The Hospitalized Child and the Mother

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AN ACCEPTED concept in Paediatric nursing care is the concept of 'Whole Organism' where the total needs of the child are met reducing stress and traumatic effects as much as possible. The emphasis in this concept is placed upon comprehensive care which includes meeting not only the child's physical needs but also his emotional and social needs. With this concept the presence of the child's mother (or mother substitute) is needed to provide the child with his usual source of security. The hospitalized child's security and ultimately his well-being depend to a large measure upon his mother's continuing relationship with him. If the mother can participate effectively in the care of the child in the hospital, it may then be possible to take care of the total needs of the child. However, the mother's ability to maintain the normal mother-child relationsnip is often impaired within the hospital setting and may require suitable guidance and encouragement.

A number of studies have emphsized the continuity of mother's contact with her child as a means of reducing the harmful effects of hospitalization upon the child. But studies have not been done to determine what a mother is *actually* doing in a hospital when her child is a patient. For this purpose a study was carried out at the Christian Medical College and Hospital, Vellore, on the nature and extent of participation of the mother or mother-substitute in the care of the hospitalized child.

Study Design

Mothering persons of 40 hospitalized children (25 male and 15 female) chosen at random were observed closely for 3 consecutive days. Seventeen children were first born; twenty-three children occupied the second place in the family. For 12 mothering persons, the patient was the only child.

There were 10 mother-substitutes, 4 for the younger age group and 6 for the older age group. Twentyeight mothering persons were from joint families, equal number from both urban and rural areas. Eighty per cent had education below fifth class. Twenty-nine mothering persons were housewives. Participation of the mothering person was considered under 4 groups of activities (1) activities of Nurse, (2) activities of medical and para medical staff, (3) responsibilities carried out independently, and (4) other hospital activities. For each activity, the nature and extent of participation were observed and noted on specially devised proforma. An interview was also conducted with each mothering person to obtain data in relation to the child and the mothering person. Age and birth order of the child, type of family, number of siblings, and mothering person's education, residence and occupation were some of the details obtained.

Findings

Cent per cent of mothering persons participated in nursing activities. They were helpful in giving explanation to the child in relation to procedures, assisting during the treatments, meeting the needs in relation to personal hygiene, nutrition and elimination. Only 50 per cent participated in medical and para-medical staff activities such as assisting in physical examinations, restraining the child during painful treatments and reporting of day to day observations when required by a physician,

Almost all mothers carried out delegated responsibilities such as giving the account of fluid intake and output, collecting specimens, and feeding the child. They were also able to sense the needs in relation to child care and environment and meet them independently such as keeping the child warm, comfortable and safe; entertaining the child and in keeping its immediate environment clean. They were also sensitive to the needs of other hospitalized children around them in the ward and helped whenever required. These included keeping watch over the neighbouring child during the absence of the mothering person, giving information about other child patients, translating the language to the staff, comforting the neighbouring children and attendants and giving information to newly admitted mothering persons in relation to ward routines.

Age of the child seems to be an important factor in mother's participation. Children of younger age group are more dependent on their mothers and hence require more care while in the hospital. However, in the present study the participation of mothers was more when they were caring for an old child. Probably this is due to a lack of confidence in handling a younger sick child.

In India, traditionally a son is considered an asset while a daughter a liability. Notwithstanding such preference, there was no difference in the level of participation by the mother. Another popular belief that has been refuted in the study refers to a greater dependency of a first born on the mother when compared to a later born. In this study though there were some differences in the mother's participation, they were not statistically significant.

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