



CHILDREN in HOSPITAL

IS it good or bad for children in hospital to have daily visits from their parents? What is the relative emotional effect on the child of daily and weekly visits and how is the sick child affected by separation from home and parents? Would it be difficult to introduce daily visiting in New Zealand hospitals? Controversy flared up on this question recently in Christchurch, where 3YA broadcast a discussion (later heard from other YA stations) and the Public Hospital abandoned daily visiting after about three months' trial. This controversy spread a fortnight ago to "The Listener," where a correspondent pointed out that the British Ministry of Health had urged all hospital authorities to adopt daily visiting. Here are the views of people with whom "The Listener" has discussed the question.

MOTHER IS NOT A LUXURY

SICK children are naturally upset when parting from their parents for a week and so, equally naturally, will be much less upset by waiting until tomorrow—a time-interval even toddlers can understand. Even if this were not true by the usual superficial criteria of obvious misery and misbehaviour, much less suffering, present and future, results when emotional distress is not allowed to accumulate without expression or relief. Is the docile, tearless child necessarily in a good mental state? You can't go by outward appearances alone. You need an intimate knowledge of each sick child's total personality before, during, and after hospitalisation before you can state what the effects have been. Very often, the docile, apparently apathetic or withdrawn child is the one who suffers most in the long run, and may be in an unhealthy mental state. Many follow-up studies of children discharged from hospital show that personality damage is greatest and most lasting the younger the child, and the longer and more complete his separation from his family—especially his mother. Permanent and severe damage is by no means inevitable, but damage does occur in enough cases to show that the most rational and humane approach is the preventive one. Daily visiting is the most important part of such a preventive approach. The continual presence of a mother is not a luxury but a necessity for happy development (of young children especially), and the nearer we can approach this in hospital the better. There may be some difficulties of administration and staffing, but many hospitals have already proved that these can be surmounted once a staff appreciates the resultant benefit to children. The greatest practical difficulty is simply that, on the whole, medical and nursing training is such that disproportion-

ate emphasis is placed upon the physiological and administrative aspects of hospital services to the comparative neglect of needs of patients as complete personalities. Once this basic principle is appreciated the relationship between hospital staffs, patients and their families will be improved by greater mutual respect and confidence, and such innovations as daily visiting of sick children will run smoothly and naturally. Fewer mothers, for instance, will appear "silly" to nurses if they feel they are welcomed in the ward as one of a team in which all the members are co-operating to the same end. It is all put very neatly by the World Health Organisation's Report of the Expert Committee on Nursing (First Session, with Miss Lambie, of N.Z., as chairman): "The reorientation may also require a change from the idea that nurses do *for* people, to the idea that nurses do *with* people. . ."

—Q. H. Brew,
Psychologist

VISITS AT MEALTIMES

APPROXIMATELY a year ago, we instituted a new scheme of visiting in the Children's Wards. In addition to the normal visiting hours for children, which are Wednesday, Saturday and Sunday afternoons, we encourage the parents to visit their children daily at meal times. This service has two very useful purposes:—(1) It maintains frequent contact between the parents and the child. (2) It does assist in the feeding of the children. Unfortunately, the system has several drawbacks which, at the moment, seem insurmountable. These drawbacks are: (a) Many of the children are referred to us from other areas at some distance, and it is impossible for such parents to visit their children as often as we would like; (b) some of the mothers have other children at home to whom they must give their

attention, and are unable to visit the Hospital regularly. I feel that the scheme has been a success. The parents do appreciate it, and I am sure it benefits the children. Evidence has been accumulating for some years that children in Hospital suffer psychologically unless they are visited often by their parents.

—P. N. O'Donnell,
Medical Superintendent, Dunedin Hospital

WELLINGTON HOSPITAL VIEW

WHEN a sick child has to be separated from its home the wrench is made when it enters hospital. Nowadays a mother explains to the child that it is going away for a while to get better, nurses are kindly and sympathetic, and we find that children in the wards are happy. It is possible that a daily visit from a child's mother might upset it more each day than leaving it alone with the other children, with whom it becomes very happy and contented. The weekly visits seem quite satisfactory. I have never heard parents complain about not being able to visit their children daily and don't feel they would welcome daily visiting, as some of them have other small children at home or coming home from school, who make daily visits impossible. Frequently they have had their child sick at home and need a rest while it is in hospital. I do not feel that a child's personality suffers if he is visited only once a week. However, in some conditions it helps to have the mother to sit with her child, and if a child is seriously ill visiting at any time is allowed. I think daily visiting might be worth trying as an experiment if it were possible to have a separate room for children whose mothers could visit them daily. It could be a relief for the nursing staff if mothers helped with bathing, feeding, etc.; and it is true that nurses can treat their patients better if, through close contact with the relatives, they gain a knowledge of the patients' home backgrounds. But it seems to me a fact that many mothers would have too many ties to visit their children daily in hospital, and that would be a major difficulty in a daily visiting scheme. Children who could not have their mothers daily would be very

distressed if they saw others having theirs, so that I feel that unless those who could have their mothers daily could be kept apart from the rest it would be better to treat all alike and continue to have only one visiting day a week. We find that on our visiting day the children who have no visitors require a little more attention from the nursing staff.

—Miss N. M. Knight,
Matron-in-Chief, Wellington Public Hospital

HAPPY ROUTINE

FOR the last four to five years at our small private hospital we have had parents visiting their children daily. We have formed a regular routine and find this works very happily and satisfactorily. The parents may visit from 10.0 a.m. to 11.55 a.m., from 1.0 p.m. to 4.55 p.m., and from 5.30 p.m. to 7.0 p.m. This leaves the nursing staff free to wash children, feed them and do their dressings before mothers come. On the day of an operation mothers are allowed to sit by their children after the case is out of the anaesthetic, as in the case of eye operations, where their eyes are bandaged, the child is very often frightened. The mothers are really no trouble, as they mainly read stories and talk to the child, and in most cases co-operate with the staff. On the whole, the parent is more contented and the average child far happier for the regular daily visit. Odd visits by parents are not satisfactory; this seems to create an anxiety complex with the children wondering from day to day where they are. A child does not necessarily cry to show it is fretting. Most parents we find make the effort to visit daily while their children are in hospital. In some cases this is an effort at the time, but if the child is to have a good result from an operation for the rest of its life this seems well worth while. We have never felt that the ultimate result of daily visiting by the parents did more harm than good. Only the odd child is perfectly happy without seeing its parents for days on end. We think the mental upset, caused by separation from their mothers leaves very often a lasting nervous effect. We have found over a period of years that our system works very happily both for the patients and the nursing staff.

—Matron,
Private Hospital

STUPID MOTHERS

AS a doctor with many years' experience in children's wards I would say that daily visits would be an improvement on weekly visits only if the change were combined with some form of parent education to ensure that all parents behaved sensibly about it.

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