
>
> Anne wept quietly; she sighed frequently and called, "Mama-Mama" in a mournful voice. Soon she quieted and dozed lightly for a few minutes. Then she startled again; her body jerked and her eyes opened with a dazed, frightened look. She acted as if she

had awakened from a bad dream. I placed a hand over her head and left my other hand on her right hand to help her rest. Then she closed her eyes and dozed off again.

Fifteen minutes later she awakened again from a fitful sleep and cried for her mother. I empathized with her feelings about losing her mother and her desire to have her there with her. I offered her a drink which she refused by shaking her head "No." Her untouched supper tray was still on her bedside table.

Interpretation

Anne's behavior led me to hypothesize that she had problems in dealing with stress from (1) disease (2) separation from her mother and loss of her care and (3) fear of the hospital milieu.

Stress from disease was manifested by apprehension. Her mouth was dry and her lips were cracked. Her temperature was elevated and her blood picture showed marked abnormalities as described previously. Anne could not drink or eat; she was pale and markedly debilitated.

Stress from fear of the hospital milieu was betokened by a wide array of behavior. Her respirations increased in rate and depth upon the approach of a stranger. Her sleep was intermittent and fitful and when she awakened, she manifested distress by tensing up her body and crying for mother. Fearfulness was shown in her facial expression and by her watchfulness.

Stress from separation and loss of her mother was manifested in many ways. She was tense and anxious; she

expressed the frustration she felt from her mother's absence. She was deeply regressed as shown by her inability to seek care from others. While on the lap of the nurse she was unable to relax, cuddle and get the contact comfort she needed to alleviate her anxiety and fear. At that time she demonstrated her inability to accept care from a stranger which is to be expected of a beloved three year old child.

Anne was using passive coping devices to deal with stress provoking problems. She used immobilization, withdrawal, watchful vigilance and regression to deal with illness and separation from her mother and loss of her care. Robertsons'[1] study of beloved young children in the hospital showed the prevalence of feelings of revenge, hostility, anxiety and grief which resulted from loss of maternal care. This knowledge led me to ask myself these questions: (1) Was Anne too sick to express hostility? (2) Had she immobilized herself to conserve her energy or had she turned her anger back against herself and caused the despair which was so characteristic of her behavior on the day of admission to the hospital?

The Nursing Diagnosis

A nursing diagnosis as used in this paper is the nurse's evaluation of the child's physiological, emotional

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[1]James Robertson, Young Children in Hospital (New York: Basic Books Inc., 1958), pp. 19-29.

and behavorial responses to his disease, medical treatment, strange painful environment and care by persons other than his mother.

Initially Anne responded to acute illness, separation from her mother and loss of her care and to fear of the hospital milieu with passive maladaptive coping devices which threatened her relationship with herself and her mother. They prevented her from accepting contact comfort, needed fluid and nutrients and from venting overtly her feelings. They blocked release of tension, used vital energy and prevented Anne from discovering through experience that her feelings were justifiable, understandable and welcomed.

Anne's behavior demonstrated a valuable strength as well. With the help of a supportive person, Anne was able to express her feelings with words and tears which relieved her tension. This led me to hypothesize that her coping devices were mobilized more from separation anxiety and fear of the hospital world than from the physiological effects of her illness. The fact that she was able to accept closeness and became more relaxed and was able to go to sleep after she had expressed her feelings of loneliness and despair provided evidence to support this hypothesis. Anne's need for her mother was conscious. She had not repressed the image of her mother. Nor had she denied her need for her.

Observations of Anne on the first day of hospitalization prompted these questions for further study: (1) Will acceptance of Anne's overt and covert expression of hostility help her to become less afraid of venting her feelings about separation and loss of her mother's care? (2) Will daily periods of purposefully planned nursing care prevent her from using denial of her need for her mother as a defense against anxiety? (3) Will venting her feelings to me conserve her energy and help her to seek and use contact comfort from me and from her mother?

Goals of Nursing Care

Goals were formulated as a basis for planning nursing care. The primary goal was to help Anne to maintain her trust in and emotional tie to her mother so that she could use her support through this and future threatening crises that confront a child with leukemia. These secondary goals were established to conserve Anne's energy and thereby contribute to the accomplishment of the primary goal:

1. To help Anne establish a relationship with me to facilitate:
    a. verbal communication of her needs,
    b. expression of her feelings of anger, fear, revenge and grief,
    c. reduction of fear and anxiety,

d. reception of nutrients, fluids, medicine and comfort from mother and nurses.

e. provision of support through frightening, painful experiences.

2. To support Anne's mother in bearing grief and in understanding Anne's behavior during periods of visiting on the ward to facilitate:

a. acceptance of Anne's protests and rejecting attitude,

b. prevention of feelings of rejection and guilt in the mother,

c. participation in the provision of maternal care for Anne so that her mother would have satisfaction in the maintenance of her role during periods of stress in herself and child,

d. Anne's acceptance of me as an extension of her mother.

Plan of Nursing Care for Anne

Problem: Coping with the stress of illness.

Approach	Purpose of Care
I. Support of Anne's body by providing physical care.	1. Comforting nursing care supports the maintenance of trust and helps the child maintain a good image of himself.
A. Bathing during morning periods of nursing care.	2. Bathing is soothing and relieves discomfort and fatigue.

Approach	Purpose of Care
	3. Physical care supports the child's fight against disease and alleviates symptoms by preventing needless expenditure of energy when her body needs are frustrated.
	4. The provision of physical care is a means of interaction and mode of communication to show the child that she is a worthwhile person.
B. Let Anne help in her physical care when her physical condition improves and she shows readiness to participate.	1. Helping facilitates the return of ego control which is vital at her stage of ego development.
	2. Opportunity for control of her environment reduces fear.
	3. Helping meets emotional requirements. Responsibility gives the child a feeling of importance and independence.
C. Give oral medications crushed, mixed with fruit and provide her the choice of fluids or spoon to take them with, using a kind but determined manner.	1. Medications were necessary to help return Anne's blood picture to normal and to control her disease.
	2. The child needs a secure and kind nurse to show her that medications are to be taken now. The young child does not have the self discipline to take unpleasant medications without support.
	3. Crushing and mixing medications with fruit will help make the medication more palatable.

Approach	Purpose of Care
	4. The child still maintains some control and ego growth is promoted.
	5. It is necessary for her to accept medications with trust so that she will not feel they are an attack on her person.
	6. This prepares her for taking medicines at home from her mother.
D. Offer fluids frequently and in small amounts.	1. Fever increases water loss and therefore adequate replacement must be maintained.
	2. Fluids are necessary to maintain the body in homeostatic balance and reduce her temperature.
	3. The digestive capacity is reduced during emotional stress. Frequent small amounts are more acceptable and there is less chance of vomiting.
	4. Forcing large amounts will cause feelings of retaliation and vomiting.
	5. Continuous support and communicating of worthwhileness will help the child to accept fluids.
E. Stay with her during mealtime and encourage her to eat small amounts.	1. Nutritional intake is not as vital as fluid intake but still essential to provide energy.
	2. The digestive capacity is reduced during illness and emotional stress. Small amounts can be accepted more easily.

Approach	Purpose of Care
	3. Refusal to eat must be accepted to prevent increased anxiety from rejection and scolding.
	4. Encouragement is needed to strengthen ego and the child's concept of herself.
F. Stay with her during rest period.	1. Sleep is necessary to restore energy to the body.
	2. Sleep lessens fatigue and enables the body to function at a low capacity so tissue damage can be repaired.
	3. The presence of a comforting person will reduce fear and promote relaxation.

Problem: Coping with the stress of separation.

Approach	Purpose of Care
1. Talk with Anne about her mother and her distress in her absence.	1. This will help maintain her emotional tie with mother and preserve her potential for growth.
	2. It will help encourage a more overt expression of her feelings and thus conserve energy.
	3. It will show recognition and acceptance of her feelings.
2. Assure Anne of mother's return.	1. This assurance will lessen frustration, distrust and worry.
	2. Assurance of mother's return will keep Anne's desire and longing for her mother alive.

Approach	Purpose of Care
	3. Energy will be conserved by preventing maladaptive coping mechanisms such as watchful vigilance, withdrawal and regression.
3. Provide daily periods of nursing care by one person.	1. Comforting nursing care by one nurse will support maintenance of trust.
	2. A continuous relationship will help her to perceive my acceptance of her feelings.
	3. A continuous relationship will provide opportunities to vent her feelings on me.
	4. Learning to seek from me will encourage her to seek from others.
4. Recognize Anne's need for mother.	1. It will help keep Anne's need for mother conscious.
	2. It will prevent denial of her need for mother and for mothering.
5. Stay with her during periods of overt expression of feelings. Provide contact comfort and acceptance.	1. Expression of feelings is a healthy response and should be encouraged.
	2. Expression of feelings decreases tension, conserves energy, lessens frustration and provides control of feelings of helplessness.
	3. Expression of feeling will help to reduce her hostility, and thus support the maintainance of her relationship with mother.

Approach	Purpose of Care
	4. Staying with her may prevent guilt and anxiety from feelings of retaliation.
	5. Discharge of negative feelings on the nurse will lessen the degree to which she vents them on her mother.
6. Stay with Anne when mother leaves.	1. This is an especially difficult time and one when support and comfort is needed.

Problem: Coping with fear of the hospital.

Approach	Purpose of Care
1. Prepare Anne for procedures.	1. Preparation reduces fear of the unknown.
	2. It helps the child to mobilize resources to cope with the procedure.
2. Allow Anne to develop her relationship with me at her own pace.	1. It reduces her fear of a strange person.
	2. It provides her some control over her environment.
3. Help Anne to face her fears.	1. Facing fears prevents loss of energy from repression of them from immobilization.
4. Stay with her during painful procedures, providing contact comfort, physical and emotional support.	1. Support may prevent loss of control.
	2. Support helps her to mobilize coping devices.
	3. Support reduces fear and helplessness.
	4. Support promotes relaxation and release of tension.

Approach	Purpose of Care
5. When possible let Anne participate during procedures.	1. Participation supports use of autonomy and provides control over what happens to her. 2. It reduces fear by minimizing her helplessness.
6. Provide opportunity for exploration of her environment.	1. Exploration reduces fear of the unknown. 2. It increases her control and reduces helplessness.
7. Provide opportunity for self expressive play.	1. Play can provide an outlet for feelings. 2. Through play the child can work through his feelings about feared and painful experiences.

Evaluative Criteria

The plan of nursing care will be evaluated as effective if Anne's energy increases and she:

1. Maintains conscious awareness of her need for her mother and seeks care and comfort from her when she arrives on the ward;
2. Becomes increasingly more able to verbally communicate her needs and overtly express her feelings of anger, grief and revenge;
3. Becomes more able to relax and sleep when fatigued;
4. Accepts needed fluids, nutrients, medicines and comfort from me;
5. Enjoys exploration of her environment;

6. Becomes more able to face her fears and cope with anxiety in more active, constructive ways.

Chapter IV presents the nursing care as implemented and evaluation of its effectiveness to help Anne cope with stress during hospitalization.

CHAPTER IV

NURSING CARE AND ITS EFFECTIVENESS IN HELPING ANNE TO COPE WITH STRESS

Anne's initial behavior and appearance on the day of admission to the hospital demonstrated her difficulty in coping with stressors evoked by her illness and hospitalization. Through observation of her behavior and study of her medical evaluation, a purposeful plan of nursing care was developed to provide help for Anne.

This chapter presents the nursing care provided for Anne. I interacted with the child and mother on four of the seven days of her hospitalization. The recorded data from these interactions are divided into three main sections for presentation (1) nursing care to help Anne deal with stress from disease; (2) nursing care to help Anne deal with stress from separation and loss of maternal care; and, (3) nursing care to help Anne deal with stress from fear of the hospital milieu.

Nursing Care to Help Anne Deal With Stress From Disease

A young child is frightened and upset by the experience of illness. The strange feelings and signals from within his body confuse his concept of himself, create

fear and cause him to regress. When the young child is overwhelmed by the stress of illness, he needs help to regain health and maintain control.

Anne's behavior and appearance manifested the stress imposed by her illness. She showed heightened tension, inability to relax, and apprehension. Her physical appearance revealed wane of her physical state. Her skin was pale; her lips were cracked; and her body was covered with petechiae and areas of ecchymosis. Her blood smear demonstrated the imbalance of her physiologic state.

Help to Increase Anne's Physical Well Being

Support of Anne's body could help her to cope with the stress of her disease. Her body was in need of the soothing and comforting physical care to restore her to health. She had withdrawn her energy from objects in her world and focused it on herself.[1] In her regressive state her dependency needs were met by soothing nursing care.

When I gave Anne her morning bath on the second day of hospitalization, she submitted passively to my ministrations. She watched closely as I prepared the basin of water. Her rumpled pajamas and sleep ladened eyes signaled her need for refreshment. As I placed the basin,

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[1]Anna Freud, "The Role of Bodily Illnesses in the Mental Life of Children," The Psychoanalytic Study of the Child, VII (New York: International Universities Press, Inc., 1952), 78.

soap and towel on her bed, Anne looked up at me with frightened eyes; her facial expression was set and solemn. I told Anne that she could help if she would like to do so. Her solemn eyes peered up at me as she clutched the wash cloth.

As I began to bathe Anne, I talked with her about the hospital and the frightening, unfamiliar things that had happened to her. She listened to me intently as I talked with her and washed her body. She clung to the wash cloth throughout the entire bath but never attempted to use it. Anne's body relaxed during the refreshing bath. Her intense facial expression and incessant stare were transformed into a quiescent state. Her respiratory rate decreased. She began to talk of her doll and books that she had brought from home. After I had finished bathing Anne and dressed her in clean pajamas, Anne reached for her doll. She took the wash cloth she had been holding and wiped the doll's face saying, "Dolly needs a bath too."

Anne did not have the energy to participate in her own bath. The comforting nursing care which had been given to meet her dependency and physical needs had relieved her discomfort and fatigue. Energy was conserved by preventing its needless expenditure on frustration from unsatisfied body needs. Anne showed release of tension and increased energy; she began to show her need for independence by

ministering to her doll. By meeting Anne's physical needs, I hoped to help her to maintain trust. The bath provided a mode of communication. It helped Anne to know that I was a person who cared about her and wanted to help her. Through my care I hoped to elevate her self-esteem. Care also contributed to the development of the nurse-child relationship.

Anne's changing behavior during the next few days indicated signs of recovery and renewed interest in caring for herself. On the fifth day of hospitalization, Anne actively participated and helped during her bath. As I held the soap, Anne vigorously rubbed her cloth over it. She brought it up to her face and in a circular motion swished it over it. She waited patiently for the cloth to be rinsed and then wiped away the soap from her face. Anne and I completed her bath through cooperative playful activity. After I had washed an area of her body, she took the bath towel and dried herself. When she became more animated and gay, I surmised that she was gaining trust in me as a non-threatening person.

The improvement of Anne's physical condition provided increased energy to cope with the stress of her illness. Her participation in her bath demonstrated ego strength and facilitated the return of control which was vital at her stage of development. The assumption of this responsibility gave her a feeling of importance and

independence.

Anne's medications were an important aspect of her therapy, but they were hard for her to accept. When I entered her room with her medicine, Anne immediately reacted. She looked up at me sorrowfully; her hands went to her mouth and she seemed to shrink back slightly. Perceiving her reaction I said, "It is time for your medicine Anne. I will help you to take it."

Anne mobilized coping devices if she knew what to expect and that she would have support. Anne replied, "I don't like it. It doesn't taste good." To help Anne know that I understood her feelings I said, "I know it doesn't taste good, but I have brought applesauce and you have some juice here. They will make it taste better." Anne looked at me pensively as I placed the tray on her bedside table. Anne sat with her lips pursed in determined refusal.

Because I knew that Anne needed help in accepting her medication, I provided this support for her: "Your medicine is important to help you get better. You can tell me how you would like to take it." Then I waited for Anne to answer. She looked at me and said hesistantly, "With the orange juice." Anne took the particles of the pill into her mouth as I held the cup. I handed her the juice and with a big gulp she swallowed her medication.

As she removed the cup from her lips, she looked up at me for approval. I said, "That was very good Anne.

You will have to tell mommy how the orange juice helped the pills to go down. You will be taking your pills when you go home, and you can help mommy by telling her how you like to take them." Anne looked down at the empty glass and a twinkle of a smile crossed her face.

My support of Anne helped her to express overtly her dislike of her medication and thus prevented her from turning her feelings back against herself. My presence and determined approach helped Anne to accept her medication. The young child does not have the ego strength to accept distasteful medications unaided. He needs someone to let him know that the medication must be taken now.

When I observed from outside the room while a staff nurse gave Anne her medicine on the sixth day of hospitalization, I observed that she had learned to accept medications as a part of her daily routine. After Anne looked at the nurse and then at her bedside table she said, "I need some orange juice. I always take my pill with juice." Anne knew the routine well, the paper cup on a tray meant time for her medicine. The nurse replied, "I have brought some applesauce to help you." Anne replied emphatically, "No the orange juice helps. I want to take it with juice."

Anne had developed her own method of taking her medication. She was determined to maintain this control. The nurse conceded to Anne's wishes. Anne accepted the

glass of juice and her pill. Without hesitation she boldly put the pill in her mouth and took a big gulp of juice. Then triumphantly she handed the cup back to the somewhat awed nurse.

Through her experience of taking medications in the hospital Anne became prepared to accept them at home. She had a means of control in the situation and would therefore feel less fearful when medications were presented at home.

Anne's response to the stress of illness was reflected in her pattern of nutritional and fluid intake. Anne had showed a progressive decrease in appetite the ensuing week before admission. Upon admission to the hospital her appetite and fluid intake became increasingly depressed. Frequent nursing observations reported that her tray sat untouched at her bedside. Anne's anorexia became an acute problem.

Anne's response to food and fluid during illness was understandable. Loss of appetite is one of the characteristic symptoms of leukemia. Although non-specific it is found to be one of the first alerting signs to disturbance of body functioning created by leukemia. The additional stress of hospitalization superimposes anxiety and apprehension, which can become manifested by loss of appetite.

One of the most important elements of Anne's

nursing care was to help her regain energy through adequate nutritional intake. When I saw an untouched tray on the table on the first morning after admission, I said, "Do you think you could try to eat a little of your breakfast? It is important for you to eat." Anne needed encouragement to eat. I wanted her to know that I would help her and that I knew that food was important for her. I hoped that this would stimulate her interest in food. Anne accepted a small piece of toast and was able to take a few sips of juice.

On the following day Anne showed increased interest in food. She did not ask for food, but was able to accept small amounts when offered. She took nibbly bites and chewed them slowly. She accepted the food willingly, but then had difficulty in swallowing it. After a valiant effort to take a small bite of each item of food on her tray, Anne shook her head slowly in refusal of further food. I did not attempt to encourage Anne to eat more. Instead I said, "You did very well to try everything. Tomorrow you may feel more like eating."

Each mealtime that I was present, I encouraged Anne to eat small amounts. I attempted to stimulate her interest in food, but did not push food or rebuke her for not eating. Freud states that forcing and urging of food on an ill child can create a more serious problem than the withholding of food. The urging of food may revive feeding

battles which had raged between mother and child in the nursing period.[1]

Fluids were necessary to maintain Anne's body in homeostatic balance. Her fever had increased the rate of water metabolism and her intake was severely depressed. Her dry skin and cracked lips signaled her body's response to inadequate fluid intake. Her urinary output had to be monitored closely to insure adequate output. The drugs Anne was receiving could be damaging to her physiologic state if the proper medium for metabolism was not present. If adequate oral intake was not maintained, Anne would require an intravenous infusion of fluid.

Anne needed to have fluids offered frequently. A variety of untouched fluids sat at her bedside. I had learned from Anne's mother that a favorite drink was chocolate milk and so had brought some into the room. As I sat at Anne's bedside and read her a story I said, "Mommy told me that you like chocolate milk. I have brought some with me especially for you. Would you like to taste a little?" Anne nodded her head and looked over at the carton on her bedside table. I poured the milk into a cup and asked Anne if she would like to drink it from the cup or use a straw. Anne replied with the single word, "Straw." She did not drink the milk as if she were thirsty, but instead took small sips. After a few sips,

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[1] Ibid., 74.

she handed the cup back to me and said, "No more." I took the cup from her and said, "We can try a little more later."

During the time that I read to Anne, I periodically offered the milk. She would take a few sips and then signal her satiation by pushing it away. Anne was not able to take large amounts at one time. The small sips at intervals accomplished my purpose. At the end of the story Anne had ingested 200 cubic centimeters of milk.

Through persistent and frequent offering of fluid throughout her hospitalization, Anne was able to maintain an adequate intake. An intravenous infusion never became necessary. Her fluid intake increased progressively on each successive day of her hospitalization. Her elevated temperature returned to normal.

Frequent checks were made of Anne's vital signs during the first days after admission. Her temperature had to be monitored closely to insure prompt institution of palliative treatment if it rose to a dangerous height.

Anne required careful observation during the time she received a blood transfusion to determine any adverse reaction to this therapy. Frequent measurements of vital signs were obtained to assess Anne's physiologic state during the transfusion. Pulse and respirations were taken every half hour to determine respiratory and circulatory responses. An increase in respirations and/or cardiac rate would indicate a circulatory overload and require

decreasing the rate of infusion. Her temperature was taken before and after the transfusion to detect any adverse reaction to the blood. I observed her skin for signs of allergic reaction which would also indicate possible incompatability with the infused blood. The transfusion was completed without incident.

The monitoring of Anne's vital signs provided a check on the stability of her physiologic state during the reception of blood. This procedure was understandably frightening to Anne; my constant attendance communicated to her my concern. Through this one aspect of my ministrations, her apprehension and fear were relieved; she learned that someone was there to protect her.

Anne also needed protection from intecurrent infection to prevent overwhelming her weakened body. The disrupting influence of the leukemic process within Anne's body had interfered with the natural body defenses to combat infection. In addition, the steriod therapy instituted to treat her disease made her less able to combat infection. To provide as safe an environment as possible, meticulous hand washing was used. I limited my contacts with children who had infectious diseases. This decreased the possibility of transferring bacteria to Anne from other areas of the unit. Anne was kept in a room by herself and personnel entering the room were kept to a minimum. Through the conscientious effort to protect

Anne, she was spared further embarrassment of her weakened physical state by superimposed infection.

Evaluation of Nursing Support

The ongoing evaluation of nursing support and medical therapy provided to help Anne cope with the physical stress of illness showed definite progress in Anne's ability to deal with this stressor. As Anne's physical energy returned, her trust in me increased. I was able to support her struggle to regain her autonomy. This was illustrated by Anne's increased participation in eating, in taking of medications and in bathing herself. Initial observation of Anne showed a withdrawn immobilized child. By the day of discharge Anne was able to use me as an extension of mother. She was able to use me for physical care of her body and for obtaining comfort.

Both medical treatment and nursing care were instrumental in effecting change which made discharge from the hospital possible. Anne's pale complexion had once again taken on the rosy glow of health. Her temperature returned to normal. Her hemoglobin rose from 8.9 grams to 13.0 grams. Her white blood count dropped from 61,000 cells to 4,100 cells. The petechiae that had covered her body had disappeared.

Nursing Care To Help Anne Deal With Stress From Fear Of The Hospital Milieu

Observational Data

Anne's behavior during my initial observation had alerted me to the fact that she had difficulty in coping with and understanding painful procedures.[1] Anne was to have a blood transfusion.

Painful procedures represent to children a threat to their person. They can not understnad the reason for inflicted pain. Not knowing what is going to happen increases children's fear and anxiety. The person who has protected and comforted the child since his life began is not there to help which is incomprehensible to the young child.

Anne needed help to understand the reason why the transfusion had to be given. I prepared Anne by explaining the events that would occur. I told her about the bag, the tubing and liquid which would make her feel stronger. I told her of the needle that would have to stay in her arm until all the liquid was gone from the bag. In retrospect, it would have been more helpful to Anne to have provided her with the equipment to handle and explore. It was hard for her to understand my words because she was not familiar with the items which I spoke about.

When the procedure began Anne was extremely

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[1] Supra, p. 24.

frightened. Immediately she appeared to draw on all her resources to deal with an experience which hurt and frightened her. Her lips trembled and she drew her arms closer to her body, as if she were trying to hold herself together. Her eyes opened wider, as she watched every movement of the doctor with anticipatory fear. She protested by saying, "No, no, no. Mommy, mommy. I want mommy now." I held Anne as closely as possible while the doctor proceeded. Anne looked from me to the doctor but held her body rigid while she clung to me with her hand. Anne was able to verbally protest the insertion of the needle, but did not have the physical energy to physically resist the procedure.

I held Anne closely hoping to provide the comfort that she needed and wanted from her mother. Because I thought she might be angry at her mother for leaving her in the hospital, I told her that it was all right to protest. She needed to protect herself from anxiety by venting her feelings about intrusive procedures. Although Anne was frightened, my explanation and presence provided her with freedom and energy to protest.

During the two hours of transfusion, I sat at Anne's side with my arm protectively across her body to provide comfort and to prevent her from feeling helpless and abandoned. We talked about the red liquid which dripped into her vein. To help Anne gain some control over what was happening to her, I engaged her in helping me watch the

drops. I also suggested that she tell me to take the needle out when the bag was empty. In this way I hoped that she could maintain some degree of autonomy.

With the above help, Anne found relief from her tension and anxiety; her taut muscles relaxed and she began to succumb to her need for rest. Her lips ceased trembling. Her eyes lost their awesome terror. Her behavior showed she trusted me to stay and protect her.

As I was holding Anne in my arms after the transfusion, Mrs. Stone arrived. Upon seeing her mother, Anne gave a twinkling of a smile and reached out her arms to embrace her mother. The help that I had provided Anne throughout the day had prevented her from denying her need for her mother. Anne had been able to express her anger and feelings to me. Therefore, she had less need to be angry at her mother now. Anne's response at this time was the most positive response to her mother's arrival that I had seen.

Anne had other fears to face in the hospital environment. The environment was strange without the comforting familiarity of home. The people were strangers and dressed in the stark white of the hospital. Shortly after arriving in the hospital she experienced physical examinations, laboratory tests and strange sights and scunds. These were all relatively new and non-understandable occurrences.

Anne's withdrawn, immobile behavior on the day of admission to the hospital exhibited the manner in which she coped with the above fears and anxiety. Anne did not have energy or freedom to explore the feared environment. She needed other kinds of help to deal with her fear of the physical environment. Explanations were given about all the activities which she could observe in her room and in the areas adjoining it.

A child needs confidence in the protectiveness of his nurses.[1] Anne needed trust in those who cared for her to deal with her fear of the environment. Daily periods of care by me helped Anne to trust those who cared for her. Our relationship was built on the trust that she had received from her mother during the early formative years of her life.

Play can provide an emotional outlet for the hospitalized child and help him deal with his fears and upsetting feelings about the experiences he has had to passively endure. When I presented a case to Anne which contained a doll, paper, scissors, bandaids, hypodermic syringe, blocks and wooden figures of a nurse, doctor, mother, father and children, Anne did not have energy for self expressive play. She fingered the items slowly and looked intently into the case then she pushed the case to

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[1]Florence G. Blake, Open Heart Surgery in Children, (Washington: Children's Bureau Publication, 1964), p. 28.

the end of her bed and laid down. "I don't want to play," she said. She clung to the few books and the doll she had brought from home and closed her eyes.

The day before her discharge Anne had progressed physically and was able to explore the environment beyond her room. With her hand clasped in her mother's hand she ambled down the hall. Anne did not ask many questions but her eyes were wide with wonderment. She stopped frequently to visit with the other children who shared this experience away from home.

The day of discharge Anne had further opportunity and enthusiasm to see more of the place where she had spent the last six days. Her head twisted and turned as we walked down the hall. While Anne was on her way home with her mother, Mrs. Stone asked Anne if she would like to see the kitchen where the food was made. Anne wanted to explore as much as she could. She grasped her mother's hand tightly and looked into the big room. Anne said softly to one of the ladies, "I'm going home."

Evaluation of Nursing Support to Reduce Fear

It is difficult to evaluate the effectiveness of support to help Anne overcome her fears because the young child does not have sufficient vocabulary to relate the degree to which he gains relief. Anne's behavior can be the only guage.

Anne became increasingly more able to overtly express her fear and to protest during frightening events. Then she was often able to relax and sometimes give in to her need for sleep. She was never observed overtly expressing feelings of revenge or anger toward her mother. She was able to seek comfort and help from her mother and to use it.

Anne was never able to use the play materials which were offered to express her feelings or relive the events which had occurred during her hospitalization.

Anne left the hospital with a desire and the freedom to explore the hospital environment. Whe felt comfortable in exploring and she had the energy for it.

Nursing Care To Help Anne Deal With Stress From Separation And Loss Of Maternal Care

The most stressful feelings that a young child must deal with during hospitalization are aroused by separation from mother and the loss of her care. Mother has been the protector of the child and during a crucial time of illness, he is separated from her. Because the child cannot understand this incongruity of life, he needs help to cope with this stress.

Anne's appearance and behavior manifested her response to the stress of separation from her mother. Her initial appearance showed a tense, troubled little girl. Her eyes communicated her loneliness through their

sorrowful, sullen appearance. Searchingly she peered through the door of her room as she waited for her mother. She was able to express the frustration she felt from her mother's absence. Her response to hospital personnel was guarded and reserved. She had regressed as shown by her inability to seek care from hospital personnel.

Help to Anne in Establishing a Relationship with Me

In order to help Anne deal with the stress imposed by separation from mother and the loss of her care, my first goal of nursing care was to help her develop a relationship with me. Through a trusting and secure relationship, I hoped that Anne would be able to gain comfort and support from me during the absence of mother. Our relationship would also provide her with an opportunity to express her feelings about separation.

The beginning of a relationship is often cautious and slow. The day after Anne's admission I began to help her to establish a relationship with me. Mrs. Stone sat holding Anne in her lap, I entered the room and introduced myself to her. I told Mrs. Stone that I would be caring for Anne during her hospitalization because I wanted to learn more ways to help mothers and their children during hospitalization. By defining my purpose and my desire to help Mrs. Stone and Anne, I hoped that both would feel more secure in trusting me. While Mrs. Stone and I talked

together, Anne sat comfortably on her mother's lap as she watched and listened intently.

On the day when I first gave Anne her morning care, I tried to help her to associate me with her mother: "Hello Anne, I'm Miss L., your nurse. You remember when I was here with your mother and we talked together. I am going to take care of you this morning."

Throughout the remainder of the study period, the provision of physical care and support during her mother's absence helped Anne to establish a relationship with me. Anne became increasingly more able to use me to meet her needs and gain comfort.

Support of Anne's Mother During Hospital Visits

Through purposeful action the nurse can also help the child's mother to deal with her feelings. The child's mother has difficulty in coping with the separation hospitalization imposes. She, too, needs help. By providing her with an opportunity to talk about the hardships which hospitalization imposes on her, she can begin to resolve her conflict relating to the care of her family. Erickson states that the nurse "also eases mother's anxiety about leaving her sick child to care for the rest of her family."[1]

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[1]Florence Erickson, Therapeutic Relationships of the Nurse to the Parents of a Sick Child, (Columbus: Ross Laboratories, 1964), p. 4.

During Mrs. Stone's visits, I also attempted to provide her with insight into the problems a child must endure during separation. I interpreted behavior and feelings to her to provide her with understanding and resources to accept them. To illustrate my anticipatory intervention, the following data is presented.

> Thinking to myself that both Anne and her mother were having difficulty with separation, I began to talk with Mrs. Stone about this problem. I explained to Mrs. Stone that it is very hard for children to be without their mothers when they are in such a strange and threatening place as the hospital. I also faced with Mrs. Stone the responsibilities she had at home and therefore could not spend all her time with Anne. I felt it was good that she could give as much comfort as she did to Anne when she was able to be with her.

Because I wanted to prevent Mrs. Stone from condemning herself for leaving her sick child in the hospital, I shared with her my realization that she had responsibilities to fulfill at home. I also praised her ability to give comfort to her child and bolstered her cherished capacity to provide mothering, the data continues:

> Anne continued to hold mother tightly, occasionally turning her head to look at me. I talked with Mrs. Stone about how important it was not to deceive Anne. I suggested that she tell her when she would be leaving and returning. This would help Anne to deal with her feelings with more trust in mother. I reassured mother that I would help her daughter while she was gone. Mrs. Stone commented, "It is good to know that Anne will have a friend, her own nurse who cares about her."

I thought that Mrs. Stone's anxiety would be relieved if she knew that someone with a sincere interest would try

to help Anne in her absence. Discussing these problems in front of Anne was intentional. If Anne could see the nurse as someone mother trusted, she would be more able to use her as an extension of mother. Erickson states:

> The modern nurse must accept the role of mother supplement, not mother substitute, and gain at least some of her satisfaction supporting the mother in her care of her child . . . It is a role which requires maturity and understanding of the impact of a child's illness on family relationships.[1]

Then the time arrived for Mrs. Stone to leave she had difficulty in separating. She fought back her tears as she had to leave her pleading, protesting child. The following data illustrates my attempt to support Mrs. Stone.

> I talked with Mrs. Stone saying how hard it was for her to leave, but that it was good Anne could cry and protest her leaving. Anne was expressing feelings instead of keeping them inside her. I said that it was hard for both of us to hear her cry but that we would both be more concerned if Anne didn't cry but instead accepted her mother's leaving without protest. If she didn't protest we would be afraid that all seemed hopeless to Anne or that she didn't care. I told Mrs. Stone that she had helped Anne by preparing her for her departure and telling her when she would return. She had given Anne as much comfort as she could during the time that she was there. I told her that I knew she would do this each time she came.

By assisting Mrs. Stone to see the help that she had given Anne, I hoped to relieve any guilt she might have leaving her. Protest was a healthy response and showed how much Anne cared for and needed her mother.

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[1] Ibid., p. 3.

Anticipating that Anne might possibly reject her mother upon her return, I prepared her for it. My purpose in doing so was to protect Mrs. Stone from hurt feelings which might prevent her from giving comfort to Anne when she needed it the most. I pointed out that rejecting behavior did not mean that her child had ceased to love her. Instead it was the young child's way of communicating how much she had missed her mother during her absence.

Observation toward the end of Anne's hospitalization, provided evidence to support the hypothesis that I had been of help to Mrs. Stone.

> Mrs. Stone was standing at the door. Anne looked up at her and then looked away. Mrs. Stone hesitated momentarily her face showed only a slight movement of her eyes. She felt Anne's rejection. Then Mrs. Stone greeted her daughter in soft comforting tones and showed her the new books she had brought. I said, "Anne has been waiting for you--it has been hard for her to wait." Mrs. Stone looked at me knowingly. I thought that she had remembered our conversation and was able to accept Anne's momentary rejection.

Two days before discharge Mrs. Stone and I again discussed Anne's behavior. We talked about Anne's need for her mother and her difficulty in separating from her after each visit. We talked of the angry feelings that Anne might have upon her return home. I emphasized to Mrs. Stone that Anne still showed her need and love for her mother by protesting her departure. She was able to use her when she was there and gain comfort from her.

To prepare Anne's mother for Anne's return home, we

talked of possible behaviors which she might exhibit. I anticipated that she might cling to her mother, or she might reject her. I suggested that Anne's dependency needs might be increased and that she might regress to more infantile behavior than she had displayed before her illness. It was also suggested that it would be important for her mother to recognize Anne's feelings and understand her need for having them. At that point Mrs. Stone remembered Anne's behavior when she returned home from the hospital. Mrs. Stone seemed to sense the fact that she would have to give her extra comfort and help as she had had to do after returning home from her own recent hospital experience.

By interpreting behavior which might disturb Mrs. Stone, I hoped that I might help to prevent a disturbed mother-child relationship.

Help to Anne in Bearing Loneliness and Helplessness Immediately after her Mother's Departure

Anne had difficulty letting her mother leave. When the time arrived for Mrs. Stone to leave, Anne whimpered softly and said, "I want you to stay." Anne clung to her mother as she whimpered periodically, "I want you to stay. I want you to stay." When Mrs. Stone raised the bedrail, turned away reluctantly; gathered up her purse and coat; and walked to the door, Anne did not reach out for her mother. Instead she lay still and used her energy to cry and protest her mother's departure.

When I returned to Anne's room after I had walked to the end of the corridor with Mrs. Stone, Anne had ceased crying, but her behavior showed that she was still struggling with her problem. She was lying on her side with her doll clutched in her arms. Her respirations were rapid from fighting back tears. As I sat down at her bedside Anne said, "I want mommy here. I want mommy here now." Then tears streamed down her face and she cried loudly. "I want mommy here." I put down the bedrail and placed my hand on her arm to reassure her that I cared and wanted to help.

To communicate my understanding of her loneliness and helplessness and need for her mother, I said, "I know you want mommy. It is mighty hard for you to let her go. It is difficult for mommy to leave, too. She doesn't want to leave but she has to go home to make dinner. Mommy will be back after your bath in the morning."

The above words were spoken to prevent Anne from feeling abandoned. I wanted her to know that her mother was leaving because she had responsibilities at home and not because she wanted to go. I attempted to reassure her of her mother's return. In retrospect this question occurred to me "Did I stifle Anne's protest by telling her that her mother did not want to go?" Further expression of feeling might have relieved Anne's tension and lessened feelings of helplessness. Blake states:

> During the phase of protest, care must be directed so as to support the child's emotional tie to his mother. His protests, sobs, regression and rejecting attitude should be recognized as a healthy fight response to overwhelming anxiety. They are constructive and serve a useful purpose by decreasing tension and providing a measure of control over feelings of helplessness.[1]

On the fifth day of hospitalization Anne still protested her mother's departure. Anne began to whimper and cry at the mention of mother leaving. Mrs. Stone determined not to prolong her departure, put Anne in a standing position while she put on her coat, Anne crossed her arms, stamped her feet and said, "I want you to stay." Anne watched her mother go down the hall. She was crying heartily at my side, as mother disappeared around the corner.

Then Anne looked up at me with saddened eyes and said, "I don't want mother to go." I knelt down, put my arm around her sobbing body, and said, "I know you don't want mother to go. It is hard for her to leave. She will come back after naptime. Mother always comes back when she says she will. It is all right for you to cry. It makes you very sad and angry that mother has to leave when you want her so much. Children need to cry when they have so many feelings."

By holding Anne close to me I provided her with

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[1]Florence G. Blake and F. Howell Wright, Essentials of Pediatric Nursing (Philadelphia: J. B. Lippincott Co., 1963), p. 448.

contact comfort. This is one of the basic ways in which human beings can provide comfort for each other. Anne sobbed in my arms and leaned against my body. She needed the security of another person for consolation. Soon her crying subsided to a whimper. Then she turned to me and said, "I have to go potty."

Anne became increasingly more able to use me for comfort and to meet her needs. As she sat on the potty chair she looked up at me and said, "Read me a story." (This was a demand she had made of her mother during her visit.) She had begun to relax and constructively cope with her feelings over mother's departure. To keep Anne's need for her mother in conscious awareness, I talked about her mother often as I read the story.

Anne's urge to go potty seemed only to be a response to tension. Soon she got up from the potty chair without voiding and came to me to fasten her pajama pants. She was able to use me to meet her dependency needs. When I lifted Anne to my lap, she was able to relax into the contour of my arms. Knowing her need for contact comfort, I suggested that she sit on my lap. As yet Anne was not comfortable enough in our relationship to ask for this comfort.

Help to Anne in Expressing Her Feelings

During the first few days of the study, encouragement to express her feelings of grief, loneliness, fear and anger did little to relieve Anne's anxiety. Occasionally she wept momentarily or voiced her feelings of loneliness but quickly she regained control and withdrew into herself. Often she turned her small body away from me and stared at the ceiling. Then she brushed the tears from her eyes, clutched her doll close to her and silently formed the word "Mommy" with her lips. Sometimes when I said, "It's hard to be without mommy" or "It is all right to cry," expression of grief was renewed for a minute or two. Then she swallowed hard, wiped her tears away, rubbed or bit her lips which demonstrated her anger and heightened tension. At other times she fell asleep from exhaustion.

On the fourth day of the study a trying experience with Anne led to greater use of me in coping with her feelings about separation from her mother. When I greeted Anne, she rejected me. After staring at me for a moment, she turned over and lay with her back to me. To help her know that I accepted her anger and to relieve any guilt she might have, I said, "Maybe you are angry with me. I am someone who comes and goes just like your mother does. It is all right for you to be angry." I also wanted Anne to

know that I would not abandon her when she rejected me. To communicate my intent, I said, "I am going to sit here with you. If you need me, I will be here."

During the next few minutes Anne's behavior validated my assumption that she was dealing with feelings about her need for her mother. Frequently she looked over her shoulder as if she needed to reassure herself that I was still there. Then she picked at the skin on her dry lips again and formed the word "Mommy" with her mouth.

When ten minutes had elapsed, I expressed what I thought was Anne's focus of concern and tested her readiness to accept comfort from me: "Has your mother been here today or is she coming tonight?" Then I lowered the bedrail which stimulated an angry response: "I want that up--all the way up." My words had broken Anne's defense--flight into fantasy. I acceded to her command and was glad that she was able to express her fury, assert her autonomy and make demands on me. The minute I sat down, she turned toward me and exploded again: "I want you to get out of here. I want you to get out of here <u>right now</u>."

Instead of escaping into a world of fantasy, I wanted Anne to face her feelings and vent them. Then through the reception of acceptance, she could value herself more realistically and accept the comfort which was available to her. I also wanted Anne to learn that expression of hostility would not drive caring persons away from her.

Therefore I said, "I will move away but I am going to sit in the chair at the end of your bed. Then if you need me, I will be there. It is all right for you to be angry."

After a period in which Anne dozed intermittently, she began to glance at me. To test the hypothesis that Anne was becoming ready to resume her relationship with me, I moved to a position beside her bed. Anne did not protest. Instead she manifested readiness to relate with me: "Get me my book and dolly."

By staying with Anne and letting her initiate interaction with me, she was able to work through her angry feelings at her own pace and learn that she would not be rejected or abandoned.

The primary purpose of the above nursing intervention was to protect Anne's relationship with herself and her mother. Through my intervention, I hoped that she would perceive the hospital world as less threatening than she imagined it to be. If this goal could be realized, she would be more able to overcome her tendency to take flight from reality. The fact that Anne became able to seek help from me after her outburst was heartening. It encouraged me because I knew that the reception of need satisfaction would reduce frustration from loss of her mother's care.

Evaluation of Nursing Support

Through implementation of my plan of care, Anne's need for her mother was kept in conscious awareness. Anne was able to express to me her feelings of anger and resentment evoked by separation and loss of her mother's care. She did not express these feelings overtly toward her mother.

Our relationship progressed to the point where Anne could use me to gain comfort and to meet her dependency needs. She was able to use me as an extension of mother. She was able to express her feelings about loss of her mother's care to me.

Anne's behavior changed from a desperate attempt to keep her mother with her when she prepared to leave the unit to more constructive adaptation to her departure.

My attempts to help Mrs. Stone understand her daughter's behavior seemed to me to be effective. Mrs. Stone's behavior when visiting Anne demonstrated an understanding of her daughter's responses and an appreciation of her needs. Mrs. Stone was able to comfort her daughter and give to her during her visits.

Anne's behavior at mother's arrival changed little during the study period. At first she accepted mother readily. On the fifth day of hospitalization Anne rejected her mother momentarily. After this one incident Anne sought and embraced her mother upon her arrival. Her need for her mother was conscious. She was able to gain comfort from

her mother and grieve over their separation.

CHAPTER V

SUMMARY, CONCLUSION AND EPILOGUE

Summary

The problem identified for study in this paper was to describe and evaluate the nursing care used by the writer to help a three year old child cope with stress during her first experience in the hospital for treatment of leukemia.

The following objectives in the form of questions directed the writer's attempts to evaluate and gain insight into the problem.

1. What stressors were identified from study of the child?
2. How did the child deal with the stressors?
3. What was the nursing diagnosis of her mode of dealing with identified stressors?
4. What goals of nursing care were formulated to help her deal more constructively with stress?
5. What was the writer's plan of nursing care?
6. What criteria were established to evaluate the effectiveness of the nursing care plan?
7. How was the plan of nursing care implemented?
8. What were the child's physiological, emotional and behavioral responses to it?
9. What conclusions can be drawn from evaluating the outcome of nursing care with established criteria?

The study began at the time of the child's admission to the hospital and ended with her discharge. It was limited to three areas of concern (1) stress from illness; (2) stress from separation and loss of maternal care and; (3) stress from fear of the hospital milieu.

The child's responses to these stressors were identified. Nursing care instituted to help her cope with these stressors was described and physical and behavioral changes were evaluated.

The observations for this study were obtained on a pediatric unit of a large midwestern University Medical center. The child was selected for study because (1) this was her first hospitalization and prolonged separation from home; (2) mother could visit frequently and; (3) the child at first observation was obviously enduring some (as yet) unidentified stress. Data was collected by the writer during varying periods on five of the seven day period of hospitalization. Recordings of verbal and non-verbal interactions and responses of the child were written.

Initial observations of the child made it possible to identify three stressors (1) illness, (2) separation, and (3) fear of the hospital. An analysis of her mode of coping with stressors on the first day of hospitalization led to the formulation of a nursing diagnosis: Initially Anne responded to acute illness, separation from her mother and loss of her care and to fear of the hospital milieu

with passive maladaptive coping devices which threatened her relationship with herself and her mother. They prevented her from accepting contact comfort, needed fluid and nutrients and from venting overtly her feelings. They blocked release of tension, used vital energy and prevented Anne from discovering through experience that her feelings were justifiable, understandable and welcomed.

Subsequent nursing intervention to deal with the identified stressors showed definite influence on her mode of adjustment and progress toward improved health.

Both medical treatment and nursing care were instrumental in effecting change which made discharge from the hospital possible. Anne's physical energy returned. Trust in the writer was increased. Her relationship with the writer progressed to a point which made it possible for Anne to use her to gain comfort and to meet her dependency needs. Anne was able to express her feelings about separation and loss of maternal care to the writer. Anne's behavior changed from a desperate attempt to keep her mother with her when she prepared to leave the unit to more constructive adjustment at her departure. She was able to gain comfort from her mother and grieve over their separation.

The writer was able to support Anne's struggle to regain autonomy. This was illustrated by her increased participation in eating, taking of medications and bathing. During her hospital experience Anne became increasingly able

to express her fears and to protest during frightening events. She did not overtly express feelings of revenge or anger toward mother. She was able to seek from mother and receive comfort from her. Anne was discharged from the hospital with her blood count improved and her leukemic disease in remission.

Conclusions

The writer concluded from this intensive study that daily periods of purposefully planned nursing care minimized the subject's use of maladaptive coping devices to deal with stressors evoked by illness and hospitalization. Acceptance of her feelings provided continued freedom for their expression. Denial of her need for mother as a defense against anxiety was not used to the writer's knowledge. Changes in behavior demonstrated a lessening of stress.

Epilogue

One week after discharge, the writer visited Anne at her home. She was warmly welcomed by Mrs. Stone into their modest home. As she stood at the door, Anne came running excitedly from another room to see who had come to visit. When she saw the writer, she stopped abruptly. Anne stood at her mother's side as Mrs. Stone said, "Look who is here, your nurse from the hospital." Anne had lost her excitement. She looked up at the writer briefly and

immediately lowered her eyes and moved closer to her mother. The writer's presence probably reminded Anne of her hospital experience.

While Mrs. Stone and the writer talked together, Anne sat on her mother's lap. Mrs. Stone related that Anne had a need to be physically close to her since her return from the hospital. Anne had continued to work through her feelings in play and conversation about her hospital experience.

Mrs. Stone realized her daughter's need for comfort. She encircled her small body and drew her close. With her head resting on her mother's shoulder Anne held her hands in her lap. Occasionally she reached up to pull at her lips. Anne used her mother to gain support and comfort during this time of renewed feelings about her hospital experience.

During this brief observation of mother-child interaction, there was evidence to support the hypothesis that it had not been necessary for Anne to defend herself from anxiety with denial of her need for her mother and for mothering.

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