NURSING INTERVENTION TO HELP A FOUR YEAR OLD GIRL COPE WITH STRESS DURING HOSPITALIZATION FOR NEUROLOGIC EVALUATION

BY

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DEDICATION

To my mother-in-law whose dedication and example were a source of inspiration and support in writing this study.

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CHAPTER I

INTRODUCTION

Hospitalization represents a crisis situation for the young child. Because of his age and lack of experience, he is ill equipped to deal with the crisis. However, with purposefully planned nursing intervention, the crisis can be a growth producing experience.

A major goal of nursing intervention is to help the child to develop his potentials for coping in the crisis situation. To accomplish this, the nurse must begin with a detailed study of the child's current stage of developement; his responses to stress, his disability, the absence of family members, to an unfamiliar environment, and to strange people caring for him. Study of the child reveals his particular problems and the coping devices he uses to master them. Then, having identified the child's problems and evaluated his modes of coping, a plan of nursing care is designed to utilize his resources and meet his needs.

This paper proposes to make such a detailed study of a four-year-old girl hospitalized for intention tremor. The subject of the study was a comparatively well child who had had a nursery school experience (Head Start). She was in the hospital for five days for diagnostic tests and evaluation of her intention tremor.

Statement of the problem

The problem was to identify, describe and evaluate the nursing intervention implemented by the writer (a nurse) to help a four-year-old girl cope with stress during a first experience in the hospital for evaluation of intention tremor.

Objectives

The objectives which were used to study the problem are stated in question form:

1. What were Donna's initial responses to separation from her mother, to a strange environment, to nurses and to elements of nursing intervention used to reduce stress on the day of admission to the hospital?

2. From analysis of the data collected on the first day of the study, what was the nursing diagnosis in relation to her mode of coping with hospitalization? The data collected was analyzed with these questions:

a. What stressors were precipitated by hospitalization?

b. What problems were precipitated by confrontation with the stressors?

c. What limitations and strengths were identified in the child's mode of coping with identified problems?

3. What goals of nursing intervention were formulated to help her cope constructively with the problems presented as she moved through the hospital experience?

4. What plan was made to provide nursing intervention during hospitalization?

5. What were the criteria established to evaluate the effectiveness of the plan of nursing intervention?

6. How was the plan of nursing intervention implemented?

7. What were the child's behavioral responses to it?

8. What conclusions can be drawn from evaluating the outcome of nursing intervention with the established criteria?

Assumptions

This study was based on the following assumptions:

1. Every child has natural resources and a perpetual drive to grow. Given the chance, he will indicate his readiness to progress in his growth.[1]

2. Hospitalization represents a crisis in the emotional life of the young child.[2]

3. Children respond to crises with changes in their behavior.[3]

4. All behavior is purposeful; it has meaning, and can be understood.[4]

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[1]Erik H. Erikson, "Youth and the Life Cycle", Children, VII (March-April, 1960), pp. 43-49.

[2]James Robertson, Hospitals and Children. A Parent's Eye View, (New York, International University Press, 1963), pp. 19-29.

[3]Lois Murphy, The Widening World of Childhood, (New York: Basic Books, Inc., 1962), pp. 280-281.

[4]Hildegard Peplau, "Psychiatric Nursing Skills And The General Hospital Patient", Nursing Forum, III No. 2, 1964, pp. 28-38.

5. The behavior of a young child is the meaningful expression of his fundamental human needs.[1]

6. The child needs to be helped to develop effective mechanisms to cope with the crisis of hospitalization.[2]

7. When the emotional climate of the hospital permits children to express themselves, psychological forces are released that push toward growth.[3]

8. A child needs support from significant adults, who enable him to use his own resources for constructive adaptation.[4]

9. A hospital living-in situation can become a growth experience for both mother and child.[5] It affords an opportunity to teach constructive patterns of child care and allay parental anxiety.[6]

Definition of Terms

For the purpose of this study, the following operational definitions were used.

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[1]Florence Blake, The Child, His Parents, And The Nurse (Philadelphia: J. B. Lippincott Co., 1954), p. xi.

[2]Milton Shore, "Constructive Uses of A Hospitalization Experience", Children, XII (January-February, 1965), p. 3.

[3]Ibid., p. 4.

[4]Murphy, op. cit., p. 290.

[5]Albert J. Solnit, "Hospitalization: An Aid to Physical and Psychological Health in Childhood", American Medical Journal of Diseases of Children, XCIX (February, 1960), pp. 155-163.

[6]Shore, op. cit., pp. 3-8.

Stress is an unpleasant emotion which arises within the child whenever he feels threatened by the external environment or by his impulses or his primitive conscience.

Intrusive procedures are those procedures in which entry is made into the body through the mouth, rectum or skin.[1]

Fear is an internal state of anticipation and apprehension aroused by a threat from the outer world perceived by the child as dangerous to himself. Fear also frequently represents an area of loneliness in a child's life because the fear is not shared and maybe unsuspected by those who care for him.[2]

Anxiety is an unpleasant emotion which arises in the child whenever he feels threatened by the external situation, or by "dangers that arise within himself."[3]

Hospitalization implies the existence of a physical deficit or insult. It also connotes separation from family, care by persons other than those the child has been accustomed to before, loss of a familiar environment and treatment in a strange and often frightening milieu. Any or all of these realities may be perceived as a stressor for the child and his family.[4]

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[1]Florence H. Erickson, Play Interviews for Four-Year-Old Hospitalized Children, (Lafayette, Indiana: Child Developement Publication of the Society for Research in Child Developement, 1958), p. 67.

[2]Arthur T. Jersild, Child Psychology (6th ed., Englewood Cliffs, New Jersey: Prentice-Hall, 1968), p. 329.

[3]Ibid., p. 328.

[4]Florence G. Blake, "Support of the Person(s) in Accidental Crisis," (unpublished paper, University of Wisconsin, Feb. 1969), p.2.

A *stressor* is a physical deficit, insult, or an event which causes a high level of distress and is therefore a threat to optimal basic human need fulfillment.[1]

Problems are symptoms of pathophysiology and/or the psychological consequences of stressors which the patient and his family are unprepared to deal with independently.[2]

A *nursing diagnosis* is an assessment of the patient's and/or the family's unmet needs, the stressors causing them and the strengths and limitations in coping with them.[3]

A *limitation* is the result of a physical deficit, insult, or a pattern of psychosocial behavior which thwarts attainment of optimal basic need satisfaction, dissipates energy, prevents facing and dealing constructively with the demands of reality, and interferes with the maintenance of self-esteem and growth producing relationships with others.[4]

A *strength* is a physical or psychosocial attribute or characteristic which assists the person in acquiring and maintaining self-esteem and growth producing relationships with others, in facing reality and its demands, in reducing tension and thereby conserving energy, in obtaining gratification of basic human needs,

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[1] *Ibid.*, p. 2.

[2] *Ibid.*, p. 5.

[3] *Ibid.*, p. 3.

[4] *Ibid.*, p. 3.

in dealing with necessary frustrations, and in achieving as much independence and control over his environment and himself as it is possible for him to attain.[1]

Contact Comfort implies the young child's ability to obtain release of tension when in intimate closeness with the body of the mother or mother surrogate.[2]

Behavior is an observable response of the individual which includes amount and kind of muscular activity, vocalization, intonation and choice of words.

Ego is "the executive of the psychic structure which attempts to reconcile instinctual drives (the id) with the conditions existing in the child's environment (reality), and with the parental standards and expectations of self which the child has internalized (primitive conscience)".[3]

A crisis refers to an event or situation confronting a person which cannot be solved immediately with the resources the person has available to him. Thus a state of emotional disequilibrium is created which involves greater disintegrative danger than stress.[4]

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[1] *Ibid.*, p. 3.

[2] Betty J. Hallstrom, "Contact Comfort: It's Application to Immunization Injections", *Nursing Research*, XVIII (April, 1968), pp. 130-132.

[3] Calvin S. Hall, *A Primer of Freudian Psychology*, (New York: A Mentor Book), 1954.

[4] Class notes.

Ego support refers to that aspect of nursing intervention which is aimed at reinforcing the child's behavioral strengths and encouraging the development of new coping devices to promote a higher level of integration.[1]

Ego strength is an increased capacity for organizing responses to stimuli from within or outside the person in a way which enables him to behave more intelligently and efficiently and to master his impulses and his environment in the interest of greater satisfaction and pleasure.[2]

The process of coping involves the steps or sequences through which the child comes to terms with a challenge or makes use of an opportunity. As a result of coping, adaptation is achieved. Coping differs from adaptation, which is an automatic or reflex response. Coping is composed of devices which employ the use of various mechanisms as well as new structures and integrations developed by the individual, to "master" his problems. Defense mechanisms are a part of overall coping effort. All coping is directed toward mastery. Coping highlights the ways in which the individual responds to a threatening situation, or to a situation which demands change resulting in adaptation.[3]

Coping strategies are the child's personal patternings and timings in the use of his resources for dealing with specific

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[1]Class notes.

[2]Class notes.

[3]Murphy, op.cit., p. 6.

problems, needs or challenges. Coping strategies include both methods of managing the environment and the devices and mechanisms used to manage the tension aroused by a stimulus.[1]

Review of the Literature

The writer's review of the literature revealed few studies which demonstrated the ability of comparatively well preschool children to cope with diagnostic tests when supported by graduate students of nursing during short periods of hospitalization. However, a number of studies have been done which are of relevance to this study.

Interest in the child's positive ways of dealing with life's challenges has been developing in recent years. Piaget[2] has contributed a new vocabulary of the cognitive process of adaptation in the infant and child. Erik Erikson[3] has outlined the positive residues from successive phases of psycho-sexual development which become available for active response to the environment. Anna Freud[4] has outlined positive lines of development in the young child and has given many illustrations of the child's active ways of dealing with stress.

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[1] *Ibid.*, p. 274.

[2] J. Piaget, *Origins of Intelligence in Children* (New York: International Universities Press, 1952).

[3] Erik Erikson, *op. cit.*, Chapter I.

[4] Anna Freud, "Four Contributions to the Psycho-analytic Study of the Child," *Bulletin of the Psycho-Analytic Association*, II (1961), pp. 4-8.

Basic to the understanding of these studies is the concept of coping itself. Unfortunately, the concept does not have an established theoretical lineage. However, attempts have been made to establish a workable theory for understanding the dynamics of coping. In his organismic theory, which was generated from rigid laboratory experimentation, Kurt Goldstein presented three dynamic concepts which relate to the coping process: (1) the equalization process, (2) self actualization, and (3) "coming to terms with the environment."[1]

Goldstein postulates that an available energy supply is fairly constant, and tends to be evenly distributed throughout the organism. This evenly distributed energy represents "the average state of tension in the organism, and it is to this average state that the organism always returns or tries to return following a stimulus that changes the level of tension in the body. This return to the "average" state is the equalization process.

The goal of a normal, healthy person is not simply to discharge tension, but to equalize it. The level at which tension becomes balanced represents a centering of the organism. This enables the organism to perform most effectively its work of coping with the environment, and to actualize itself in further activities according to its nature. The principle of equalization explains the consistent coherence and orderliness of behavior in spite of disturbing stimuli.

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[1]Kurt Goldstein, The Organism, (New York: American Book Co., 1939).

In an adequate environment, the organism will always remain more or less in balance. Redistribution of energy and imbalance of the system result from environmental interferences, and sometimes from inner conflicts. As a result of motivation and experience, the person develops preferred ways of behaving which keep the interferences and conflicts to a minimum and preserve the balance of the organism.

In describing the process of coming to terms with the environment, Goldstein states that the environment intrudes upon the organism. It stimulates or overstimulates the organism so that the organic equilibrium is upset, while on the other hand, the upset organism searches in the environment, for what it needs to equalize the inner tension.

Goldstein's material is a theoretical clarification of the dynamics of coping. However, Murphy takes the opposite approach. She states that "more important at this stage than theoretical clarification is the way of thinking invited by the term 'coping'-- a way of thinking which pays attention to the child's own manner of dealing with pressure and threats, potential or actual."[1]

Lois Murphy's definition of coping, which was a frame of reference in this paper, also differs from that made by Anna Freud and many others. They used the term in the context of the individual's failure to cope with certain external difficulties or with his problems. Murphy defines coping as "a way of talking and thinking about

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[1]Murphy, op. cit., p. 7.

what we see when children confront new situations which call for responses not previously crystallized."[1]

Murphy uses the above concept in her study of thirty-one normal children in their preschool and latency years. She focuses on each child's range and ways of coping with everyday problems. Examples of the problems with which these children had to cope were separation from mother, new situations, exposure to unfamiliar people, competition with siblings and peers, and threat to their body image. Murphy discusses the problem of mastery of the situation and illustrates many aspects of it which involve orientation and familiarization, autonomy, drives, resources for gratification, flexibility and coping strategies. All aspects of mastery are relevant to the routine of the child's life as he confronts natural crises and associated development tasks.

However, when a major accidental crisis such as hospitalization occurs, there are variables which influence the process of diagnosis, treatment and care. When the child is inexperienced in coping with accidental crisis, he is highly vulnerable to stress for the following reasons:

1. "Separation from his mother, and consequent loss of the close and dependent relationship with her, when she is unable to stay with him for one reason or another leaves him lost and helpless when faced with the strange hospital environment."[2]

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[1] Ibid.

[2] John Bowlby, Child Care and the Growth of Love, (2nd ed., Baltimore: Penguin Books, 1965), p. 27.

2. By four, the child's body has assumed unequaled importance to himself and is highly prized.[1] Intrusive procedures significantly threaten the young child because he perceives them as painful and meant to cause injury and mutilation.[2]

3. "The import of a hospital procedure is not determined by the young child according to its objective purposes, but rather according to the type and depth of the fantasy it generates."[3]

4. "Limited in his ability to comprehend the rationale of medical care, the immature mind of the child easily exaggerates such unfamiliar sights and sounds of the hospital into dangers much worse than they really are."[4] "Until the child has developed a repertory of reality concepts, his thoughts are filled with fantasy."[5]

Thus for the young child, hospitalization represents a major crisis situation. The child is confronted with problems which he cannot immediately solve with his limited resources because of his age, immaturity, and inexperience. However, this crisis as with

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[1]Florence G. Blake and F. Howell Wright, Essentials of Pediatric Nursing, (7th ed. Philadelphia: Lippincott, 1963), p. 469.

[2]Murphy, op. cit., p. 115.

[3]Anna Freud, "The Role of Bodily Illness in the Mental Life of the Child", The Psychoanalytic Study of the Child, ed. Ruth Eissler et al (New York: International Universities Press, 1952) VII, pp. 74-75.

[4]Adrian H. VanderVeer, "The Psychopathology of Physical Illness and Hospital Residence," Quarterly Journal of Child Behavior I (January, 1949), p. 57.

[5]Ruth Wu, "Explaining Treatments To Young Children", American Journal of Nursing, LXV (July, 1965), p. 73.

other accidental or natural crises which occur in the child's life, also afford an opportunity for growth. Blake wrote: "How the child copes with crisis is dependent upon the physical and emotional energy he has at his disposal, the ego strength he has to draw upon from past experience, and the quality of support he gets from the environment."[1] In her study of a child who had undergone open heart surgery, she presented examples of nursing care which protected the growth potential of the child.[2] She vividly illustrated the value of helping the child use his own powers to cope actively with his anxiety and fear. She emphasized the importance of recognizing the unique personality strengths of the child and of planning care in ways which utilized these strengths to the fullest extent.

Several other authors have described nursing activities which assist the child in coping with the demands of hospitalization. Smith[3] points out these activities: (1) Maintenance of the maternal-child relationship; (2) Provision of play opportunities with the equipment used in his care; (3) Provision of assistance for the child in continuing previous learned activities; and (4) Provision of help in learning further about the reality situation of

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[1]Florence G. Blake, "In Quest of Hope and Autonomy", Nursing Forum, I (Winter 1961-1962), p. 13.

[2]Florence G. Blake, Open Heart Surgery in Children, U.S. Department of Health, Education and Welfare, Children's Bureau Publication No. 418 (Washington, D.C.: U.S. Government Printing Office, 1964).

[3]Margo Smith, "Ego Support for the Child Patient", American Journal of Nursing, LXIII (October, 1963), pp. 90-95.

hospitalization. Wu[1] presented guide lines for preparing children for treatments and procedures which they would experience while hospitalized. Erickson recommended that preparation for intrusive procedures be based on the child's interpretation of what is being done. She believed that four-year-old children should be assisted to verbalize or express their feelings about intrusive procedures through play as soon as possible after the procedure has been done. She documented the need for parents to anticipate behavioral changes which occur with the hospital experience.[2]

Shore and Solnit say that,

> For some children and their parents, hospitalization can be a constructive experience, which seems to facilitate rather than impair growth.[3]
>
> A hospital living-in situation can afford an opportunity to teach constructive patterns of child care and allay parental anxiety.[4]
>
> The factors which foster a constructive experience are: preparation of the child for hospital; rooming-in of the mother with children under five; provision of a playroom facility for ambulatory children; helping children to express their feelings. One of the most important aspects of a constructive emotional climate for the hospitalized child is the opportunity to satisfy basic emotional needs through close relationship with one person in the hospital.[5]

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[1]Wu, *op. cit.*, p. 74.

[2]Florence Erickson, *op. cit.*, p. 67.

[3]Shore, *op. cit.*, p. 3.

[4]Solnit, *op. cit.*, p. 160.

[5]Shore, *op. cit.*, p. 3.

In summary, the literature reviewed supports the postulate that hospitalization can be a constructive, growth producing experience which facilitates rather than impairs growth under conditions defined in this study.

Methodology

Donna, a four-year-old child with intention tremor was the subject of this study. The setting was a children's hospital in a large mid-western medical center. Admission had been scheduled. The writer's contact with Donna began on the day of admission and continued throughout the five days of hospitalization. In addition, two home visits were made at one and two weeks post discharge.

The writer functioned as a nurse-participant-observer with Donna. Arrangement for daily periods of study were made according to the manifest needs of the child. The periods varied in length from 2.5 to 8 hours and averaged 6.1 hours per day. Sessions were planned in such a way that the writer might accompany Donna to new areas of the hospital for diagnostic studies and be present when she experienced any and all new and potentially threatening medical procedures. The writer was thus able to provide physical care and support through new experiences.

Observations were made and recorded during the period of study. These observations related to Donna's responses to separation from the mother, return of mother, separation from the writer, the hospital environment and to diagnostic tests. The writer recorded her own responses to Donna and their interaction in as much

detail as possible immediately after the periods spent with the child. In addition, two observers (instructors) were present for long periods during the study to observe Donna and her interaction with the writer. The instructors also recorded data and assisted the writer in understanding and analyzing the observations of herself and the child. Only two minor differences arose concerning the sequence of events. The instructor's data was accepted as the more accurate because the writer used recall in writing her interaction with Donna. The writer carefully synthesized the instructors' and her own recordings to maintain maximal accuracy and completeness of her own record. Supplemental data were collected through conferences with other personnel who had contact with the child (hospital nursery school teacher, pediatric neurologist, pediatric psychiatrist and two staff nurses).

Relevant material was obtained through study of the subject's mother (Mrs. Howe) when she was with Donna on the second evening after admission. The child's responses to the writer, her use of play, interaction with her mother and peers were recorded. During two home visits, the writer observed the child's responses to her father, siblings and a playmate. A visit was also made to the Head Start nursery school which Donna attended. Written data were secured from the director of the school who kept notes on the child's behavior and wrote a ten day commentary on Donna's behavior upon returning to school.

Organization of the Study

The remainder of the study is presented in the subsequent four chapters. Chapter II includes a description of Donna, together with her developmental, family and medical history. Chapter III presents the initial observations of the child, her nursing diagnosis, and plan of intervention. Chapter IV presents the implemented plan of nursing care and an evaluation of its effectiveness in helping the child cope with stress during hospitalization and post discharge. The chapter also includes a nursing diagnosis and plan of support for the child's mother during the period when she was with Donna. Chapter V presents a summary of the study and the writer's conclusions.

CHAPTER II

DONNA, HER FAMILY, SCHOOL EXPERIENCE AND HEALTH PROBLEM

Description of Donna

Four-year-old Donna stood with a tear stained face at the nurse's desk and watched the bustle of the children's ward. More tears were being held precariously in check, as she alternately rubbed her reddened eyes and wrung a tissue in her hands. Perched like a tiny bird on one leg, she pressed closer to the nurse who encircled her tiny shoulders with a protecting arm. A rag doll was stowed away under the child's arm.

Donna wore a crisp white hospital blouse and a paisley skirt with an elastic waist band which kept slipping down and which she persistently hiked up. Her dark brown hair was straight and quite long for a pixie cut, so that the bangs hung low on her forehead and fell into her eyes. A mass of freckles dotted the bridge of her nose. Her alert blue eyes mirrored a sense of forlornness. Frequently she heaved deep sighs--the aftermath of tears.

This was Donna's first hospital experience. Mother had but briefly prepared her. On the day of admission her mother had explained that some tests would be done, that Donna would meet other children her own age, and that she would visit her as often as she could. However, several factors mitigated against Donna's mother's visiting. She had to care for her own and another preschooler during

the day. The family did not have access to an automobile and their home was over 200 miles distant.

Description of Donna's Family

Donna's parents had weathered numerous crises in their seven years of marriage. Mr. Howe (31 years of age) had undergone treatment for a spastic colon and alcoholism. He was an unreliable provider. This led Mrs. Howe (26 years of age) to secure employment on a factory night shift. When Mrs. Howe was promoted from an assembly line worker to an office stenographer, this further strained their marriage and a separation ensued.

Donna's parents remained apart for three months. During this time, Donna, then three years old, manifested distress at her father's absence. She was enuretic and constipated. At night she awakened and asked her mother, "When is daddy coming home?"

In the midst of divorce proceedings reconciliation was made. From that point on, the family seemed to consolidate as a unit. Mr. Howe began formal training in accounting and did not revert to the use of alcohol. Mrs. Howe remained at home with the three children, David, two-and-one-half years, Donna, now four years, and Teresa, six years of age. Their sole means of support during Mr. Howe's vocational training was Public Aid.

Donna's Development

Donna was born on October 24, 1963, the second of three children of a young caucasian couple who resided in a small city in

the midwest. Her mother's prenatal period was medically uncomplicated and terminated in a spontaneous vaginal delivery of a healthy eight pound ten ounce girl who measured twenty-one inches in length.

Donna's early development followed the expected growth and behavioral patterns of the average infant as described by Watson and Lowrey.[1] She developed a spontaneous social smile at ten weeks of age, sat with minimal support at four-and-one-half months, crept and pulled herself to her feet at eight months, and at fifteen months she was able to speak four word sentences. However, Donna deviated from the norm when she failed to walk without support until seventeen months of age.

Since infancy, Mrs. Howe had observed a tremor in Donna's extremities, most notably in her hands. Mrs. Howe had not become concerned by this because in her own childhood she also had demonstrated tremors and reported that their presence had not caused her any developmental problems. She regarded it as a family characteristic. Review of the family medical history revealed an incidence of seizures on the maternal side. Two of the mother's siblings had epilepsy. However Donna had not experienced any periods of syncope, unconsciousness or seizure. The family's impression was that Donna's tremors were occurring less frequently. They did not regard Donna as handicapped, although Mrs. Howe remarked that Donna fell more frequently than did her two siblings and was more awkward than her playmates on the outdoor gym equipment at nursery school.

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[1]E. H. Watson and G. H. Lowrey, Growth and Development of Children (Chicago: Year Book Medical Publishing Inc., 1962), pp. 131-134.

The first medical referral for evaluation of Donna's hand tremor occurred when the child entered a Head Start Program. At that point, Donna's tremors increased in frequency and duration. As Donna had a history of tremors when in new situations, this new setting probably accentuated it. The tremors occurred when she reached for an object and consisted of a fine tremor of the hand without any gross waving or distortion. Donna could still manipulate small articles and partake in activities requiring fine motor coordination. Her overall performance in the program was rated highly and she was described as one of the brighter pupils.

As the nursery school experience involved Donna's first separation from mother, the teacher suggested that Mrs. Howe bring the youngest sibling and stay with Donna until the child felt more secure in the situation. With her mother present and expressing encouragement and pleasure at her progress, Donna was able to accept the authority of other maternal figures, enter into play readily, socialize with other children and participate eagerly in all the activities, but the tremors persisted.

Concurrently, Donna experienced an inability to sleep well at night. At this point, the teacher recommended medical evaluation to Mrs. Howe. A local doctor placed Donna on a tranquilizer, (Librium, 10 mgm. tid). Two weeks later, she was sleeping better but the tremors still persisted, although they occurred less frequently and less visibly. Two months later the medication was

discontinued, with sleep habits remaining more restful, but with no marked change in her tremors. Referral was made to a university medical center for further evaluation.

Upon admission, a series of diagnostic tests were performed to determine the origin, depth and cause of her tremors, and to determine their possible effect on her future growth and development. Sequentially, the child underwent an electroencephalogram, neuropsychological evaluation, motor performance assessment, Stanford-Binet, Vineland Social Quotient and a brain scan.

As Mrs. Howe had evidenced a similar tremor of the hand, a request was made by the medical staff that she also enter the hospital for medical evaluation on an outpatient basis. The results of her diagnostic tests would provide a clue as to the range of limitation in motor coordination which might be anticipated for Donna in adulthood. Mrs. Howe entered the hospital on the child's second evening of hospitalization and roomed-in with Donna until Donna's fifth day of hospitalization.

Medical evaluation of Mrs. Howe revealed an abnormal kinetic unsteadiness with no serious practical implications for performance in daily activities.

Donna's tremors were evaluated as being chronic, static and benign in nature, with no serious practical implications for school performance.

CHAPTER III

PLANNING NURSING INTERVENTION

This chapter presents observational data and an analysis of Donna's initial responses to separation from mother, a strange environment, nurses and elements of nursing intervention which were utilized to help her cope with stress on the day of admission to the hospital. The nursing diagnosis, goals, plan of nursing intervention and criteria for the evaluation of the plan are also included.

Donna's Initial Responses to Separation, a Strange Environment, to Nurses and to Elements of Nursing Intervention

On the Day of Admission

When first observed four-year-old Donna was crying piteously as she sat apart from a group of children who were eating supper in the ward playroom. Present in the room were mothers of other patients and a nursery school teacher who sat near the group of children at the table, but Donna did not look toward or go to them in the five minute observation period. After initially assessing Donna's behavior, the observer intervened to help her cope with stress. The purpose of the intervention was to help Donna to learn that she was not abandoned and that there were people in the new world who understood her feelings. The observer wanted to help Donna to cope with fear of the hospital world through exploration of the environment

and by becoming related to a person she could depend upon during the other experiences which had been planned to evaluate her intention tremor. Furthermore it was speculated that this help would make it possible for Donna to relate herself to other children and to use the play materials in the playroom.

The data which follow demonstrates: (1) the ways in which the observer* and the writer* intervened to meet the above goals; and (2) Donna's behavioral responses to the intervention.

> While in close proximity to Donna, the observer took her hand to test her readiness to accept care from a stranger. When Donna grasped her hand tightly and moved to stand beside her, the observer said, "Let's go out to the desk where we can talk together." Enroute to the desk Donna's crying became louder.
>
> At the desk the observer sat down to be at Donna's eye level for more effective communication and to provide body contact if she was able to accept it. Immediately, Donna's crying became less intense. Donna did not move to get onto the observer's lap when she said, "I could hold you." However, she did move herself so that she was in close physical contact with her. When the observer put her arm across her back, around her chest and held her closely, she felt Donna's heart beat; she estimated the rate to be close to 130 beats per minute. When the observer detected what she thought to be another manifestation of fear, she expressed in words the feelings which she believed were being communicated in Donna's non-verbal behavior: "You're lonely Donna. It's hard to come into the hospital and have your mommy leave. You're feeling mighty miserable."

After sobbing for a few more minutes, more constructive coping was demonstrated by abatement of crying and increased capacity to visually explore her environment. There were many white clad

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* In the excerpts from the data presented in Chapters III and IV, the term "observer" indicates the instructor, and the term "nurse", the writer.

personnel scurrying about and Donna watched with a puzzled expression on her face. To provide further help to Donna in coping with fear of the hospital, the observer shared with her what she imagined Donna might be feeling: "There are so many people about and you don't know any of them yet. You don't know what they're doing either. That's scary." Then an effort was made to discover whether or not Donna knew why her mother had brought her to the hospital and when she would return. When there were no verbal responses to the observer's inquiries, she talked about her mother and shared with her her belief that it was hard for children to be in the hospital without their mothers available to them for care.

While talking about brothers and sisters at home Donna regained her equilibrium; her countenance brightened and she spoke for the first time: "My biggest sister is Theresa."

Because talking about home and her big sister aroused interest and restored her liveliness, the observer told Donna about the writer: "There is a nurse here whose first name is exactly like yours. I think she would like to get acquainted with you. She will be your nurse until you go home. She can tell you all about the hospital." The observer not only wanted to prepare Donna for a relationship experience with another person, but she also wanted Donna to learn more about the nurse's role in helping children cope with a frightening new environment.

The above interaction with Donna reminded her of her doll and she expressed the wish to move from the nurse's desk to find it.

In an attempt to reduce the helplessness which the observer surmised she was feeling, she said: "Let's see if you and I can find your doll. I'll bet your mommy left it on your bed. Show me where your room is." No sooner said than Donna pranced down the hall ahead of the observer, entered her room, retrieved her small toy from her bed and smiled when she showed it off and said, "Here it is." This behavior caused the observer to hypothesize that she was ready for further exploration of the ward and to relate herself to another person.

Upon returning to the nurse's station, Donna and the writer were introduced. Donna was told that the writer was a nurse who would come each day to help her learn about places in the hospital where children could play and to be with her when the doctor examined her and did tests which were necessary to get her ready to go home again.

After the nurse * had greeted Donna and invited her to accompany her to the playroom, the child took the nurse's extended hand readily, walked sprightly beside her and moved a chair so that she could sit closer to her at the play table. To help Donna cope with the sight of children with bandages, braces and other appliances, the nurse put her arm across her shoulder and said, "I'm glad my teacher told me about you Donna. I know you're lonely and that you are missing your mother. When in the hospital, it helps to have your

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*Throughout Chapter III and IV the writer will use the third person and refer to herself as the nurse as she reports the interaction which occurred between herself and the child.

own nurse who will explain who all the people are and what they are doing for the children." When the nurse asked her if she knew the lady by the sink mixing paints, Donna turned her head and said "no".

> Nurse: She is Cheryl. We call her the play lady. Let's go and meet her. Whenever I am not here and you feel lonely, you can go and talk to her. She helps nurses take care of children until their mothers come back to take them home.
>
> Donna: (She smiled when Cheryl heard my introduction and responded warmly to it.)
>
> Then Donna's interest shifted to the children who were engrossed in parallel play. Donna stared back at a preschool age child when the child eyed her with apparent curiosity.
>
> Nurse: Shall I call Laurie over to us so that you can meet her Donna?

When Donna nodded affirmatively to the question, Laurie, the preschool age child referred to above, responded hastily to the invitation to join them. As Laurie came closer to the nurse, the child focused her eyes on the nurse's arm which was around Donna. Donna frowned as she stared at Laurie and then at the nurse who shifted her position so that she could put her arms around both of the children. For a minute or two both children were silent as they scrutinized each other.

During the next fifteen minutes, Donna's attention became diverted to other children in the room. First she stared at Tim as he sat in a wheelchair molding clay. Tim was a five-year old child who had lost a major portion of his hair. Because Donna looked more startled than she had a few minutes before and put her finger into her mouth, the nurse intervened to share her worry with her and to help her cope with increased stress which she had observed from

study of her behavior. The nurse also wanted Donna to know that questions were welcomed. She said, "You look worried Donna. I wonder if you're worried about the loss of Tim's hair. I could tell you about it if you'd like to know."

Immediately Donna turned her head away from the sight of Tim and then focused her gaze on Karen who was a child with bilateral leg braces. Karen was working hard to pull herself across the floor. The sight of this child increased Donna's distress; her eyelids raised appreciably and her facial expression connoted fear.

> Nurse: Donna, Karen has braces on her legs. She cannot walk like you and I can but she is learning to move herself across the floor. See, she has gotten the block she wanted to use to finish building the tower.

> Donna: (Karen sustained Donna's interest as she moved laboriously across the floor.)

> Nurse: You can ask me any questions you want to about things you don't understand or that bother you.

Laurie's presence helped Donna immeasurably to cope with stress. Laurie was obviously in need of companionship; she invited Donna to "play cooking" with her. Donna's behavior showed reduction of stress; she was able to move from physical contact with the nurse to join Laurie at play in the housekeeping area of the playroom.

After observing that the two children had become engrossed in each other and in their play, the nurse approached Donna to prepare her for her leave taking and to plan with Donna their activities

for the next day. She told her that she was going to be her special nurse and would take care of her when they were together. Again she tried to help Donna to know that Cheryl and the nurses were in the playroom and ward to take care of children until their mothers returned to take them home.

Analysis of the Data in order to make a Nursing Diagnosis

Identification of the Stressors.--Analysis of the data collected during the cited experiences led to identification of the stressors precipitated by hospitalization. They were: (1) loss of her mother's care and support; (2) loss of support from siblings and from peers with whom she had become acquainted; and (3) fear of unfamiliar sights and the unknowns in the hospital milieu.

Stress from loss of her mother's care and support was demonstrated in Donna's behavior. She had not been able to finish her supper. Instead she had removed herself to a chair away from the group. Her behavior showed that she had regressed, withdrawn and immobilized herself in a chair to defend herself from anxiety; she was unable to seek comfort from strangers, ask questions and explore the environment to reduce her fear or use play to get pleasure.

Stress from loss of support from siblings and from peers with whom she had become acquainted was hypothesized from observation of her response to conversation about her siblings. She became more verbal, less tense and quickly remembered her doll. Then her behavior showed that she had energy and courage to lead the way to the spot where she knew she could find her doll.

Donna's quick response to Laurie's invitation to "play cooking" demonstrated additional evidence to support the hypothesis that separation from siblings and playmates was distressful to Donna. She entered into play with Laurie quickly. This led the writer to believe that she had had enjoyable experiences with children in the past and could relate to and profit from experiences with them.

When Donna saw the observer again, she handed her the body and broken head of her doll. This behavior led the observer to believe that she was seeking help from her. The observer recalled a report of Donna's distress from the sight of Tim's hairless head. Donna had an intention tremor. She may have heard the doctor talk to her mother about the possibility of a head injury and tests which involved her head. The observer wondered if Donna's behavior reflected concern about the safety of her head. Or was she testing the observer to see if the hospital milieu could make her well? Or perhaps she had been feeling destructive and used the doll to express her feelings. If so she may have wanted help to undo what she had done. The observer formulated a goal: to symbolically convey to Donna that her head could be fixed as the doll could be made whole again.

Luckily Donna's doll was easily made whole again. When it was returned to her Donna acted as if she felt relieved; she responded in a friendly way when the observer prepared her for her leave taking. Before leaving, Donna was assured that both the observer and her own special nurse would return after she had awakened in the morning. Immediately, Donna rejoined Laurie for play.

That fear of unfamiliar sights and the unknowns in the hospital environment was a stressor for Donna was surmised as well as supported by observational data. When first observed, Donna's behavior demonstrated the use of regression and withdrawal to defend herself from anxiety. Her look of dismay as she viewed the activity at the nurse's desk, the height of her pulse rate and her muteness when she was queried to discover what she knew about the purpose of hospitalization were all symptoms of stress. The change in Donna's facial expression and the intentness with which she watched Tim and the girl in braces alerted the writer to the distress that little children's behavior conveys when they see malformed children. That there are many unknowns in the hospital world for a four-year-old child has been well substantiated by innumerable investigators: Blake,[1] Chapman,[2] Jackson,[3] Prugh,[4] Robertson,[5] Mason,[6] Wu,[7] Gellert.[8]

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[1]Florence G. Blake, The Child, His Parents, And The Nurse, (Philadelphia: J.B. Lippincott Co., 1954), pp. 263-286.

[2]A. H. Chapman, D. G. Loeb, and M. T. Gibbons, "Psychiatric Aspects of Hospitalizing Children," Archives of Pediatrics, LXXIII (March, 1956), p. 79.

[3]Edith B. Jackson, "Treatment of the Young Child in the Hospital", American Journal of Orthopsychiatry, XII (1942), p. 56.

[4]Dane G. Prugh, et al, "A Study of the Emotional Reactions of Children and Families to Hospitalization and Illness", American Journal of Orthopsychiatry, XXIII (1953), pp. 81-85.

[5]James Robertson, Hospitals and Children (New York: International Universities Press, 1962), p. 13.

[6]Edward A. Mason, "The Hospitalized Child--His Emotional Needs" New England Journal of Medicine, CCLXXII (February, 1965), pp. 408-410.

[7]Ruth Wu, "Explaining Treatments to Young Children", American

Their findings provide support for the hypothesis that psychological upset is in part, a product of the child's unfamiliarity with the hospital setting. The child is exposed to many adults, children in various stages of treatment, a variety of routines and equipment with which he is unfamiliar. These situations may be largely unanticipated and he cannot understand their purpose.

Identification of Problems.--In analyzing the data collected on the day of admission to the hospital, it was hypothesized that Donna had problems in coping with: (1) the feelings which were aroused from loss of her mother, her care and support; (2) the feelings which were aroused from loss of support from siblings and peers; (3) fear of the unfamiliar sights and the unknowns in the hospital milieu.

Limitations and Strengths.--In analyzing the data, it was found that Donna's limitations were minimal in comparison to her strengths. Those limitations which were identified were the consequences of age and the stressfulness of the environment into which she was thrust without immediate available support. A four-year-old child does not have the resources which are needed to cope independently with a threatening new environment. Regression and withdrawal are energy consuming defenses. They lessen reception of needed pleasure; and curtail the use of such active coping devices as

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Journal of Nursing, LXV (July, 1965), p. 73.

[8] Elizabeth Gellert "Reducing the Emotional Stresses of Hospitalization for Children", American Journal of Occupational Therapy, XII (1958), pp. 125-129.

seeking help, questioning, exploring and engaging in self-therapeutic play or play with other children. When used to defend themselves from fear of their aggression, their use leads to loss of self-esteem and satisfying interaction with others. However, they are used to solve an overwhelming problem. For Donna their use was effective; she was able to express her feelings with tears to relieve tension. Her behavior served another purpose. It brought someone to her aid thereby helping her to discover through experience that her feelings were understood. When Donna was supported, she was able to explore her environment, to relate to adults and children, seek help, and to enter into play with another child. Furthermore, she was able to cope with separation from the two people who had been of help to her. Her capacity to relate to people and to regain trust from experiences with the observer, the writer and Laurie were indeed valuable strengths in coping with stress.

The Nursing Diagnosis

Without help from adults Donna withdrew and regressed to cope with loss of her mother, siblings and friends and with the fear of unfamiliar sights and of the unknowns in the hospital. These limitations were the consequence of her immature ego. Her strengths included the capacity to relate, to trust and use the help of adults, to enjoy play with children and to tolerate frustration.

Analysis of the data collected on the first day of Donna's hospitalization, led the writer to formulate and test this hypothesis:

Purposefully planned nursing intervention can help Donna to cope constructively with the problems confronting her during hospitalization.

Goals of Nursing Care

After studying the observations, making a nursing diagnosis and learning about the medical plan of evaluation of Donna's tremor, the following goals were formulated as a basis for planning nursing intervention.

1. To sustain Donna's trust in adults through the provision of relationship experiences with understanding nurses. Through a one to one relationship, with the writer, it was anticipated that Donna could learn that she could depend upon the writer for comfort, protection, and support in using effective coping devices to deal with new and threatening situations.
2. To help Donna mobilize her coping resources to feared events through advance preparation for all medical and nursing procedures. After repeated experiences, for which she had been truthfully prepared, the writer believed that Donna would learn to trust that the writer knew what would happen to her and could be counted on to protect and support her.
3. To support Donna and elicit her cooperation during diagnostic procedures by remaining with her, interpreting her role in each phase of the event, encouraging active

participation in the procedure, and by giving strength and reinforcement to all of her attempts to control her behavior.

4. To provide opportunities for self therapy through play. The writer believed that play sessions would provide her with a means of preparing herself for feared events thus making them less threatening.

5. To provide opportunities for Donna to socialize with other children in the playroom, away from the threatening ward atmosphere.

6. To describe the location, frequency, rate and amplitude of her tremors, and identify factors precipitating their occurrence and to share these observations with the medical team.

Plan of Nursing Intervention for Donna

Problem: Coping with loss of her mother's care and support.

Approach	Purpose of Care
I. Acknowledge Donna's distress over her mother's absence and permit her to express feelings of loss and anger at separation and stress that separation is temporary.	1. To demonstrate to the child that her feelings are understood. 2. To sanction overt expression of negative feelings as a healthy response by the child which conserves energy, lessens despair, and limits the child's use of such maladaptive coping mechanisms as regression, repression, denial of her need for mother and for mothering.

3. To discharge negative feelings toward mother for her absence, thereby reducing the child's hostility and preserving the potential for growth of the maternal-child relationship when mother returns.

II. Provide an opportunity for daily communication with mother and family via telephone.

1. To demonstrate to Donna that her anger and fantasies toward mother have not demolished her and that her mother still cares about her.

2. To secure information about the mother's plan for visiting which the child and nurse may share and which the nurse may use to bolster the child's hope and keep the image of mother conscious.

III. Provide daily periods of nursing care by one person.

1. To insure that at least one person knows Donna well enough to identify her problems and needs.

2. To provide a continuous relationship with a person whom Donna can trust and relate to during future stressful experiences.

3. To limit the child's expenditure of energy in forming many superficial adult relationships and instead to direct her energy into exploring of her environment and obtaining self therapy in play.

IV. Prepare Donna for the nurse's leave-taking and time of future return.

1. To help Donna cope with separation from a person of help to her.

2. To assist Donna in coping with a reawakened fear of abandonment and loss.

Problem: Coping with loss of support of her siblings and friends.

Approach	Purpose of Care
I. Provide Donna with a formal introduction to the playroom facilities, the nursery school teacher and other children.	1. Donna was a 'well' child and would normally be attending a nursery school. During the time when medical evaluation was not scheduled, play with other children would partially assuage the loss of support from her siblings and friends. Experiences in the playroom would provide opportunities for cooperative play and socialization.
II. Encourage Donna to enter into play and relate to other children.	1. Play would be a way to communicate her concerns and cope with the unpleasant experiences she had had.
III. Stay with Donna until she makes contact with another child and becomes involved in play.	1. To facilitate the establishment of a relationship with another child.
	2. To observe the theme of the child's play.
IV. Encourage conversation about siblings and friends.	1. To keep emotional ties with siblings alive.
	2. To discover more about her relationships with other children.

Problem: Coping with unfamiliar sights and the unknowns in the hospital milieu.

Approach	Purpose of Care
I. Provide Donna with a tour of the ward and introductions to the team leaders.	1. To facilitate orientation and familiarization with the environment.
	2. To help Donna know where to turn for help.
	3. To introduce Donna to the language of the ward.

II. Review the facilities in her room: call-light, bathroom, location of belongings.	1. To facilitate Donna's adjustment to the hospital environment as quickly as possible, so that she is able to mobilize her coping resources for dealing with separation from mother and acquainting herself with the new environment.
III. Review the routine of the day with Donna, as it relates to her.	1. To allay anxiety about the source of food and the location of caring and protecting people.
IV. Encourage Donna to help in her physical care as she shows readiness to participate.	1. To keep Donna functioning as autonomously as possible. 2. To protect newly won skills of toileting, dressing herself. 3. To maintain ego control, vital to her stage of development.
V. Prepare Donna for procedures.	1. To reduce the threat of bodily injury, arising from physical examination and procedures, which is high at this age.[1] 2. To reduce the fear of the unknown. 3. To enable Donna to cope with the procedure by mobilizing her resources in anticipation of what she knows will occur.
VI. Initiate advance explanation and demonstration of the procedure sufficiently in advance to allow for working through of her feelings about the event.	1. A truthful explanation, augmented by visual aids, minimizes the distortion of reality by the child.

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[1]Florence H. Erikson, Play Interviews for Four Year Old Children. (Child Development Publication, 1958), p. 7.

	2. To familiarize Donna with the equipment before her tension level is increased. This avoids having to deal with strange instruments, intrusive procedures, and the "aggressiveness" of the persons performing the procedure at the time when she is required to control her mounting anxiety.
VII. Provide individual play opportunities with dolls and clinical equipment or a facsimile of the object which will be used in the procedure.	1. Through role play with the equipment and a doll, the child can imagine what the experience will be like. 2. The child is provided with opportunities to assimilate those experiences which she enacts in play.[1] 3. To evaluate the child's reaction to preparation for the procedure. Observation of the child's verbalizations and ability or inability to play with the equipment gives clues to his state of readiness for the procedures.
VIII. Provide a tour of the facility for the child before the procedure, allowing for a period of familiarization with personnel and equipment.	1. Exploration reduces fear of the unknown. Observation has proven that it is less frightening to face a known danger than one which is unknown.[2] 2. To interfere with the fear--tension--pain triad described by G. D. Read.[3] The nurse's

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[1] Ibid., p. 7.

[2] A. Vander Veer, "The Psychopathology of Physical Illness and Hospital Residence", Personality Development and Its Implications for Nursing Education. (Springfield, Ill. Dept. of Public Health, 1949) p. 50.

[3] G. D. Read, Childbirth Without Fear, (New York: Harper Co., 1960).

hypothesis is that ignorance of a threatening future event increases fear which in turn stimulates a rise in bodily tension. This tension heightens during the child's perception of a stimulus as threatening to body integrity. The tension is felt by the body as pain. Pain has both a physical and mental component. The mental component of pain is reduced first by information about the future event and then by concentrating on positive reinforcement for action by the child. The physical component is reduced by verbal support, contact comfort and encouragement, of relaxation and discharge of bodily tension. With the repetition of procedures concommitant with nursing support, the child becomes conditioned to respond to the stress with relaxation and concentration on the positive reinforcement techniques. Thus the pain stimulus is thereby diminished rather than magnified.

3. To prevent loss of control by the child in strange surroundings.

4. To study the child's behavior in relation to the situation to find ways in which help can be provided to ease her distress and to get the best possible test results.

IX. Anticipate each phase of the procedure to the child, explaining the role she is to play.

1. To interpret what is happening to the child, and enlist her cooperation.

Approach	Purpose of Care
	2. To correct distortions of reality. "Limited in the ability to comprehend the rationale of medical care, the immature mind easily elaborates unfamiliar hospital sights and sounds into dangers much worse than they really are."[1]
X. Whenever possible, encourage the child's participation during the procedure.	1. To reduce fear by minimizing her helplessness. 2. Participation preserves her autonomy, and provides a measure of control over what is happening to her.
XI. Provide an opportunity for self therapy through play after procedures.	1. Through play, the child gains mastery of his fears and relief from the tensions they create. 2. "Solitary play in the presence of a sympathetic adult, remains an indispensable harbor for the overhauling of shattered emotions after periods of rough-going--to play is the most natural self healing measure childhood affords."[2]

Problem: Assessment of child's intention tremor.

Approach	Purpose of Care
I. Document the occurrence of the tremor(s), noting the location, rate, amplitude, rhythm, interference with the child's activity and situation in which the tremor is increased.	1. To aid the doctor in establishing a differential diagnosis.

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[1]Baruch, Dorothy, "Doll Play in Preschool as an Aid in Understanding the Child," Mental Hygiene, XXIV (1940), pp. 566.

[2]Erik Erikson, op. cit., pp. 194-195.

Criteria to Evaluate the Effectiveness of Nursing Intervention for Donna

One method of evaluating the care plan is through the use of criteria which identify the physical, emotional, and behavioral responses which can be anticipated from nursing intervention. If the plan meets the patients's needs, the following criteria will be met:

1. Donna will find increased security, protection and understanding in her relationship with the nurse. These feelings will be manifested by an increased degree of inter-personal communication and relatedness; increased ability to talk about and relive unpleasant experiences in play; increased ability to trust and obtain clarification of future events from the nurse's explanation; continued seeking of support and comfort when under duress.

2. Donna will maintain conscious awareness of her need for her mother and will seek care and comfort from her when she is present.

3. Donna will become progressively more able to confront and master new situations with a minimum of physical and/or psychological discomfort.

4. Donna will demonstrate increased ability to face unpleasant experiences.

5. Donna will demonstrate increased ability to utilize these active coping devices when confronted with new and potentially threatening situations: questioning, seeking and utilizing help while maintaining autonomy, and actively exploring and striving toward mastery of her environment.

6. Donna will demonstrate increased ability to participate in procedures in an effort to control what is happening to her, and thus decrease her feelings of helplessness.

7. Donna will demonstrate increased ability to face her fears during solitary and group play.

8. Donna will maintain an ability to play constructively with her peers.

CHAPTER IV

NURSING INTERVENTION AND ITS EFFECTS IN HELPING DONNA AND HER MOTHER TO COPE WITH STRESS

Chapter IV is divided into two main sections. The first section will present Donna's responses to a series of diagnostic procedures, to medical personnel, to nurses and to elements of nursing intervention which were used to help her cope with stress. The effectiveness of the nursing care plan will be evaluated in footnote form in each incident, using the established criteria which was cited in Chapter III. The second section describes Donna's mother (Mrs. Howe) and her responses to Donna, to the nurse and to elements of nursing intervention which were designed to assist her in supporting Donna through the hospital experience and its aftermath. It analyzes the observational data: (1) to make a nursing diagnosis; (2) to formulate goals; (3) to design a plan of nursing care; (4) to establish criteria for evaluating the effects of nursing intervention. The recorded data from the interactions of Mrs. Howe, Donna, the nurse, and an observer are further described and evaluated in the sections with these subheadings: (1) nursing care to support Mrs. Howe during Donna's stay in the hospital; (2) nursing care to prepare Mrs. Howe to understand her daughter's behavior in the hospital and after discharge.

Nursing Intervention to Help Donna Cope With Stress

Donna's Responses to Preparation for an Electroencephalogram (E.E.G.)

At 9:30 A.M. of the first hospital day, Donna was more composed than on the previous evening. She was engrossed in doll play with Laurie when the observer entered. During a lull in play, the observer invited Donna to accompany her to a private office in the playroom.

The room contained a child's table and chairs, an easel with paints, twelve shelves of assorted trays ranging from a family of dolls with house equipment to various medical instruments such as needles, stethoscope and tongue blades. This room was used to orient children to medical procedures and to provide an opportunity for therapeutic play with medical apparatus. Because of the nature of the equipment, a child was always accompanied by an adult.

Initially the observer used a non-directive approach as she introduced the child to the facilities saying, "Those toys are for you." Donna was allowed to freely explore the room, before the observer introduced preparation for the procedure. This approach was used to foster familiarization with the room, to place the child at ease and to help her to reveal the focus of her concerns.

The following data excerpt illustrate Donna's use of the observer and the playroom to ventilate her fears of bodily injury in response to initial preparation for the procedure. She protested, questioned, sought and utilized help from the observer, while maintaining her autonomy.

Slowly and deliberately Donna walked over to the shelves, her face alive with interest. Carefully she selected a stethoscope and examined a family of six dolls, placing them on a small bed, all the while chatting to herself. After ten minutes of play, the observer initiated a discussion with Donna about the E.E.G. and showed her a home made facsimile of the apparatus which would be used.

Observer: After lunch, a lady is going to give you a test so that she can see what is inside your head. She's trying to find out what makes your hand shake.

Donna: (She slowly looked up from her dolls). They aren't going to do it now, are they?

Observer: No, not now, but later. I'll tell you about it. Your nurse is coming and will go with you. She will tell you all about it too. The lady will want you to lie down on a couch. She'll put little things on your head here, here and here. (The observer pointed out areas of Donna's head).

Donna: She's not going to do it now, is she? (Her face flushed and her voice trembled.)

Observer: No, you'll have lunch first. Then Donna will come and take you on the elevator to the other building.

Donna: (She averted her eyes and looked down at her dolls momentarily. Then she looked up at the observer.)

Observer: The lady will use paste to hold the cords on your head. After the test is done, she will take the cords off. It will hurt some, not lots, but a little.

Donna: It won't hurt a lot, will it? (She asked soberly).[1]

Observer: No Donna, not a lot but you'll feel it. It will feel like having your hair pulled. Sometimes the

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[1]Criteria met: (5) Donna will demonstrate increased ability to utilize the following active coping devices when confronted with new and potentially threatening situations: questioning; seeking and utilizing help as needed, while maintaining her autonomy; actively exploring and striving toward mastery of her environment.

> lady will ask you to lie very quietly, not say anything and keep your eyes closed. In another part of the test, she will ask you to look at blinking lights. She will tell you how you can help to get the test done. Donna will help you too.

Donna stood silently with furrowed brow as she fingered the dolls and the stethoscope. Then she turned away from the observer and resumed her play, during which time she repeatedly caused objects to fall to the floor. Two dolls fell on their heads. Adamently she muttered, "I'll phone <u>Mama</u> and <u>tell</u> her about it. Afterwards, I'll tell her about it too." Her eyes flashed and she wagged her head.[1]

Observer: You and Donna can phone your Mama and tell her about the test. I think I've told you the way the test will be done, but it may be a little different. If it is, you remember the part that's different and tell Donna and me about it.

Donna: Got some candy? (Suddenly she changed the subject and sought oral gratification).

Observer: Yes, I have (She offered Donna some).

Donna: Is this candy?

Observer: It certainly is!

Donna: (She popped the lemon drop into her mouth. She picked up a rag doll and cuddled it in her arms.)

Donna: It won't hurt much (She whispered to the doll). This is going to be a little bit hurt.

Then Donna resumed play with the other dolls and furniture. Ten minutes later she said, "When they call us, then we'll go."[2]

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[1]Criteria met: (4) Donna will demonstrate increased ability to talk about unpleasant experiences.

[2]Criteria met: (4) Donna will demonstrate increased ability to face unpleasant experiences.

Observer: That is right Donna. They'll call us when the lady is ready for you. Donna will go with you.

Donna's preparation for the procedure consisted of four categories of information: (1) facts about what was to occur and the purpose for it, (2) predictions of what the child was likely to experience, (3) reassurance in the form of optimistic statements that the child could cope with the events, and (4) recommendations which provided a sense of control, thereby reducing feelings of helplessness.[1] The goal was to help Donna mobilize her coping resources through advance preparation prior to a potentially stressful event.

Initially Donna responded to the preparation with increased anxiety and she defended herself against it by attempting to delay the event. Her statement, "But they aren't going to do it now, are they?", summarized her state of unreadiness for the procedure and illustrated her need for more time and information to mobilize her inner defenses.

The procedure was described in simple concrete terms. A facsimile of the equipment was used to demonstrate the procedure on a doll because, "a young child's thinking is limited to the concrete and the tangible."[2] Since a child at this level learns to associate

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[1] D. L. Janis, Psychological Stress: Psychoanalytic and Behavioral Studies of Surgical Patients. (New York: John Wiley and Sons, 1958), pp. 382-386.

[2] L. A. Averill, The Psychology of the Elementary School Child. (New York: Longmans, Green and Co., 1949), pp. 372-377.

meaning with objects through sight and touch, Donna needed an opportunity to manipulate and familiarize herself with the test apparatus. This experience lent itself to reality testing.

Donna's anxious repeated questioning was another way of helping herself to define and accept reality. Blake states: "The child gains strength from hearing the same answers again and again."[1] The child's question, "it won't hurt a lot, will it?" was an attempt to quantify the degree of threat. In reaction to this explanation, Donna wilfully slid two dolls off the shelf so that they fell on their heads which revealed her fear of body mutilation. This was a climax; she was dispelling her tensions through aggression.

Extensive clinical documentation has been made of the obsessive fear of pain and body mutilation in children in the oedipal period of psycho-sexual development.[2,3,4,5,6] Donna's behavior provided evidence to support this documentation.

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[1]Personal communication.

[2]Florence G. Blake, Open Heart Surgery in Children--A Study in Nursing Care. (Washington: Children's Bureau Publications, 1964), pp. 28-36.

[3]Florence G. Blake and F. Howell Wright, Essentials of Pediatric Nursing. (7th edition; Philadelphia: Lippincott Co., 1963), p. 466.

[4]Mary J. Denyes, "A Preschool Child With Hirschsprung's Disease Uses a Nurse to Gain Ego Strength." (unpublished Master's paper, Dept. of Pediatric Nursing, University of Wisconsin, 1967).

[5]Jean Frances Fee, "Nursing Intervention to Help a Four Year Old Hospitalized Boy Cope with His Fear of Bodily Injury." (unpublished Master's paper, Dept. of Pediatric Nursing, University of Wisconsin, 1967).

[6]Patricia Ann Lasky, "Nursing Intervention to Help a Three Year Old Cope with Stress." (unpublished Master's paper, Dept. of Pediatric Nursing, University of Wisconsin, 1967).

Donna's predisposition to exaggerated fears is characteristic of her age and stage of development.[1] By three years of age the body has become a source of pleasure and gratification and it is highly valued. Therefore fear of bodily injury is paramount and threats to the body and the new self contained within are met with markedly heightened anxiety. This anxiety "resembles panic because it is developed in the imagination without logical reasoning,"[2] and because the child's intellectual grasp is not sufficient to help him cope with the means available to older children.[3]

In this situation, Donna's hostility was verbally directed toward the observer. The child countered the threatening adult by reciprocating threat for threat, "I'll phone mama." She believed that if her mother knew of this situation she would protect her from the impending experience. A final attempt at leverage or control of the situation was her threat, "I'll tell her about it." Her question: "Is this candy?", further illustrated the distrust, hostility and confusion she felt at that moment. She may have wondered how a kind person could participate in so threatening a procedure. It shook the child's sense of trust. She trusted enough to ask for candy, but she also mistrusted enough to ask, "Is this candy?"

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[1]Edward A. Mason, "The Hospitalized Child...His Emotional Needs", New England Journal of Medicine, CCLXXII (February 25, 1965), p. 408.

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

[3]Mason, op. cit., p. 409.

Her behavior illustrated what Erikson[1] refers to as the negative counterpart of each phase of development which he says is never completely resolved. Simultaneously, within each developmental phase these two opposing forces of trust versus mistrust are brought together and demand a joint solution or synthesis. When solved, however temporarily, the individual can move on to the next phase of development. It is the co-existence of these opposing forces (trust versus mistrust, autonomy versus shame and doubt, initiative versus guilt), which generate the ego's real challenges and activation toward the opportunities offered in each developmental phase. Successful solution of the conflicts in each phase motivates upward movement on the scale toward maturity.[2]

Thus the establishment of a sense of trust was of paramount importance to Donna. Erikson states that "The child must have a sense of the affective feeling of having achieved or failed to accomplish a stage of trust. This is the most important determining factor for development in the succeeding phases."[3]

In this situation, the observer was at a disadvantage because a sense of trust in her could not be established by the child

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[1]Erik Erikson, Childhood and Society, (2nd ed., New York: W. W. Norton Co., 1960).

[2]Henry W. Maier, Three Theories of Child Development, (New York: Harper and Row, 1965).

[3]Erik Erikson, op. cit., Chapter 1.

in such a short period of time. However, she predicted that trust would become restored as a consequence of further experiences with nurses.

Donna's Responses to the Electroencephalogram

Donna grasped the nurse's hand as they left the ward at 1:00 P.M. At the elevator, she reached up, pushed the call button and giggled nervously. Her mounting tension was released through large muscle activity and constant movement. Hopping about on one foot, she played a type of hopscotch on the tile squares until the arrival of the elevator. Then she bent down, patted her new yellow patent leather shoes, hummed to herself and skipped into the elevator. During the descent she said in a muffled voice, "It will only hurt a little, huh?" Her right hand trembled noticeably as she impatiently brushed her bangs out of her eyes. As Donna and the nurse proceeded down a long corridor to another elevator, she grasped the nurse's hand. Gazing intently into the nurse's face, she repeated, twice, "It will only hurt a little huh?" Her voice was muffled and filled with trepidation. The nurse encircled the child's shoulders with her arm and answered, "Yes Donna, it will hurt a little, but I'll be with you to help you through the test."

In the X-Ray department, a young female technician approached the child and said, "Hi Donna! My what pretty yellow shoes you're wearing!" Pleased at this comment, Donna smiled shyly and looked at her shoes.

The testing room was brightly lit. Her face flushed, Donna stood in the doorway. Her eyes darted about the room. As she spied the machine, she tightened her hold on the nurse's hand.[1]

Donna was helped by the nurse to cope directly with the feared event. Supported by the nurse, Donna demonstrated an increased ability to participate in a stressful procedure in an effort to control what was happening to her.

Key: T - technician; N - nurse; D - Donna.

T: Sit down on the chair, Donna. Now I want you to hold real still, okay?

N: You can hold my hand like this while we are waiting.

D: (Her face was darkly flushed and she swallowed hard). It's only going to hurt a little bit, huh? (Her voice squeaked).

N: Yes, it will hurt a little. You can squeeze my hand when it hurts you. But it's not hurting you now is it?

D: NO-O-O. (She relaxed her hold a trifle).

N: Rose, would you mind telling Donna what you are going to do each step of the way?

T: Sure. Now Donna, I'm going to put a little paste on your hair and then blow some air on it like this. (She blew air on Donna's hair).

D: (Donna winced and shrugged her shoulders).

N: That doesn't hurt Donna, but it's scarey until you really know how it's going to feel. The air dries the paste so that the wires will stay on your head.

During the application of the electrodes, Donna began to cry softly.

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[1]Criteria met: (1) Donna will continue to seek support and contact comfort when under duress.

N: It's alright to cry Donna. Even though you're crying, you're doing such a good job of holding your head still.

After the electrodes had been applied, Donna sighed heavily, dried her eyes and sat hunched over in the chair. When a soft pink stuffed dog was offered to her, she clutched it readily.

D: Can I go to the little playroom after? (She asked in a quivering voice.)

N: Yes, you may.

D: No more hurt?

N: No more hurt. The worst part is over.

Donna sat upright on the chair quietly fingering the nose and eyes of the dog. The child listened closely to the directions given to her by the technician and complied readily with her requests to perform specific activities. With the exception of the application and removal of the electrodes, the most difficult part of the experience for Donna was watching a blinking light. The light cast an aura of eerie reflections around the room. As the light began to blink faster and faster, Donna cried out, "Get me the teddy bear!"

N: Could you wait for a minute while I get her the teddy?

T: Sure.

D: (Grimacing, she clutched the bear to her chest). The light makes my eyes hurt, can I get these things off?

N: Very soon. It would help if you keep your eyes open Donna, I think you can do it. It will be hard, but you've helped so much already.

Donna continued to complain that her eyes hurt. She found it difficult to remain motionless and to refrain from rubbing her eyes. Toward the end of the test, she complained of a headache. At the news that the test was completed, Donna heaved an audible sigh.

As the technician began to remove the past from Donna's scalp with acetone, she wriggled in her chair and cried out, "I don't like the smell of it!"[1] She pinched her nostrils together and

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[1]Criteria met: (1) Donna will demonstrate ability to talk about unpleasant experiences.

sneezed. The solution felt cold to her skin and the fumes irritated her eyes. The nurse gave her a tissue. Holding it to her nose and eyes, Donna announced triumphantly: "Can't smell it now".[1]

Several minutes later she removed the tissue and said, "It doesn't hurt--ouch, that one stings."

N: We're all done Donna.

T: Gosh, you've been a good girl Donna.

With the announcement that the test was finished, Donna sprang out of the chair, headed toward the door and pulled the nurse behind her.

T: Good-bye Donna, thank you.

D: Good-bye, (She called over her shoulder as she scampered off).

One of Donna's most distressing problems was the directive to sit still. Motility is one of the child's best ways to combat stress.[2] Donna had demonstrated her effective use of movement to dissipate tension on the way to the test. Throughout the procedure, she wiggled in her chair at every opportunity.

Donna complied surprisingly well with the technician's instructions. She cried, but cooperated fully. Her crying was in part a reaction to her frustration and mounting tension at being immobilized. According to Erikson, "The heightening of aggression during and after motor restraint is well known. The aggression is expressed through restlessness, heightened irritability, hostility and increased

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[1]Criteria met: (6) Donna will demonstrate increased ability to participate in procedures in an effort to control what is happening to her.

[2]Post, _op_. _cit_., p. 35.

impulsivity."[1] To partially overcome this, the nurse encouraged Donna's active participation in the procedure. Directions were worded positively, e.g., "You can squeeze my hand". Her participation was elicited by handing her a tissue so that she could shield her nose and eyes. Assurance was given that she could dissipate her tensions in a play period after the test.

Donna's ability to express her feelings in words was a strength: "It hurts, it stings, it smells". She could verbally release anger about being subjected to noxious stimuli.

Donna was trusting. She accepted the explanation of each phase of the procedure and tried to work through her feelings about it. This further demonstrated her need for clear and appropriate explanations from the nurse. The nurse's explanations and support were important elements of nursing intervention because they activated the child to maximize the use of her own coping devices.

Donna's need for contact comfort increased during the periods of greatest stress. She signalled her need to the nurse by calling out, "Get me that teddy". At this point, the nurse also increased her provision of contact comfort to the child. The theoretical construct of contact comfort is abstracted from experimental studies on

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[1]Florence H. Erikson, Play Interviews for Four Year Old Hospitalized Children, (Lafayette, Indiana: Child Development Publication of the Society for Research in Child Development, 1958), p. 30.

primates conducted by Harlow.[1,2] Its applicability has been demonstrated by Blake's description of a child's behavior when provided with it.[3]

Harlow sought to understand more about the need for intimate physical contact in humans through controlled experimental studies of primates. One of his findings demonstrated that monkey infants were better able to cope with new and frightening experiences when they could obtain contact comfort from the mother or mother object and could cling to her or it. When presented with new and fearsome objects, the monkey would run to contact the mother figure. After contact comfort the monkey moved to explore the feared object. Thus the mother figure provided safety and security through contact comfort.

Harlow believed that, "although human behavior is more complex, more variable, and subtle than that of subhuman primates, one should never the less find insights into human behavior from the study of monkeys.[4]

The principle of dealing with fear by helping the child to cope directly with the feared event has been further demonstrated in

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[1]Harlow, H. F. and Zimmerman, R. R., "Affectional Responses in the Infant Monkey," Science, LIXXX (August 21, 1959), pp. 421-432.

[2]Harlow, M. K. and Harlow, H. F., "Affection in Primates", Discovery, XXVII, (January, 1956), pp. 11-17.

[3]Florence G. Blake, Open Heart Surgery in Children--A Study in Nursing Care. (Washington: Children's Bureau Publication, 1964), pp. 28-36.

[4]Harlow, H. F., et al., "Total Social Isolation in Monkeys", National Academy of Sciences, U.S.A., LIV (July, 1965), pp. 90-97.

experimental studies by Holmes.[1] He states,

> Much of the value of the technique of helping the child to cope directly with his fears comes from the companionship and participation of the adult. His burden of fear is being shared. He is being told in effect, that he need not be ashamed of being afraid, and that he is not at least for the time being, defenseless and alone.

Donna's Responses to a Neurologic and Psychological Consultation

Bolstered by the nurse's presence, Donna was not at a loss when confronted by an unstructured test situation which could only be handled by her own spontaneous efforts.

At 2:30 P.M., Donna and the nurse returned from the X-Ray Department. As they entered the ward, two professors of medicine were addressing the ward clerk and inquiring about Donna's whereabouts. They wanted to take her for a conference with a group of medical students, and at the same time, evaluate her behavior and performance. The nurse introduced herself and Donna to them and asked if she might accompany the child to the conference. The doctors consented readily.

During the trip downstairs, Donna was silent. She held on to the nurse's hand tightly. She studied the two men carefully. Inside the conference room, the child was seated at the head of a long table facing twenty medical students. Donna stared at the group quizzically.

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[1]Holmes, R. B., "An Experimental Investigation of a Method of Overcoming Children's Fears", Child Development, VII (1936), pp. 6-30.

Dr. A. introduced Donna to the class. Then he asked, "How many brothers and sisters do you have, Donna?"

Donna looked at him, wriggled in her chair, crossed her legs and held up her right hand with two fingers showing.

Dr. A: Yes, they're Trish and David.

D: No! Teresa.

Dr. A.: Oh, excuse me. Teresa. How old is David?

D: (After a pause and a little squirming, Donna held up two fingers to indicate the age of David.)

Dr. A.: And how old are you?

D: (Donna showed four fingers.)

Dr. A.: Good!

D: You're not a nurse.

Dr. A.: No, I'm not--who am I?

D: You're a Doctor.

Dr. A.: That's right.

D: That's my nurse.[1] (She pointed to me).

Dr. A.: (He introduced the nurse to the group and commented on the child's attachment to the nurse.)

Dr. A.: The nurse is one of the few constants in this child's environment. Notice how she looks for cues from the nurse before answering my questions.[2] How high can you count?

D: (Donna shrugged and bent her head to her right shoulder.)

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[1]Criteria met: (1) Donna will manifest an increase in the degree of relatedness.

[2]Criteria met: (1) Donna will continue to seek support and comfort when under duress.

Dr. A.: Count for us.

D: (She remained silent and squirmed in her chair.)

N: Donna, I know you can count to five because you did it during the test this afternoon, one. . . .

D: One, two, three, four, five.

N: How about to ten?

D: (Donna remained silent. She looked down at her shoes and wriggled in her chair.)

N: Six.

D: Six, seven, eight, nine, ten.

N: Eleven.

D: Eleven, twelve, ferteen, ferteen, fifteen.

N: Thank you Donna, you did well.

D: (Donna flushed and giggled with pleasure.)

Dr. B. asked Donna to demonstrate her ability to walk and run for the group. She complied readily. When requested to walk a straight line, she did poorly and lost her balance. She repeated this task, obviously annoyed that she could not keep her balance.

Dr. A.: Now Donna, will you draw me some pictures on the board?

D: Okay. (Poorly she reproduced the doctor's drawing of a square. She erased it shaking her head. Encouraged to try again, she improved on her second attempt and grinned at the doctor.)

Dr. A.: Now, would you draw me a house? (He said with a smile).

D: I can't do that. (She pursed her lips).

Dr. A.: Okay, I'll help you. (They drew together.)

D: (As Donna scratched her chalk against the board, she said "oops", and tightly shrugged her shoulders, as if she were trying to bury her head.)

Dr. A.: That's okay.

Several minutes later, Dr. A. said, "Thank you Donna. You can go now". Donna walked over to the nurse and took her hand. "Good-bye", she said smilingly, and the group bade her good-bye.[1]

In this situation, Donna displayed new coping mechanisms when confronted with the challenge of new environmental opportunities and support. She demonstrated ego strength by maintaining a high degree of poise in the face of several experiences.

The multitude of pressures in the above situation presented difficulties for a four-year-old child. Donna had just returned from a highly stressful experience in X-Ray. Immediately upon return to the ward, she was required to accompany two male adult strangers to a strange place, for purposes which must have appeared odd, vague, confusing, and possibly frightening to her. It was different from her previous experiences and left no opportunity for her to predict what might happen to her there. Thus her dependence upon the only constant in her environment--her nurse--was easy to understand.

With little prompting, Donna expressed and demonstrated coping skills. She was willing to cooperate with an unfamiliar adult and to accept his help. She stated the limits of her own skills in drawing a house, but with the doctor's encouragement, she attempted the task. Her patterns of self expression were predominantly cheerful, optimistic, and she acted as if she expected to derive pleasure and success from the experience.

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[1]Criteria met: (3) Donna will become progressively more able to confront and master new situations with a minimum of physical or psychological discomfort.

In this situation, the goal of nursing intervention was to support Donna and elicit her cooperation during diagnostic procedures by remaining with her, interpreting her role, encouraging active participation, and giving strength and reinforcement to her attempts to control her behavior.

Donna's Responses to Play Materials

At 3:30 P.M., Donna and the nurse returned to the ward from the Neuro-Psychological conference. An attempt to telephone her mother was unsuccessful. When no one answered the phone, Donna was dejected. She heaved several sighs as she stood holding the telephone. The nurse assured the disappointed child that they would try again later. (Daily calls home prevent fear of permanent abandonment. An assurance of visits strengthens the child's ego in coping with separation anxiety.)[1] After cookies and milk, Donna and the nurse went to the office playroom.

Donna entered into play immediately. The presence of another adult, (a second observer) whom she had met previously, did not disturb her. Neither adult attempted to direct the child's actions or conversation.

> Donna picked up a 2 cc. disposable syringe from the shelf. She approached a rag doll which was lying on the table, lifted the dress, and forcefully injected the doll's umbilicus.

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[1]Florence G. Blake, Open Heart Surgery in Children, Children's Bureau Publication, No. 418. (Washington, D.C.: U.S. Government Printing Office, 1964), p. 24.

D: Going to get a blood test like I did. (She looked around for more equipment).

N: (The nurse brought in a toy case). There may be some things you need in here.

The toy case contained a disposable mask, a rubber doll dressed in diapers; small wooden blocks, miniature plastic baby bottles, wooden doctor, nurse and family figures, crayons and drawing paper, scissors and paste, gauze, bandages, cotton balls, disposable syringes, stethoscope, plastic medicine cups, brown rubber tourniquet, adhesive tape, a black toy gun and green clay.

D: (She rummaged through these treasures. Gingerly, she picked up a paper mask and put it on her head as if it were a cap). This is a nurse thing, huh? (She took it off her head and opened it.) What is it?

N: It's a mask. It goes over your face.

D: Like this, huh?

Donna put the mask over her face and then removed it. She spied a rubber tourniquet and syringe with an adapter.

D: I want that shot thing. Oh, you need to get a blood test! (She giggled).

Gleefully, she stabbed the doll's abdomen. Then she swabbed the area thoroughly. With trembling hands, she awkwardly removed the wrapper from a band-aid and applied it to the site of the injection.

D: Just a little bit hurt, huh. (She patted the doll tenderly). It hurts honey? It hurts your tummy? (She listened to the abdomen with a stethoscope.) I need one more band-aid. Will you hold it? (Donna handed the band-aid to the nurse. With stethoscope dangling about her neck, Donna gave an injection into the doll's hand. Then she picked up the doll and cradled it in her arms tenderly.)

D: Want to lie down, little one? Baby can't talk, huh? They cry. It's all over honey. Guess what we go to cut--paper, huh? Not hair--just Mommy. You're a mommy too, huh? (She looked at the nurse).

N: Yes, I am.

D: You're a nurse mommy.[1] Remember, you're going to tell the doctor for me.

N: What will I tell the doctor?

D: For my mommy to come. Get that dolly! She gets a blood test. Need cotton for a blood test. (Donna rubbed the doll's arm vigorously with a cotton ball). Get that little dirt out of there. She needs an aspirin cause she's sick!

N: What's she sick from?

D: (She giggled and played coy). When she was a garbage pail--when she was a stinky poo.

D: Hold she still (She said this sharply to the nurse). She doesn't like aspirin. You hold she still, okay? (Donna thrust the doll at the nurse). No! You don't have to. (She yanked the doll away). If when I give she aspirin, you hold she.

N: Why?

D: She likes aspirin when I give she some.

N: But not when anyone else gives her some?

D: That's right! You don't have no spiders, not daddy-long-legs, no flies, no butterflies, huh?

N: No, none.

D: Tickle she belly button. Getting she blood out. (She tickled the doll's umbilicus.) Wash her with pretend water, huh?

At this, the nurse brought in a pan of water. Donna sat the doll up and swabbed the area she had just tickled. Then she picked out wooden doll figures from the toy box.

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[1]Criteria met: (1) Donna will find increased security, protection and understanding in her relationship with the nurse manifested by an increase in the degree of relatedness.

D: Look, they've got some toys. This is a little boy walking to his mama. That's a big sister, and she's carrying a little boy. Look at this. This is a doctor. They see people when they sick. That's pretty pretty stuff. (Donna turned back to her dolls lying on the table. She picked up a piece of cotton.)

D: I need to wipe off the blood. (With trembling hands, she sponged each injection site marked by a band-aid on the two dolls.)

D: I'm gonna make something. If you'll look at me, I'll make bandages. (Laboriously, she cut out a 'bandage'). This is a fat one. (She dropped the scissors and picked up a string of safety pins and tried to separate them.)

D: Hurts, huh? I pinched myself. (She succeeded in opening the pins and separating them.)

D: Put a diaper on she! For a sharp cut. (Hesitantly at first, Donna pressed the pin into the forehead of the doll). Hold she head. (Then forcefully she penetrated the doll's forehead with the pin four times.) Hold still. It won't hurt too much. Okay? (Then she took the stethoscope and listened to the doll's head). Only baby shots, when you give so many shots, gotta use this (Donna picked up the syringe with an adapter and reinjected the doll). She crys. Give she the the bottle! You feed she. (She handed the bottle to the nurse who did as instructed). If she falls, pick her up. (Donna walked to the shelf, picked up the facsimile of the electroencephalogram equipment and examined it. She opened up a bottle of paste and applied some to the wires. She walked back to where the nurse was feeding the doll and pressed the wires to the doll's head.[1])

D: You hold. I'll get some more paste. Hurts a little bit. Won't hurt lots. (She patted the doll's head). If she cries, pretend we put it on. (In a few seconds, she was back with more paste). Lie still! Don't move! It's not going to hurts lots, (She said this sharply. She yanked the wires off the doll's head, marched over to the shelf and deposited the apparatus on it.[1] She walked back slowly and stood by the nurse.)

D: Can I have some candy? (The nurse gave her some). I wanna paint. Hope I don't get me all paint.

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[1]Criteria met: (7) Donna will demonstrate increased ability to express her fears through individual play.

N: Do you paint at Nursery School?

D: Yes, but we got lots more colors. (Using red and yellow colors, she painted with abandon all over the paper, remarking, "oops", as she slipped over the paper's edge. The paint which splattered on her face, hands and smock did not perturb her.)

D: See, I'm making monsters. This is going to be another nice picture--an owie picture.

N: An owie picture?

D: I don't want no owie pictures! I don't like no owie pictures!

As Donna finished each painting, the nurse carefully removed it from the clip board easel. Accidently a small piece was torn out of the center. The nurse expressed her concern to Donna who said, "Oh, that's okay, I didn't paint on that spot."

After being advised that the play hour was soon ending, Donna looked disappointed. She volunteered to help the nurse replace the toys on to the shelves and asked, "can I come back tomorrow?"

Reassured that she could return, Donna skipped down the hall with the nurse, and then looked for Laurie.

For one half hour Donna played 'cooking' with Laurie, until the supper bell rang.[1] Play was an essential medium through which Donna mastered anxiety and ventilated her aggression. Soon after undergoing a stressful event, Donna relived the experience she had endured passively which served to prevent repression of the event into the subconcious.[2,3] In play Donna used the defense mechanism Anna Freud called "identification with the aggressor."[4]

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[1]Criteria met: (8) Donna will maintain ability to play constructively with her peers.

[2]Virginia Axline, Play Therapy, (Boston: Houghton-Mifflin, 1947), pp. 15-25.

[3]Florence Erikson, op. cit., p. 67.

[4]A. Freud, The Ego and the Mechanisms of Defense,(New York: International Universities Press, 1946).

Donna identified with the person who has performed the threatening procedure and did to her dolls what had been done to her. Through this activity, Donna got relief from tension and took a step in mastering the anxiety which the procedure has aroused. Donna showed a readiness, almost a compulsion to repeat over and over those procedures to which she had been subjected. It was not sufficient for Donna to subject the doll to the procedure one time; her high level of tension drove her to repeat the procedures over and over again.

Donna was dependent on external controls to curb her aggression because her superego was not yet strong enough to restrict her behavior. At home, the four year old child knows parental prohibitions and standards, but in the hospital she has difficulty in inhibiting her impulses unless she has support. Parental support which makes impulse restriction and redirection rewarding was absent in this setting.

Donna needed toys and permissive supervision to make full use of play. She needed to feel that she would be protected from doing those things she knew she should not do. She relied on the nurse to define and enforce limits of safety and appropriateness for her behavior. The nurse's task was to help the child to channel her aggression into socially approved activity which would serve to reduce her feelings of frustration and anger. However, in doing this, the nurse avoided situations which could generate increased aggression, guilt or injury to herself or others.

According to Jersild, an effective procedure for changing the perception of a stimulus from threatening to benign is to present the

feared stimulus as benign.[1] This method is most successful when a non-frightening stimulus is presented adjacent to a feared event. Aside from the effects of alleviating tensions and pressures in the situation which generated the child's fear, the most important effect of this approach is to help him to gradually confront the fearful event.

Donna's play provided evidence to support the hypothesis that she was working to reduce her fear of bodily injury. Her ability to confront her fears during play, when supported by the nurse, aided her immeasurably in reducing her anxiety and in establishing some measure of equilibrium. She selected toys such as syringes and needles which were associated with the intrusive procedures she had experienced. Her strongest reactions surrounded cutaneous procedures. The nurse hypothesized that the electroencephalogram had stimulated suppressed feelings that had been aroused during blood-drawing that morning prior to the nurse's arrival. The nurse surmised from observing Donna's play that the venepuncture had posed a greater problem for Donna than did the electroencephalogram. It may have aroused hostility which was displaced onto cutaneous procedures. The nurse had not prepared Donna for the blood test. This may well have been another factor in arousing anger.

Donna's play reflected fear of mutilation. She used medical equipment as she perceived it to be used on her. She yanked the

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[1] Arthur Jersild, Child Psychology, (New York: Prentice Hall, 1950), p. 282.

electroencephalogram apparatus off the doll's head. She jabbed the needle into the umbilicus, arm and head of the doll. She pricked the same spot on the doll's arm from which blood had been drawn from her. Her manner of using the syringe made the nurse surmise that she had perceived it to be an instrument of violence and punishment. Her terminology for the syringe--"the shot thing"--added further evidence to support this hypothesis.

During Donna's performance of the intrusive procedures, her vindictives to the dolls were sharp and crossly uttered: "Hold still! Don't move!" She acted as if she wanted to paralyze the dolls with fear. This was understandable; Donna was a child who used motility to cope with stress and she resented immobilization. The only way she could re-establish her equilibrium was through assuming the role of activist or protagonist, and subjecting an inanimate object to the same procedures she had endured.

The above data presented evidence to support the hypothesis that Donna perceived the protective intent of the nurse. She always comforted her dolls after the procedures: "It hurts honey? It hurts your tummy? She crys. Give her the bottle! Want to lie down little one? It's all over honey." These statements made the nurse surmise that she trusted the nurse: "You're a mommy. You're a nurse-mommy. Remember, you're going to tell the doctor for me, for my mommy to come. You feed she."

Erikson recognized the child's need for solitary play in the presence of a sympathetic adult. He said, "Solitary play remains an

indispensable harbor for the overhauling of shattered emotions after periods of rough going in the social seas. For to play it out is the most natural self-healing measure childhood affords."[1] After the above play period, Donna was able to play harmoniously with her peers.

Donna's Response to Preparation for a Brain Scan

It was her third day in the hospital. Weary from psychological and motor evaluation, Donna listened glumly to the nurse's statement that she was scheduled for a brain scan. Donna's mother, fatigued from the day's testing had left earlier to buy refreshments. She was not expected back in the ward for an hour.

N: Donna, we're going to go for a test in a short time.

Donna's lips pursed in dismay. The nurse placed her arm around Donna and drew her nearer to her as she explained the coming event.

D: Will it hurt a lot? (She whispered falteringly).

N: No, not a lot, but it will hurt you some. Let me tell you what's going to happen. I'll take you to the testing place. I'll stay with you. When we get there, you'll see some big machines you haven't seen before. A doctor will ask you to lie down on the table, and then he'll look at your arm and talk to you. The doctor will use a needle to put some medicine into your body so that he can see what is inside your head. He's trying to find out what makes your hands shake. The doctor will be as gentle as he can.

D: (She sighed) They aren't going to do it now, are they?

N: No, not right now--in a little while.

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[1]Eric Erikson, *op. cit.*, pp. 194-195.

D: It won't hurt a lot, huh?

N: No, not a lot, but some. Just the needle will hurt. The doctor will ask you to lie down quietly on the table. A machine will pass back and forth over your head. The machine will not hurt you. It will not even touch you. It will make a sound like a motor as it passes over your head. I'll be waiting for you by the door.

D: (Donna nodded slowly. She cuddled the rag doll in the crook of her arm.)

As the wheel chair rolled toward the nuclear medicine department, Donna was silent and still. She looked around but seemed preoccupied with her own thoughts. When Donna spied a teenage boy who was undergoing a brain scan, she sat upright in her chair and gawked. The nurse bent down beside her. For several minutes, Donna's body was motionless and stiff; her eyes were glued to the machine as it moved back and forth over the boy's head. Then she sat back in the chair and her body relaxed a bit. After ten minutes the boy alighted from the table, stood near Donna as he waited to be dismissed, and then started to leave the room. The nurse intervened to get help for Donna.

N: Donna is four years old and will have a scan soon. Would you reassure her that the machine won't hurt?

Young man: (He smiled down at Donna, and then knelt beside her). It was easy Donna. The machine won't hurt you. You must lie still under it and the machine goes over you. You can even go to sleep if you like.

D: (She gave the tiniest hint of a whimsical smile and looked down.)

N: Thank you! That helped!

Meanwhile, two doctors prepared to give Donna an injection. As Donna lay on the table, her respirations were rapid. She gripped the nurse's hand tightly and maintained eye contact with her.[1]

N: Now the doctor is going to give you some medicine through a needle in this arm. That will be the only hurt.

Dr.: Now, hold still!

N: Do you want to look Donna?

As the doctor prepared to inject the medicine, Donna cried out, "Yes, I do! Owie! Owie!"[2,3]

N: That's all right, you can cry. But try to hold your arm real still.

After the injection, Donna's request to hold the cotton ball over the site and apply the bandage to her arm was granted. She looked proud of this feat.[2] Throughout the remainder of the test, Donna complied readily with the technician's requests while the nurse remained in the doorway within Donna's visual field.

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[1]Criteria met: (1) Donna will continue to seek support and comfort when under duress.

[2]Criteria met: (6) Donna will demonstrate increased ability to participate in procedures in an effort to control what is happening to her, and thus to decrease her feelings of helplessness.

[3]Criteria met: (1) Donna will demonstrate increased ability to express her feelings about unpleasant experiences.

Since fantasy plays a dominant role in the mental life of a four year old,[1,2,3] the nurse carefully considered how much time to allow between the preparation and the event. In making this decision, the nurse recognized that Donna required time to mobilize her defenses to cope with potentially threatening events. However, she also needed help to maintain contact with reality so that she did not succumb to her fantasies, and become immobilized with fear.

Distortion of reality and preoccupation with fantasies occur primarily between the third and sixth year of life.[4] Anna Freud states that if preparation is given too early, unconscious fantasies and fears may be activated. If insufficient time is provided the ego is given too little time to prepare its defenses adequately.[4]

According to Janis,[5] there are two situations in which early preparation of the patient is of little value. One of these events is a stressful situation which is so mild or of such short duration

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[1]A. H. Chapman, et al, "Psychiatric Aspects of Hospitalizing Children," Archives of Pediatrics, LXXIII, (March, 1956), pp. 77-78.

[2]Anna Freud, "The Role of Bodily Illness In the Mental Life of Children," The Psychoanalytic Study of the Child, ed. Ruth S. Eissler, et al, (New York: International Universities Press, Inc., 1952), VIII, pp. 69-81.

[3]Edith B. Jackson, "The Treatment of the Young Child in the Hospital", American Journal of Ortho Psychiatry, XII (1942), p. 56.

[4]Anna Freud, op. cit., pp. 69-81.

[5]I. L. Janis, Psychological Stress; Psychoanalytic and Behavioral Studies of Surgical Patients, (New York: John Wiley Co., 1958), pp. 383-386.

that severe fright reactions are not likely to be evoked. The other situation is one in which reassurance can be given effectively at the time the stimuli is experienced. In a four year old child, it is difficult to predict which potentially stressful situation will be perceived by him as "mild".

The brain scan was scheduled at the end of a day of testing, Donna was extremely fatigued. Because the nurse believed that the stimuli would be only a mild threat, the nurse decided to prepare the child shortly before the procedure. Knowing that the preschool child is interested in the reasons why procedures must be done, the nurse explained what was going to be done and why it was necessary.

As direct experience with the brain scan apparatus was not feasible, and the verbal descriptions of the test were apt to sound more ominous than it really is, Donna was given the opportunity to observe an actual test situation. This allayed her fears and visibly decreased her tension. The nurse hypothesized that the child's interpretation of the information through observation would be less distorted than through any other means of preparation.

One method that has been found helpful is to set an example of fearlessness in the test situation. Such an example may carry the suggestion that there is nothing to be afraid of and illustrate techniques for handling the feared situation.[1]

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[1]Arthur Jersild, op. cit., p. 282.

In the above situation the nurse believed that an opportunity to observe fearlessness was likely to succeed because it did not suggest to Donna the use of abilities that were beyond her capacity. The example of fearlessness set by the teenage boy had a positive effect; it demonstrated a standard of behavior which Donna could emulate. It enabled her to mobilize her coping resources.

The teenager was not a peer but he spoke to her reassuringly as an adult would do. When Donna was confronted with the young man, her behavior showed that she had been influenced by him. This, coupled with a familiar supportive nurse placed Donna in an ideal milieu to surmount the fears which the procedure aroused in her.

Initial Observation of Mrs. Howe

The second section of the chapter describes Mrs. Howe and her responses to Donna, to the nurse and to elements of nursing care designed to assist her in effectively supporting Donna through the hospital experience and in the period thereafter.

Observational data is presented and analyzed (1) to identify Mrs. Howe's problems and assess her mode of dealing with them, (2) to formulate goals of nursing intervention, (3) to design a plan of nursing intervention, and (4) to establish criteria for its evaluation.

On the second day of hospitalization Donna flung the telephone aside, jumped up and down, hopped and skipped about the room and shrieked, "Daddy said Mamma's coming! Mamma's coming and she's going to stay!" Then she threw her arms around the nurse.

Mrs. Howe arrived five minutes later. When Donna saw her mother, she ran and flung her arms around her. Mrs. Howe hugged her in return. Then clutching her mother's hand possessively, Donna led the way to her room. Mrs. Howe, a comely woman in her late twenties, looked fatigued. The nurse observed a fine tremor in her left hand. Mrs. Howe stood beside Donna and looked at her expectantly. Shyly Donna looked at the nurse. Awkwardly, but without hesitation she introduced the nurse to her mother: "That's my nurse". Then she climbed up on to her mother's lap.

Recognizing Mrs. Howe's weariness, the nurse welcomed Mrs. Howe and expressed concern. At these words, Mrs. Howe's eyes filled with tears and she recounted her efforts to plan for her children's care and to secure transportation to the hospital. Briefly, but warmly she referred to her husband's vocational training and the progress he was making. Then she spoke of Donna's admission for evaluation: "Donna has always been able to do everything. I've never paid much attention to her tremor because I had it myself as a child and it never bothered me." Mrs. Howe blushed and averted her eyes toward Donna's quivering hand. Then she said, "I didn't want to leave Donna here alone yesterday like I did and when I told her we were coming here to the hospital I only mentioned the pleasant things. Yet, I know when we arrived that she was frightened by what she saw. But I couldn't stay--my ride was waiting."

The nurse told Mrs. Howe that she and Donna had met shortly after Donna arrived and that the nurse had supported Donna during the

diagnostic tests. At the mention of 'tests', Donna interrupted and accurately related the events of the day. She told her mother about her experiences in the play room: "The nurse took me to a little play room with all kinds of pretty things in there. Can we go and show Momma?" she asked.

Enroute to the play room, the nurse explained to Mrs. Howe that Donna was prepared for each procedure and given an opportunity to explore, manipulate and familiarize herself with the test equipment. Mrs. Howe expressed interest and a desire to learn more about this type of preparation. Because both mother and child were scheduled to undergo a battery of coordination tests the next morning, the nurse used this opportunity to: (1) instruct and enlist Donna's and Mrs. Howe's cooperation for the events, (2) demonstrate to Mrs. Howe the value of preparation when a child faces a potentially stressful event, and (3) describe the important role that Mrs. Howe could play in supporting Donna through the tests.

To accomplish the above goals the nurse first briefed Mrs. Howe alone on the details of the test. Then in the office play room, Mrs. Howe sat quietly beside Donna and watched her child's responses to the nurse's explanation. Because the testing center was not accessible, Donna was shown pictures to demonstrate the benign aspects of the test.

Donna responded to pictures of a child tracing a maze and pressing on a dynameter thusly: "But it won't hurt, huh?"

Nurse: No Donna, it won't hurt.

Donna: And Mamma's coming too?

Mother: Yes, Honey I'm going with you and I'm going to have the test too.

Donna: (She responded with amazement). Then it won't hurt us, huh?

Mother: No, it won't hurt us, but we'll have to try and do the best we can when the lady asks us to do something.

When the preparation ended, Donna volunteered to escort her mother on a tour of the ward. Mrs. Howe expressed surprise, delight and pride as Donna conducted a tour of the ward and its facilities. That evening, arrangements were made for Mrs. Howe to sleep on a cot near Donna.

Analysis of the Data

Analysis of the data collected during the above experiences led to identification of the stressors confronting Mrs. Howe. Mrs. Howe's absence from home at this time placed a greater burden on Mr. Howe for child care. Mr. Howe's current training was a trying period for the family and Mrs. Howe held great expectations for graduation. While at home, Mrs. Howe directed much of her energy toward caring for the children and creating an atmosphere conducive to study. On the other hand, Mrs. Howe felt guilty about leaving Donna alone in the hospital and stated that she had not adequately prepared Donna for hospitalization.

Mrs. Howe manifested concern about both her own and Donna's hand tremor. Hospitalization afforded her with an opportunity to

reduce her worry. Mrs. Howe had never had medical evaluation of her tremor. At one point she stated, "Donna's never had any problem because of her tremor and neither did I!" Later, she qualified this remark by saying, "Donna falls a lot more than the other children." Mrs. Howe used denial to defend herself from anxiety. She denied the existence of any malfunctioning in herself or her child, but this was not a certitude to her. Hence she decided to undergo evaluation. Direct confrontation by the nurse as to how Mrs. Howe felt about being examined was avoided because she showed little readiness to talk about herself.

In analyzing the data, it was found that Mrs. Howe's limitations were minimal in comparison to her strengths. The attributes identified as strengths were numerous. Mrs. Howe was resourceful. She arranged for the care of her children in her absence, and twice secured long distance transportation--a tremendous undertaking for someone on public aid. She could deal with her own anxiety and channel her energies into helping her child. She enjoyed a native endowment of high intelligence. The mother comprehended the reasons for preparing her child before a potentially threatening event, consolidated these facts, and was motivated to use them to teach and support her child. She demonstrated maturity in her role adjustment and in collaborating with the professional staff.

A mutual sense of trust existed between mother and child. Apparently secure in her maternal role, Mrs. Howe was able to share in the attention provided to her child by the nurse and the child in

turn felt free to approach either mother or nurse for support. Because of the security Donna felt in her relationship with her mother, she was able to transfer the trust she had in her mother to the nurse.

Mrs. Howe's ability to rationalize and deny the effects of her own and Donna's tremor was both a limitation and a strength. She negated the existence of a handicap by pointing to successful performance in her roles as wife, mother and employee. Confidence in her ability to perform these roles freed her to direct both physical and psychic energy toward empathizing with and comforting her child. In this way, she used these defense mechanisms effectively and constructively.

Analysis of the data led the writer to formulate this hypothesis: Purposefully planned nursing intervention would enable Mrs. Howe to maximize her potential to be a support to her child. Through example, counsel and approval Mrs. Howe could help her child cope constructively with a crisis.

Goals of Nursing Intervention

1. To establish a collaborative relationship with Mrs. Howe to meet both Donna's needs and her own. To accomplish this, the professional and maternal roles had to be defined.
2. To orient Mrs. Howe to the hospital facilities to enable her to function in a new setting.
3. To demonstrate the value of preparation to help Donna mobilize her resources to cope with stressful events.

4. To prepare Mrs. Howe for her own diagnostic tests.

5. To help Mrs. Howe understand Donna's behavior in the hospital and at home after discharge.

Plan of Nursing Intervention for Mrs. Howe

Problem: Learning to help Donna deal with her feelings about separation from her mother.

Approach	Purpose of Care
I. Suggest to Mrs. Howe that she tell Donna and the staff when she is leaving for a break and the approximate time of her return.	1. To allay Donna's fears of abandonment. 2. To enable the staff to assure Donna that her mother would return.
II. Explain to Mrs. Howe that even a temporary separation reawakens a child's fear of abandonment.	1. To help Mrs. Howe understand the responses that result from hospitalization. 2. To anticipate behavioral changes upon discharge and to enable Mrs. Howe to cope with Donna's increased dependency needs. 3. To help Mrs. Howe transfer and apply the principles of advance preparation to a variety of situations.

Problem: Learning to prepare children for hospitalization and tests.

Approach	Purpose of Care
I. Arrange for Mrs. Howe to meet with the doctor and nurse to review the medical plan. Orient Mrs. Howe to details of the procedure Donna will undergo.	1. To allow for questioning and clarification of details.

Approach	Purpose of Care
II. Provide Mrs. Howe with the opportunity to assist the nurse in preparing Donna for the event.	1. Preparation of the child particularly by the parent is advantageous for "later the child finds security in the memory of having been prepared by his parent."[1]
III. Introduce Mrs. Howe to the available literature for parents and children on the hospital experience.	1. An acquaintance with the literature may stimulate new ideas, and enlarge her knowledge of growth and development.
IV. Include Mrs. Howe during Donna's play periods in the office play room.	1. To demonstrate the therapeutic value of play, and the kind of physical and social environment conducive to it.

Problem: Dealing with feelings of guilt.

Approach	Purpose of Care
I. Plan with Mrs. Howe for Donna's physical care.	1. The hospitalized child needs a continuous relationship with his mother.
	2. Mother is motivated to care for her child.
II. Give assurance that help and relief periods from child care are available when needed.	1. Help Mrs. Howe see the nurse's role as that of mother supplement and not as mother substitute.

Criteria to Evaluate the Effects of Nursing Intervention for Mrs. Howe

1. Mrs. Howe will demonstrate increased understanding of her child's coping patterns during periods of stress.
2. Mrs. Howe will learn about the diagnostic tests and collaborate with the nurse in preparing her child for them.

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[1] T. B. Brazelton, "Emotional Aspects of Rheumatic Fever in Children", Journal of Pediatrics, LIII (1953), pp. 339-358.

3. Mrs. Howe will understand and accept the purpose of unstructured, non-directive play for her child.
4. Mrs. Howe will be able to anticipate and accept Donna's increased dependency needs post discharge.
5. Mrs. Howe will be able to continue these modes of support independently both during and after hospitalization.

Nursing Care to Support Mrs. Howe

Observational data illustrating the nursing support provided for Mrs. Howe during her first fifteen hours in the hospital has already been cited. After an initial introduction and welcome was extended, the nurse provided Mrs. Howe with an opportunity to ventilate her feelings about the hardships of Donna's hospitalization. During this discussion, Mrs. Howe revealed that she considered her method of preparing Donna for hospitalization, inadequate. Hypothesizing that Mrs. Howe wanted more information on this topic and could benefit from active participation in preparing Donna for psycho-motor evaluation the following day, the nurse involved her in the preparatory session. Expressions of approval of Mrs. Howe's initiative and method of supporting her child generated enthusiastic participation.[1] Later, she exclaimed, "If it helped *me* to know what was going to be done, it really must have helped Donna".

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[1]Criteria met: (2) Mrs. Howe will learn about the diagnostic tests and collaborate with the nurse in preparing her child for them.

The above interaction between Mrs. Howe and the nurse established a contract for collaboration in meeting Donna's needs and strengthening her coping devices. To obtain Mrs. Howe's wholehearted cooperation in this collaborative process, the nurse had to demonstrate that her methods succeeded in helping her child.

The literature on imitation is applicable here because nursing personnel interact with parents in many situations in which imitation may occur and must occur if nursing intervention is to be effective.

An understanding of the dynamics of imitation enabled the nurse to assign and reinforce behavioral norms for Mrs. Howe. The concept of imitation is derived from behavioral theory.[1] In this context, imitation is defined as the matching of a person's behavior to that displayed by a role model. Imitative responses occur when a person perceives that the role model has been positively reinforced for a specific response. According to Bandura and Walters, the model who is perceived as successful is more likely to be imitated than a model who is perceived as being unsuccessful.[2]

Orientation to the ward and its facilities and a review of the medical plan further prepared Mrs. Howe to function in the hospital environment. Of particular importance was a discussion about her

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[1]E. J. Thomas and E. Goodman, Socio-Behavioral Theory, (Ann Arbor, Michigan: Campus Publishers, 1965).

[2]*Ibid.*, p. 28.

perception of her role in the care of her hospitalized child. Mrs. Howe expressed a need to be responsible for much of Donna's physical care and comfort. However, she expressed ambivalence about accompanying Donna and the nurse during painful diagnostic procedures. She expressed interest in listening to, participating in and reinforcing the nurse's preparatory explanations. Her preferences were considered when the maternal and nursing roles were defined. The nurse emphasized that in the mother's absence, she would perform maternal functions, but upon her return these would become the mother's responsibility unless Mrs. Howe communicated otherwise. Mrs. Howe's response to the plan of collaborative care was a wholehearted endorsement.[1]

The importance of the information-giving process can be further illustrated in the following incident. In the Wednesday situation which involved medical evaluation of both mother and child, Mrs. Howe expressed anxiety about the results. In a faltering voice, twice she asked the nurse when the results of Donna's tests would be available.

Mrs. Howe's anxiety stemmed partially from Donna's reticence to participate in several activities. She thought that Donna could easily perform the activities but Donna was not able to trace well. During the three hour morning session, Donna's cooperation and effort were adequate. In the afternoon session she was obviously tired,

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[1]Criteria met: (2) Mrs. Howe will learn about the diagnostic tests and collaborate with the nurse in preparing her child for them.

restless and as a consequence, she dawdled. She lagged in meeting requests for performance of a test item. Her behavior was not surprising. According to Gesell,[1] a two or three hour period of stimulation is about the most a child can tolerate at any one period. Not even Mrs. Howe's presence perked up Donna's performance appreciably.

Upon surmising that Mrs. Howe's anxiety could be allayed by a discussion of the test results, the nurse secured an interview with the chief psychologist. Mrs. Howe heaved a sigh of relief and visibly gulped at the news that Donna's condition had no serious practical implications for performance in school and that she was capable of functioning well within the developmental norms of other children her age. Mrs. Howe manifested no visible response when told that her own condition was benign but that an electroencephalogram was scheduled to complete her diagnostic evaluation.

Enroute back to the ward, Mrs. Howe chatted at length about her immense relief at knowing the test results. The nurse could see from her relaxed behavior, dialogue and exhilaration that the news had served to relieve her tension.

Nursing Care to Prepare Mrs. Howe to Understand her Daughter's Behavior in the Hospital and After Discharge

Donna had just fallen asleep when Mrs. Howe returned from lunch. During the child's nap, Mrs. Howe and the nurse discussed Donna's

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[1]Arnold Gesell, The First Five Years of Life--A Guide to the Study of the Preschool Child. (New York: Harper, 1940).

behavior in the hospital. The nurse wanted to prepare Mrs. Howe for behavioral changes in Donna following hospitalization. Her goal was to anticipate Donna's reactions to the hospital experience, and thereby help her to cope with them. She hoped that she could prevent Mrs. Howe from interpreting these behavioral changes as permanent characteristics which had to be altered at once.

Key: M - Mrs. Howe; N - Nurse.

M: You know, I'm amazed how much Donna has learned in the hospital and her vocabulary has grown! She seems much more willing to share my attention with other children.

N: (She looked at Mrs. Howe quizzically.)

M: For example, Kenny was crying so hard yesterday when his mother left. He looked so sad that I asked the nurse if I could take him out of his crib and read him a story. Donna said to me, "Poor Kenny, he's crying because his mama left". (Mrs. Howe paused) But then Donna insisted on turning all the pages of the book. After a long while she let Ken have one turn. Then she had to be held too when she saw Kenny on my lap.

N: It's difficult for a young child to share his mother with other children isn't it?

M: Yes, but will she continue to want my complete attention when she goes home?

N: Many mothers have told me that initially their children were more clinging and demanding of their attention when they first came home. But this behavior did not persist. Let's look at some reasons why children will often react this way. At home, free from the unexpectedness and threat of a hospital, many children let go and express their anger for the first time about their hospital experiences. Some children do this in play and become very rough with their dolls. This is a constructive outlet for their anger, although the doll may take a real beating.

M: (She nodded knowingly.)

N: Some children express anger toward their mothers and then feel guilty about this and fear that they may lose their mother's love. There is a possibility that Donna may react negatively toward you, but this will be tempered by the fact that you were so much help to her. We call this ambivalence. She'll need extra doses of understanding when she first comes home because this will be quite an adjustment for her. Let's think of how you could arrange to give her some extra attention thus easing her transition from hospital to home without being terribly obvious about it in front of David and Teresa, who will demand their share of attention too.

After some thought, Mrs. Howe discussed with conviction several alternatives she could use.[1] This led the nurse to hypothesize that Mrs. Howe understood that Donna would need extra mothering after discharge.

M: You know, Donna speaks of you often?

N: Oh, in what way?

M: Well, it's interesting. She'll ask me in the morning, "When is Alice coming? She's gonna stay with me for the test, isn't she?" And I tell her, you are. But, you know, she often calls you Alice.

N: I've never heard her directly refer to me by that name.

M: Yes, she'll say, "And I want Alice to take me to the little playroom." I think she's confused you at times with her Aunt Alice whom she likes very much. Because I know who she's talking about, I don't contradict her.

N: That's good, and thank you for telling me about it.

Although the above information was of significant value to the nurse in evaluating her nursing intervention, the nurse did not elaborate on the young child's fantasy life. It was interesting to learn that Donna fantasied the nurse to be Alice only when the nurse was

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[1]Criteria met: (4) Mrs. Howe will be able to anticipate and accept Donna's increased dependency needs post discharge.

away from the ward. She did not resort to this fantasy when the nurse was present. Donna identified the nurse with Alice, a loved person in her life.

There may be a deeper meaning to Donna's use of fantasy during the hospital experience. Donna was consciously aware of her need for her mother during hospitalization. She did not have to resort to the use of denial of her need for her. Donna valued the nurse's support and care, but could not pay her the same allegiance that she reserved for her mother. So she drew upon her life experience, limited as it was, and fitted the nurse and her role into that of her benign, supporting and loving Aunt Alice. In this way, the child coped with her dilemma. The use of fantasy may well have kept her free of guilt when she made demands both upon her mother and her nurse. Thus Donna maintained her equilibrium and utilized the coping devices she had.

Unfortunately, the nurse was unable to be present the morning of Donna's discharge. An observer* whom Mrs. Howe and Donna had met previously suggested that Donna say good-bye to the nurse over the telephone. Donna beamed at this invitation. The following data were recorded by the observer in the office play room.

> Donna led her mother to the office play room. She opened the door and went immediately to the shelf of toys and removed a piece of tape from a rubber doll while Mrs. Howe watched her daughter affectionately.

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*Observer refers to the second instructor who participated in the study. Her participation began 24 hours after the study was initiated.

M: Does the doll have a hurt?

D: Yes.

M: Did she fall and hurt herself?

D: I don't know.

M: She loves to play with band-aids at home too.

D: (Donna picked up a stethoscope, inserted the ear pieces into her ears and grinned at her mother.)

M: What's that for?

D: To listen with.

M: Do you want to listen to my heart?

D: (Donna walked over to her mother, placed the bell on her chest, then went to the doll and listened to its lower abdomen.)

M: Why are you listening there?

D: 'Cause that's where I always listen.

M: Oh, I see.

For the next few minutes, Mrs. Howe and the observer sat quietly as Donna played she was absorbed in the tasks of swabbing, injecting and bandaging two dolls. Donna gave one doll an injection and then communicated with her mother.

D: There, there honey, it'll just hurt a little. You hold her.

M: (She cradled the doll while Donna gave it injections. Then she spoke to the observer.) It's been such a treat for me to be able to see Donna play like this. I've never been able to do it at home.

Observer: Yes, she uses play very well and has acted out many of the experiences she's had in the hospital. I think they become less frightening to her when she's able to do to dolls what was done to her.

M: (She nodded in agreement.[1])

Then Donna asked her mother for help in dressing a doll. While putting on its shoes, she heard an outer door from the hallway open. She dropped everything and ran out to see who had come in. She called out in a disappointed tone, "It isn't Donna." She looked crestfallen for a short time.

M: Remember your nurse isn't here today.

Donna resumed dressing the doll and came to her mother for help with the buttons. Mrs. Howe said, "I think you can do it." She showed her how to fasten them. Donna buttoned the remaining ones by herself. As in previous play sessions, Donna became totally absorbed in her play; she talked to herself without expectation of response from either Mrs. Howe or the instructor. Whenever she heard the hall door open, she left to see who had entered. Shaking her head, she repeated, "It's not Donna."

At one point, near the end of her play, Donna took the EEG wires and demonstrated to her mother how the test was done. (Mrs. Howe was scheduled to have an EEG that morning.) Mrs. Howe listened carefully and asked questions. She seemed amused and pleased at the accurate preparation she was receiving from her daughter. With pride Mrs. Howe said to the observer, "She's learned so much since she's been here."

During the phone call to the nurse, Donna became serious. Her responses were brief and softly spoken. She vacillated between smiles and somberness as she listened. Then she turned and with a big smile she announced, "Donna's going to visit me."

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[1]Criteria met: (3) Mrs. Howe will understand and accept the function of unstructured, nondirective play for her hospitalized child.

As Mrs. Howe and the observer walked back to the ward with Donna skipping ahead, Mrs. Howe said, "I can see why Donna loves to go to that office so much."

Mrs. Howe's pride at Donna's ability to provide her with accurate preparation was discernible. However, the child's preparation of her mother was important evidence to support the hypothesis that the experience was constructive. Donna demonstrated that she had not repressed the experience but had successfully mastered the feelings they evoked.

Donna's Adjustment at Home and in Nursery School

Telephone communication between Mrs. Howe, Donna and the nurse continued for three weeks post discharge. Home visits were made at one and two weeks post discharge. The purpose of the communication and visits was: (1) to assess Donna's recall of the hospital experience; (2) to observe changes in Donna's behavior towards the nurse; (3) to discover if Donna evidenced changes in behavior at home after discharge; (4) to assess the value of preparation of Mrs. Howe for behavior changes in Donna's post discharge.

During a telephone conversation with Mrs. Howe on the third day after discharge, the nurse learned that Donna had fallen the day before while playing with her siblings. She had sustained a head laceration requiring three stitches. Mrs. Howe described Donna's behavior during an out-patient department visit for suturing of the

laceration as "very well behaved."[1] She had not cried a lot and had identified several instruments which the doctor used.[2] Then she said that Donna was worried for fear her mother would leave her in the hospital. On return home from the clinic Donna was described to be "very clinging."

Mrs. Howe stated that she was giving Donna "special attention" and had kept her home from nursery school to bake cookies. This activity and its product had elicited the sibling's complete approval.[3,4]

This incident provided evidence to support the hypothesis that even a brief separation from mother during hospitalization leaves a residue of anxiety in a four-year-old child. According to Mrs. Howe, Donna did not evidence regressive behavior during her first day home after discharge. However, upon return to a hospital for suturing of a laceration, Donna's fear of separation from mother was reactivated.

On the fifth day after discharge, Donna resumed nursery school. Her teacher related this incident:

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[1]Criteria met: (1) Donna will demonstrate increased ability to face unpleasant experiences.

[2]Criteria met: (6) Donna will demonstrate increased ability to participate in procedures in an effort to control what is happening to her, and thus decrease feelings of helplessness.

[3]Criteria met: (4) Mrs. Howe will be able to anticipate and accept Donna's increased dependency needs post discharge.

[4]Criteria met: (5) Mrs. Howe will be able to continue her modes of support independently after hospitalization.

Donna was shy, and hesitant upon re-entry into school, but she responded well to the teacher's and students' warm welcome. When I asked her about her hospital experience, she replied, "It was nice. I liked it." When I asked her if she'd like to talk to the group about it she said, "No!" Eagerly she entered the day's activities. She was quiet and self reliant about working with new play equipment. Later on she said to me, "Donna's coming to see me at my house." I asked, "Who's Donna?" She said, "A nurse." I asked, "Did she take care of you?"

D: Uhuh, when my mother was away.

T: What else did she do?

D: She played with me.

T: Did she prepare you for tests?

D: Uhuh, then we played in the little play room.

On the eighth day after discharge, Donna's Teacher related this incident:

It was recess and everyone was seated at tables. Donna complained of not feeling well. Another little girl, overhearing her replied, "That's 'cause you're going to die." Donna was really shook by this. The nursery school aide chastised the child for her statement and denied the possibility of its occurrence. Donna remained silent throughout the morning. I told Mrs. Howe what happened and she said she'd talk to Donna at home.

During another telephone call, Mrs. Howe and the writer discussed children's perceptions and reactions to hospitalization and whether or not the child should have been chastised for saying what she did to Donna in school. Mrs. Howe had explained to Donna how fearful children are of what they don't know and described how Donna might help the children by telling them of her hospital experiences.

Mrs. Howe decided that this was an opportunity for her to share her knowledge of the hospital experience with the school volunteers. She related that she intended to use the printed material on preparing children for the hospital. Two weeks later, she reported that her presentation had been well received.

Donna's Responses to the Nurse Post Discharge

The nurse took along the toy box, replete with clinical equipment which Donna had used in the hospital. Only Mr. Howe was at home. He greeted the nurse cordially, offered her coffee and returned to his work in another room. He looked tired and explained that he was working on a term paper.

When Donna awakened from her nap, she approached the nurse, smiled and said, "I knew you'd come." Then she spied the toy box.

D: Can I look at it? (She said this with anxious anticipation. She deftly opened the lock and began rummaging through the toys. She grew excited as she found bandages and injection equipment.)

D: Oh, look at this! (She took out a rubber doll and held up a syringe and needle. She stabbed the head of the doll forcefully.[1]

D: I had stitches and it hurt. I cried lots. Daddy, look what I did. Oh, cotton! (She held it up). Oh, I was talking about this, (she held up a tourniquet)--I was dreaming about it.

During her play with the toys, Donna sought physical contact from the nurse in a variety of ways. She came and stood beside her; she touched the nurse's shoes and remarked, "Them are your shoes, huh? I like them. I got yellow ones. You got short hair now, huh."[2] In her play, Donna played at giving injections and giving an electroencephalogram to two dolls. Looking at the nurse, she said, "You went with me, huh."

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[1]Criteria met: (1) Donna will demonstrate increased ability to talk and play out unpleasant experiences.

[2]Criteria met: (1) Donna will demonstrate an increase in the degree of relatedness.

Rummaging through the toy box again, Donna picked up a toy gun. She began firing it at the wall. Donna shot "bullets" closer to where the nurse was seated. At one point, she almost hit the nurse's arm.[1] Then she turned to the opposite wall and shot several times. This was the only display of aggression toward the nurse. Walking to the toy box, she casually dropped the gun in. Then she came and stood by the nurse. A moment later she played with a doll and bandages, "Look at she, all fixed!" she said as she grinned and held up a rubber doll which was stripped of bandages. Then she put the doll in the nurse's lap.

At home, Donna was able to express hostility toward the nurse. She faced her ambivalent feelings and ventilated them. The nurse wanted Donna to see that expression of hostility would not cause the nurse to scold or reject her.

In her study on hospitalized children, Erickson[2] observed that expression of hostility toward adults was doubled during the home interviews. Her hypothesis was that children regard any open expression of hostility toward adults as unsafe in the threatening hospital environment because of their fear of retaliation.

Donna's behavior with the toy gun was her vehicle for expressing the hostility she felt toward the nurse and the hospital. Donna's

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[1]Criteria met: (1) Donna will demonstrate an increased ability to act out unpleasant experiences.

[2]Florence Erikson, op. cit., p. 30.

first shot was toward the nurse and then she directed the toy gun in the opposite direction. After she put the gun away, she immediately came and stood beside the nurse, as if to make amends.

That the child trusted the nurse was evidenced by her statement, "I knew you'd come." Her placement of the doll in the nurse's lap with the accompanying statement "all fixed" may have expressed this thought: "and so am I."

CHAPTER V

SUMMARY AND CONCLUSIONS

Summary

Donna, a four-year-old girl, was the subject of this study. The writer (a nurse) identified, described and evaluated the elements of nursing intervention which were used to help her cope with stress during a scheduled first experience in the hospital. The study began on the day of Donna's admission, continued through five days of hospitalization and included home visits post discharge. A visit was also made to the Head Start nursery school which Donna attended prior to hospitalization. Written data was secured from the director of the school who kept notes on the child's behavior upon her return to school. The elements of nursing intervention which were used to support Donna's mother in participating in her child's care were also identified and evaluated.

Donna was hospitalized to evaluate the origin, depth and cause of intention tremor of the hand. Diagnostic tests were performed to determine what possible effects the tremor might have on her future growth and development. Because Mrs. Howe, (Donna's mother) continued to evidence a similar tremor since infancy, the medical staff recommended that she also have medical evaluation. She entered the hospital on Donna's second evening of hospitalization and remained a patient until the day of Donna's discharge. The medical

evaluation of both mother and child revealed the existence of a benign, static condition with no serious implications for mother or for Donna's growth and development.

Functioning as a participant-observer, three major stressors were identified from study of Donna's behavior. They were (1) loss of her mother's care and support; (2) loss of support from siblings and peers with whom she had become acquainted in her neighborhood and in nursery school and (3) fear of unfamiliar sights and the unknown in the hospital milieu. After Donna's coping methods were evaluated a nursing diagnosis was made, goals of nursing intervention were established, and a plan of nursing intervention was designed to support her strengths so that she could assimilate the events she confronted and grow rather than be thwarted by them. The writer stood between Donna and the hospital environment. She interpreted to personnel in other disciplines Donna's need for help in tolerating frustration, and for timing of additional stresses. She also pointed out ways in which personnel could assist her in coping with them.

Criteria were established to evaluate the effects of nursing intervention for Donna. They were:

1. Donna will find increased security, portection and understanding in her relationship with the nurse. These feelings will be demonstrated by an increased degree of interpersonal communication and relatedness; increased ability to talk about and relive unpleasant experiences; increased ability to accept, trust and obtain clarification of future events from the nurse's explanations; and by continued seeking of support and comfort when under duress.

2. Donna will maintain conscious awareness of her need for her mother and will seek care and comfort from her when she is present.

3. Donna will become progressively more able to confront and master new situations with a minimum of physical and psychological discomfort.

4. Donna will demonstrate increased ability to face unpleasant experiences.

5. Donna will demonstrate increased ability to utilize these active coping devices when confronted with new and potentially threatening situations: questioning, seeking and utilizing help as needed while maintaining autonomy, actively exploring and striving toward mastery of her environment.

6. Donna will demonstrate increased ability to participate in procedures in an effort to control what is happening to her and thus decrease her feelings of helplessness.

7. Donna will demonstrate increased ability to face her fears during solitary and group play.

8. Donna will maintain ability to play constructively with her peers.

Criteria were also established to evaluate the effects of nursing intervention for Mrs. Howe. They were:

1. Mrs. Howe will demonstrate increased understanding of her child's coping patterns during periods of stress.

2. Mrs. Howe will learn about the diagnostic tests and collaborate with the nurse in preparing her child for them.

3. Mrs. Howe will understand and accept the purpose of unstructured, nondirective play for her child.

4. Mrs. Howe will be able to anticipate and accept Donna's increased dependency needs post discharge.

5. Mrs. Howe will be able to continue these modes of support independently both during and after hospitalization.

Conclusions

Study of the observational data, which were recorded while the plans of nursing intervention for Donna and her mother were implemented provided evidence to support the hypothesis that the above criteria had been met.

Telephone communications, home visits and a visit to the nursery school which Donna attended were a means of assessing Donna's adjustment after discharge. On the second day at home, Donna fell and cut her head which required suturing. Upon her return home from the clinic Mrs. Howe reported that Donna was more clinging and fearful of separation from her than she had been before the accident. This incident demonstrated that even a brief confrontation with the stressors provoked by a hospital experience left a residue of anxiety in this four-year-old child.

Donna was shy and hesitant upon re-entry to nursery school five days after discharge from the hospital but then responded well to the teacher's and students' warm welcome. When the teacher asked her about her experience in the hospital, she said, "It was nice. I liked it." But when she was asked to tell her playmates about it, she refused to do so.

During a home visit, Donna greeted the writer by saying, "I knew you would come." When the case of toys was presented to Donna, she played with hospital equipment, gave the doll injections and talked about the stitches she had had placed in her head: "I had stitches and it hurt. I cried lots." Then she picked up a gun and

directed the "bullets" toward the nurse. At one point, she almost hit the writer's arm. Then she put the gun away and moved close to the writer as if to make amends. A moment later she put a doll in the nurse's lap which was stripped of band-aids. "Look at she, all fixed," she said. The writer hoped that Donna was communicating feelings of assurance that she, too, was "all fixed" and was more at ease with herself than she had been in the hospital.

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