Spring 1961

A Survey Of The Problems Of Visiting Hours In The Pediatric Ward Of A General Hospital

Rose Marie Finnegan
Carroll College

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A SURVEY OF THE PROBLEMS OF VISITING HOURS IN THE PEDIATRIC WARD OF A GENERAL HOSPITAL

by

Rose Marie McNellis Finnegan

Submitted in Partial Fulfillment of the Requirements for the Degree of Bachelor of Science in Nursing,

Carroll College

1961
This Thesis for the Degree of
Bachelor of Science by
Rose Marie McNellis Finnegan
Has been approved for the
Department of Nursing
by

[Signature]

April 1961
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ACKNOWLEDGMENTS

With deep appreciation, the writer wishes to acknowledge the time offered and the helpful advice given by Miss Alice J. McCarthy, under whose encouragement and inspiration this paper was completed. Also the writer wishes to thank the doctors and the pediatric staff of St. James-Community hospital for their cooperation in the survey of this study.
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<td>V.</td>
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I. INTRODUCTION

The writer's problem is the following:
Are liberal visiting hours harmful or beneficial for the emotional health of the pediatric patient? The purpose of this paper is to arrive at a satisfactory conclusion to the problem. Much has been written on this subject by both lay and professional people. Are children emotionally harmed when torn away from their parents and placed in a strange environment such as a hospital? Does it do a child good to learn to adjust to different environments at an early age?

DEFINITION OF TERMS

Definitions of terms utilized in this study:

LIBERAL VISITING HOURS-- Parents are free to be with their children in the hospital, at their convenience, without disrupting the hospital routine. In this study, liberal visiting would be from 10 A.M. to 8 P.M.

RESTRICTED VISITING HOURS-- Parents are limited to two set hours a day to be with their children.

HARMFUL-- The interference, or hindrance, of the child's return to health, this including any emotional upsets.

BENEFICIAL-- The cooperation between nurses and parents resulting in the child's expected response to treatment being fulfilled.
EMOTIONS— These are a complex of feelings. These feelings can be good or bad. In children, emotions have to be guided, so that they form good habits of thinking and feeling.

SCOPE OF THE STUDY

The scope of this paper deals with hospitalized children under the age of five years. It is concerned with the effects of hospitalization on the emotional development of children. The study is limited to one fifty bed pediatric ward; it is based on observations and interviews. A comparison will be made to similar studies.

HYPOTHESIS

The hypothesis is that liberal visiting hours for parents in the pediatric department are beneficial to the emotional health of their child.

ASSUMPTIONS

The assumptions underlying this study have been based on previous research in the nursing field. They are:

1. Pediatric nurses and other personnel are so trained to help the child to physical and emotional health.
2. Pediatric personnel are not mother substitutes.
3. Children need security that can only be obtained by un-interrupted parental relationship.
LIMITATIONS OF THE STUDY

Limitations of this study were:

1. The ability of the writer to record accurately and completely the personal interview.

2. The honesty and sincerity of the interviewee in answering the questions asked by the interviewer.

3. The few people interviewed.

SURVEY OF LITERATURE

Numerous articles have been written on this subject. A study by Godfrey\(^1\) shows how the child is helped to adjust to separation from his parents through the use of restricted visiting hours, 2:30 P.M. to 3:30 P.M. After this time, the nurse stays with the child thirty minutes, thus reassuring him and detouring his attention from the fact that his parents are leaving. This proved to be beneficial. But how does this mother feel, as she leaves her sick child? At the time of sickness, a mother wants to help the child and spend more of her time with him.\(^2\) The mother leaves the hospital feeling unworthy and guilty. She wonders if the nurse will win her child's affection and if the child will forget her.


Will he cry and fuss later for her? These feelings are transferrable to the child and may have an effect on the child's capacity to recover from the psychological demands of the hospital experience.¹

Naturally, there are those parents who are overprotective of the child. One example, the writer experienced, was that of a child hospitalized and complaining of abdominal and chest pain. This was a five year old child, who appeared very nervous and anxious, and complained of pain each time in a different region of the abdomen. Laboratory tests and the physical examination were negative. The child seemed to rest easily and have no complaints during the absence of the parents. This parent, ignoring visiting hours, came to the department and bounding into the child's room, stated, "My poor, sick darling, how are these people treating my sweetie? I know you are in pain now, did the nurse give you a pill?" Within half an hour, the child was again crying with pain; the mother was upset because the nurse would not give the child unordered medications, and she expressed lack of faith and confidence in the doctor.

The above is an example of an exceptional case. Homes may or may not be emotionally unstable.

The writer thinks it is a psychological fact that children under the age of five need an un-interrupted

³Ibid.
parental relationship. They are just reaching the age of curiosity, but rely very much on parental protection. This proposes that one of the most important developmental problems, common to children under five years, is the capacity to solve the problem of ambivalent feelings towards his parents; he remembers the love and of his mother and also the fear he experienced when left in a strange environment.  

The purpose of hospitalization is to restore physical health and master developmental problems. Often times this two-fold purpose is best accomplished by co-operation between nurses and parents.  

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5 Solnit, loc. cit.,p.155.
II. METHOD AND METHODOLOGY

The problem of this study was to identify whether the emotional health of the pediatric patient was hindered or benefitted by liberal visiting hours. The method utilized in this study was the descriptive survey method of research. The methodology was the personal interview.

Descriptive studies play an important role in constructive thinking and future plans of action. In constructive thinking, one has to have a knowledge of the existing situation. Description tells us what to reckon with. The noting of certain conditions and certain apparent consequences through survey studies offer valuable clues as to cause-effect relationships. Through this, the descriptive method is a tool helping us to learn the appropriate methods to a desired end.

The method utilized in this study is called status studies which is the simplest form of furnishing the normative standards based on what is prevalent or what

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7 Ibid.
common practice does. These represent the averages of the current conditions.

The writer plans to use some of the general description method in the role of non-quantitative data. This is the recording of facts and situations pertaining to the problem, from several different sources. Some analysis will be involved to determine whether or not hospitalization has any effect on the child's personality.

Several magazines containing information on this subject, will be surveyed. The author also interviewed a few pediatricians, pediatric nurses and supervisors, concerning the emotional disturbances of hospitalized children, five years of age and under, where the liberal and restricted visiting plans were attempted. Prior to my interviews with these people, letters were sent to them, informing them of the interview. (See Appendix I). A questionnaire guide was prepared and used. (See Appendix II).

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8 ibid. p.259.
III. ANALYSIS OF DATA

Carrying through with the methodology, the writer interviewed two pediatricians, two pediatric nurses, and one pediatric supervisor, in a fifty bed pediatric ward of a general hospital. (See Appendix II and III.)

The two pediatricians seem to hold the same point of view, that of strictly enforced visiting hours in the department. Dr. A. claims, the less the child sees the parents during his hospitalization, the better he adjusts to the hospital environment. He held this attitude regardless of the child's age; exceptions were made for the critically ill. According to Dr. A., parents never understand the procedures or routines of the ward, and therefore, create disturbances in the clinical area, and often times upset their child. "When parents are present with the child at all times, it is often impossible to do some procedures, the parents being very emotional, and thus putting the child in the same state." As to the child's recovery time, Dr. A. thinks visiting, liberal or restricted, has no influence on it. "The child recovers as fast without the parents." When asked how the child adjusts when he returns home, he replied, "The child is usually happy to return home, and very seldom has any difficulties;
his only fear is usually of the doctor or nurse. In a well-staffed pediatric department, the child suffers no emotional trauma, for the majority of pediatric personnel like children and give them their needed attention and care."

Dr. B also favored restricted visiting, and make exceptions for the critically ill and new surgeries. He believes the children, five years and under, usually never suffer any emotional traumatic effects from hospitalization. "Liberal visiting hours would increase nursing time, since they would have both the parent's and child's needs to care for. The parents would be running to the nurse with their questions, thus distracting her from her duties." He did agree that parents have anxieties when they leave the child, but felt these anxieties were not harmful to the child. "In a liberal visiting situation, neither the parents nor the child adjust too well to the hospital situation, and often times procedures are made more difficult or impossible to perform in the presence of parents. Of course, parents can be educated in the routines and expectations of the hospital; individual differences account for different situations."

Both pediatric nurses agreed on liberal visiting hours; these hours to end at 7:30 P.M., exceptions to be made for the critically ill child. When a parent
is present, the child does not have to change his habits, an example is eating. "Each child has different eating habits, and usually at mealtime, there is not the time nor the help, to devote to each child to make his meal a pleasant situation."

Nurse A felt the children do suffer emotional trauma due to restricted visiting hours. She gave the example of a three year old child, who following dismissal from a hospital, with restricted visiting hours, seemed to have hysterics at night when she was placed in her crib; the crib reminded her of the loss of parental security she experienced while in the hospital. Another child, who seemed to be well adjusted, while in the hospital, and who had become friends with the supervisor and other personnel, would become frightened when she came to visit the supervisor on the ward after dismissal. She would cry and beg her mother not to leave. Evidently, she associated this department with her previous hospitalization, which was in a department that had a restricted visiting plan.

Both of these nurses agreed that visitors be restricted to just the child's parents or guardian. They feel there would not be as much confusion with liberal visiting as there is with restricted visiting hours. Most parents are unable to stay all the time with the hospitalized child, but they seem to have a way to tell the child they have to leave, "but they will
be back. The child is content, while the parent is away, knowing she will return. He does not feel the nurse made his mother leave him alone. The parents set their own visiting routine and the child is aware of this.

The pediatric supervisor took the 'middle-of-the-road' attitude; she restricted visiting hours with these exceptions: new admissions; new surgeries; the critically ill; the parents convenience; and those with difficulty adjusting to the hospital. She felt the parents, if possible, should be encouraged to remain with the child during the first day of hospitalization, to help him overcome any fears, and to adjust to a new situation. Thereafter, she restricted the parents to visiting hours, which are from 2:30 P.M. to 7:30 P.M. This is more liberal than the two hours a day plan.

"Any child who the nurses feel is not adjusting well, his parents will be encouraged to come earlier, and preferably at meal time. For it is in this type of child where we defeat our own goals of pediatric nursing. This child probably will not eat, is hesitant, if not stubborn, about taking fluids and medications. A sick child is naturally irritable, but a poorly adjusted one is even more irritable and emotionally upset. It is in these cases when many days of hospitalization are spent without making any progress towards health."

This supervisor feels that children in the age bracket of three to five years, are the ones most likely to suffer traumatic experiences. At this age, the child reacts distinctly to emotions of happiness, sadness,
or anger. The imagination becomes very active, allowing fears to become very dominant, particularly in the hospitalized child.

"Therefore, I would not be strict in limiting the parents time with the child, three to five years of age."

The supervisor's solution to this problem would be to educate the parents to prepare the child for the hospital experience, by telling him what a hospital is and what he might expect while a patient in the hospital. She also desires a small well staffed department, that will promote good child relationships. Preferably, she would have one nurse for every five children; this nurse would care for them throughout their hospital stay.

This solution corresponds to a study done by Carol Jacob; one nurse admitting and caring for the same child until his dismissal, would provide good relations between the child and his "mother-substitute", the nurse, and ally any psychological trauma.

The writer feels these interviews show a cross cut of the opinions which seem to exist. Another study done by Sister Mary Gwendolyn Pattock, shows liberal

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9 Carol Jacob, "A Study of the Young Child's Contacts With the Staff Members in a Selected Pediatric Hospital", Nursing Research, (June 1953), p.39.

visiting hours can be effective. She feels both nurses and parents learn from the hospital situation. The parents have a sense of belonging and being useful as they fulfill their parental instinct of caring for their offspring. The child has the image of his real and loving mother, and not of one who would desert him. The parents furnish the nurse with valuable information concerning their child. An opportunity is afforded the parents to observe and to learn good health practices as displayed by hospital personnel. This study concluded that under liberal visiting hours, parents and nurses worked harmoniously together. There was no overprotection of the child and no neglect in regard to his health.

In a particular hospital, the pediatric staff developed a pre-hospitalization or indoctrination program for their future patients and the patient's parents. Once a month, a movie would be presented depicting a pediatric ward; both the parents and children were encouraged to attend. Following the movie, a tour was conducted through the pediatric department, which had as an attraction, a gayly decorated playroom. This hospital permitted parents to remain with the child on the day of admission, and help him get acquainted with the personnel and other children.

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11 ibid.
12 ibid.
The parents also remained on the day of surgery, and they were allowed to assist with menial tasks. The conclusions from this program showed that more confidence was being displayed by both parents and the child; they were more receptive to hospital routine, and the nurses were not distracted by worried parents; the parents were found to be a help and not a hindrance.14

According to Dr. Spock,15 the two year old child develops various fears, when separated from his parents. "The younger the child the more necessary it is for him to have a steady, loving person taking care of him".16 The writer quotes Dr. Spock on his advice to parents of hospitalized children:

"...The child gets security of a kind from the visits of his parents. The best the parents can do is to act as cheerful and unworried as possible. If the parents have an anguished expression, it makes the child anxious. The chance that a child will be emotionally upset by an operation is greatest in the first five years of life. This is the reason for postponing operations, if possible, especially if the child is already dependent or worrisome, or subject to nightmares."17

Doctor Edward G. Billings, on a panel discussion on Anxiety in Clinical Medicine, held in Colorado

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14 Ibid.
16 Ibid., p.570.
17 Ibid., p.453.
Springs, Colorado, stated:

"...Our handling of children not infrequently sets the stage for future concerns and anxieties. Overpowering him to do things without him having any knowledge of what to expect, refusing him an opportunity to see his parents except when the visit is convenient to the hospital,... all these things which the physician is likely to do without thinking can lay the groundwork for lifelong distrusts of physicians and for future anxieties."18

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18 Edward D. Billings, M.D., "The Prevention of Anxiety Reactions Incident to General Hospitalization", Mount Airy Foundation Bulletin, (Published by the staff of Mount Airy Hospital, 1205 Clermont St., Denver 20, Colo., Fall, 1960) p. 4.
IV. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

In summarizing the data, the writer notes the opposite opinions held by the doctors and the nurses. The doctors interviewed, oppose liberal visiting hours because the parents disrupt the ward routine, and make for confusion in the department. The nurses, who are on the ward for longer periods of time than the doctors, feel that parents do not disrupt the routine, nor make for confusion. They maintain, that the children are happy and content, in the presence of their parents and that they are free for other duties. The nurses believe the parents should be informed of hospital routine, such as the time of meals, afternoon rest periods, and bed time.

The doctors felt, liberal visiting hours increased nursing time, since both the child and parent were present. One stated, "the parents would always be asking questions of the nurse, thus taking her away from more important duties". A worried parent, who cannot see his child except for two hours a day, often takes much of the nurses time by his several telephone calls to check on the hospitalized child; these parents are not only calling the hospital, but also the doctor's office. The nurses felt, as stated previously, that
parents saved nursing time by feeding the child. With liberal visiting, the parents would know how the child was resting, eating, and feeling, and would not be calling the department nor the doctor's office.

The contented child will respond better to treatment than the fearful, overanxious child. The child who has the assurance or protection and company of his parents will be a happy, contented child. With proper explanation of procedures to the parents and child, the procedures can be performed without added fear. During their extended visits, the parents could do menial tasks, such as forcing fluids and assisting the nurses in making the child get his proper rest. The child would rest easier and better, knowing that his mother would be with him.

CONCLUSIONS

As a result of this study, the author wishes to conclude the following:

1. Liberal visiting in pediatrics does not change nor disrupt the ward routine.

2. Liberal visiting in pediatrics does not increase nursing time, but channels it to more important duties.

3. Liberal visiting hours are beneficial to the emotional and physical health of the pediatric patient.

RECOMMENDATIONS

To make liberal visiting hours more effective,
the author wishes to recommend the following:

1. That hospitals and doctors should agree on the hours for liberal visiting. The author suggests the hours from 10A.M. to 8P.M., exceptions being made for the critically ill child.

2. That the department should have a small pamphlet instructing the parents on the department routine and regulations; such as the time of meals, rest periods, keeping the child in his own room, etc.

3. That visitors should be limited to parents only, or the legal guardian, as the case may be.

4. That the parents should be instructed as to the child's symptoms and the nursing care required, this will alleviate undue anxiety. Examples might be the child on complete bed rest; the child on forced fluids, and intake and output.

5. That parents should be told that they are not expected to remain with the child at all times, but are to feel free to come and go as they so desire.

6. That nurses utilize any learning situation which presents itself, such as, listening to the parents describe symptoms the child displayed prior to admission.

The pediatric nurse must, however, remember, whether the visiting hours are liberal or restricted, there are parents who because of other family responsibilities will not be able to visit their child as frequently as they would like. Children from these families must be
given more attention from the nurse in order to make their hospital experience as pleasant as possible, and in these cases, she may be a mother substitute.
Appendix I. Letter to Physicians

Carroll College
Helena, Montana
December 16, 1960

Dear Doctor:

To fulfill the requirements for graduation, from Carroll College, I am undertaking the writing of a thesis. My problem is concerning visiting hours in the Pediatric ward.

During the Christmas vacation, I will be in Butte, and would like to discuss this topic with you. I also plan to discuss it with some of the personnel of the pediatric ward at St. James-Community hospital. All information that you may give me will be greatly appreciated, and also kept anonymous.

Thank you for your kindness.

Sincerely,

Rose Marie McNellis

Approved by the Department of Nursing,
Carroll College
Advisor:
Appendix II. Interview Guide

1. Which do you favor, the liberal visiting plan or the restricted hours?
2. What reasons do you have for this opinion?
3. Do you think there is any basis to the assumption that children, five years and under, may have a better recovery, when their parents are permitted to visit as long and as frequently as they desire?
4. Have you encountered any difficulties with children adjusting to their home environment following dismissal from a hospital where restricted visiting hours were enforced?
5. Do you think children in this age group who have been patients in a hospital where restricted visiting hours were enforced, suffered any emotional trauma?

In addition to the above questions, the pediatric nurses and supervisor were asked this additional question:
6. Would you allow every parent to partake in liberal visiting hours?
Appendix III. Tables

A summary of the data collected through the interviews is presented in the following tables:

**TABLE I**

**Question:** Which do you favor, liberal or restricted visiting hours in pediatric departments? Why?

<table>
<thead>
<tr>
<th></th>
<th>Restricted</th>
<th>Liberal</th>
<th>Other</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. A</td>
<td>x</td>
<td></td>
<td></td>
<td>Parents create more confusion in the department.</td>
</tr>
<tr>
<td>Dr. B</td>
<td>x</td>
<td></td>
<td></td>
<td>Parents upset routines, increase nursing time; some procedures are impossible to do when parents are present.</td>
</tr>
<tr>
<td>Nurse A</td>
<td></td>
<td></td>
<td>x</td>
<td>Child will eat and rest better, will not be as fearful.</td>
</tr>
<tr>
<td>Nurse B</td>
<td></td>
<td>x</td>
<td></td>
<td>Restricted hours are inconvenient for parents; the child needs his parents.</td>
</tr>
<tr>
<td>Supervisor</td>
<td></td>
<td></td>
<td>x</td>
<td>Set definite visiting hours, but make liberal exceptions for each case.</td>
</tr>
</tbody>
</table>
**TABLE II**

Question: Do you think children, five years and under, have a better and faster recovery, when their parents are permitted to visit as long and as frequently as they desire?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. A</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. B</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse A</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse B</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Supervisor</td>
<td></td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

**TABLE III**

Question: Have you encountered any difficulties with children adjusting to their home environment following dismissal from a hospital where restricted visiting hours were enforced?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. A</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Dr. B</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Nurse A</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Nurse B</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Supervisor</td>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>
TABLE IV

Question: Do you think children in this age group who have been patients in a hospital where restricted visiting hours were enforced, suffered any emotional trauma?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. A</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Dr. B</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Nurse A</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Nurse B</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Supervisor</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

- Nurse A: Develop unusual fears.
- Nurse B: Some go into hysteria.
- Supervisor: Some may feel deserted and resent their parents.

TABLE V

Question: Would you allow every parent to partake in liberal visiting hours?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse A</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Nurse B</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Supervisor</td>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>

- Nurse A: Would depend on the individual case and the family environment.
- Supervisor: Parents would not be allowed in the Isolation units.
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BIBLIOGRAPHY


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