Pediatrics

A Story of Three Children

By

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This month we are introducing another feature. As so little is taught or understood about the care of children, this is an attempt to stimulate interest as well as provide useful information.

This article by Miss Johnson is the first of three that will appear on the Pediatric section.

We are grateful to Miss Johnson and other members who have also agreed to contribute articles. *Ed.*

'Once Upon a Time' all good stories for children begin in this way and this is a story about children—there were three children. This is a story of how they spent one day in a hospital. It is also a story of how they *might* have spent that day.

There was Lakshmi. She was about average in size for her two years and was on the road to recovery after a bout with pneumonia. As a matter of fact, Lakshmi had been fighting in one way or another throughout her hospital stay, and this day was no exception. Breakfast was a battle, as were all the other meals, with her mother forcing food and Lakshmi resisting with all her power, crying "n o ! n o !" between choking and swallowing. Her mother kept trying during the day to win this battle by offering Lakshmi the breast when she cried, and by giving her biscuits, and sweets, and plantain Medication time was a battle too, and at this time it was Lakshmi against three adults—her mother and two nurses. Lakshmi won in part for she promptly vomited the oral medication as soon as it was down. Temperature time offered another opportunity for a battle, as did the bath. Lakshmi lost these bouts, though one wonders about the validity of the recorded temperature, pulse, and respiration. The rest of the day Lakshmi spent lying passively on the bed with her mother sitting beside her, or she was carried around on her mother's hip. If her mother left her sight even for a moment, she screamed in terror. No nurse approached Lakshmi during the day except to engage in battle over medications, temperature, and bath, and Lakshmi cried whenever one came near.

Then there was Jacob, age about 7. He had been in hospital for more than a year with an active infection of tuberculosis of the abdomen. Theoretically he had been a bed patient most of this time, but he began this day, as he had many times before, with an energetic ride on the tricycle in the courtyard. No one knew much about Jacob's background. He had been orphaned or deserted by his parents and was picked up, shortly before his hospital admission, as he begged on the street with his younger sister. He owned nothing and had no one to call his own except his sister whom he had not seen since his admission ; even his name did not begin life with him. After his early morning ride, Jacob was pretty good about staying in bed,

though he certainly was not at rest. His vigorous jumping around broke a tape on his cot at least once a week. His need for physical care required only about an hour's time out of the 24, so he did not have the attention of the nurse very often or for very long. He called out to nearly everyone passing by with a plea for a book, puzzles, or blocks. These did not hold his attention more than a few minutes, and he was calling "Akka" again very soon. This day he had his twice weekly streptomycin injection, and he cried quietly, sitting alone in his bed, for a long time afterwards. Later in the day he cried again, this time as if his heart would break, when he was scolded mildly because he spilled some food as he ate. Most of the time he had a bright smile on his face, and people commented on his happiness.

Finally, there was Mahalingam. He was described as a "co-operative patient". He was 12 years old, and had considered himself a man. He had worked in the paddy fields with his father until congestive heart failure, due to an old infection with rheumatic fever, brought him to the hospital. His physical condition was improving but on this day, as for all the days that had passed, he lay quietly in bed, seldom moving and rarely speaking. He submitted without question to all requests, and gave over his body for bathing, feeding, medications, etc. to his mother or to the nurse without any indication of interest in what was happening to it. He refused the picture book designed for a preschool child when it was offered to him. His eyes followed the ward activities but without any apparent spark of reaction. When the doctors made their rounds that morning, his eyes waked up and searched their faces intently as they listened to his heart with a stethoscope, but he asked no question and lay as quietly as ever.

These are children who are growing, developing, changing day by day. Each one is a unique individual, and for each his behaviour has meaning. He is the product of the constitutional inheritance bequeathed to him by his parents and of his previous life experiences. We have found these children at a particularly important time in their lives for the experiences they have under the stress of illness and hospitalization will influence the kind of people they become in the future. Let us look for a moment at the "facts" about growth and development as they have been described in the literature of the United States (1,2,3,4).

The infant and child follows a well described pattern in his growth and development if he is given a fair chance, and certain changes, within a given range, can be predicted. His physical growth is governed largely by the health of his body when he is born and what happens to it after birth. He needs food, adequate in quality and quantity, to meet his body needs; he needs rest and sleep ; he needs protection from disease or injury ; and he needs freedom to exercise his growing muscles, bone and nervous system. Physical growth (increase in size) takes place in two major cycles—the first beginning with conception, reaching its peak at the time of birth, and slowly decreasing during the first two years of life. From about two to about nine years, the child grows slowly and fairly consistently. At about nine years for girls, and a little later for boys, the second growth spurt—the adolescent cycle—begins, and again there is a rapid increase in size, with corresponding changes in body structure and function, for two to three years; the rate of growth then decreases slowly again over the following two to three years. Girls generally reach their maximum size at about 16 years, and boys, at about 18 years.

During these years of physical growth, there is a correlated development in the child of his ability to master his body and his feelings. This is a more complicated process and is influenced not only by food, preven-

tion of disease, and rest, but also by the way the child feels about the world and the way the world feels about him. As a completely helpless infant, he depends upon his mother to feed him when he is hungry, to warm him when he is cold, to dry him when he is wet, and to comfort him when he is unhappy. Through this process he begins to learn that the world and the people in it can be trusted. As muscles, bones and nervous system mature, he gradually learns to depend upon himself to look in the direction he wants to look, to reach for a cup or a ball and get it, to turn over, to sit, to creep, to stand, to walk, to feed himself. His feeling that it is safe and desirable to depend upon himself is influenced by the adults in his world. If his mother does not think it is safe for him to walk or to climb, or thinks that he will not get enough to eat if he feeds himself, his ability to successfully master these activities and to feel comfortable about being an independent individual will be delayed. He may submit placidly to this kind of outside pressure, or he may rebel as Lakshmi was doing in her conflict between what her body and feelings were ready to do and what the adults in her environment expected of her.

From about two to six years, as the physical growth of the body shows down, the young child faces the task of learning to control his body and his feelings in a more refined way. At the same time, he must learn to live in a world with other people whose expectations of him he may have difficulty in understanding, and which may not be in accord with what he wants for himself. This is a period of trying out his motor skills and ways of behaving. If his parents are consistent in what they expect of him and in the way they behave toward him, and if their expectations are within his capabilities, he begins to behave in a way that his parents will approve and yet give him some latitude for individual expression. The pre-school child experiences much frustration and many failures; so he needs to be reassured again and again that his parents love him, that he is a worthy person and that he can succeed.

The school age period is a fairly quiet one characterized by increasing mental activity, curiosity about a wider world than home and family, and a need for social championship. At this age, the child has most of the brain cells he will ever have and used these higher powers increasingly to reason and to think abstractly. In a sense, he has completed the trial and error period and is ready, mentally and physically, to accomplish real tasks. He takes pride in a job well done and has the necessary attention span and sustaining power to continue one activity for days until it is completed.

Jacob, in our story, despite his chronological age, has not yet reached the school age period. Because of his depriviation of loving parents and a happy, adequate home, and with the added complication of a long stay in an institution, his development has been delayed. In some respects, he has the needs of an infant. There is no reason to date for him to trust the world or himself. In other respects, he has not solved the tasks of the pre-school period. There has been no consistency in his life, and his ideas of what is expected of him and how he can satisfy his own inner drives, must be very confused.

The adolescent period brings other tasks and problems—problems only in the sense that they are common to all individuals at this period. How successful the adolescent is depends to a large extent on the previous life experiences for each development stage builds on what has gone before. If he has learned to trust others and himself, to think and act for himself, to maintain a healthy balance between his inner drives and social conformity and responsibility, it will not be too difficult for him to visualize his future role in life and to increasingly accept adult responsibi-

lity. He may be worried at times that the task is too big for him, at those times he needs the expressed confidence of his parents and other adults that he will succeed. He is apt to be subject to swings in mood because of this new uncertainty in himself and the future, with too easy laughter or tears, silence or talkativeness, grumblings or boasting, the outer manifestations of inner satisfaction or despair.

There has been added to these "normal" tasks a very serious problem for Mahalingam. He must face the fact and learn to incorporate it into his life pattern that his future can and will not be as he has dreamed and planned. He is scared, though he probably could not admit it, and his fantasies about his medical problem and the difficulties it poses, probably present an even worse picture than reality warrants. He may choose one of several ways of meeting this problem. He might deny its existence and attempt to carry on his former way of life as soon as he can. At the moment, he appears to have chosen to withdraw, to have become a baby again in the sense of placing all responsibility for his care on others. He might, with help, however, be led to face the realities of the situation, to take an active interest in improving and maintaining the health of his body to its greatest potential, and to replan his future in light of his limitations.

Let us go back to our hospital again. There are nurses who understand the growth and the developmental needs of children and who use this understanding as they plan the care of an individual child. They study these three children and think about the goals to be attained in the nursing care. They decide on ways to approach the situation, ready to change their approaches if they don't work, or their goals if they no longer seem appropriate. Let us look at this day as it *might* have been under these circumstances.

This was Lakshmi's first experience outside her own home. Her mother was young and very proud of her baby whom, unconciously, she was reluctant to allow to grow up. She was determined to be a good mother and to have a healthy baby, so Lakshmi must eat. She had always been available to answer Lakshmi's every cry and could never leave her in anyone else's care. The nurse had learned all this by listening to Lakshmi's mother and by observing the relationship between two.

In the beginning the nurse did have to use force to give Lakshmi her medications for these were essential to her bodily recovery. She talked this problem over with the doctor, however; the number of drugs was decreased to a minimum, as was the number of times a day they were to be given. She did not go to the beside with the syringe for the intramuscular injection until it was ready; then with a word of warning about the pain and of understanding of her fear, she quickly placed Lakshmi across her mother's lap and gave the injection as skillfully as possible. She encouraged her mother to hold her close and comfort her afterwards but stayed herself to talk with Lakshmi. As Lakshmi's fear diminished, for oral medications, she was given the medicine glass (or paladai or tumbler) to hold and drink for herself. Her desire to be independent was fostered further by asking her whether she wanted a lot of water or a little water with the drug, an orange section or a piece of plantain afterwards to take the taste away. For the T.P.R. the mother was encouraged to hold Lakshmi and the respirations were counted and then the pulse checked, both before the thermometer entered the scene. It helped Lakshmi to relieve her fear to be allowed to see and hold the thermometer although she never learned to accept this procedure without protest.

In between these unpleasant activities, the nurse approached Lakshmi often, keeping her distance

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2nd Row ; Mrs. B. Thakurdas, Kumari Lakshmi Devi, Miss. E. de Sequeira, Miss P. Joseph

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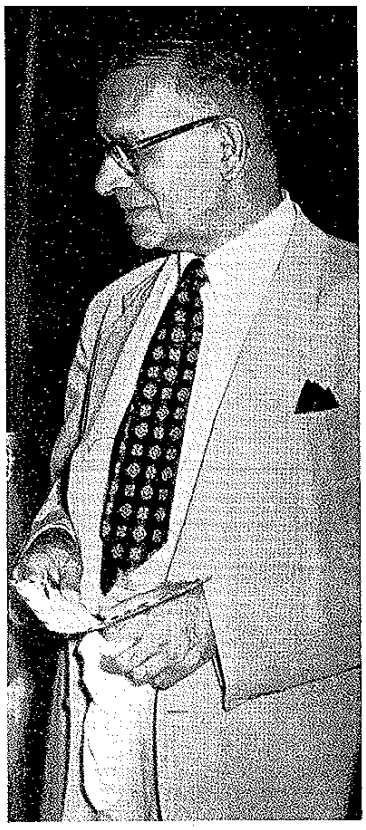

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Thailand Delegates with Miss Dawson and Miss Dorabji

Delegates from Indonesia with Kumari Lakshmi Devi.

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Mrs. B. Thakurdas (India),
ss A. Reid, Miss M. Ford,
Hill, Miss A. Forman.]

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Miss D. Idris.

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Left to right :
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Daw Khin Mu Ay
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Miss Elizabeth Hil
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Delegates are at work. ⟶

until Lakshmi began to accept her as a friendly person who could be trusted. The bath became a game in which Lakshmi and the nurse explored her motor skills. Suitable play materials, such as blocks, a nest of boxes, spools to put into and take out of a box or a wide mouth tumbler, were provided. The nurse helped Lakshmi's mother to understand the value of play for learning, for independence, and for the relief of emotional tension. She talked with Lakshmi's mother on this day, as on many previous ones about Lakshmi's other needs as a growing, developing individual. This got started in a discussion about the battle over food—why the mother felt she had to force and to feed, what it would mean to Lakshmi to feed herself, the relationship between the declining growth rate and the decreasing food intake but it soon extended to other topics like play, over-dependency on the mother, fear of other people etc. This total approach started with admission, so by the time this day arrived, there were a few skirmishes but no real battles between Lakshmi and the adults in her world. Creative nursing had assured minimum emotional trauma to Lakshmi during hospitalization and better understanding between her and her mother with results that would extend far beyond the hospital walls.

The Ward Sister asked one staff nurse who was permanently assigned to the pediatric ward to act consciously as a mother substitute for Jacob. She could not, and did not, because of the demands of the total ward, her time off, etc., give him direct care every-day but he soon recognized her as his special person. She was warm and demonstrative in her relationship with him and offered the consistency he needed through seeing to it that everyone who cared for Jacob in the 24 hour day, 7 day week, 365 day year knew about the goals in his care and contributed to the attainment of these goals. This demanded real team work from all ward personnel from the ward doctors to the peons, from the Ward Sister to the sweepers, for each, of necessity, had a part in the planning and in the carrying out of the plan. The staff nurse was also available to Jacob at times of special need in so far as possible : to hear his problems and fears at the end of a bad day, to share his joy over some fine event, to comfort him bodily when the restrictions or the intramuscular injections seemed to be too much, to offer the firmness and control he needed when he could not control himself. Within the limitations of reality, she gave of her whole self to Jacob for some time each day : 5, 10 and 15, minutes. This might be when she greeted him in the morning, tucked him in bed at night, or played a game of ball at mid-morning. For the rest of the time, and again within the limitations of reality, the nurses assigned to care for Jacob did so far as long a period as possible so that he did not have to constantly readjust to new people each day.

There was a definite plan for daily activity for Jacob with time for individual and freely chosen play as well as group play, for rest, for meals, for bathing, for school lessons (even nurses can teach children at this age to read, to write, to count and about the world around them). He was encouraged to talk about his younger sister waiting for him in a foster home, and about his feelings about mothers and fathers. He was helped to give as well as to receive, and his protective attitude and activity on behalf of the younger girl (his sister ?) in the next cot were supported. He contributed to his home—the ward —and achieved a real sense of accomplishment by painting a picture for the wall, by making cotton sponges, etc. He was busy throughout this day, learning, growing, developing at the same time he recovered from an infection of his body.

Mahalingam had always been a silent child. The nature of adolescence increased this tendency. How

then could the nurse help him to express the meaning of his illness and gain his participation in his rehabilitation ? First of all she needs to be truthful and realistic about his prognosis. She must make sure of his doctor's assistance and support for this. A "man to man" talk between the doctor and Mahalingam about the nature of his illness and its seriousness, but also about the possibilities for the future might enable Mahalingam to talk about his hopes, his fears, his misconception, and his problems as he sees them. In his nursing care on this day, the nurse encouraged Mahalingam to accept responsibility for those aspects of his care for which her observations of his progress, physically and emotionally, had led her to believe he was ready. He washed his face, arms and hands ; he fed himself. She talked with him about the handicraft activity in his village and what he liked to do with his hands. She was preparing the way for a choice of a future vocation. She made use of the drawing materials on the ward, for a brief period, carefully supervised to note evidence of fatigue, Mahalingam began a project of designing an image of Shiva he hoped to carve from wood. She gave him a book containing simple illustrations and discussions of Indian handicrafts, and this he read intently during the afternoon. Mahalingam still had a long way to go, but he had put his feet down for the first step on the road to the future.

There is a moral in this story of nursing and three children. Growth and development does not cease at the hospital door ; it goes on throughout the hospital stay. It can be nurtured or distorted by the kind of medical and nursing care the child receives during this period. The value of curing a body of disease or repairing its injury is limited if the whole child is not helped to meet his drive to grow and develop to his optimum capacity. Creative professional nursing care is built solidly upon the firm foundations that a knowledge of the developmental needs of children offers. "Once upon a time" can be transformed to the "day that might have been."

*India has not yet developed a literature of its own in this field and there probably are differences which will be described at some later time.

Bibliography :

1. Gasell, Arnold and Ilg, Frances *The infant and child in the culture of today*, Harper and Bros, N.Y. 1945.

2. Gasell, Arnold and Ilg, Frances *The child from five to ten*, Harper and Bros, N.Y. 1946.

3. Stuart Harold, *"Normal growth and development during adolesence"*, New England Journal of Medicine, 24 : 66 (May 1955).

4. Wilmer. Helen and Kotinsky, Ruth, editors *Personality in the making*, Harper and Bros. N.Y. 1952.