

*What is the responsibility of the paediatric nurse
in contributing to emotional well being?*

Mental Health Concepts in Paediatric Nursing Care

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THE present century has often been referred to as the century of the child. This is because, perhaps at no other time in the history of mankind has so much emphasis and interest been evinced in the physical and emotional well-being of the child. The awareness that several prenatal factors could perhaps adversely affect him, has received attention. It is because of this that in some countries the care of the child is really begun even before conception. This is done in the form of pre-marital counselling of both marriage partners and health examinations. And so every child could come into the world with a certain potential for better physical and mental health than his ancestors did. But since birth is only the beginning of life, and growth, a continuing process, several conflicts and stress situations which may form a part of his growing up, could detract from his mental health.

In the life of a child, hospitalization and related hospital experiences could be one of these severe stress situations. Increasing recognition is being given to the knowledge that hospitalisation could emotionally traumatise the young child, especially in the infant and pre-school years.

There have been psychologically oriented studies of children in hospital stay. Follow-up studies have shown disturbed behaviours in these children on discharge from the hospital. These behaviours may be present in the form of enuresis, negativistic or aggressive

behaviour, disturbed mother-child relationships following maternal deprivation, if the mother has not been allowed to stay with the child, and sometimes rejection of the mother following separation anxiety. One could continue to enumerate several other behaviour changes which may frustrate and upset the average mother.

If then, this is in some cases the dramatic sequela of hospitalization, is there any way of preventing or minimising the trauma of hospitalization? If we believe that comprehensive child care is nursing care which meets the total needs of the child, keeping in mind that he is first of all an individual, a member of a family and community, then this type of care should be able to foster in him suitable states of emotional and social well-being.

What is the responsibility of the paediatric nurse in contributing to this emotional well-being? Perhaps, the great contribution that the professional nurse can make to adding to the emotional well-being of the child, is to recognise and accept the need for a warm, continuous, satisfying relationship with the mother and mother substitute at this time. In India it is the custom in many hospitals to allow the mother or a female relative to stay with the child during the entire hospital stay. This single factor alone adds considerably to the child's feeling of security and acceptance of the new environment with all the pain and unpleasantness the hospital experi-

ence could bring. The well child needs his mother for comfort and safety and reassurance throughout the day. Life without this one stable person is indeed threatening and most often devoid of satisfying experiences which contribute to the development of a happy and healthy personality. In Miss Florence Blakes book "The child, His parents and the Nurse" she says that, "Continuity of loving maternal care is the child's birth-right and society's need". So we see that if the normal healthy child needs his mother to this great extent, how much greater the need is for the ill child to have his mother with him to help to support him through his experience which even mature, and seemingly well adjusted, adults tend to fear and approach with concern.

It is true that mothers can be a source of frustration and harassment to busy nurses, especially when their standards of cleanliness do not always conform to our own. Do we prefer to have clean and tidy wards but with unhappy resentful children longing for the love and comfort of someone from home? If the pattern of having mothers on the ward is established it is surprising how soon they learn to be clean and tidy, both in person and in environment. This could instead be a most valuable learning experience.

Allowing the mother to stay with the child alone is not enough. The mother should feel that she is welcome on the ward and regarded with respect. If the nurse is able to establish and maintain a constructive and friendly relationship with the mother, the problem of getting to know the child and winning his co-operation is made easier. The child instinctively feels, "If my mother thinks *she* is all right—then she must be all right". In our own lives we find that we tend to trust people known to our parents more readily than utter and complete strangers.

It is very easy in the anxiety and desire to take care of the

child, for the nurse to unknowingly push the mother into the background. But including the mother in the care of the child has a two way effect; mother feels wanted and is happy to contribute to the care of her child, and the child is more eager and accepting of the care that is provided by the mother, even if it is only to give a dose of medicine under the close watch and supervision of the nurse. The mother may successfully be taught to give her child with a cardiac condition, a sponge bath thus preparing them for discharge and to assume the care of the child at home. It is important to realise that the mother is allowed to help with the care of the child only if she wants to, and sufficient direction and guidance should be given to the young nurse before she is able to include the mother in this aspect of care. It is, of course, advantageous to proceed from the simple to the complex. For example, allow the mother to turn the child in bed, then, allow her to assist with feedings, cold compresses, colostomy care and so on.

However, allowing the mother to help with the care of the child is a tremendous nursing responsibility, for the nurse is the person who is responsible for the care of the child in the final analysis.

In hospitals where hospital policy does not allow mothers to stay with the child, it would be advantageous to liberalise visiting hours. In this way the child still has the link with the outside world and home. It is important here that the child also finds security in having the same nurse caring for him—hence the case-assignment should operate this situation.

Painful procedures like injections and drawing blood samples have their own implications to the child. Often pain inflicted on them is interpreted as punishment for being bad. Here again if the mother could hold and comfort the child during and after the procedures, it does not seem quite so bad. Simple explanations in keeping with the understanding of the child patient should be given before any procedure. It is important that the child be helped to accept the first injection or painful experience in a desirable manner as his future reactions will depend much on this. In time to come the child soon realises that keeping still and co-operation means less pain, and the procedure is over quickly.

Children's reaction to surgical experience too can contribute to mental ill health during the hospital stay or after discharge. Children are afraid and apprehensive of

surgery, and have expressed their fears of anaesthesia and special equipment which is used in the post-operative period. To lessen this fear of the unknown, the child could be told a few things about the coming hospital experience if it is for elective surgery. The amount of explanation will depend on the age and previous experience of the child. Also protecting the child from fearful sights and sounds is another important factor contributing to the emotional well-being of the child.

To further meet the security needs of the child, it is most important that each child, who is able, is provided with play materials and play experiences. Play forms a vital part of the life of every child and it is thought to be the occupation of childhood. The well child spends much of his time in play, and through play channels many of his hostile feelings and aggressions. Also play provides a happy pastime for the child. So, it is equally important that the ill child has play included as a part of his everyday nursing care.

References :

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DO YOU KNOW THAT . . .

1. LEPROSY is the LEAST contagious of Infectious diseases ?
2. LEPROSY is NOT hereditary ?
3. Not all types of LEPROSY are infectious.
4. LEPROSY IS CURABLE ?
5. The ulcers and sores displayed by leprosy beggars rarely contain the lepra bacilli ?
6. Most LEPROSY beggars are non-infectious ?