CONCERNS OF MOTHERS PARTICIPATING IN THE
CARE OF THEIR CHILDREN HOSPITALIZED FOR
MINOR SURGERY IN A DAY CARE UNIT

by

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THE UNIVERSITY OF BRITISH COLUMBIA
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ABSTRACT

CONCERNS OF MOTHERS PARTICIPATING IN THE CARE OF THEIR CHILDREN HOSPITALIZED FOR MINOR SURGERY IN A DAY CARE UNIT

ETHEL MARGARET SMITH

At present very little is known of the various problems mothers experience when their children are admitted to a day care unit in terms of the increased responsibility which is placed upon them for the preparation of their children and their care at home following discharge. The purpose of this study was to identify some of the major concerns expressed by mothers who participated in a day care unit in a children's hospital in Vancouver.

A sample of twenty mothers was selected and the kinds of nursing activities in which they participated in the unit were assessed and rated by a participation scale. The data were collected by the researcher who took on the role of participant observer in the day care unit. Field notes were written on the mothers while they were in the unit and post hospital interviews recorded approximately one week to ten days following discharge.

The participation scales, field notes and post hospital interviews were analyzed and the frequency and percentages of the expressed concerns determined. Seventy per cent of the mothers in the study group needed help in assisting with the care of their children in the unit. Concerns expressed by the mothers were centered on the notion of time and a desire for information related to the child's diagnosis, the anaesthetic, and operation performed. Postoperatively they expressed concerns related to symptoms caused by the anaesthetic, operation or examination. They seemed particularly apprehensive about
the anaesthetic and its possible effects on the children. Seventy-five per cent of the mothers had previous experience with the hospitalization of their children. This factor seemed most characteristic of the group and influenced their participation in the day care activities. Only two mothers had prior knowledge of the day care unit and they participated independently, requiring little assistance from the nurse. Ninety per cent of the mothers were satisfied with the day care experience. Two mothers were unhappy about the arrangements and would have preferred having their children in hospital for a few days postoperatively. These mothers would have benefited from a home visit by a nurse. The remaining 90 per cent stated they did not feel they needed a visit from a nurse postoperatively. All mothers appreciated a telephone call from the hospital following surgery. The mothers contacted their doctors if problems arose at home. They felt the instructions they received by mail prior to admission were adequate. The success of surgical day care units for children is dependent upon the interest and support of parents. Mothers can prepare their children for surgery and cope with posthospital care, if they receive help and support from the nursing staff. Mothers whose children have been treated in a day care unit are most enthusiastic about this type of hospital care.
ACKNOWLEDGEMENTS

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CHAPTER I

INTRODUCTION

A day care unit for children was recently opened in Vancouver and as it is the first one in British Columbia, its success will have a bearing on the establishment of similar units in this province. At present very little is known about day care units for children. A child admitted to this type of unit should benefit from this experience compared to a child admitted to a more conventional hospital ward. He spends a few hours in hospital following a general anaesthetic, compared to the usual one to two days. However, in accepting the idea of day care, nurses must also accept the fact that the responsibility for the preparation of the child and his care at home following surgery now rests with the parents. Little is known of parental attitudes towards day care in terms of their willingness to accept this additional responsibility. Therefore the present study was undertaken in an attempt to explore the kinds of concerns expressed by a selected group of mothers whose children were admitted to a day care unit and to observe how they participated in the nursing care activities.

The Choice of the Problem

At present very little is known of the various concerns mothers experience when their children are admitted to a day care unit in terms of the increased responsibility which is placed upon them for the preparation of the children and their care at home following discharge. Therefore the decision was made to design an exploratory study, whose purpose would be to generate theory as it proceeded. The objective was a modest one, to achieve some indication of the kinds of concerns mothers ex-
experienced while participating in such a program. Therefore, hypotheses were not formulated at the beginning of the study but evolved as an outcome of this exploration. Glaser and Strauss stated:

Generating a theory from data means that most hypotheses and concepts not only come from the data, but are systematically worked out in relation to the data during the course of the research. Generating a theory involves a process of research.¹

Generating hypotheses requires evidence enough only to establish a suggestion -- not an extensive piling up of evidence to establish a proof, and the consequent hindering of the generation of new hypotheses.²

I. THE PROBLEM

Statement of the problem. It was the purpose of this study (1) to identify the kinds of nursing activities carried out by a selected group of mothers who participated in the care of their children in a day care surgical unit, and (2) to identify concerns expressed by mothers in hospital and at home following discharge regarding care of their children prior to, during and following hospitalization.

Objectives of the study. The objectives of the study were to:

1. Identify the nature of the concerns expressed by these mothers as they participated in the care in hospital and at home following discharge.
2. Identify the kinds of nursing activities carried out by a selected group of mothers who participated in the care of their children in a day care surgical unit.
3. Determine some of the factors that influenced both

²Ibid., p. 40.
the kinds of activities in which they participated and the nature of the concerns which they expressed.

II. LIMITATIONS OF THE STUDY

The study was limited by: (1) the size of the sample, (2) the setting itself, and (3) the time available to the researcher.

Size of the sample. The design of the study imposed certain limitations. As the methods selected for collecting data were participant observation and post hospital interviews, the sample of mothers was limited to twenty. Only a small group of mothers could be included due to the time available to the researcher to utilize these methods. The mothers were not selected at random, but according to a predetermined set of criteria.

The hospital setting. The hospital setting also imposed certain limitations. The kinds of procedures which were permitted on a day care basis were predetermined. The number of children and the time of admission to the unit were arranged by the admitting department of the hospital.

Time available to the researcher. The amount of time the researcher had available to spend in the unit was limited by other responsibilities which resulted from the fact that university courses were being attended at the same time. The mornings were selected as the most convenient times to be spent in the unit, leaving the afternoons free to visit the mothers in their homes. The study was limited to samples of the mothers' behaviour as continuous observation would have been too time consuming. Follow-up interviews were generally held during the first week following discharge, but due to other commitments, some interviews had to be delayed until the second week.

As the sample selected for this study was a select group of mothers, and not a random sample, caution must be used in
generalizing the findings. The results are applicable only to the type of group studied.

III. DEFINITION OF TERMS USED

Day care surgical unit. This is defined as a hospital facility for the performance of elective surgical procedures or operations on patients who are admitted and discharged from the unit on the day of surgery. In this study the unit referred to is separate from the rest of the hospital and is self contained.

Elective surgical procedures performed on a day care basis. This term refers to minor operations which are performed on healthy, well-nourished children. The criteria are that: (1) there must be nothing that can go wrong afterwards, (2) no special postoperative nursing is needed, beyond a mother's loving care, (3) no drugs are needed or given, and (4) no restraint need be imposed except that of the child's own inclination. The types of operations performed on this basis are quite well standardized from hospital to hospital.

General anaesthesia. This refers to the administration of an anaesthetic gas which results in unconsciousness. In this study, all children received this type of anaesthetic which was administered by mask or via an intubation tube.

Preparatory period. This refers to the pre-hospital period which began with the notification to the mother regarding the date of admission up to the time of arrival at the hospital.

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Preoperative period. This refers to the period which began with the arrival of the child in the day care unit until he went to the operating room. This was usually two and one-half hours in length.

Postoperative period. This refers to the period which began with the return of the child from the recovery room to the day care unit until he was discharged. It varied in length from an hour to several hours. Many factors influenced the duration of the period.

Participation by the mother. This refers to the willingness of the mother to share in the nursing care of her child, prior to, during, and up to ten days following discharge and her willingness to comfort and support him.

Concerns. Concerns are defined as questions asked, and the kinds of worries and comments expressed by mothers which were deemed to be important to them.

Overview of the Remainder of the Study

The study is organized in the following way. Chapter II consists of a selected review of the literature on separation anxiety and includes some of the significant research studies on parent participation in hospitals, particularly those pertaining to day care units. Chapter III discusses the research design and development of the study. Chapter IV discusses the method of analysis, Chapter V the interpretation of findings, and Chapter VI, the Summary and conclusions.
CHAPTER II

REVIEW OF THE LITERATURE

Much has been written on the effects of hospitalization on children. Literature which provided the necessary background knowledge for the present study is included in this chapter. Three areas will be considered: (1) separation anxiety, (2) parent participation in hospitals, and (3) day care units.

I. LITERATURE ON SEPARATION ANXIETY

The subject of separation anxiety and its importance in the nursing care of children admitted to hospital is a very important issue and one that has received much emphasis during the past few years. Much of our present knowledge must be credited to the extensive research undertaken by experts in the field of child behaviour.

In the area of personality development during the pre-school years the work of Erikson has significance. He described the Eight Ages of Man and saw each stage as a crisis that has its roots in the demands of society, which requires that certain tasks be mastered at a particular stage of development. There is a crisis when the child is faced with these tasks and resolution of the crisis adds a new dimension to his personality. He stated the stages in the pre-school years as: (1) basic trust versus mistrust, which develops during the first year of life, (2) autonomy versus shame and doubt, which develops during the second year of life, and (3) initiative versus guilt, which develops at about ages four to five.¹

Spitz (1945) described the effect of institutionalization of infants separated from their mothers and stated that impairment of the mother-child relation for more than a three month interval during the first year of life can cause irreparable

damage to the infant. Institutionalized children practically without exception developed subsequent psychiatric disturbances and became asocial, delinquent, feeble-minded, psychotic, or problem children. This led to the widespread substitution of institutional care by foster home care.

In England during World War II, Burlingham and Freud studied the effects of separation anxiety on children who were separated from their parents as a result of the bombing of London. They discovered that separation of the young child from his parents was much more traumatic than leaving him with his parents in the midst of the threat of air attacks.

Much of the work during the 1950's was done in England by Robertson at the Tavistock Clinic. He identified three main phases of the "settling in" process of a young child's adjustment to hospital: (1) protest phase, (2) phase of despair, and (3) phase of denial. This is similar to the interpretations of Bowlby who described this as a process of mourning for the mother. "The responses to be observed in young children on loss of the mother figure differ in no material respect ... from those observed in adults on loss of a loved object." He feels that loss of the mother figure in the period between about six months and three or four years is an event of high pathogenic potential.

McCready states the age group of the child plays a large

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6 Ibid., p. 9.
part in the nature of his reaction. The very tiny infant shows few immediate signs of damage if his physical needs are met, but pediatric psychiatrists show more concern over this group than any other.

They fear that the lack of a single individual with whom the baby, with his limited powers of communication, can develop rapport, may cause more damage than hospitalization inflicts on any other age group. The two-to four age group is affected more immediately and most obviously ... From four years on, the effect of hospitalization diminishes and reaches a minimum after approximately eight years of age.7

The results of a study done in France in 1950 by Roudinesco and Appell, demonstrated the differences between short-stay children, aged one to three years and those of the same age who had since birth been in a residential nursery. In the short-stay group, 71 per cent were within the normal range of development and 10 percent were severely retarded. In the institutional group, 13 per cent were within normal limits and 55 per cent were severely retarded.8 A report by Stier (1963) in Germany showed that 53 per cent of small children in German institutions were retarded in speech, restless and unsocialized.9

Studies such as these on the effects of maternal deprivation and separation anxiety are unanimous in finding retardation, especially that of language, and some indication of atypical emotional development such as lack of curiosity, and later indiscriminate shallow friendliness to adults. Dennis and Sayegh (1965) gave a small group of deprived infants an hour's


9 Ibid.
extra attention a day for a fortnight with resulting gain in development. Casler (1965) investigated separately, the effect of daily stroking on the babies and standardized verbal stimulation. Infants given extra handling did make greater developmental gains than their control who received standardized vocalization.

The effect of separation on children up to seven months of age appears to be environmental. Schaffer infers that this is due to "perceptual deprivation," since the child has not yet related to the mother. These infants frequently have somatic symptoms such as vomiting and sleep disturbances. Infants over seven months show clear evidence of maternal deprivation.

Branstetter states that the emotional distress seen in young children who are hospitalized, "originates from need deprivation -- a lack of mothering care rather than from anxiety per se due to the loss of the mother as a special irreplacable object of love." She questions the process described as grief and mourning and thinks it could be described as stimulus deprivation or social deprivation due to a lack of mothering care. Whether separation causes anxiety or deprivation or both of these, its effect on the young child is marked. Deprivation does suggest the importance of body contact, perhaps a particular kind of sensory stimulation of the skin is essential to physio-

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10 Ibid., p. 10.  
11 Ibid.  
logical functioning as well as to the development of psychological functioning. 14

Older infants show a variety of disturbances associated with separation, such as marked anxiety towards strangers, desperate clinging to their mothers and vigorous crying on their departure.

Research into the field of temporary separation of five year olds from home was undertaken by Klein and Ross, in the field of kindergarten entry. The children's reactions, as noted by parents, had some elements of the grief reaction. They noted increased stress and tension in the form of physical reactions, such as stomach upsets; regressive behaviour, such as bedwetting and thumb sucking; and generalized "key-up" behaviour. Signs of increased tension and growth went hand in hand. Parents were often surprised at the rapidity with which their children were learning in the presence of noticeable tension. 15

Murphy studied pre-school children at a nursery school and added a valuable perspective to the concept of separation anxiety. She stated that new situations, such as hospitalization, need not be a frightening experience for a child, but can prove to be a challenging learning experience and made this comment on separation from mother at the time of hospitalization:

... It would seem that the opportunity to have the security giving contact with the mother in strange or new situations or at times of anticipated separation may be very important in the child's ability to handle the demands of the separation subsequently. 16

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Her comments on physical examination:

When a child has marked fears of body intrusion or pain, even the presence of the mother did not prevent anxiety in a situation where these fears were aroused. In view of this, it is easy to see the probable role of fears about possible body damage in separation anxiety. In the face of unknown physical danger, the small child feels the need of his mother as protector.17

Robertson, who stayed with her four-year-old daughter in hospital suggested that even in the presence of the other, the child, when faced with bodily injury, may develop ambivalent feelings towards the mother, viewing her as a protector and also as the person responsible for delivering him to danger.18

There is general agreement amongst authors in the field that the young child suffers considerable anxiety and behavioural changes when separated from his mother as a result of hospitalization.

II. LITERATURE ON PARENT PARTICIPATION IN HOSPITALS

The research studies on separation anxiety led to changes in pediatric practice which permitted increased participation by parents in the care of their hospitalized children. Some of these changes were rooming-in, liberal visiting hours, home-care programs and day care units. The literature contains some very interesting studies on this subject.

Meadow studied 400 mothers with sick children under the age of five and asked them the following question: "If your child had to be admitted to hospital today or tomorrow, would you like to and be able to stay there, provided a room is free?" The replies of the mothers were noted, together with the ages of the

17 Ibid., p. 52.
children, the social class, and the family commitments. He found that nearly half of the mothers would liked to have stayed with their children, and this proportion seemed to be regardless of social class. Factors that reduced to a third, those mothers who were able to go into hospital with their children included, the number of other children at home, the mother's job and perhaps the attitude of their doctor. Following this initial study, he conducted a survey over a 2 1/2 year period to find out what mothers felt about their stay in hospital when they roomed-in with their children. The strongest impression gained from informal interviews with the mothers was that of their exquisite boredom during their stay in hospital.

The normal relationship is altered when suddenly the mother is thrust into the sole company of her child in a strange uncomfortable hospital with nothing to do and surrounded by bland staff who treat the situation as if it is the most natural thing in the world. Most mothers are desperately bored and look forward to discharge from hospital as if to the end of a long prison sentence.

The mothers did worry less. At home they would have been worrying about what was happening, however, some worries occurred because they were in the hospital, such as those related to investigations their child had, operations performed, and a lack of explanation about them. All except six mothers out of 130 said they had too little information. Most mothers pointed out that "when you are alone in a room with your ill child, there is no such thing as enough information." About twenty-five per cent of the mothers really felt they had been poorly informed. They wanted to know the result of the operation and more definite information about the date of discharge. Meadow

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20 Ibid., p. 363.
stated the mothers did not know why they did not ask the staff for information. He felt much of this difficulty lay in the power and authoritarian structure of hospitals. The majority of the mothers would have liked more definite information about ways to help. They were uncertain of their role. The nurses who worked with the mothers stated their nursing care was not as rewarding and more than half of them said mothers on the ward created more work. Meadow postulated that "the system is faulty -- perhaps in the training of nurses, perhaps in ward administration, most likely in both." In spite of these difficulties, ninety-six of the mothers said they would want to come in again with a sick child. Many felt they had gained from the experience and mentioned such things as confidence in looking after an ill child, pride in having put up with something unpleasant for the sake of their children and the absence of upset when they got home compared with previous unaccompanied visits to hospital.

Brain and Maclay studied a group of children admitted to hospital for tonsillectomy. The experimental group was admitted with their mothers, the control group was unaccompanied. The experimental group demonstrated a significantly lower incidence of emotional and infective complications. At the end of the experiment the nursing staff were unanimous in their opinion that they preferred the children to be admitted on their own, though they conceded that the mother's presence was often a great comfort to a very young child. The reasons given for not wanting the mothers were: (1) it was easier to carry out nursing procedures when the child was alone, (2) the nursing staff were able to make more personal contact, with children admitted unaccompanied, and (3) a few of the mothers were "difficult" and upset both their own children and other mothers in the ward. The results indicated that mothers are often the best judges of

\[21\] Ibid., p. 366.
whether or not their children need them in hospital. Admission to hospital appeared to cause further distress to children already maladjusted, whether or not they were accompanied by their mothers. About eighty-five per cent of the mothers who were admitted with their children were satisfied with the arrangement and were prepared to repeat the experience.\(^\text{22}\)

The results of this study are very similar to the study conducted by Fagin. She studied sixty children between the ages of one and one-half to three years of age. There were thirty children in the experimental group, where the mothers were permitted to remain with their children during the total period of hospitalisation and an equal number of children in the control group, where mothers were permitted to visit daily for a restricted period of time. Pre and post hospital interviews were held. She concluded that children who were attended by the mother did not show significant regression in their behaviour one week or one month after hospitalisation. The control group showed significant regression one week and one month after hospitalisation. These results cast doubt on two popular theories held in medical and nursing circles that some mothers would do more harm than good if they remained with their children during hospitalization and mothers who remain wish unconsciously to keep their children dependent. Nursing personnel should understand that the attendance of the mother is necessary for the mental health of the child. Not only should mothers be permitted to remain with their children, they should be encouraged to do so. This implies changes in attitudes as well as in the roles which nurses and doctors fulfill. Encouraging the mother to become a participant in the hospital experience implies

\(^{22}\)D. J. Brain and Inga Maclay, "Controlled Study of Mothers and Children in Hospital," *British Medical Journal*, I (3 February, 1963), 278-280.
accepting and seeking to understand her feelings as well as those of the child. This also means planning with and assisting the parent in order to maximize her participation in caring for the child.²³

A preliminary report based on two-years' experience with hospitalization of children in the Care-By-Parent Unit at the University of Kentucky showed that a surprising number of mothers could, with supervision, take complete care of their ill children. The plan lessened the emotional trauma of hospitalization to the child and greatly improved the learning experience for mothers who were interested in their child's illness and its management at home. It was thought that hospitalization in this manner was economical and that patients received superior care.²⁴

An experimental study by Skipper and Leonard at the Child Study Centre, Yale University, was concerned with the reduction of some of the effects of hospitalization and surgery in young children admitted for a tonsillectomy. Experimental data indicated that social interaction between a mother and a nurse, who provides information and emotional support, may reduce the mother's stress which in turn may reduce the child's stress and have a profound effect on his social, psychological and physiological responses to hospitalization.

The data suggest that some of the aftereffects of hospitalization and surgery in young children ... may be alleviated through a relatively simple and inexpensive social process. An authoritative figure, by establishing an expressive relationship with the mother of a child, and providing her with information, may reduce the mother's stress and allow her to make a more rational

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adaptation to the child's problems and take a more active role in aiding him.\textsuperscript{25}

Roy in California, studied thirty mothers of hospitalised children in terms of the mothers' ability to relate to their children before and after the introduction of cues designed to help them. The findings suggested that the mothers' levels of adequacy in relating to their hospitalised children were raised by the nurse's introduction of helpful cues.\textsuperscript{26}

A study to locate and relate the social and attitudinal determinants of participation and non-participation in discussion courses on child-rearing was undertaken by Cullen at the University of Sydney. When ninety-six mothers of babies between six and twelve months of age were invited to a course of discussions on child-rearing, only twenty-three showed keen interest, and only twelve subsequently attended. When this group was compared with the uninterested mothers it was found that only those mothers with high educational and/or occupational status, combined with an interest in child behaviour, were likely to be attracted to such a course.\textsuperscript{27}

If mothers are to be encouraged to participate in the care of their children in hospital, it is important to discover more about their attitudes and motivations. A theory of nursing practice cannot be developed without this knowledge.


\textsuperscript{26}Sister Mary Callista Roy, "Role Cues and Mothers of Hospitalized Children," \textit{Nursing Research}, XVI (Spring, 1967), 178-182.

III. LITERATURE ON DAY CARE UNITS

There are very few reported studies on day care surgical programs for children. Only three will be discussed in this chapter.

The Evelina Children's Hospital in London, England has been performing surgery on a day-care basis since 1949 and although it was originally planned to help prevent post operative infection it soon became apparent that it was advantageous to both the child and his parents. As a result of its early success, the hospital soon adopted day-case operations as routine procedures. Lawrie states that very few parents have ignored instructions to bring the child to hospital fasting, and vomiting during induction has not been a problem. After the operation the child recovers in the ward, no special area being set aside for this type of case. The parents call for the child and take him home in the afternoon. The only follow up appears to be a visit at the outpatient clinic on the fifth postoperative day. In the five year period from 1959 to 1963, 734 operations were performed on a day care basis. "The policy has been welcomed by parents and children, and has led to no untoward results."28

The Children's Hospital of Winnipeg has performed surgery on a day-care basis for many years, but felt there were gaps in the care the child received. There was no assessment of the home situation, no knowledge of the parents' understanding of the surgical procedure, no guarantee that preoperative instructions had been given and understood, and no information regarding the current health status of the child. The lack of

parental instruction was felt to be a factor in the cancellation each month of 15 per cent of the children scheduled for day care surgery. Therefore in May, 1969, a program of pre-operative and postoperative visits by a public health nurse to selected children was started. A six month follow-up evaluation indicated that "since the initiation of home visits, the hospital is offering improved care to children and better utilization of hospital facilities." A study conducted by the Department of Pediatrics, University of British Columbia attempted to investigate parental attitudes towards proposed day care units and conventional hospitalization. The results indicated that in a population of hospitalized children, 45 per cent of the 611 parents whose children qualified for day care stated they would have preferred day care if such an alternative had been available at the time and if the choice of type of care had been left to them. Factors which seemed to be related to the parents' choice of care were the child's age, the distance from home to hospital, the parents' education, the parents' perception of the degree of safety afforded by hospitalization and the ability to make the necessary arrangements to care for the child at home following day care. The higher the educational level attained by either of the parents, the greater their preference for day care. It is probable that the parents with higher education were more aware of the possible psychological trauma of hospitalization.

29 The Children's Hospital of Winnipeg Proposed Program for Home Visits by V.O.N. (document submitted to the Manitoba Hospital Commission and to the Victorian Order of Nurses, March 3, 1969)

30 Evaluation of the N.F.A. Program of Home Visits, (document prepared by the Children's Hospital of Winnipeg, November, 1969)
The parents of younger children were more in favour of day care probably because of the greater parental concern about being separated from young children. No relationship was found between parental choice of care and such variables as the sex of the child, number of employed family members, occupational class and family income. The implications of this study appear to be that short-stay day-care arrangements are one answer to a number of medical and economic problems presently associated with hospitalization.31

Parents must be shown that day care is a safe alternative to hospitalization. The most effective means of achieving this objective will be involvement of the parents in medical and surgical day-care experiences, provision of home visits by nurses after day surgery and assurance to the parents of the immediate availability of any required safety. Even on a limited basis in each community, such participation in successful day-care programs could result in more widespread acceptance of, or even in a demand for, such services.32

SUMMARY

Although much has been written on the effects of separation anxiety on young children admitted to hospital, very little is known of parental reactions to hospitalization. Interest in short-stay hospitalization for children, particularly day care units, has led to increased participation by parents, especially mothers, in the preparation of children for hospitalization and increased responsibility for their care at home following discharge. The purpose of this study was to explore concerns expressed by a group of mothers who participated in the care of their children admitted to a day care unit.


32 Ibid., p. 347.
CHAPTER III

THE RESEARCH DESIGN AND DEVELOPMENT OF THE STUDY

The decision to collect data using the combined methods of participant observation and post hospital interview was based upon these considerations. First, given the nature of the problem it seemed important that direct observation of activities of mothers be included to obtain a measure of participation and the kinds of concerns at the moment of impact. Second, a retrospective account would throw light on the total process. Because of theoretical considerations, the researcher's personal experience, and the nature of the hospital setting, the decision was reached to use participant rather than non-participant observation.

I. PARTICIPANT OBSERVATION

A. Theoretical Considerations

The decision was made to conduct the research at the day care unit by using participant observation as the means of collecting data on the concerns of the mothers and the ways in which they participated in the nursing care. The theoretical background was provided by reading an excellent book by Bruyn, which described the methodology of participant observation. He identified three principles which are inherent in this approach.

1. The participant observer shares in the life activities and sentiments of people in face-to-face relationships.

   The role of the participant observer requires both detachment and personal involvement. In seeking to share something of the experience of the observed the researcher must acquire a role which can function
within the culture of the observed.

2. The participant observer is a normal part of the culture and the life of the people under observation.

   It is not the intent to create roles which are "forced" on or considered artificial to the ways of the people under study. The scientific role of the participant observer is interdependent with his social role. In his scientific or observer role he is interested in people as they are and not as he thinks they ought to be. This coincides in many ways with his social role as a participant. The personal lives of the people studied often become of special importance in the fulfillment of both the scientific role and the social role. Without this primary interest in the subjects as persons the data would become liable to distortion.

3. The role of the participant observer reflects the social process of living in society.

   The researcher participates in a social process which has meaning for people in groups outside the group he studies since the processes of living in any society are similar for people everywhere. He sees people in the concrete reality in which they present themselves.¹

   The extent to which the participant observer becomes involved in the situation must be examined carefully, however both involvement and detachment are fundamental to this role in research. The participant observer is partly involved and partly detached. The research data with which the participant observer works consists basically of human meanings interpreted through the observer's communication with his subjects. The initial and perhaps most fundamental assumption underlying the

work of the participant observer is that "the participant can communicate a message to another participant and have it understood as he intended it. The assumption is that people can arouse in others that which is aroused in themselves."^2

The participant observer seeks to locate particular meanings which people share through communication. He is concerned with whether what he identifies and describes as existing meanings really exist. This can usually be achieved by mutual verification between the researcher and the subject.

Bruyn identified two steps to be taken in preparing for the role of participant observer: (1) defining the social role which should be friendly, direct, and honest, and (2) recording, assembling, classifying and interpreting data. This should be done according to a clearly stated system of procedures. This involves noting the frequency with which subjective interpretations are made, the varying circumstances under which they are expressed, and the collective character of the expressed meanings, that is, the extent to which they were shared. ^3 However, for accurate generalizations to be made, the participant observer must see his subjects in their normal as well as in their abnormal environment, before he can derive reliable conclusions about his own special contacts with them. ^4 This formed the basis for the decision to visit the mothers at home following discharge.

Byerly, who studied a nursing unit in a hospital using participant observation, stated there were three dilemmas in this role. These are the question of: (1) objectivity versus subjectivity, (2) scientific integrity of the study versus protection of the rights of individuals who are the subjects of research, and (3) nonintervention into the activities of the study group versus intervention which risks changing the course

^2Ibid., p. 161.

^3Ibid., 202-204.

^4Ibid., p. 212.
of the findings. 5

B. Personal Background

The researcher was basically a clinical practitioner, therefore the methods selected reflected this experience of working directly with people as a means of gaining valuable information about them. Last year a course Psychology of Childhood was taken, which led to the decision to study in depth the subject of separation anxiety and maternal deprivation. Field work experiences included an observational period at a children's hospital with the purpose of studying the effects of separation anxiety on four young children admitted for surgical treatment, and experience studying the play activities of normal pre-school children. These experiences involved conversations with mothers and led to the convictions that the role of participant observer was an excellent one in terms of finding out certain kinds of information about a group of people and that mothers were an invaluable source of information and will freely discuss their thoughts and concerns with an interested professional person who is a complete stranger. The role of participant observer was a natural and comfortable one.

C. The Hospital Setting

The day care unit was small and intimate. It lent itself well to participant observation. It would have been difficult to have structured a completely observational role. This would have been most conspicuous.

D. The Research Role in the Day Care Unit

The research role taken was one of a nurse functioning

as a participant observer. It involved participation in the normal nursing activities in the unit. The degree of involvement was determined by the activity in the unit and it tended to fluctuate between observation and participation. The role was not a static one but a pattern began to emerge after the first week or so.

The nursing role involved supporting the mothers, attempting to answer their questions and offering explanations regarding the preoperative, operative and postoperative procedures. Nursing care was given to the children and it was explained to the mothers, who were encouraged to assist. All of these activities were shared with the regular staff and nothing new was introduced.

Mothers were informally interviewed during the hospitalization period, usually while the child was in the operating room, or while asleep and at this time the request was made to visit them at home. The research role was revealed at this point and the reason for the home visit explained.

The role was essentially a comfortable one and was aided by the interest and acceptance of the nursing staff. As Whyte stated "people did not expect me to be just like them." Initially they were protective and very helpful, not certain of the degree to which they would be assisted, but later, as the researcher's participation increased, a good working relationship developed and with this, confidence and trust. Whyte pointed out:

There is a strain to doing such field work, the strain is greatest when you are a stranger and are constantly wondering whether people are going to accept you. But, much as you enjoy your work, as long as you are observing and interviewing, you have a role to play, and you are not completely relaxed.7

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7 Ibid., p. 297.
E. Preparation for the Research Role in the Unit

The data collection phase of the study commenced on January 9, 1970, and was completed by February 20, 1970. It was preceded by a preparatory period which was conducted in two stages: (1) the planning stage, and (2) the orientation to the unit.

The planning stage. This involved two visits to the hospital in the Autumn of 1969 to introduce the subject of the study to the Director of Nursing and her assistant and to acquire their approval. A copy of the research proposal was submitted to them. Final plans were completed in December.

Orientation to the unit. A brief orientation to the unit was given by the supervisor in late December about one week prior to the commencement of the study. The researcher then spent two mornings in the unit becoming familiar with the routines, policies and normal activities. This was mainly an observational period during which notes were written on some of the mothers and their activities. The various activities in which the mothers could participate were noted. The nurses in the unit were extremely helpful in providing essential information on the operation of the unit. Based upon the information received from this orientation period, the decision was made to spend three mornings a week in the unit, leaving the afternoons free to interview the mothers in their homes. A participation scale was also designed to be used for rating the mothers' participation in the unit.

II. THE DATA COLLECTION

Time spent in the unit. The mornings were selected as the most appropriate times for collecting data on the mothers. The researcher spent Tuesday, Wednesday and Friday mornings in the unit and stayed for approximately four hours. The number of children admitted each day varied so it was necessary to
assess the situation each morning on arrival. A total of forty hours was spent in the unit.

A. Selection of the Mothers

The methodology chosen for the study, participant observation and follow-up interviews in the home, both required that the researcher spend a certain amount of time with each mother to adequately collect the required data. As Bruyn stated:

... the more time an individual spends with a group the more likely it is that he will obtain an accurate interpretation of the social meanings its members live by.  

Bruyn added:

... the greater degree of intimacy the observer achieves with his subjects, the more accurate his interpretations.

Therefore, the number of mothers included in the study was established at twenty.

Criteria for selection. The mothers were not selected at random, but according to the following predetermined set of criteria.

1. The mother's willingness to stay with the child for at least part of the hospitalization period.
2. Her ability to speak English clearly. This was required because of the taping of the post hospital interview.
3. The age of the child. Since hospitalization has a more serious effect on younger children, the mother of a younger child was selected in preference to the mother of an older child.

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9Ibid., p. 182.
4. Attempts were made to include a variety of surgical procedures.

5. The mother's intelligence and her interest in her child and in the unit as revealed by her activities.

6. The mother's willingness to be visited at home.

The procedure for selection. The researcher had no knowledge of the mothers and children prior to their arrival in the unit. Before the mothers were selected, the researcher observed the mother's activities, participated in the care of the children and conversed briefly with them. This was required to evaluate criteria numbers 1, 2 and 5 as listed previously. The patient's chart revealed sufficient information to fulfill criteria numbers 3 and 4. If the first five criteria were met, the mother was approached, the study explained to her and a request made to visit her at home within ten days following discharge. In the early stages of the study the selection was comparatively easy, but as the study progressed more discrimination was required. Towards the end of the study, an alternative day was selected to avoid including too many children with urological problems. No more than three mothers were selected on any one day. This was the maximum number of people who could be observed at one time. Since the research role included participation, sufficient time had to be made available so that the researcher was free to talk with the mothers, participate in the care of each of their children, and have time to record the data.

B. Tools for Data Collection

Two tools were used to record the activities of the mothers and the concerns they expressed while in the unit: (1) field notes, and (2) a participation scale.
The field notes. Essential background information on the mothers and children was collected from the charts and transferred to cards. The information recorded is illustrated in Appendix B, pages 123 to 138, which contains the case histories of each of the mothers included in the study. Information describing the mothers' activities and expressed concerns were either recorded at the time or as soon as possible.

Participation scale. A participation scale was designed and completed on each mother included in the study. Each mother was rated as to whether she: (1) participated independently, (2) participated with help, or (3) did not participate in the following activities.

1. Stayed with child
2. Assisted nurse with care
3. Comforted child
4. Played with child
5. Made arrangements for discharge

Please see Appendix C, page 140 for more details. As a reminder, continuous observation was not possible so only samples of the mothers' activities were assessed. The researcher spent approximately the same period of time with each mother, at the same time each day, and all were involved in similar activities in the unit. Therefore, a fairly consistent observational period was established in terms of time and activities.

III. THE POST HOSPITAL INTERVIEW

The second method selected for collecting data was the use of a post hospital interview. If the success of the unit depended to a great extent upon the opinions of the mothers, then their opinions should be utilized as the major source of information. The decision was made to use a partially structured or focused interview, which because of its flexibility, would achieve its purpose of eliciting the spontaneous responses of the mothers to the experience in the day care unit. These
responses would be specific and personal. Selltiz substantiated this by stating:

In the focused interview, the main function of the interviewer is to focus upon a given experience and its effects. He knows in advance what topics, or what aspects of a question, he wishes to cover. This list of topics or aspects is derived from his formulation of the research problem.

This list constitutes a framework of topics to be covered, but the manner in which questions are asked and their timing are left largely to the interviewer's discretion. He has freedom to explore reasons and motives, to probe further in directions that were un-anticipated.10

Where possible the researcher asked the mothers questions during the interview to clarify certain observed behaviour or comments made during the hospital experience. This was more successfully achieved towards the end of the study due to the researcher's increasing knowledge of the day care experience and awareness of the pattern of some of the mothers' concerns. Some unexpected concerns were revealed quite accidentally during the home visits.

The mothers were interviewed in their homes approximately one week to ten days following discharge. All of the mothers were telephoned within two to three days following discharge and a convenient time arranged for the home visit. All but three of the interviews were taped. Those not taped were written up as soon as possible. The interviews lasted for about thirty minutes and were generally followed by short informal conversations with the mothers. The interview guide is illustrated in Appendix C, page 141.

SUMMARY

Participant observation in the day care unit provided the following: (1) essential background information on the

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mothers and children, (2) a sampling of the kinds of activities in which the mothers participated, (3) data on the concerns expressed by the mothers while they were participating in the care of their children, and (4) an opportunity to establish rapport with the mothers, which permitted the researcher to make a home visit. This was necessary preparation prior to probing more deeply into the various observed activities and expressed concerns. The post hospital interviews provided: (1) elaboration and clarification of the information collected in the unit, and (2) data on the post hospital period. The data from the field notes, participation scales and post hospital interviews were analyzed and the major concerns identified as to their frequency and percentages.
CHAPTER IV

METHOD OF ANALYSIS

Due to the exploratory nature of the study, the analysis of the data consisted of examining as much data as possible to learn more about a certain group of mothers who participated in a day care unit. The reader will need to remember this was not a random sampling of time or mothers.

The analysis of the data collected by means of the participation scales, field notes and post hospital interviews was conducted in three stages: (1) establishment of a participation score, (2) identification of the nature of the concerns expressed by mothers, and (3) identification of factors that influenced both the mothers' participation and concerns.

I. MOTHERS' PARTICIPATION IN THE NURSING ACTIVITIES IN THE UNIT

For each mother the major categories on the scale were analysed and the frequency and percentages determined. A pattern of activities for each mother was obtained. The scale provided a rough estimate of the frequency with which mothers engaged in certain types of activities.

II. IDENTIFICATION, CATEGORIZATION AND DETERMINATION OF THE NATURE OF THE CONCERNS EXPRESSED BY THE MOTHERS

The nature of the expressed concerns was identified from the field notes and interview reports in order to determine their frequency and to develop a classification. The analysis proceeded in the following way:

a. Summary of field notes, editing of interviews and typing of final interview reports.
b. Tentative identification of the concerns expressed. Each incident, that is, each summary and interview, was studied and as many categories as possible were noted.

c. The incidents were compared with each other, and as the various categories were compared, certain similarities appeared, so that some categories became integrated into larger more inclusive ones.

d. Final organization of major categories.

The final organization of major categories was made under the three time periods previously identified as the period prior to, during, and following hospitalization.

Verification of the data was achieved by means of consensus, which Bruyn defines as "some form of verbal assent or confirmation that the meanings interpreted by the observer are correct."¹

III. IDENTIFICATION OF FACTORS THAT INFLUENCED BOTH THE MOTHERS' PARTICIPATION AND CONCERNS

Factors that influenced both the kinds of activities in which the mothers participated and the concerns which they expressed were identified from the field notes and interview reports. An analysis of the data revealed certain similarities amongst the mothers themselves. All that could be identified was the existence of certain trends that seemed to be descriptive of the mothers who participated in the study.

CHAPTER V

INTERPRETATION OF FINDINGS

Before discussing the findings it will be necessary to introduce the reader to: (1) the day care unit in which the participant observation took place, and (2) the population participating in this study. This information is necessary background to understanding the concerns expressed by the mothers.

The Day Care Unit

The day care unit opened on October 14, 1969. A research project on day care for selected surgical patients had been in progress for eighteen months prior to the opening of the unit. The children in this study were admitted to regular wards. With the opening of the day care unit, all children scheduled for day care, including those in the research group, were admitted directly to the unit. The children in the research group were classified as Study E on the admission and operating room forms. These children were excluded from the present study. The unit itself consisted of one large, brightly decorated room with accommodation for eight children. There was a bright orange carpet on the floor, shelves containing numerous toys and colourful drapes on the window. Special care had been taken to make the room look home-like. It was located on the ground floor of the hospital adjacent to the admitting department. The unit was completely separate from the rest of the hospital. The nursing units and operating rooms were located on the floor above. It was self contained, having its own bathroom and medication room. A nurse's desk was located at the front of the room. Each patient's unit consisted of a stretcher and a
chair. Curtains could be drawn between the units if privacy was desired. The unit operated from Monday to Friday, and was closed on the weekends.

Selection of patients. The patients were selected by their doctors and dentists. During the first three months twenty-eight doctors and seventeen dentists admitted patients to the unit. The operations that were performed on a day care basis had been approved prior to the opening of the unit. Table I illustrates the number and types of operations performed between October 14, 1969 and January 14, 1970. Please see Appendix D, page 143.

The nursing staff. The five nurses in the admitting department rotated through the day care unit. Each nurse spent two weeks out of five in the unit. Two nurses were assigned to the unit each day. One nurse came on at 7:00 a.m. and the other at 12:30 p.m. There was no coverage in the unit after 9:00 p.m., so if a child was not ready to go home by this time, he was transferred to one of the wards and kept in hospital overnight.

Admission policies and routines. The arrangements for admission were initiated by the various doctors and dentists who admitted children as day care patients. Upon receiving the name of the child, the hospital mailed out a letter to the parents and enclosed a sheet of instructions and information. This information is shown in Appendix A, page 67. The date and time of admission were confirmed the day prior to admission. The children were scheduled to arrive at the hospital two and one-half hours prior to the operating time. The majority of the children were required to be in hospital between seven and eight o'clock. Most of the operations were scheduled in the morning. When the children arrived in the hospital, the usual types of forms were completed by mothers. The children were weighed and a hemoglobin was done. If young children appeared apprehensive, the hemoglobin was done in the operating room.
The children were then brought to the day care unit by the admitting nurse. The mothers and children were greeted and the mothers asked to complete a history form which was required by the anaesthetist. A copy of this form is shown in Appendix A, page 68. The nursing staff expected the mothers to stay with their children in the unit and they were encouraged to participate in the admission procedures. Since some mothers did not stay with their children, all mothers were given a sheet, at the time of admission, which outlined the routine care of children following a general anaesthetic. A copy of this sheet is illustrated in Appendix A, page 69. If a mother could not stay, arrangements were made with her regarding the method of notifying her of the child's discharge time.

**Preoperative routines.** Once the children were admitted to the unit, the anaesthetist was notified. He examined the children, asked the mothers a few questions and then ordered the premedication. Once the premedication was administered, the children were put to bed. They were taken to the operating room in their beds and the mothers were encouraged to accompany them. If the mother was planning to wait for her child, she returned to the unit and was offered a cup of coffee while she waited.

**Postoperative routines.** The children remained in the recovery room until they were awake and then were transferred to the day care unit. Mothers were not permitted in the recovery room. The usual postoperative observations were made by the nurses. The children were usually quite sleepy so were encouraged to sleep. The mothers generally sat beside their beds. Once the children were awake and sitting up, they were given small amounts of water or juice to drink and the mothers were instructed to offer the children sips of clear fluid as desired. The children were given toys to play with to amuse them during the postoperative period. The anaesthetists were frequently in the unit so would discharge the children when
they felt it was safe to do so. The nurses reviewed home care with the mothers prior to discharge and answered their questions. The hospital rules stated that two adults were to be present when the child was going home by car; one to drive, the other to attend to the child. Some mothers found it more convenient to take a taxi.

**Follow-up procedures.** The only follow-up procedure initiated by the hospital was a telephone call to the mothers the day following surgery. A questionnaire had been designed for this purpose. It was part of the research study referred to earlier, and was completed on all children, including those on the Study E program. A copy of this form is shown in Appendix A, page 70. The nurses then made a note in the official record book regarding the presence or absence of complications as reported by the mothers.

**The Study Population**

As was previously mentioned, the sample of twenty mothers was not selected at random, but according to a predetermined set of criteria.

**The children.** There were twelve boys and eight girls in the sample and their ages ranged from seven months to fourteen years. For additional information please refer to Table II, Appendix D, page 144. Sixty percent of the children had been hospitalized previously. Table III shows the numbers and types of surgical procedures performed on the children in the study group.
TABLE III

NUMBERS AND PERCENTAGES OF THE TYPES OF SURGICAL PROCEDURES PERFORMED ON THE TWENTY CHILDREN IN THE STUDY GROUP

<table>
<thead>
<tr>
<th>Type of surgical procedure</th>
<th>Number of children</th>
<th>Percentage of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental work</td>
<td>6</td>
<td>30.0</td>
</tr>
<tr>
<td>Cystoscopy and pyelogram</td>
<td>5</td>
<td>25.0</td>
</tr>
<tr>
<td>Myringotomy</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>Plastic surgery</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>Eye examination</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Cautery of nose</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Umbilical hernia repair</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

The mothers' personal background. Seventy-five percent of the mothers had previous experience with the hospitalization of one or more of their children. Eighty-five percent were married, the remaining 15 percent were separated or divorced. Ninety percent lived in houses, the remaining 10 percent in apartments. Table IV, Appendix D, page 145 shows the place of residence of the mothers in the study group. Eighty percent lived in the greater Vancouver area. Records were available on the education of 60 percent of the mothers, and 80 percent had at least twelve years of education.
I. NURSING ACTIVITIES CARRIED OUT BY THE MOTHERS IN THE DAY CARE UNIT

The mothers' activities were observed and rated on the participation scale. Table V shows the frequency and percentages of the mothers' participation rated as to whether they participated independently, participated with help, or did not participate. Again it must be remembered that the researcher did not observe the mothers' total stay in the unit. This data represents only a given time interval.

**Assisted with Nursing Care**

Twenty-five percent of the mothers helped the nurse without being asked, 70 percent required help and only one mother did not participate. Sixty-five percent gave fluids, 35 percent took their children to the bathroom, 20 percent helped administer the premedication, 10 percent took the child's temperature and only one mother helped take a blood pressure.
<table>
<thead>
<tr>
<th>Participation in Nursing Activities</th>
<th>Independently frequency percentage</th>
<th>With Help frequency percentage</th>
<th>Did not participate frequency percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stayed with child</td>
<td>12 60.0</td>
<td>1 10.0</td>
<td>6 30.0</td>
</tr>
<tr>
<td>Assisted nurse with care</td>
<td>5 25.0</td>
<td>14 70.0</td>
<td>1 5.0</td>
</tr>
<tr>
<td>Comforted child</td>
<td>17 85.0</td>
<td>3 15.0</td>
<td>- -</td>
</tr>
<tr>
<td>Played with child</td>
<td>19 95.0</td>
<td>- -</td>
<td>1 5.0</td>
</tr>
<tr>
<td>Made arrangements for discharge</td>
<td>17 85.0</td>
<td>3 15.0</td>
<td>- -</td>
</tr>
</tbody>
</table>
Comforted and played with child

The mothers participated very actively in these areas and needed only minimal assistance from the nurse. Three mothers needed direction in picking up their young children when they started to cry. Only one mother brought toys from home, the other 95 per cent did not. The unit was well supplied with toys and 50 per cent of the mothers gave their children toys independently, 45 per cent did when it was suggested to them, and one mother did not participate in this activity.

Made arrangements for discharge

Eighty-five per cent of the mothers made their own arrangements regarding transportation home, which according to the hospital policy, required two adults if a car was to be used. Three mothers required advice from the nursing staff in making the necessary arrangement. Two mothers were advised to find another person to assist them as they planned to take the children home alone. One mother Mrs. R. was experiencing personal problems and needed help in making plans for the discharge of her young daughter. As it turned out, the mother had difficulty coping with the care at home and may have been helped by having the child stay in hospital overnight.

II. NATURE OF THE CONCERNS EXPRESSED BY MOTHERS IN THE STUDY GROUP

A. Concerns Related to Care of Their Children Prior to Hospitalization

The mothers' concerns related to the care of their children prior to hospitalization were identified and categorized into: (1) concerns directly related to the preparation of the
child, and (2) concerns related to arrangements the mother needed to make to stay with her child.

Preparation of the Child

The preparatory period was previously identified as the period initiated by notifying the mother of the date of admission, until she arrived in the unit. The nature of these concerns is presented in Table VI. Approximately 70 per cent of the concerns were related to the mother's preparation of the child. Over 50 per cent of these were related to the mother's concern with the child's fear of needles, his past experiences with hospitalization and his fears of being hurt.

<table>
<thead>
<tr>
<th>Concerns expressed by mothers</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation of child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child's fear of needles or hospital</td>
<td>13</td>
<td>39.4</td>
</tr>
<tr>
<td>Difficulty obtaining urine specimen</td>
<td>6</td>
<td>18.2</td>
</tr>
<tr>
<td>Lack of instruction</td>
<td>4</td>
<td>12.1</td>
</tr>
<tr>
<td>Hospital policy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early admission time</td>
<td>10</td>
<td>30.3</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Fear of needles. Twenty per cent of the mothers worried about the idea of the child receiving a preoperative injection. Ten per cent expressed a fear of injections themselves and stated that perhaps they had transmitted this fear to their children. Fifty per cent of the children who feared needles, received them, the other fifty per cent did not.

Effect of previous hospitalization. Sixty per cent of the children had been previously admitted to hospital. The number of times these children had been hospitalized is shown in Table VII.

| TABLE VII |

PREVIOUS HOSPITALIZATION OF THE CHILDREN IN THE STUDY EXPRESSED AS TO NUMBER, FREQUENCY AND PERCENTAGE

<table>
<thead>
<tr>
<th>Number of children</th>
<th>Frequency of previous hospitalization of children</th>
<th>Percentage of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>1</td>
<td>58.5</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>25.0</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>16.5</td>
</tr>
<tr>
<td>Total 12</td>
<td></td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table VIII shows the reasons given by the mothers for these admissions. The number of children exceeds twelve when they are classified according to the reasons for admission. This is due to the fact that some mothers gave more than one reason for the admission. Thirty per cent of the children had been hospitalized for a tonsillectomy. The mothers whose children had been hospitalized previously were concerned regarding how
the children would accept being in hospital again. One mother whose two year old child had been hospitalized three times before, did not tell him he was being admitted. This fear related to previous hospitalization was most acute when the experience had been an unpleasant one for both the child and mother. Fifteen per cent of the mothers worried about the possibility of permanent damage resulting from these separations. One mother was worried because her eight year old daughter had been upset a week prior to admission and had arrived home from school crying. She was afraid of the dentist's drill and being hurt.
TABLE VIII

NUMBERS AND PERCENTAGES OF REASONS GIVEN BY THE TWENTY MOTHERS IN THE STUDY GROUP FOR THE PREVIOUS ADMISSIONS OF THEIR CHILDREN TO HOSPITAL

<table>
<thead>
<tr>
<th>Reasons given by mothers for admission</th>
<th>Number of children admitted for this reason</th>
<th>Percentage of children admitted for this reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tonsillectomy</td>
<td>5</td>
<td>29.4</td>
</tr>
<tr>
<td>Appendix infection or other infections</td>
<td>3</td>
<td>17.6</td>
</tr>
<tr>
<td>Eye surgery</td>
<td>2</td>
<td>11.7</td>
</tr>
<tr>
<td>Appendectomy</td>
<td>1</td>
<td>5.9</td>
</tr>
<tr>
<td>Asthma</td>
<td>1</td>
<td>5.9</td>
</tr>
<tr>
<td>Circumcision</td>
<td>1</td>
<td>5.9</td>
</tr>
<tr>
<td>Failure to thrive</td>
<td>1</td>
<td>5.9</td>
</tr>
<tr>
<td>Hematoma</td>
<td>1</td>
<td>5.9</td>
</tr>
<tr>
<td>Myringotomy</td>
<td>1</td>
<td>5.9</td>
</tr>
<tr>
<td>Observation</td>
<td>1</td>
<td>5.9</td>
</tr>
<tr>
<td>No reason given</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
Difficulty obtaining a urine specimen. Fifteen per cent of the mothers were unable to obtain a urine specimen from their children and were worried that they had not complied with the hospital's instructions. One mother telephoned the hospital for directions on how to collect a specimen from a seven month old baby.

Lack of instructions. Twenty per cent of the mothers did not receive any instructions in the mail regarding the day care unit and the required preparation of their children for admission. All of the children were physically prepared, and no cancellations were required. One mother in the study group was worried about the effects of the eye drops on her children. She was instructed to instill them at home before leaving and wondered if they would be able to see. Another mother did not know what to tell her six year old boy about the operation as she did not understand what the doctor was planning to do.

Arrangements Needed to Stay with Child

The arrangements the mothers needed to make to stay with their children were dependent upon: (1) the admission time, and (2) other children at home.

Admission time. The hospital had established certain policies regarding notifying parents of admission, the mailing of instructions and the time the children were to arrive in the unit. As was mentioned previously the children were scheduled to arrive two and one-half hours prior to the operating time, with the exception of children scheduled for the operating room between eight and nine o'clock. These children all arrived at seven o'clock. Thirty percent of the concerns expressed by mothers regarding the preparatory period were directed towards the early hour they were expected at the hospital. Thirty percent of the mothers in the study group mentioned this as being one of their biggest problems. Eighty percent of the children
in the study group were admitted between seven and eight o'clock in the morning.

**Other children at home.** Twenty-five per cent of the mothers expressed difficulties in making arrangements for other children at home. Two mothers solved this problem by bringing younger children with them. Table IX illustrates the number and percentages of children in the families selected for the study.

**TABLE IX**

**NUMBERS AND PERCENTAGES OF CHILDREN IN THE FAMILIES SELECTED FOR THE STUDY**

<table>
<thead>
<tr>
<th>Number of children in the family</th>
<th>Number of families</th>
<th>Percentage of families</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>25.0</td>
</tr>
<tr>
<td>2</td>
<td>11</td>
<td>55.0</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

**B. Concerns Related to the Mothers' Experiences in the Day Care Unit**

The mothers' concerns related to their actual experiences in the day care unit were mainly focused on the anaesthetic and the operation that was performed. Table X shows the nature of these concerns in frequency and percentages. The concerns were identified by studying the types of questions asked by the mothers. Sixty per cent of their concerns were requests for information regarding the child's diagnosis, the anaesthetic and the operation or examination performed.
**TABLE X**

**FREQUENCY AND PERCENTAGES OF THE NATURE OF CONCERNS EXPRESSED BY MOTHERS IN THE STUDY GROUP RELATED TO THEIR EXPERIENCES IN THE DAY CARE UNIT**

<table>
<thead>
<tr>
<th>Concerns expressed by mothers</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need for information about the diagnosis, anaesthetic and operation</td>
<td>35</td>
<td>61.4</td>
</tr>
<tr>
<td>The long preoperative waiting period</td>
<td>9</td>
<td>15.8</td>
</tr>
<tr>
<td>Concerns about other children in unit</td>
<td>6</td>
<td>10.5</td>
</tr>
<tr>
<td>Unexpected bruises, needle marks or sutures</td>
<td>4</td>
<td>7.0</td>
</tr>
<tr>
<td>Worry over other children at home</td>
<td>3</td>
<td>5.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>57</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
The concerns included in this category included those concerns related to the preoperative waiting period, the premedication, the method of administering the anaesthetic, its effect on the child, and the need for information about the results of the operation or examination.

The preoperative waiting period. Thirty-five per cent of the mothers expressed concern over the long preoperative waiting period. This was of particular concern to the mothers of preschool children. Seventy per cent of the mothers who mentioned this as a major concern, were admitted with preschool children. As Table X, page 47 shows, 16 per cent of the concerns related to the hospital experience were related to this factor. Some of the mothers did not understand the reason for the long preoperative period. One mother stated she would not arrive so soon next time and another mother stated that one hour was all the time the nurses needed in order to prepare the child. The mothers seemed most concerned over keeping the children happy and were afraid they would get bored.

The premedication. Twenty per cent of the mothers were concerned about the effects which the premedication had on their children. Following the administration of the drug, four children became overactive and difficult to manage. The mothers appeared mainly concerned about their ability to handle the children and found the preoperative experience a very trying one. One child who was very upset, was given a rectal sedative which immediately put her to sleep. Another mother stated she wished her two year old son had been put to sleep right away, as the preoperative period was so upsetting for him. Ten per cent of the mothers misunderstood the purpose of the premedication and thought it was the anaesthetic. They were concerned because their children were awake when they went to the operating room and wondered if they were also awake during the surgery.
Concerns related to the premedication were mainly revealed during the follow-up interviews. Due to incomplete data on this subject, the degree to which mothers shared the misconceptions could not be determined.

Method of administering the anaesthetic. Two mothers asked questions related to the actual method of administering the anaesthetic. Misunderstandings regarding this matter were revealed only towards the end of the study, so the degree to which this was shared by the mothers was not determined.

The post anaesthetic period. The mothers asked many questions while they were in the unit regarding the length of time their children would be in the recovery room and when they would be discharged. This notion of time was of major concern to the mothers. They were frequently surprised at the speed with which the children recovered from the anaesthetic. Although they were worried about possible consequences from the anaesthetic, sixty-five per cent of the mothers reported that their children had suffered no ill effects from the anaesthetic. Table XI shows the symptoms displayed by the remaining 35 per cent of the children.

| TABLE XI |
| POST ANAESTHETIC SYMPTOMS AMONGST THE CHILDREN IN THE STUDY GROUP EXPRESSED AS TO FREQUENCY AND PERCENTAGES |

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vomiting</td>
<td>4</td>
<td>20.0</td>
</tr>
<tr>
<td>Difficulty with balance</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>Croupy cough</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>No symptoms</td>
<td>11</td>
<td>55.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
Only three symptoms developed, vomiting, difficulty with balance and a croupy cough. Vomiting accounted for almost 50 per cent of the symptoms.

Desire for information about the operation and diagnosis. The majority of the mothers expressed concern over the operation and wanted information regarding what the doctor was preparing to do, what had actually been performed in the operating room and information about the child's diagnosis. Only two doctors came to see the children and their mothers in the unit. Some of the mothers waited outside the operating room hoping to catch the doctor, but most telephoned him at home.

Unexpected marks and sutures

Twenty per cent of the mothers were concerned about unexpected needle marks, bruises or sutures. Concerns regarding these matters were expressed at home. Only one of the mothers noticed a needle mark in hospital, and was given an explanation at the time. The three remaining mothers did not notice the marks until they were home. They did not receive an explanation until the time of the home visit when they asked the researcher about them.

Worry over other children at home

Although worry over other children constituted a major concern during the preparatory period, it was not a major source of worry during the time the mother was in the unit. Two mothers were unable to make satisfactory baby sitting arrangements for their children and had to leave and return later. This category accounted for just over 5 per cent of the total concerns expressed by mothers during the hospitalization period.
C. Concerns Related to Care of Children at Home

The major concerns expressed by mothers which were related to the care of the children at home were grouped into four main categories: (1) postoperative complications, (2) effects of the anaesthetic, (3) child's activity, and (4) child's diet. Table XII shows the frequency with which these concerns were expressed and their percentages.

**TABLE XII**

<table>
<thead>
<tr>
<th>Concerns expressed by mothers</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postoperative complications</td>
<td>17</td>
<td>51.5</td>
</tr>
<tr>
<td>Effects of the anaesthetic</td>
<td>7</td>
<td>21.2</td>
</tr>
<tr>
<td>Child's activity</td>
<td>5</td>
<td>15.2</td>
</tr>
<tr>
<td>Child's diet</td>
<td>4</td>
<td>12.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>33</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

**Postoperative complications**

Over fifty per cent of the concerns related to the home care of the children from the time of discharge, up to ten days postoperatively, were focused on the postoperative discomforts experienced by the children. All of the children who had a urological examination suffered from some degree of dysuria. Eighty per cent of the mothers were able to cope with this problem. One mother, Mrs. J. became very upset over son's dysuria and felt he would have received more prompt treatment in hospital. More details are given in Appendix B., page 104.
All of the children who had a myringotomy had some discharge from their ears. Two of the children required medical treatment from their doctors the day following surgery. Two-thirds of the children who had dental work, had some discomfort at home, but none severe enough to require more than the administration of an aspirin by the mother. Table XIII, Appendix D, page 146 shows the types of complications which were reported to the researcher by the mothers at the time of the home visit. They are divided into two categories: (1) postoperative complications, and (2) post anaesthetic complications.

The post anaesthetic complications referred to in Table XIII are those which developed after the children were discharged from the unit. The mothers had to deal with these on their own.

**Activity and Diet**

Twenty-seven per cent of the mothers' concerns related to home care were problems associated with placing restrictions on the child's activity and diet. The children were hungry and thirsty and the mothers did not know how much they should give them to eat. They were also quite lively and wanted to play. Thirty per cent of the mothers of preschool children stated the restriction of activities was one of their most difficult tasks.

While outside the objectives of the study, it is interesting to note that the complications which were reported by the mothers in the study group varied somewhat from those which were reported by the 191 mothers whose children were admitted to the unit during the first three months of its operation. Table XIV, Appendix D, page 147 shows the frequency of complications reported by these mothers.

**IV. FACTORS THAT INFLUENCED THE MOTHERS' ACTIVITIES AND EXPRESSED CONCERNS**

There appeared to be a certain homogeneity to the
twenty mothers in the group. If a profile were drawn of the mothers, they would appear to share the following: (1) past experiences with hospitalization of children, (2) motivation and interest in the welfare of their children, and (3) ability to cope independently with the preparation of their children and their care at home following discharge.

**Past Experiences with Hospitalization**

Seventy-five per cent of the mothers had experience with the hospitalization of at least one of their children. They expressed dissatisfaction with the hospitalization and were critical of the arrangements for visiting their children and of the attitude of the nursing staff towards mothers. These particular mothers were the most vocal in their acceptance of the day care program.

**Motivation and Interest in the Welfare of Their Children**

The motivation of the mothers was assessed by their desire to participate in the day care program and in the study group. Eighty per cent of the mothers had to get up at 6 a.m. or earlier to arrive at the unit by 7 or 8 o'clock, depending upon the distance they had to travel. Seventy-five per cent of the mothers agreed to come to the day care unit without any prior knowledge of its existence, other than the fact that their doctors stated it would be more desirable for their children.

In talking with the mothers, they all discussed topics which were related to some aspect of child behaviour. Mothers of preschool children were very interested in this subject and asked the researcher questions related to various subjects such as, toilet training and sibling rivalry. Ninety-five per cent of the mothers were aware of the effects of hospitalization on children. The one mother who did not discuss this subject was having difficulty coping with personal problems at the time and
would have preferred it if her child had stayed in hospital for a few days. All of the mothers expressed an interest in the day care program.

**Ability to Cope with Home Care**

Ninety per cent of the mothers were able to accept responsibility for the home care of their children. Thirty per cent of the mothers contacted their doctors, and all stated they would contact their doctors if problems developed at home. Only one mother telephoned the hospital for advice. She had been unable to contact her doctor. All of the mothers felt a telephone call the evening of surgery or the next day was a good idea. Only one mother felt a visit from a nurse would have been helpful. The mothers who received the printed information in the mail prior to hospitalisation (80 per cent) felt the information was adequate and that they did not require a visit from a nurse preoperatively. The mothers who did not receive the information (20 per cent) felt a visit preoperatively was a good idea. Two mothers felt their children should have remained in hospital for a few days post operatively. More information on Mrs. J's and Mrs. R's comments are in Appendix B, pages 104 to 105 and 130 to 131.

In summary, the interpretation of the findings indicated that the mothers were mainly concerned with the notion of time, the child's diagnosis, the operation performed and the possibility of post anaesthetic and post operative complications. The mothers appeared particularly apprehensive about the anaesthetic.
CHAPTER VI

SUMMARY, RECOMMENDATIONS AND AREAS FOR FURTHER INVESTIGATION

At present very little is known of the various problems mothers experience when their children are admitted to a day care unit in terms of the increased responsibility which is placed upon them for the preparation of their children and their care at home following discharge. The purpose of this study was to identify some of the major concerns expressed by mothers who participated in a day care unit in a children's hospital in Vancouver.

A sample of twenty mothers was selected and the kinds of nursing activities in which they participated in the unit were assessed and rated by a participation scale. The data were collected by the researcher who took on the role of participant observer in the day care unit. Field notes were written on the mothers while they were in the unit and post hospital interviews recorded approximately one week to ten days following discharge.

The participation scales, field notes and post hospital interviews were analysed and the frequency and percentages of the expressed concerns determined. Seventy per cent of the mothers in the study group needed help in assisting with the care of their children in the unit. Concerns expressed by the mothers were centered on the notion of time and a desire for information related to the child's diagnosis, the anaesthetic, and operation performed. Postoperatively they expressed concerns related to symptoms caused by the anaesthetic, operation or examination. They seemed particularly apprehensive about the anaesthetic and its possible effects on the children. Seventy-five per cent of the mothers had previous experience with the hospitalization of their children. This factor seemed most characteristic of the group and influenced their participation in the day care activities. Only two mothers had prior
knowledge of the day care unit and they participated independently, requiring little assistance from the nurse. Ninety per cent of the mothers were satisfied with the day care experience. Two mothers were unhappy about the arrangements and would have preferred having their children in hospital for a few days postoperatively. These mothers would have benefited from a home visit by a nurse. The remaining 90 per cent stated they did not feel they needed a visit from a nurse postoperatively. All mothers appreciated a telephone call from the hospital following surgery. The mothers contacted their doctors if problems arose at home. They felt the instructions they received by mail prior to admission were adequate.

Findings from this study are similar to those reported in the literature which indicate that mothers can and will participate in the care of their children in hospital if given direction and encouragement. The introduction of role cues and their importance in helping mothers participate in the care of their children in hospital was studied by Roy whose findings suggested that, "the mother's level of adequacy in relating to her hospitalized child is raised by the nurse's introduction of helpful cues".¹ Mahaffy stated:

Allowing a mother to bring her child to an environment which is supportive, compassionate, and understanding, and where she is assisted and encouraged to participate in caring for her child is, ... an approach which may provide children with a less distressful experience in the hospital, a more rapid recovery from the operation, and less symptoms of anxiety on returning home.²

Meadow reported that 88 per cent of the mothers in his study group who stayed with their children in hospital would have liked more definite information about ways to help. The


mothers were uncertain of their role: "of what child care, ward work, and helping they are meant to be doing or even allowed to do".3

The majority of the mothers had a desire for information about the child's diagnosis, the anaesthetic and the operation. This type of concern was also reported by Meadow who stated:

Many of the minor worries were related to investigations their child had and lack of explanation about them.

The mothers long for definite news of the operation, for the surgeon or anyone to come along grandly and say, "I circumcised him, everything went according to plan." Even if the operation is for the removal of a birthmark under local anaesthetic, they still hope a member of the surgical staff will come and tell them of the success of the operation. What usually happens is that the staff automatically assume that all routine procedures go according to plan, and it is only when things have gone wrong that the operation is discussed with the mother.4

Although the idea of day care was well accepted by the mothers in this study some areas will require further research.

AREAS FOR FURTHER INVESTIGATION

Hypotheses were not formulated at the beginning of the study, but three did evolve as the study progressed. These will require further investigation.

1. Mothers who receive information about the day care unit and the preoperative routines can participate more successfully in the nursing care activities than mothers who do not receive this information.


4Ibid., 363-364.
2. Mothers who receive specific instructions regarding the anaesthetic, operation and post operative care, experience fewer problems at home than mothers who do not receive this information.

3. Misconceptions and lack of knowledge about the anaesthetic are a major source of worry to mothers who participate in day care.

RECOMMENDATIONS

The results of this study would indicate:

1. That there is a need for more explanation to mothers prior to admission regarding the purpose of the day care unit and its operation.

2. That children not be admitted before 8 a.m. due to problems such as arranging for the care of other children at home.

3. That the preoperative waiting period in the unit be reduced to one and one-half hours from two and one-half hours. This is an adequate amount of time to give the children the necessary preoperative care and should prevent young children from becoming bored.

4. That mothers be given more information about the anaesthetic: its purpose, method of administration, and expected reactions.

5. That mothers be given more information about the operation, the complications that may occur and specific nursing care required by the child at home.

6. That attempts be made to reach a consensus regarding whether an oral or intramuscular premedication is to be administered to the children.

7. That mothers are telephoned the evening of surgery
and if any problems arise that a nurse make a home visit to assess the situation.

8. That a waiting room be made available for parents adjacent to the day care unit while they wait for the children to return from the operating room.

9. That nurses try to make mothers feel at home in hospital by encouraging them to help care for their children, by answering their questions and by providing them with information about the child's condition.

10. That mothers be given a clearer idea of time in relation to the planned activities for the child.

The success of surgical day care units for children is dependent upon the interest and support of parents. Mothers can prepare their children for surgery and cope with post hospital care, if they receive help and support from the nursing staff. Nurses should recognize the importance of the mothers' presence in comforting the children and preventing post hospital upsets due to separation at the time of hospitalization. Mothers whose children have been treated in a day care unit are most enthusiastic about this type of hospital care.
BIBLIOGRAPHY

A. BOOKS


B. PERIODICALS


________. "No, thanks; I'd Rather Stay at Home," *British Medical Journal*, II (26 September, 1964), 813-814.


C. UNPUBLISHED MATERIALS


APPENDIXES
Dear Parent:

Dr. ___________________________ has arranged for your child ___________________________ to have his/her surgery done at this hospital as a Day Care Patient.

The date and time of surgery will be confirmed with you by the hospital staff on the day prior to the surgery.

We enclose instructions and suggestions for your child's safety and well-being. Please read them carefully and do as they advise.

If you have any questions regarding the Day Care program please call the Admitting Department of this hospital.
INSTRUCTIONS AND INFORMATION FOR PARENTS

WHO ARE BRINGING THEIR CHILDREN TO HOSPITAL FOR DAY CARE SURGERY

1. It is very important that your child have nothing to eat or drink for eight hours before going to the Operating Room. This rule is for your child's safety and is very important. Please be completely honest and report if you suspect that your child has had anything by mouth.

2. When your child gets up on the morning you are to bring him to hospital, please obtain a urine specimen and bring it to the hospital in a clean container. Some children find these specimens difficult to produce on request at the hospital. After arriving at the hospital, this specimen will be tested and a drop of blood from his finger will also be taken and tested.

3. Please report any diarrhoea, colds, snuffles, sore throat, spots and skin rashes on this child or any other member of the family.

4. Please report if this child or any other member of the family has ever had any problems with an anaesthetic or an allergy.

5. Please report if this child has any loose teeth.

6. Be completely honest with your child. It helps him to trust you and the hospital staff, if he is told only the truth. This trust will reduce his fear of the unknown. Try to avoid having him told unnecessary or lurid stories of hospitals by his family or playmates.

7. Bathe your child the night before his surgery. It will help him to have a good night's sleep as well as ensuring his cleanliness before admission to hospital. Fingernails and hair should also be clean.

8. The hospital staff will be happy to let you stay with your child until he goes to surgery and to have you available to greet him again on his return to the ward.

9. The attending doctor in consultation with the Anaesthetist will decide what time your child is ready to go home.

10. It is important that the parent looking after the child on the journey home should have someone else drive the car.
CHILDREN'S HOSPITAL

SURGICAL HISTORY FORM

Child's Name ________________________________ Date __________________

BIRTH HISTORY OF THIS CHILD

Was the pregnancy abnormal ................. YES NO
Was the delivery complicated ............... YES NO
Birth weight ____________________________
Was his/her condition at birth abnormal YES NO
Was his/her development abnormal during infancy .......... YES NO
c. Any behaviour problems with your child YES NO

PAST ILLNESSES

Repeated ear infections ...................... YES NO
Repeated tonsillitis ........................ YES NO
Frequent chest colds ........................ YES NO
Wheezing ..................................... YES NO
Bronchitis ..................................... YES NO
Bronchial asthma ................................ YES NO
Repeated pneumonia .......................... YES NO
Any heart condition ........................... YES NO
Convulsions .................................... YES NO
Bleeding tendency .............................. YES NO
Measles ........................................ YES NO
German measles ............................... YES NO
Mumps .......................................... YES NO
Chicken pox .................................... YES NO
Whooping cough ............................... YES NO
Any recent illness (please specify) .................... YES NO

HAS THIS CHILD HAD:

any previous hospitalization ............. YES NO (Where?)
any previous surgery ......................... YES NO (Why?)
any anesthetic complications .......... YES NO (What type?)
Is this child on any medication ... YES NO (What?)
Is he/she allergic to any medication YES NO (What?)
- to any other substance .............. YES NO (What?)
Has he/she had a blood transfusion .YES NO
Does any blood relation of this child have any of the following?:
(please specify)
Allergy ........................................... YES NO
Bleeding tendency ............................ YES NO
Diabetes ........................................ YES NO
Other illnesses:

IMMUNIZATION

Whooping cough)
Tetanus ) D.P.T. three-in-one YES NO
Diphtheria )

Polio ............................................. YES NO
Measles ........................................ YES NO

So of years in school = Father
Mother

SIGNATURE
Form #133

RELATIONSHIP TO PATIENT
SUGGESTIONS FOR THE CARE OF CHILDREN FOLLOWING GENERAL ANAESTHESIA

The evening you take your child home from hospital the child will be sleepy, thirsty and possibly a little nauseated. Give only clear fluids to drink, a mouthful at a time, until you feel the child can keep the fluid down.

Solid food should be started slowly in the same way. Toast, a plain cookie or a light sandwich seems the most acceptable.

Diet the next day should be light and given as tolerated – do not force the child to eat, but offer the type of food to which he is accustomed. Fluids in any form should be encouraged.

The day following an anaesthetic should be a quiet day as the child will be tired. There should be no running around or climbing.

Bathroom routine should follow the child’s normal habit.

Deep breathing should be encouraged – three deep breaths before each meal is a good plan.

In a day or two please call your doctor’s office for a check appointment.

IF YOU ARE WORRIED IN ANY WAY ABOUT YOUR CHILD’S CONDITION, PLEASE PHONE YOUR DOCTOR OR THE ANAESTHETIST AT CHILDREN’S HOSPITAL.
DAY CARE UNIT

Follow-up Questionnaire

NAME: ___________________________ Phone No. _______ Date ________

RESPONDENT:  Mother (or mother figure)  1  
Father (or father figure)  2  Reliable  1  
Other relative  3  Unreliable  2  
Other  4  

Please make up a form for each patient using the D.C.U. If no follow-up contact is made state the reason - e.g. language barrier, patient admitted to hospital, study patient, unable to contact, or out of town patient.

QUESTIONNAIRE:  Completed 1  
Not completed  2  
Reason, if incomplete ____________________________

Using the following definitions please note the degree to which the items listed below were a problem during the first 24 hours at home.

(0)  No problem - self explanatory 
(1)  Mild - the problem was present or complained of but no action or intervention was required. 
(2)  Moderate - the problem was severe enough to require some action - that is some medication or treatment was given.

"At Children's Hospital, we are interested in finding out if you have had any problems in looking after your child since you brought him/her home after his/her operation."

I. Since taking your child home has he (or she) had any

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<tr>
<th>Item</th>
<th>No Problem</th>
<th>Mild</th>
<th>Moderate</th>
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<tbody>
<tr>
<td>(a) Nausea</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>(b) Vomiting</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<td>(c) Sore throat</td>
<td>0</td>
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<td>(d) Hoarseness</td>
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<td>(e) Cough</td>
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<td>(f) Difficulty voiding</td>
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<td>(g) Irritability</td>
<td>0</td>
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<tr>
<td>(h) Pain at site of operation</td>
<td>0</td>
<td>1</td>
<td>2</td>
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Please ask each of the following questions as it is written and circle the appropriate answer. Please give the parent a choice of answer i.e. YES, NO, NO OPINION.

II. Are you restricting his (or her) activity today? (Or is he/she less active than usual?)  

III. Did you need the help of a doctor for the management of your child?  
If yes, give details:

IV. Did you have any other problems in caring for your child at home?   
If yes, specify:

V. Do you think your child would have been more comfortable in the hospital after the operation?  

VI. Do you think your child would have been safer in hospital the night following the operation?  

VII. Was your child happy to be with the family after the operation rather than spending a night in hospital?  

VIII. Do you feel that a home visit by a nurse after you took your child home would have been of any value?  
If yes or no, please state the reasons:

IX. If you had to do it again would you prefer your child to go home as he did on the evening after his surgery?   
If not, why?

EDUCATION OF PARENTS:  

<table>
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<th>YEARS OF SCHOOLING</th>
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<td>(less than 12)</td>
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<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>NO OPINION</th>
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<td>DEGREE</td>
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<th>Father (or father figure)</th>
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<th>Mother (or mother figure)</th>
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APPENDIX B

CASE HISTORIES
APPENDIX B

RESPONDENT #1

I. Background:
Name of the mother: Mrs. A.  Marital status: married
Name of the child: Michael  Age: 5 years
Education: No record available  Number of children: 2
Diagnosis: Meatal stenosis
Operation performed: Cystoscopy, pyelogram and meatotomy
Length of anaesthetic: 15 min.  Length of hospitalization: 4 hours
Previous hospitalization: Michael had been hospitalized twice.
1. eye surgery  2. circumcision
Mrs. A. worked as a children's nurse in England before she was married. She frequently looked after foster children who were waiting for adoption and seemed to enjoy doing this. She was expecting her third child in about a month.

II. Mother's participation in day care unit:
A. Participation scale: participated with help
B. Precis of field notes: Mr. A. brought Michael into hospital at 7 o'clock and stayed with him until he went to the operating room. Mr. and Mrs. A. both came in postoperatively. Mrs. A. was eager to help care for Michael and needed only a suggestion.
C. Summary of concerns expressed while in unit:
1. Michael's diet postoperatively.
INTERVIEW WITH MRS. A.

Key: M = mother
R = researcher

M: He's had enough as far as hospitals go and that's how we felt too. He's been more upset this time than before because he's had so much of it. He's had nightmares and cried in his sleep before going to the hospital this time. The first two times he was really good but this time we found he was more upset because he knew about the needles. He has had so many needles, they were the problem.

R: Did he have a needle this time?
M: Yes.

R: He appeared quite well adjusted to being in hospital.
M: That's the only thing, I think, the needles, because when my husband took him in that morning he really pulled the place apart as he knew he'd be getting a needle. We explained to him exactly what was going to happen.

R: When he was hospitalized for his eye surgery, did you notice any after effects?
M: No, there was no problem with him when he came home or when he was in there, he was really cheerful. He liked it very much, all the ice-cream and popsicles.

R: Your husband brought Michael into hospital on his way to work?
M: I would have gone with him myself but my little girl had to go to school and I wasn't too sure how long I was going to be. Michael wasn't upset because I couldn't come with him, as long as I could come and take him home.

R: Did Michael have any problems when he got home?
M: None except when he passed his urine. It hurt him for the first couple of days. He was thirsty but other than that we couldn't keep him down. He was out playing that same day. That's what worried me more than anything else. I wondered if he should be out there. He had a good night's sleep. The next day it hurt him when he urinated, that was the only thing.
R: I don't think we told him that it might hurt. He knew he was having an examination?

M: Oh, yes.

R: When he woke up he pulled down his covers to look at his penis to see if it was all right, and when he discovered that it was he didn't worry about it after that.

M: He may have been relating it to his circumcision.

R: How old was he when he had the circumcision?

M: It was 18 months ago. He's had so much hospitalization in the past 2 years. I think he has done very well considering what he's been through.

R: It was his fear of having another needle that was worrying him this time?

M: Yes, definitely.

R: Perhaps if we had known we could have arranged to have had him receive a liquid medication. The fact that he couldn't have breakfast didn't worry him?

M: No, it was too early in the morning. He didn't have time to think about it.

R: Was there anything we could have done that would have helped you?

M: No, not really. It worked out well, except for the fact I couldn't take him in. It was so early in the morning. My husband solved it by saying he would take Michael.
I. Background:
Name of the mother: Mrs. B.  Marital status: married
Name of the child: Kenneth  Age: 6 years
Education: Grade 12  Number of children: 3
Diagnosis: Bilateral Secretory Otitis Media
Operation performed: Bilateral Partial Tympanotomies with tubes
Length of anaesthetic: 15 min.  Length of hospitalization: 5 hours
Previous hospitalization: Kenneth had been hospitalized twice.
   1. failure to thrive, tonsillectomy, and myringotomy
   2. myringotomy

Mrs. B. was a laboratory technician. She had participated in the nursing care of two of her children who had been hospitalized. Kenneth had been one of the Research Study children on his last admission so Mrs. B. was familiar with the idea of day care.

II. Mother's participation in day care unit:
A. Participation scale: participated independently
B. Precis of field notes: Mrs. B. stayed with Kenneth and participated actively in his nursing care. She needed some help in arranging transportation home. Her husband had taken the day off work to look after the other children.
C. Summary of concerns expressed while in unit:
   1. The early morning scheduling of the admission time.
   2. Wanted to see the doctor to ask him about Kenneth's operation.
   3. The small bandage on Kenneth's foot.
INTERVIEW WITH MRS. B.

The interview was not taped because of mechanical difficulties with the tape recorder.

I asked her for her impressions of Kenneth's hospitalization in the day care unit as she had mentioned last week how well he had accepted being in hospital this time. She said she thought it was because he was just in for the day. She then told me about Kenneth's previous experience in hospital when he was three. He had failed to thrive and was admitted for 3 weeks and underwent "every test in the book - had to swallow chalk, have X-rays, blood tests - the works. He was only three." She said she went to see him every day but couldn't stay because her youngest son, Keven was in another hospital at the same time, having fallen from his crib and broken both his legs. She felt Kenneth had developed a fear of hospitals and felt her family doctor should not have admitted him for so long a time when he was just 3 years old. He cried most of the time and developed "deep hollows under his eyes." She said "I don't know what happened when we weren't there but I know he was very unhappy. He lost weight because he had so many tests scheduled and was not permitted to eat." Before he was discharged, the doctor decided to do a tonsillectomy and myringotomy which meant he had to spend an extra week in hospital.

I asked her what she told Kenneth this time when she found out he had to come into hospital. She said "I told him about a week before that he would have to have his ears drained again, but I don't think he really understood. Dr. P. had also told him that he was going to have to do some surgery on his ears but that he would not have to stay in hospital overnight."

She felt Kenneth responded so well because he knew he was not going to stay in overnight. She said she felt the Day Care Unit was a wonderful idea and if Kenneth ever had to come in again she would insist it be on a Day Care basis.

When asked why she felt the mother's presence was so important, she said "Children are usually afraid of white uniforms
and feel much more confident when the mother is present." She mentioned several times the fact that she worried about Kenneth's long separation when he was only three.

I mentioned to her the fact that I had observed her participating quite actively in Kenneth's care and she replied that she felt the child would accept the care more easily from the mother. I asked her if she felt she could have done more for him and she said she didn't think so. "I'm not sure if there was anything else I could have done."

The only thing she had not been prepared for was the intravenous. When she saw his foot with the bandage on it she wondered what had happened. She did ask Dr. P. and he told her essentially the same thing I had told her at the time.

She said she thought the Day Care Unit was very nice — bright and cheerful. Kenneth exclaimed "Oh, fab!" when he saw the orange carpet on the floor. She felt the colourful room added to his acceptance of the unit.

I asked her about any complications Kenneth developed. The only one was that his ears began to drain 2 days following and she immediately phoned Dr. P. who put him on antibiotics.

She mentioned that last time she had a visit the evening of surgery by the research nurse, but didn't feel it was necessary. "There was nothing really that she could do. I don't see the point in having her visit."

I asked her what she would think of a pre-operative visit the day before, particularly for those mothers who had not had any previous experience. She said she thought a visit beforehand was a good idea. She said Dr. P. phoned her twice, the day of surgery to check on Kenneth — once in the afternoon and again in the evening.

I asked her if she felt a phone call from a nurse the evening of surgery would be a good idea. She said "Yes, it would be reassuring to the mother."
RESPONDENT #3

I. Background:
Name of the mother: Mrs. C. Marital status: married
Name of the child: Bill Age: 14 years
Education: Grade 12 Number of children: 2
Diagnosis: Anterior Epistaxis
Operation performed: Bilateral electric cautery
Length of anaesthetic: 20 min. Length of hospitalization: 5 1/2 hr.
Previous hospitalization: Once before for a tonsillectomy

Bill and his 2 year old brother David were both admitted to the day care unit at the same time. David was kept in hospital overnight because he had an adenoidectomy and did not return to the unit. Mrs. C. stayed with Bill and would not go up to see David even when asked to see him. She said she thought it would upset him as he had been upset pre-operatively.

II. Mother's participation in day care unit:
A. Participation scale: did not participate
B. Precis of field notes: Mrs. C. did not assist the nurses with Bill's care. She talked with him and kept him company during the entire period except when she left to pick up a relative to help take Bill home.
C. Summary of concerns expressed while in unit:
1. The preoperative needles that had been given to the children as her doctor had told her they would not be receiving any.
2. The side effects of the preoperative medication.
3. The side effects of the anaesthetic.
4. Wanted to see the doctor regarding the operation.
INTERVIEW WITH MRS. C.

Key: M = mother
R = researcher

M: Bill had terrible effects from the anaesthetic but other than that it was a tremendous set-up. The one thing that threw me was having to fill out the history sheet at the hospital. It would be much better if it could be filled out at home as I forgot to put down some things that were important. It was difficult because David wanted to hang onto me. He was good until he took that medicine and then he was unbelievable. He had never carried on like that before. It had to be the medicine. He was just like a wild man.

R: The medicine is supposed to sedate them but sometimes it seems to over-excite them and has a stimulating effect.

M: Bill was rather apprehensive until Dr. B. explained to him what he was going to do and told him "no needles, Bill."

R: You were not prepared for that, were you?

M: No, Bill said that Dr. B told him a fib. Dr. B. told me he preferred ______ hospital because they did not use needles so we were surprised when both boys were given needles. That was a jolt. When we went to get David the next day he was crying. The nurses said he was very good.

R: I was wondering if you could explain what your thoughts were when the nurse asked you to go up and see David and you said you would rather not at that time.

M: I was worrying about upsetting him. I thought he should be quiet and didn't know how he would react. It was only for the one night. If he had been in longer I definitely would have gone to see him. I think this is a carry-over from our own doctor because when Bill had his tonsils out, they definitely wouldn't let you go and see him. The doctor said that he usually suggested that the parents not visit when the child was in only overnight as it usually upsets the child.

R: This approach is changing now and parents are being encouraged to visit even if the child is in for a short period.
M: My niece has been in hospital several times and it is just murder getting out of there. She really carries on until she knows we have gone.

R: You didn't want that to happen?

M: No I didn't.

R: Parents often need help in this situation. Children usually express their feelings when they see their parents. It is a release for them and young children will cry when they see them. Did you feel the instructions you received were adequate and did you have any problems preparing the children?

M: No, not at all. The only thing was filling out the form. You try to be as helpful as possible in trying to remember but there were too many things going on at the time and I wasn't thinking clearly.

R: How did you feel about your participation in the unit? Would you have liked to have done more for Bill?

M: No, he was fine. He was older so was more on his own. I held David for a while but he wouldn't settle down so I walked out and said to the nurse "maybe you can do more with him." The poor nurse was running all over the place getting toys for him and I said to myself "just pow him one." Finally she just shook her head and said to come back because he wasn't going to settle down. He wouldn't go to sleep. Someone suggested I go up to the operating room with him to quieten him down but there wasn't any point because he would still have gone up fighting. I am sure it was the effect of the medicine.

R: It was probably the effect of the medicine and everything else. How did Bill manage when he got home? He was feeling quite faint just before he left.

M: He went straight to bed and then he was sick to his stomach. He must have been sick five or six times. He was tired the next morning but was able to eat. The doctor said he could go back to school but he was feeling too tired.

R: You were wise in not sending him. Did he have any bleeding from his nose?
M: No. We went back to see Dr. B. and he was extremely pleased.
R: Do you feel a visit from a nurse during the week prior to hospitalization would be helpful in any way?
M: No, not really. We received a letter in the mail explaining the preparation. The nurses were efficient and relaxed and put the parents at ease. I would much rather be busy than be sitting in the hall wondering what was going on. The nurse was relaxed with David. If she hadn't been I would have been very upset. It helped me relax which helped David. There is nothing that gets to a child faster than his parents reactions. It was a good idea putting both Bill and David in together. It worked out tremendously. It relaxed David more. They are very close.
R: Yes, I am sure it helped both of them. Do you think a phone call from a nurse the evening of surgery is a good idea? Would it have been of any help to you?
M: Not really. The instructions said to be prepared for vomiting. I don't think it would have been of any benefit. If anything had happened I would have phoned the hospital or the doctor. I sort of expected that he would be sick.
R: Was there anything that we could have done that would have helped you?
M: No, everything ran beautifully. I would never hesitate to take them back.
R: Did you have any trouble arranging transportation?
M: No, not really. It worked out fine.
RESPONDENT #4

I. Background:
Name of the mother: Mrs. D. Marital status: married
Name of the child: Cindy Age: 8 years
Education: No record available Number of children: 1
Diagnosis: Dental caries
Operation performed: Dental restoration
Length of anaesthetic: 55 minutes Length of hospitalization: 5 hours

Previous hospitalization: none
Cindy was a foster child and had lived with Mr. and Mrs. D. since she was three years of age. She had cerebral palsy and her movements were quite spastic but she spoke clearly and was bright. Mrs. D. was extremely fond of her and was hoping to adopt her.

II. Mother's participation in day care unit:
A. Participation scale: participated independently
B. Precis of field notes: Mrs. D. sat beside Cindy's bed preoperatively and held her hand. She felt she should be with her as she understood her. She stayed for the entire period.
C. Summary of concerns expressed while in unit:
1. The long preoperative waiting period in the unit.
2. The length of the operation.
3. The length of time Cindy would be in the unit post-operatively.
INTERVIEW WITH MRS. D.

Key:  M = mother  
R = researcher

R: When I last saw you in the day care unit you were waiting for Cindy to come back. How did you manage?
M: I just sat and waited. I walked around the place and watched the babies. When I got back the nurse said she'd just come back. She was awake. The doctor came in and said she could go home so I phoned my husband, he came down and got us. I made up blankets on the chesterfield for her. She was feeling very sorry for herself, and wanted a lot of nursing. When I put her to bed she didn't settle down very well, she said her teeth hurt. The next day she had some soup for lunch. She wasn't sick at all. She sat on the chesterfield in the afternoon and had a little sleep. She went to school the next day.
R: So the only difficulty Cindy had was that her mouth was sore?
M: The discomfort went by the next day.
R: Did you give her anything for it?
M: No, I didn't have anything.
R: How did you feel about the day care unit? Did you find you had things to do to help Cindy?
M: Yes, I went with the idea of being determined to stay. I was going to put up a fight. She needed someone with her.
R: How did you find out about the unit?
M: From the dentist. Someone phoned me from the hospital and asked me if I wanted to leave her in overnight or bring her in the morning and take her home at night. They told me what time to bring her in. I took her to her own doctor the day before for a physical examination to see if she could take the anaesthetic. Day Care is a good idea.
R: Do you feel you could have received more explanations regarding day care?
M: No, I don't think so but I would have liked to have seen the dentist.

R: You never did get a chance to see him?

M: No, I thought he might have come in to see her.

R: You would have liked to have asked him about Cindy's teeth?

M: Yes. I think it might be a good idea if they warned you beforehand about needing two people to bring the child home.

R: You didn't know?

M: No, I didn't.

R: Did you not receive the instructions in the mail?

M: No, just what I received when I was there. I overheard some of the other ladies talking about it. I had no idea.

R: That was very unfortunate.

M: The forms may have gone to the Children's Aid. No one thought to tell me about it. The nurse could have mentioned it when she phoned me the day before.

R: What did you tell Cindy about coming into the hospital?

M: I told her she was going to have her teeth looked at and that they'd give her something to put her to sleep. I don't believe in hiding things, sometimes it comes as a shock.

R: How did she respond?

M: She didn't worry except for the fact that she couldn't have anything to eat. Cindy had a big bruise on her foot when she got home and what looked like a needle prick.

R: Sometimes the doctor gives the children something intravenously. That was probably what it was.

M: Yes, I remember now. The little boy in the next bed had the same thing. I heard his mother mention it.

R: How helpful were the instructions you received?

M: They were fine. It only requires common sense.
I. **Background:**

Name of the mother: Mrs. E.  
Marital status: divorced

Name of the child: Rita  
Age: 3 years

Education: no record available  
Number of children: 4

Diagnosis: Dental caries

Operation performed: Dental restoration

Length of anaesthetic: 70 min.  
Length of hospitalization: 6 hr.

Previous hospitalization: none

The family lived in New Westminster and Mrs. E. brought Rita by bus as she did not have a car. She was on social welfare. She planned to take Rita home on the bus but was advised to try to make other arrangements. She did arrange to have a friend pick them up as she did not have money for a taxi. Three of her children had been hospitalized.

II. **Mother's participation in day care unit:**

A. **Participation scale:** participated independently

B. **Precis of field notes:** Mrs. E. participated independently in all the categories on the scale except for making arrangements for discharge. She needed help in this area. Rita became very upset following the premedication and finally had to be given a rectal medication which quickly put her to sleep. Mrs. E. stayed for the entire hospitalization period.

C. **Summary of concerns expressed while in unit:**

1. The effect of the premedication on Rita, who was crying and refused to take off her clothes.

2. Problem in arranging transportation home.

3. The early hour she had to get up.

4. The long wait preoperatively.

5. Anxiety over her older daughter who might have rheumatic fever.

6. Upset over a comment made by one of the nurses that Rita was spoiled.

7. The length of time Rita would be in the operating room.
INTERVIEW WITH MRS. E.

Key:  M = mother
R = researcher

M: Rita was fine. She just kept drinking. I was afraid she would be sick on the way home. I would insist next time that she be put to sleep right away because of the reverse effect on the premedication.

R: That period was the most upsetting one for you.

M: The nurses thought she was having a tantrum but it was the medicine. I had prepared her.

R: What did you tell her?

M: I told her she was going into hospital and would be sleeping in someone else's crib for the day and that the dentist would put her to sleep and fix her teeth, because she still remembers a year ago when she was at Dr. T's and she had a bad experience. I told her that when she woke up and got dressed, we would bring her home. She knew I would be with her when she went to sleep and when she woke up. I had no trouble preparing her. She was looking forward to it. I had no trouble waking her up at 6:15.

R: She didn't want anything to eat or drink?

M: No, mind you I only got her up 20 minutes before we left, only time to get her dressed. She didn't have time to think about it. I got the specimen.

R: How did she respond when she got home?

M: She was very pleased about her new teeth. She didn't appear to remember the experience.

R: She appeared most upset about having to get undressed. Do you know what was in her mind at that time?

M: I think having strangers telling her to take off her clothes gave her the impression they were going to take her away and keep her in bed. She saw a little boy and girl come in, be put to bed, and then go out, without taking their parents with them and I think she was afraid she was going to be taken
away too.

R: How was she when she came back to the unit?
M: She was fine. She knew she would be going home. She seemed to remember what I had told her.

R: You did have some difficulty arranging transportation that day.
M: I thought I would take her home on the bus. I didn't think she would be sick and felt I could manage her which I did. I didn't realize they meant she had to go home by car.

R: You received the instructions?
M: I didn't receive any instructions. They were sent to the wrong address, so I didn't have a clue. The nurse phoned a couple of days before to ask me some questions and I told her I had not received the instructions.

R: The nurse told you how to prepare her?
M: No, nothing, except that I was not to give her anything after midnight, but I knew that.

R: It was very fortunate that you were able to be with Rita.
M: They sent me out for a few minutes but the nurse called me back in because she couldn't handle her. She thought she would settle down but she didn't.

R: I guess Rita thought you were leaving her?
M: Yes, I had told her I would be staying. I told the nurse that but she said that sometimes they settle down without the parents, but she soon realized what I meant.

R: How much did you do for Rita when she came back?
M: I gave her the drinks and completely took over, because she is a little wary of nurses. She is going through a stage where she will only take things from me.

R: So if you had not been there she would not have accepted anything from them?
M: No, she wouldn't have taken the premedication either.

R: Do you feel a visit the day before by a nurse would be helpful to a mother?
M: Yes, for a mother who had not had any experience but it should be made at least a week before, in order to give some time to prepare the child.

R: How did you manage when Rita got home?
M: Fine. She had a bowl of soup and some juice and went to bed. I got up in the night a couple of times to see if she was alright. The night before she was keyed-up and didn't go to sleep for a long time.

R: Do you feel a visit the day following would be helpful to a mother?

M: Not for me because I have had so much experience with hospitals but for someone who had not had a child in hospital before, it would be a good idea. The phone call from the hospital the next morning is a good idea. Some mother might be having a rough time and not know who to contact. Doctors often aren't in their offices until the afternoon.

R: You found the waiting period quite long, didn't you?

M: I didn't realize we would have such a long wait. We arrived at 8 o'clock and were told she wasn't going to the operating room until 10:30. I felt it was too long a wait for a little child, especially when she had nothing to eat. If they had told me 10:30 you wouldn't have seen me until 9:30. I had 1 1/2 hours with nothing to do, trying to keep her amused. I wouldn't do it again. I thought the nurses did a wonderful job. I was real pleased. It was just that one hour of frustration.
I. Background:
Name of the mother: Mrs. F.  Marital status: married
Name of the child: Jeoffrey  Age: 7 years
Education: No record available
Diagnosis: Bilateral Secretory Otitis Media
Operation performed: Bilateral Myringotomy with tubes
Length of anaesthetic: 10 minutes
Length of hospitalization: 5 hours
Previous hospitalization: Jeoffrey had been hospitalized twice.
   1. tonsillectomy, myringotomy and tubes
   2. adenoidectomy, myringotomy and tubes

II. Mother's participation in day care unit:
A. Participation scale: participated independently
B. Precis of field notes: Mrs. F. achieved the highest rating on the scale. She brought a big bag of toys for Jeoffrey and something for herself to do while she was waiting for him to come back. She stayed for the entire period and sat beside his bed, playing with him and explaining what was happening.
C. Summary of concerns expressed while in unit:
   1. Worried about the operation. It was the third such operation in three years.
   2. Wanted to know when Jeoffrey was going to the operating room so she could plan when to go to lunch. She wanted to be present when he went up.
INTERVIEW WITH MRS. F.

Key: M = mother
R = researcher

R: You mentioned last week the fact that there was quite a difference between the new unit and the facilities for day care last year when Jeoffrey was in. What do you see as the advantages of the new unit?
M: It is a lot easier on the kids. There is a difference in the colour of the room, the floor, the beds. It is a much happier atmosphere.

R: Did Jeoffrey remember his last experience in hospital?
M: He remembers going into hospital, but not afterwards. All he remembered was that he couldn't eat and that he was sick.

R: Was he sick this time?
M: No, not at all. He came home and ate.

R: Jeoffrey has been in hospital twice before. Is there anything about it that frightens him?
M: No. All he worried about was not being able to eat and then he remembered being sick.

R: How did you prepare him?
M: I don't believe in telling him too much in advance. I told him the night before at supper time he was going in to have his ears fixed.

R: How did you manage when you brought him home?
M: He was tired and went to bed early. He got up the next morning and was fine. He wanted to know why his ears were wet, but it was just a little bit of blood.

R: When did he go back to school?
M: I sent him back in the afternoon.

R: Was there anything we could have done that would have helped you?
M: No, I don't think so. I probably had more questions last time. Everything worked out very well.
RESPONDENT #7

I. **Background:**

Name of the mother: Mrs. G.  Marital status: married
Name of the child: Richy  Age: 6 years
Education: No record available  Number of children: 2
Diagnosis: Possible Urethral Obstruction
Operation performed: Cystoscopy, Pyelogram and Meatotomy
Length of anaesthetic: 5 minutes
Length of hospitalization: 3 1/2 hours
Previous hospitalization: Richy had been hospitalized for a tonsillectomy.

Mrs. G. had been hospitalized herself a few times so had some idea of hospitals in terms of her own experience, particularly injections, which she feared. Richy had a history of urgency and frequently wet the bed at night. This was beginning to upset him, particularly when he had an accident at school, which had happened a few times.

II. **Mother's participation in day care unit:**

A. **Participation scale:** participated with help

B. **Precis of field notes:** Mrs. G. stayed with Richy for the entire period. She participated in some of the nursing activities but was more of an observer.

C. **Summary of concerns expressed while in unit:**

1. Was Richy going to have a needle?
2. Wanted to know how long he would be in the unit post-operatively.
3. Wanted to know what the doctor was planning to do.
4. Was worried about Richy's bladder problem.
5. Wanted to know if he would have any difficulty voiding at home.
INTERVIEW WITH MRS. G.

Key:  M = mother
      R = researcher

R:  Richy asked about getting a needle. Has he had one before?
M:  He had a hypo when he had his tonsils out and complained that
     his behind was sore, and kept saying the needle was still there.
R:  When did he have his tonsils out?
M:  When he was three or four.
R:  Did he remember anything else about the hospital?
M:  He wanted to know if he was going to get ice cream and jelly.
     What worried him most was that he would get another needle. He
     probably gets it from me, as I am petrified of needles.
R:  I am very pleased that he did not receive one in the unit. Did
     he know what the doctor was going to do?
M:  I told him they had to put him to sleep and find out if there
     was a problem up there. I didn't want to tell him too much
     and scare him. I felt in a spot as I didn't know exactly how
     much to tell him and wasn't exactly too sure of what he planned
     to do. As far as I knew they were going to put a light up
     into the kidney and take a boo around.

     (An explanation of the C and P procedure was given)

M:  Richy has had only one accident since he came home, but that
     was because he wasn't feeling well and I didn't wake him up and
     take him to the bathroom. I hope the operation did the trick.
     The Doctor said the opening was narrow. He had a stitch on the
     end of his penis.
R:  I guess the doctor dilated the opening, and just put a stitch
     in the area. Did he have any pain at all?
M:  A little discomfort. It hurt him when he passed his water. I
     was mean the first time and ran water so he just had to go. He
     held it for quite a while because it stung each time he tried.
R: If he had experienced difficulty going, what would you have done?
M: I would have finally put him in a tub of warm water.
R: Yes, that is a very good idea. We will have to make a point of letting the mothers know about it. Dr. J. suggests this if the mothers phone him for advice. It should be included in the teaching. Were the instructions you received quite clear?
M: I had been in hospital several times myself. I had no difficulties.
R: How did you find out about day care?
M: From Dr. J. The only thing I specified was that I didn't want to take him home until he had passed his water without difficulty. I hadn't had any sleep the night before. I was so tired that day. I figured Richy would be tired and would sleep when he got home.
R: I bet that didn't happen. He was so wide awake and active.
M: He lay on the chesterfield but chatted constantly so I couldn't sleep. He was quite keyed-up.
M: You felt quite comfortable about bringing him home as long as he could void.
M: Yes. There is nothing worse than bringing a child home from hospital figuring everything is fine then finding out you have a very sick youngster on your hands. You're not a nurse and not sure of what to do. It makes you feel sick. When you phone the doctor all he says is to give the child a couple of aspirins.
R: If anything had happened you would have preferred it if Richy had stayed in overnight?
M: Yes, but I think it is a wonderful idea.
R: Did you have any difficulty arranging transportation?
M: I got a taxi home. I thought I was going to be there a lot longer than I was. My husband was going to pick us up but I decided we might just as well come home.
R: Would you have felt more comfortable if you knew someone from the hospital was going to phone you the evening of surgery to see if everything was alright?
M: Yes, I think it would be a good idea, either someone from the hospital or the doctor himself, to find out if there were any problems. This should be done around supper time because the drug stores are still open if a prescription is needed, and it is not too late for someone to come to the house. A nurse could advise the mother or phone the doctor.

R: You had a question regarding whether or not you could put Richy in the bath because he had a stitch and a nurse could have advised you.

M: Richy was quite taken with the stitch. He thought it was a hair and tried to pull it off. That was the first I knew of it.

R: I didn't realize it either. I guess we didn't prepare him for that.

M: Richy is very modest. When I told him it was a stitch he said, "how about that!"
I. Background:
Name of the mother: Mrs. H.  Marital status: married
Name of the child: Corey  Age: 7 months
Education: Grade 12  Number of children: 2
Diagnosis: Query congenital cataracts
Operation performed: Eye examination under anaesthetic
Length of anaesthetic: 15 minutes
Length of hospitalization: 4 hours
Previous hospitalization: none

Mr. and Mrs. H. brought both of their children into the unit for an eye examination. Mrs. H. looked after Corey and Mr. H. looked after 2 1/2 year old Darren. Mrs. H. had previous experience with hospitalized children. She had participated actively in looking after Darren when he was hospitalized the year before for failure to thrive.

II. Mother's participation in day care unit:
A. Participation scale: participated independently
B. Precis of field notes: Mrs. H. held Corey preoperatively and helped the nurse give him his preoperative injection. Postoperatively she did everything for him such as, holding, feeding and changing him.
C. Summary of concerns expressed while in unit:
1. Wanted to know how long Corey would be in the operating room.
2. Anxiety over the results of the examination.
3. Wanted to see the doctor regarding the examination.
4. Found the preoperative period very confusing.
INTERVIEW WITH MRS. H.

Key:  M = mother  
       R = researcher  

R: Did your husband arrange to have the day off work so he could help you with the two children?  
M: He decided to take the day off because we didn't know what to expect. We didn't know if they would be able to see after I put the drops in their eyes, so he decided to come and help me. 
R: How did you find out about the day care unit? 
M: I had read about it in the paper, but it was the doctor who arranged it. 
R: Did you have any problems with their eyes when you got them home? 
M: Darren had difficulty with his balance and they were both bothered by the light because their eyes were still dilated. 
R: You put drops in their eyes before they went to the hospital? 
M: Yes, I started the night before and in the morning. It didn't take that long but I didn't know what it would be like. 
R: That was very wise, deciding that both of you would take the children in. 
M: Yes, it would have been a handful. We had Darren in hospital before. I couldn't see leaving them and coming back later. 
R: Darren was in hospital before? 
M: He was in for three weeks when he was 16 months old, for failure to thrive. He was a very small baby. All they concluded was that he had gotten so active that he was not eating enough and that was why he was losing weight. 
R: How did he respond to this separation from you? 
M: We had to leave him crying the first time. After a couple of days when we left him he knew we would be coming back the next day. Mind you, I spent all day at the hospital. 
R: You helped with his care? 
M: I pretty well looked after him. Most of his tests were in the morning.
R: I am sure that made a lot of difference. When he came home did you notice any difficulty with his eating or sleeping?

M: No, but he came home exhausted. He was on daily weight and the night staff woke him at six each morning to weigh him. He wasn’t used to waking up until 9 o’clock, and then he just had one nap after lunch and then was up again at 1:30. When he got home he was so tired for the first week, I phoned the doctor.

R: You appeared very much at home in the day care unit. I wondered if you had previous experience in hospital.

M: I think day care is ideal. I did wonder about the anaesthetic, and how they would be following the examination.

R: Did you find the instructions you received in the mail satisfactory?

M: I phoned in. I had one question and that was how to get a urine specimen from an 8 month old baby. She told me not to worry about it.

R: You asked at one point how long the children would be upstairs. Were you thinking of leaving and coming back later?

M: At no time did we really consider leaving unless they were going to be in the unit until supper time. We certainly wanted to be there when they came back.
I. **Background:**

Name of the mother: Mrs. I.  Marital status: married  
Name of the child: John  Age 2 years  
Education: 12 years in school  Number of children: 2  
Diagnosis: Bilateral Secretory Otitis Media  
Operation performed: Bilateral Myringotomy with tubes  
Length of anaesthetic: 10 minutes  

Length of hospitalization: 4 hours  

Previous hospitalization: John had been hospitalized three times.  
   1. ear infection  
   2. ear infection and possible meningitis  
   3. asthma  

Mrs. I. was a very quiet woman. She mentioned John had developed some fear of hospitals and nurses and had been spoiled when he was in hospital last time.  

II. **Mother's participation in day care unit:**  

A. **Participation scale:** participated with help  

B. **Precis of field notes:** Mrs. I. stayed with John for the entire period. She needed help in assisting with his care but with direction coped quite well.  

C. **Summary of concerns expressed while in unit:**  
   1. Wanted to know if John's ears would continue to drain postoperatively.  
   2. Worried that John would develop an ear ache.  
   3. Worried about John's recurring ear problems.  
   4. Worried that John's younger brother would not let him rest when he got home.  
   5. John's diet postoperatively.
INTERVIEW WITH MRS. I.

Key:  M = mother  
      R = researcher

R:  How did you manage with John?
M:  I had to call the doctor. His left ear is still draining. 
    The doctor said there was some irritation there. I've been 
    putting some drops in it.
R:  How is his hearing?
M:  I think his hearing is better.
R:  How did you find the day care unit?
M:  It's really nice. When John was in hospital before I didn't 
    know what was happening and he couldn't tell me.
R:  When John was in hospital before, how did he respond when he 
    got home?
M:  When John went in the first time, the nurses had carried him 
    around a lot and when we got him home he was hard to handle. 
    The next time he was in he was in isolation and the nurses 
    left him alone. The last time he had asthma and when we got 
    him home he was just terrible, hitting his brother and just 
    being a brat. They really spoiled him. He wouldn't sleep 
    in the afternoon anymore.
R:  Yes, I remember, you mentioned that last week. Did you have 
    any difficulties preparing him this time? You received the 
    instructions in the mail?
M:  I didn't get any. I didn't tell John he was coming in. He 
    knew when we arrived and I started taking off his clothes.
R:  You knew what to do as far as preparation was concerned, such 
    as nothing to eat?
M:  Yes.
R:  You did you feel about being in the unit with John?
M:  It was nice being right there with him.
R:  How did you manage when you got home?
M:  He wouldn't sleep. He wanted to eat so I gave him some soup. 
    He was very tired but he wouldn't sleep.
R: You were worried about ear pain, because John was holding his ear. Did he have an ear ache?
M: No, he was fine. I did give him a couple aspirins.
R: When did you phone the doctor?
M: The next day as his ear was running quite heavily and he said to bring him in to see him. I was to clean it with peroxide. He said it was quite natural for it to drain.
R: He must have had quite a lot of pressure in his ear before surgery.
M: It used to break about once a week. The doctor said that was why he wanted to put the tubes in. Last October his ear was running and he developed a high fever. I took him to the hospital and they thought he had meningitis. He was in isolation for a week.
R: That must have been very hard on him. Do you feel a visit by a nurse from the day care unit a week or so before surgery would be beneficial? She could explain the routines to you.
M: I think so. When the nurse phoned the day before and I asked her if I should stay or leave him. She said to leave him and they would phone. I didn't know about the unit so didn't know I could stay.
R: So when you arrived you were not prepared to stay?
M: No.
R: It was fortunate you were able to stay because your mother was here to look after Jason. Since John had been in hospital so much he would be so much more comfortable having you with him. Would you have felt more comfortable if you had known someone from the hospital was going to phone you that evening to ask you about John?
M: Yes. The phone call the next day was a good idea.
R: If you hadn't been able to reach the doctor would you have phoned the hospital?
M: Yes, I would have. If he had been sick I would have phoned. I don't think the nurses would have known what to do about his ear. The doctor knows more about it and the pattern it takes.
R: You would prefer to phone the doctor?
M: Yes.
RESPONDENT #10

I. Background:
Name of the mother: Mrs. J.  Marital status: married
Name of the child: Jim  Age: 6 years
Education: No record available  Number of children: 2
Diagnosis: Urethral Stenosis
Operation performed: Cystoscopy and Pyelogram
Length of anaesthetic: 10 minutes
Length of hospitalization: 3 hours
Previous hospitalization: Jim had been hospitalized once before. Reasons unknown.

II. Mother's participation in day care unit:
A. Participation scale: participated with help
B. Precis of field notes: Mrs. J. appeared at home in the unit and appeared interested in it. Once she was shown what to do and it was explained to her, she participated well. She sat beside Jim's bed and played with him. While he was up in the O.R. she spoke with the other mothers.
C. Summary of concerns expressed while in unit:
1. Wanted to know how long Jim would be in the operating room.
2. Concerned about his voiding postoperatively.
INTERVIEW WITH MRS. J.

Key: M = mother  
R = researcher

M: I thought having the mothers participate was excellent, but sending the child home after an examination like that is not too good. I think they should stay in for 24 to 48 hours to make sure they are fine because of what happened to Jim. I understand most of them are fine, is that right?

R: Some of the boys have had some pain on voiding but your Jim had more than the normal degree of difficulty.

M: He had very severe pain. He did go the first day, three times but after that he refused to void. It meant another trip to the hospital to be catheterized and then the next day we went through the same performance but we did get him to go finally in the evening, but each time it was a 24 hour span, just the limit. It is so painful for him he just screeches. It's just awful.

R: Is it any better today?

M: Slightly, but it is still painful. Today is the first time he's gone before 7 o'clock.

R: You put him in the bath?

M: I watch him. He doubles over and I know it is time to try. I just pick him up and put him in the warm bath. You almost need two people, one to get the water ready and one to manage him as he's so against it at the time. He refuses to cooperate. So I feel he would have been better in hospital for 2 days, although it would have upset him more. He would have had less discomfort as we didn't know what to do at the time. We couldn't cope with it. It meant calls to the doctor, bothering him.

R: So each day it just got worse?

M: Yes. We thought each day it would get better.

R: You phoned Dr. J. when all this difficulty started?
M: Yes, but we couldn't reach him. I couldn't get anyone, so we phoned the hospital as a last resort and they said to bring him in immediately and they would look at him. The next day I got Dr. J. and he told us what to do. Not being able to reach the doctor was upsetting. If Jim had been in hospital they would have known what to do. It was really frustrating.

R: I am sure you were quite upset, not knowing what to do.

M: The idea behind day care is good but they are going to have to limit what they do.

R: You mentioned on the phone yesterday something about your family doctor's feeling about the experience.

M: He's never been enthusiastic about it because he feels the procedure is quite uncomfortable and it doesn't hurt to have the children under observation for awhile, for 2 days at least.

R: When you took him back to the hospital would you have preferred it if he had stayed in?

M: Yes, but at the time I thought it would get better. They sort of indicated it would but how would you know, they didn't. He was so happy at the time and glad to be home.

R: Jim is the first child who has experienced this degree of difficulty since the unit opened last October, but we will have to look out for it.

M: I would never consent to it being done on day care again. He would have to be admitted.

R: Would a visit from a nurse the day following the examination have helped you?

M: Yes, I couldn't reach anyone and she could probably have contacted a doctor. The hospital didn't phone until Monday.
RESPONDENT #11

I. Background:
Name of the mother: Mrs. K. Marital status: married
Name of the child: Christine Age: 2 years
Education: No record available Number of children: 1
Diagnosis: Urethral Stenosis
Operation performed: Cystoscopy and Pyelogram
Length of anaesthetic: 15 minutes
Length of hospitalization: 3 hours
Previous hospitalization: none

Mrs. K. was expecting a baby next month. She had worked so Christine was used to being left with a baby sitter.

II. Mother's participation in day care unit:
A. Participation scale: participated with help
B. Precis of field notes: Mrs. K. stayed with Christine for the entire period. She helped look after her by playing with her, holding her on her knee and by taking her to the bathroom. She participated well with direction.
C. Summary of concerns expressed while in unit:
   1. Wanted to know how long Christine would be in the operating room.
   2. Christine's diet postoperatively.
INTERVIEW WITH MRS. K.

Key: M = mother
      R = researcher

R: Could you give me your impression of the day care unit?
M: I thought it was very nice. I was surprised, as I thought it
    would be just like a regular hospital. They have so much there
    for the kids, just like a nursery school. Christine didn't
    mind it at all.

R: How would you have felt if you had had to leave her in hospital?
M: I wouldn't have liked having to leave her. She probably would
    have been alright but kids often get frightened of the hospital.

R: Did you have any difficulty preparing her?
M: No. We just got up and got ready to go, then woke her up and
    took her. She didn't ask for breakfast which is unusual, but it
    was dark outside.

R: You received the instructions in the mail and were prepared to
    stay?
M: Yes, but I didn't think we would be home so fast. We were only
    there a couple of hours. I was very pleased with it. I thought
    it would be more unpleasant for her than it was. The environ­
    ment was so nice.

R: Was she asleep when she went up to the operating room?
M: She was drowsy. I went up with her to the door of the operating
    room and she looked in the door and I just walked away. She
    didn't cry.

R: She has been separated from you before?
M: I worked for a few months so she is used to being away from me.
    She has never been away overnight. The thought did cross my
    mind that she might have to stay in hospital overnight for some
    reason and then with the baby arriving soon, I did worry a
    little. She would just get home and then I would be going away.

R: You had a little difficulty with her voiding when she got home?
M: That day and again the next morning she didn't want to go but when she did go she said, "that didn't hurt." She was afraid it would hurt.

R: You mentioned on the phone you had put her hands in water to help her go.

M: That was my husband's idea. We tried it the evening of the surgery. She played with the bowl of water and we sat her on her potty. She couldn't hold it back so she went. That was the only way I think we could have got her to go.

R: How did you manage with her diet?

M: She wanted to eat right away and she was fine. I didn't want to give her too much but she was hungry. She ate like a horse and the next day was back to normal.

R: She was very wide awake when she came back to the unit.

M: The only effect she seemed to have was that her legs were a bit shaky.

R: You were able to arrange transportation?

M: I had no difficulty with that.

R: Would you have been reassured if you had known someone was going to phone you the evening of surgery?

M: No, I wasn't worried at all.

R: If she had experienced difficulty in voiding who would you have called?

M: I don't know, probably Dr. J. or the hospital.

R: Do you have any suggestions for improvement in the unit?

M: No. I had planned on being there for the whole day. Dr. J's nurse had phoned me and said I would be there for the whole day so I was surprised to be home so early.
RESPONDENT #12

I. **Background:**

Name of the mother: Mrs. L.  
Marital status: married  
Name of the child: Nancy  
Age: 8 years  
Education: No record available  
Number of children: 3  
Diagnosis: Dental Caries  
Operation performed: Tooth Extraction and Fillings  
Length of anaesthetic: 2 hours  
Length of hospitalization: 8 hours  
Previous hospitalization: none

Mrs. L. was Italian and needed some help in filling out the various forms. Nancy was very unhappy when she arrived in the unit and started to cry. She thought the dentist was going to hurt her. Mrs. L. tried to reassure her that she would be asleep and not feel anything.

II. **Mother's participation in day care unit:**

A. **Participation scale:** participated with help  
B. **Precis of field notes:** Mrs. L. stayed with Nancy for about an hour preoperatively but as the schools had closed that morning unexpectedly, she had to go home and arrange for someone to look after her children. She planned to come back as soon as possible. While she was there she comforted Nancy and sat beside her bed trying to amuse her. She appeared worried about leaving her alone.  
C. **Summary of concerns expressed while in unit:**

1. Worried about the children at home.  
2. Wanted to know when Nancy would be going to the operating room.  
3. The long preoperative waiting period.  
4. Wanted to know when Nancy would be ready to go home.
INTERVIEW WITH MRS. L.

Key: M = mother
R = researcher

R: When Nancy arrived in the hospital she seemed quite upset.
M: She came home from school the day before crying. She is afraid of the dentist.

R: She had not been in hospital before?
M: No, never. She was so upset at the dentist's when she went for a check-up that he decided to bring her in and fix them all at once.

R: Once she was settled in the unit she was fine.
M: I went back to see her at 4:30 p.m. and she was still half-asleep. She wanted to rest a little more. She was sick a couple of times.

R: Was she sick when she got home?
M: No, she had something to drink and slept right through the night.

R: Did she tell you anything about it? Was it as bad as she had thought it was going to be?
M: She was really surprised when she woke up and found all her teeth were fixed. She said she didn't feel anything.

R: After you left she was very good. She didn't cry any more.
M: She wasn't frightened then?
R: No. She was very good. She just needed to get used to what was happening. Was she afraid of the drill?
M: Yes, it was the drill. She didn't like it, but she was really happy to have her teeth fixed.

R: Did she have any pain?
M: Yes, for about a week, but she didn't complain about it too much.

R: You had some difficulty making arrangements for the children that day, didn't you?
M: Yes. The next door neighbour booked after them for me. I phoned my husband and asked him to come and pick us up on his
way home from work, but when he came she wasn't ready so he
came home and had supper with the children, then came back to
get us.

R: You stayed with her.
M: Yes. She kept saying she wanted to go home.
R: Did you have any questions regarding her preparation?
M: No, there wasn't anything I was wondering about. The only
thing was that she was so scared.
RESPONDENT #13

I. Background:
Name of the mother: Mrs. M.  Marital status: married
Name of the child: Mark  Age: 9 years
Education: 12 years  Number of children: 2
Diagnosis: Meatal Stenosis
Operation performed: Cystoscopy, Pyelogram and Meatotomy
Length of anaesthetic: 15 minutes
Length of hospitalization: 4 hours
Previous hospitalization: Mark had been hospitalized twice. Reasons unknown.

Mrs. M. had a full-time job. She had arranged to take the day off so she could come in with Mark. Mr. M. accompanied her and decided to stay when he found out Mark would not be in hospital very long.

II. Mother's participation in day care unit:
A. Participation scale: participated with help
B. Precis of field notes: Mrs. M. assisted the nurses in caring for Mark. She needed to be given cues. She sat beside his bed but did not entertain him. At one point she was going to join her husband who was sitting just outside the unit, but Mark asked her to stay with him. When he went to the bathroom he said the meatus was bleeding but when it was checked, it just looked red. This was explained to Mark and Mrs. L. He seemed to understand.
C. Summary of concerns expressed while in unit:
1. Wanted to see the doctor regarding the operation.
2. Wanted to know if Mark could play soccer the next day.
3. Wanted to know when Mark could go home.
4. Worried about the redness around the meatus.
5. Worried about Mark's dysuria postoperatively.
INTERVIEW WITH MRS. M.

Key:  M = mother
      R = researcher

R: How did you find out about the day care unit?
M: Through Dr. J.
R: Did he explain it to you?
M: No, he didn't tell me anything. I had never heard of it.
R: Did you find the instructions you received in the mail clear?
M: They were very clear.
R: You had to arrange to have the day off work?
M: Yes, but everything was just straightforward.
R: How did you prepare Mark?
M: We told him he was going in and that he would be home the same afternoon, but all he was worried about was missing "hot dog day at school" and his favourite cartoon on TV.
R: Did you find the time long at all while you were there?
M: We went out and had a cup of coffee and when we came back Mark had returned so we didn't sit there very long. It isn't too comfortable a place to sit for long.
R: Mark wanted you to be with him, didn't he?
M: He wanted to have us there. It's a big thing in their lives. They don't very often have an operation.
R: Did Mark have any difficulty voiding?
M: The same day he complained but after that it didn't hurt anymore. What he honestly did think was that it wasn't the same one. He thought he had a new one transplanted there. He asked me if it was his old one.
R: He thought he had a new penis?
M: He thought it was a different end at least. It was a transplant.
R: I thought he understood but you never can be sure what children are thinking.
M: He was quite serious about it.
R: He had been voiding fine since then? His stream is normal?
M: Yes, everything is fine.
R: He was very eager to go home. Did you have any difficulty keeping him quiet?

M: He stayed in the house but he played around. I told him no climbing, etc., but he wouldn't have if I hadn't scared him a little.

R: I remember he was so eager to play soccer the next day. It was fortunate the game was cancelled.

M: Before we knew it was cancelled I had told him he wouldn't be able to play and he was almost in tears. I spoke to the doctor the next day and he said no sports for a couple of days. Then Mark accepted it.
RESPONDENT #14

I. Background:
Name of the mother: Mrs. N. Marital status: married
Name of the child: Sharon Age: 5 years
Education: 12 years Number of children: 2
Diagnosis: Dental caries
Operation performed: Dental Restoration
Length of anaesthetic: 2 hours Length of hospitalisation: 11 hours
Previous hospitalisation: Sharon had been hospitalised once before for an "appendix" infection.

Mr. and Mrs. N. brought Sharon into hospital, with Casey who was 2 1/2 years of age. It was too early in the morning to leave him with a neighbour. When Sharon's O.R. time was delayed, they decided to go home as they had been up at 6 o'clock and did not have time for breakfast. They drove in from Surrey. Mr. N. was not feeling well and wanted to go home to bed.

II. Mother's participation in day care unit:
A. Participation scale: participated with help
B. Precis of field notes: Mrs. N. stayed with Sharon post-operatively. She assisted with her care and responded well to suggestions. Sharon became rather talkative and active following her premedication and kept Mrs. N. busy finding toys for her. Mrs. N. sat beside her bed and read to her. Mrs. N. stayed with her until 10:30 and Sharon finally went to the operating room at 11:30, 4 1/2 hours after being admitted to the unit.
C. Summary of concerns expressed in unit:
1. The long preoperative waiting period in the unit.
2. Worried about Casey who was with them and who hadn't had any breakfast.
3. Concerned about not being able to obtain a urine specimen from Sharon at home.
4. Worried about her husband who was not feeling well.
INTERVIEW WITH MRS. N.

Key: M = mother
R = researcher

R: How has Sharon been? The last time I saw her she was still waiting to go up.

M: She was fine. She was sick in the car on the way home. She played when she got home and was fine the next day. I kept her home from kindergarten.

R: She must have been quite thirsty as she hadn't had anything to drink for a long time.

M: I just gave her a little bit at a time and she kept it down.

R: How did she sleep that night?

M: Fine. She did have a tooth ache before we left and I thought perhaps it might bother her again, but it didn't. I was really impressed with the day care unit, the way it was decorated. Sharon was so impressed too, all the toys. It helped to take her mind off it.

R: How did you prepare her?

M: I told her everything. I told her about having her finger pricked which she didn't have done, but it was on the sheet. She didn't have a needle. They aren't using them any more?

R: She had the oral medication which is being used more now.

M: What did they give her upstairs?

(An explanation of the anaesthetic procedure was given)

M: She had a little prick on her heel. Sharon thought they had given her a needle there.

R: They may have taken some blood for a hemoglobin while she was asleep. It was good that you had explained it to her. Has she been in hospital before?

M: She was in for 3 nights for an infection around her appendix. She didn't like it, she complained about it the whole time. She was in just before Christmas. She was in ------- hospital. It was so different from the day care unit. We weren't allowed near the cribs without a smock on. It didn't have the
decor. The only toys they had were the ones you brought for them. They were not allowed out of the crib or to stand on their feet. All the time we were there it was a session of sit down, sit down.

R: You mentioned something about the toys last week.
M: In the other hospital I asked if I could bring in some toys and they said it was my responsibility. I didn't mind if they got lost, it was just their attitude about it. If I asked them a question it was as if I was questioning them. That was my first experience with having my children in hospital. The nurses in the day care unit didn't seem to mind what we were saying. I talked to them all the time I was in there. I wish they had something like that out here. The only thing Sharon was worried about was that she might have to stay in overnight.

R: Your husband wasn't feeling very well that day.
M: No, he lay down in the afternoon. We weren't quite sure when to come back. I phoned a couple of times and we finally left here at five.

R: You didn't know about the unit then until you arrived?
M: No, I didn't know it was a special unit.
R: Was there anything that would have made it easier for you?
M: I don't understand why we had to be there so early. We were supposed to be there at 7:30 and she wasn't to have her medicine until 9:00. Everything they had to do they did in about 15 minutes. She was getting so tired waiting to go up. We just sat there after we filled out the forms. We had to wait when we arrived back because the doctor who had to sign her out was having dinner, but that was okay.

(An explanation of the reason for the early arrival time was given)

M: The time was fine, I just couldn't understand why we had to sit there so long. An hour ahead would have been fine. I was afraid she would get bored.
I. **Background:**

Name of the mother: Mrs. O.  
Marital status: married  
Name of the child: Michael  
Age: 2 years  
Education: 12 years  
Number of children: 1  
Diagnosis: Dental Caries  
Operation performed: Dental Restoration  
Length of anaesthetic: 1 hour  
Length of hospitalization: 1 hour  

Previous hospitalization: none  

II. **Mother's participation in day care unit:**

A. Participation scale: participated with help  
B. Precis of field notes: Mrs. O. stayed for the entire time.  
She stayed with Michael and helped care for him. She managed very well with help. He reacted to the premedication and became quite over-active and difficult to manage. He wanted to be carried around but was too heavy for Mrs. O. She went to the operating room with him and asked if she could stay with him but the nurse said it would be better if she didn't. While she was waiting for him to come back, she talked with the other mothers. Postoperatively she looked after him.  
C. Summary of concerns expressed while in unit:  
1. Wanted to know what would happen if Michael wasn't asleep when he went up to the operating room.  
2. Wanted to know how long he would be upstairs.  
3. Concerned about Michael's teeth.  
4. Concerned about his toilet training.
INTERVIEW WITH MRS. O.

Key:  M = mother  
      R = researcher

R: How did you feel about Michael's experience in the day care unit?
M: It wasn't an upsetting experience, except for the period before he went up.
R: He seemed to become upset following the medication. I was wondering if he was having visual problems.
M: He was fine until he took it. It seemed to take hold of him and he began to lose his balance. He couldn't figure out what was happening to him. He had a scratch on his head where he hit it on the side of the bed. That was the only thing that bothered him. It wasn't an upsetting experience for him, he enjoyed it.
R: Even holding him didn't help.
M: He just couldn't understand.
R: At any time did you feel you were having difficulty handling him?
M: I was almost wishing the anaesthetic had knocked him out immediately. It seemed to drag on. He was fine after and when he came home he had a ball.
R: Did you have any difficulty keeping him quiet?
M: He played, I didn't restrict him. He felt fine.
R: You mentioned on the phone that he had developed some hoarseness.
M: I noticed it in the afternoon and then during the night it got worse. He had quite a cough.
R: It could have been caused by the intubation tube that was used to administer the anaesthetic.
      (an explanation of the administration of the anaesthetic was given)
R: He's eating well?
M: Yes, he's been fine. I thought the day care unit was wonderful. I didn't know about it.
      (An explanation of day care followed)
M: I think it is wonderful especially for children up to the age 4 or 5. When they get to be four or five you can start explaining things to them. I wouldn't have Michael stay overnight. I would have found some way to have his teeth fixed. It would have really upset him to stay in a strange place overnight. At this age the thought of someone going in and never coming back really bothers them.

R: Did you have any difficulty preparing Michael?

M: It was a bit early. I couldn't believe we had to be there so early. We came from West Vancouver. I had a rest that afternoon. The nurses were all very nice. They were so different from some of the ones in the doctors' offices.
RESPONDENT #16

I. **Background:**

Name of the mother: Mrs. P.  Marital status: married
Name of the child: Donald  Age: 9 years
Education: 16 years  Number of children: 2
Diagnosis: Old Crush Injury – tip right middle finger
Operation performed: Change of Dressing right middle finger
Length of anaesthetic: 10 minutes

Length of hospitalization: 4 1/2 hours

Previous hospitalization: Donald had three hospitalizations.

1. Observation
2. Tonsillectomy
3. Appendectomy

Mr. and Mrs. P. accompanied Donald. They originally planned to stay only until he went to the operating room. Mrs. P. seemed torn between wanting to stay with Donald and going home with her husband. Mrs. P. had been a school teacher.

II. **Mother's participation in day care unit:**

A. **Participation scale:** participated with help

B. **Precis of field notes:** Mrs. P. decided to stay for the entire period as the doctor had said he would see her following surgery. She stated she was pleased she had as Donald recovered quickly from the anaesthetic. Mr. P. went home. Dr. M. did come and see her. She seemed more relaxed once she decided to stay. She sat beside Donald's bed, kept him company, and gave him fluids to drink.

C. **Summary of concerns expressed while in unit:**

1. Wanted to know how long Donald would be in the operating room.
2. Anxious to see the doctor.
3. Concerned about keeping Donald's dressing clean at home.
INTERVIEW WITH MRS. P.

Key: M = mother
R = researcher

R: Donald has been in hospital before?
M: He had his tonsils out when he was six and was in when he was a baby for observation. He was one of these children who hold their breath when they hurt themselves. I really think he fainted. He never did it out of anger but only when he was hurt. When he's ill he's prone to faint. I've been like that all of my life. A lot of people have this problem. He had a ruptured appendix in Venice last year. That was an experience. Donny's one of these children. He broke two bones in his hand last spring. He's very quick in his movements, just like this business where he hurt his hand. He went out the door and the next thing we knew his finger had been left behind in the door. It's just his quickness. He doesn't stop and think before he does something.

R: What did he think about going into the day care unit to have his dressing changed?
M: He didn't say too much. He was glad to be able to come home the same day. He wasn't very concerned when I told him he was going to be admitted to hospital. He asked if he was going to be staying in overnight. He knew why he was going in and said he would much rather be asleep when the bandage came off, so he was quite happy to be going.

R: There was some confusion last week as to whether you would be staying or going home, wasn't there?
M: We had thought Donny would be an hour or so up in the recovery room so we thought we would come home and have a cup of coffee and then go back, but as it happened I'm glad we didn't as Donny was only 1/2 hour up there and I did see the doctor as soon as he came out of the operating room. If it's going to be a long procedure I can't see any point in waiting if there
is something else that can be done at home. My husband thought he would go home and phone the office and see if there was anything special.

R: It was very difficult to predict how long it would take as we weren't certain of what was going to be done. You mentioned that Dr. M. might do a graft and that of course, would have taken longer.

M: We were surprised as Bill got into the car and went all the way back to the office after we had seen the doctor only to find out I wanted him right back again to take Donny home. We thought it would be 3 or 4 o'clock in the afternoon before we could take him home.

R: Did someone say it would be about that time?

M: Yes. Some of the children seemed to be much sleepier than others. Donny was older and he was more interested in looking at things around him and this may have been the difference. I wondered about the parents who came in and left their little girl alone. She was so upset. They brought her and went away. Perhaps they had to go to work, I don't know what these people do. I know some people feel the children will settle without their parents. When Donny was in with tonsils, I stayed part of the time with him. They don't encourage it. Sometimes, for some children, it's better that they get over the initial crying stage, get accustomed to where they are and to the people around them and then the parents can come back and get them. It seems to calm them down rather than mothers and fathers going in and out all of the time and children screaming when they leave.

R: Some parents need help in how to deal with this situation, such as how to leave the child.

M: In the majority of cases, especially for something like this, it is better to have the parents with them. It was wonderfully quiet and pleasant really. Imagine what it would have been like if all those parents had left. It would have been fantastic, and all the work for the nurses. Do any of the other hospitals have units like this one?

(An explanation of day care units was given)
M: Another thing too, I'm all in favour of saving the taxpayer's money. It saves time and effort and it is much more pleasant for the child and parents. The child could get upset and harm himself. I think it's a super idea. I'm all in favour.
 RESPONDENT #17

I. Background:
Name of the mother:  Mrs. Q.  Marital status: married
Name of the child:  Lisa  Age: 4 years
Education: 10 years  Number of children: 2
Diagnosis: Dental Caries
Operation performed: Dental Restoration
Length of anaesthetic: 2 hours  Length of hospitalization: 7 hours
Previous hospitalization: Lisa had been hospitalized once before for a squint repair and stayed in for only one night.

II. Mother's participation in day care unit:
A. Participation scale: participated with help
B. Precis of field notes: Mr. and Mrs. Q. stayed with Lisa. It was Mr. Q's day off and they brought Jeoffrey, their 18 month old son along as they did not know how long they would be staying. While Lisa was in the operating room, they went out for breakfast and did some shopping. Lisa developed a croupy cough postoperatively so had to remain in the unit an extra hour for observation. She vomited just before she went home, which further delayed her discharge time. Mrs. Q. sat beside her bed and held her hand. She appeared apprehensive when Lisa developed the cough, and seemed relieved that she would be staying a while longer.
C. Summary of concerns expressed while in unit:
1. Wanted to know how long Lisa would be in the unit postoperatively.
2. Worried about the cause of Lisa's cough.
3. Worried about the effects of the anaesthetic.
INTERVIEW WITH MRS. Q.

Key: M = mother
     R = researcher

R: Lisa was in hospital before for an eye operation?
M: She just want in for the one night. She didn't make a fuss at all. She was on the eye ward.
R: When you had her in last week was there any time at all that you found frustrating?
M: No, not really. With Joeffrey having to wait it was a bit hard. I liked the idea of bringing her home right away and not having to leave her in.
R: When I last saw Lisa she had just vomited and was sitting on your knee.
M: She went to sleep after that and when she woke up she felt pretty good, so we brought her home. She started to come to life around 4 o'clock. She stayed awake for a long time.
M: Did her mouth hurt her at all?
M: Yes. She said it hurt her when we brought her home so I gave her an aspirin. Of course, she wanted to eat so we gave her anything she wanted and she was fine. She didn't have any more vomiting.
R: It must have been quite confusing for you when Dr. D. said she could go home and you got her dressed and then he decided she should stay.
M: When she started to cough like that I thought "Oh, am I going to get her home?"
R: I thought you appeared apprehensive at that point. She did have a 2 hour anaesthetic and perhaps did need a longer period to recover.
M: When she had her eye operation we went up to get her about 6 o'clock at night and she was still sleeping. We got her awake and dressed and brought her home but she was still awfully sleepy. I wondered if that was a good idea. She got over it all right.
R: I am sure you would be concerned following a long anaesthetic, wondering if she would be all right.

M: It didn't really bother me. Once she was sick and had a sleep, she felt good. I knew I could phone to the doctor if I had to.

R: Your husband was good with Lisa and seemed very understanding.

M: Dr. G. had said we would be bringing her home the same day. I think it bothers me more than her if I have to leave her in. I liked it.

R: If it hadn't been your husband's day off would he have been able to make arrangements to be off?

M: I think he could have changed his day off.

R: Did you have any difficulties getting everyone ready in the morning?

M: That was the hard part, trying to get there on time. We were late. I had to get the baby ready and then get Lisa up and dressed and she wouldn't go to the bathroom so I couldn't get a specimen. She was quite cranky. Once we got them dressed it wasn't too bad. The only thing was they wanted us there at 7 o'clock and it was so hard.

R: What did you tell Lisa about coming in?

M: We told her she was going into the hospital to have her teeth fixed, and that she would be asleep. We've always told her the truth. I was surprised when she cried. She was so good the first time.

R: Perhaps she wasn't too sure of what was going to happen but the fact that you were with her certainly helped. Was there anything we could have done that would have helped you?

M: No, everything was very good.
I. Background:
Name of the mother: Mrs. R.  Marital status: separated
Name of the child: Linda  Age: 2 years
Education: 9 years  Number of children: 1
Diagnosis: Rectal Bleeding and Fusion of Labia
Operation performed: Sigmoidoscopy and Repair of Labia
Length of anaesthetic: 15 minutes
Length of hospitalization: 9 hours

Previous hospitalization: none

Mrs. R. was recently separated from her husband and was living with Linda in a couple of rooms in a house, but was not happy there. She was on social welfare and appeared tense and worried.

II. Mother's participation in day care unit:
A. Participation scale: participated with help
B. Precis of field notes: Mrs. R. stayed with Linda pre-operatively. She was up early and did not have any breakfast. She helped the nurse give Linda her pre-operative medication, which made her overactive and difficult to manage. Mrs. R. needed help in looking after her. Linda was carried to the operating room as she would not lie down on the bed. Mrs. R. was rather tense and said she could not stay in the unit as she had an appointment with the social worker to pick up her cheque. As she was rather upset, no attempts were made to ask her to wait for Linda.

C. Summary of concerns expressed while in unit:
1. Wanted to know when Linda would be ready to go home.
2. Concerned about the effect of the premedication.
3. Upset over personal problems.
INTERVIEW WITH MRS. R.

The interview was not taped due to the fact that Mr. R. was present.

Mrs. Armstrong stated she would have preferred having Linda spend the first night in hospital. She felt she would have received better care by "professionals". She stated she was afraid of the effects of the anaesthetic. Later in the interview she mentioned she was allergic to many things and was afraid Linda might "react to" the anaesthetic. She stated she was concerned that Linda was still awake when she went to the operating room and thought the oral premedication was the anaesthetic and that she would be awake during the operation. When she went past the operating room door she saw the staff holding Linda down and she was still crying. I explained the anaesthetic to her. She said she would have appreciated knowing about the anaesthetic at the time.

She mentioned the long wait -- 2 1/2 hours, before Linda went to the OR and wondered why it was so long, "the children get bored". She said she was afraid she might not be able to amused Linda and that she would become difficult to manage. She then asked me if Linda had a "bad effect" from the premedication (she had become overactive). I explained the expected reaction and tried to explain the effect it had on Linda.

She did have problems in the application of the ointment which was prescribed by the doctor postoperatively. There was a discrepancy between the instructions she had received from the nurse in the unit and what the doctor explained to her a couple of days later. She found the ointment very difficult to apply and said it took 2-3 people to do it as Linda cried and struggled. She felt the doctor's method was much simpler.

She stated she would have stayed with Linda and would have liked to have been present when she returned from the O.R. but had been told by the nurse in the doctor's office that Linda would not be back into the unit until 3-4 o'clock and not be ready to go home until 6-7 p.m. at night. (She returned to the unit by
11:30 a.m. and would have been ready to go home by about 2 p.m.) Based upon the information she had received she had made other plans for the afternoon.

She mentioned other problems she was experiencing with Linda, ... her poor appetite and frequency with voiding. She stated the surgery had not improved the problem with frequency and the cause of the rectal bleeding had not been determined. She felt something was "bothering Linda" as she was not sleeping or eating well. Due to the fact that her husband was present, it was not possible to discuss the effect the separation might be having on Linda, in terms of its effect on her behaviour.
I. Background:
Name of the mother: Mrs. S. Marital status: married
Name of the child: Diane Age: 1 year
Education 12 years Number of children: 1
Diagnosis: Vaginal Fusion
Operation performed: Repair of Vagina
Length of anaesthetic: 15 minutes
Length of hospitalization: 4 hours

Previous hospitalization: none

Mrs. S. had done volunteer work at a children's hospital when she was attending high school. She had also been a nursery school teacher and enjoyed it very much. She was a ballet dancer and still danced professionally a couple of times a week. Diane was left with a neighbour on these occasions. She was very aware of current trends in child behaviour.

II. Mother's participation in day care unit:
A. Participation scale: participated with help
B. Precis of field notes: Mrs. S. stayed with Diane until she went up to the operating room. She helped the nurse give the premedication, played with her and changed her diaper. Diane stood up and cried when being wheeled out of the room, so Mrs. S. was asked to accompany her to the operating room. She held her hand and spoke quietly to her. Diane stopped struggling and settled down. Mrs. S. said she had some errands to do so would return in about 1 1/2 hours.
C. Summary of concerns expressed while in unit:
1. Wanted to know how long Diane would be in the operating room.
2. Wanted to know when she would be ready to go home.
INTERVIEW WITH MRS. S.

Key:  M = mother  
      R = researcher

R: How did you find out about the day care unit?
M: My niece was in about three weeks ago for the same thing. I didn't go to the hospital knowing about the day care unit, I only knew that Diane had to go in. My niece vomited at home and had to go back in, so I didn't know what to expect with Diane. I thought maybe she would have trouble. That afternoon she didn't even sleep, she was up playing.

R: You were concerned then about the affects of the anaesthetic?
M: Yes, I wondered, because of my niece. I also wondered if Diane had been put under because she had no reaction to it. She was a little wobbly for about an hour.

R: She had a short anaesthetic.
M: Did they put the gas mask on her?
      (An explanation of the anaesthetic procedure was given)
M: My husband wasn't too happy about her going in, but we knew it was necessary. He asked me if they had put her out. He still wondered. When I spoke to the doctor the other day he said they had put her out. The day care unit itself is fabulous. I thought it was very well organized and the nurses were very helpful, no problem at all. The whole concept of this type of hospitalization for children is good. Having the mother there relieves both the child of worries and helps the nurses too. They don't have to worry about each child, if it's just a minor thing.

R: Diane was very good. The only time she cried was when she went to the operating room and then stopped when you went along with her.

M: She has been very attached to me but has been going to a baby sitter, which has helped her.

R: She was very good when she came back. She did ask for you but didn't cry. One of the nurses picked her up and fed her.
M: I'm very glad, because I was worried about her attachment to me. My husband couldn't even hold her until she was about 9 months.

(An explanation of infant attachment was given)

M: The whole day was very nice. The room itself was so nice, with the bright carpet.

R: Would you repeat the experience again if it was necessary?

M: Yes, I think I would ask for it. How long has it been open?

(An explanation of the day care unit was given)

M: One of the nurses mentioned they took turns in the unit. I was thinking after, that it might be easier if people were there definitely for that purpose.

R: Yes, a regular nursing staff is a good idea. What kind of instructions did you receive about bringing Diane into the unit?

M: The doctor didn't tell me anything. I thought she would be in until suppertime. I was prepared for the whole day. The hospital phoned the day before and said she was to come in the next day. That's the thing my husband didn't like. She was all ready in bed by the time I knew she was to have a urine specimen. I know they have to wait until the last minute to make sure they have enough beds. He felt we could have been told a little earlier.

R: You didn't receive any printed instructions in the mail?

M: No. I'm the kind of person who doesn't get upset, I just wait to see what happens. It's quite interesting. They phoned my husband at work because I was out and told him what to do. But it was really fun, I enjoyed it.

R: Diane was fine when she got home?

M: Yes. She slept in the car going home, ate supper and went to bed. She was fine.

R: Did you receive any instructions about treating the area?

M: I phoned the doctor's office the next day and the nurse said there was nothing to do. When I took her into the office a few days later, he said to put vaseline on her.

R: She didn't complain of any pain?

M: It didn't bother her at all.

R: Everything worked out well then?
M: Boy, they've got my 100 per cent.
RESPONDENT #20

I. Background:

Name of the mother: Mrs. T.          Marital status: divorced
Name of the child: Andrew            Age: 2 1/2 years
Education: Grade 12                  Number of children: 2 - twins
Diagnosis: Umbilical Hernia          Operation performed: Repair of Umbilical Hernia
Length of anaesthetic: 20 minutes    Length of hospitalization: 6 hours

Previous hospitalization: Andrew had been hospitalized once before when he fell and developed a hematoma.

Andrew was a twin. His sister had just recently been hospitalized after falling out a second storey window, suffering a ruptured spleen. She was very ill and had developed a fear of hospitals, nurses and doctors. Both children were on tranquilizers. Although Andrew was basically a quiet child, he became very excitable when around his sister. Mrs. T. lived in an apartment in a low rental housing development in Vancouver.

II. Mother's participation in day care unit:

A. Participation scale: participated with help
B. Precis of field notes: Mrs. T. stayed with Andrew until he went to the operating room. She played with him in the room until he was given his premedication. Following this, he was put to bed. Mrs. T. tended to over-excite him as she entertained him, however, he was very happy and experienced no untoward effects from the premedication. She left as soon as he went to the operating room, as she was having babysitting problems. She planned to return around 3 o'clock.
C. Summary of concerns expressed while in unit:
1. Wanted to know the kind of bandage Andrew would have on his abdomen.

2. Concerned about the number of times her children had been in hospital during the past few months.
INTERVIEW WITH MRS. T.

The interview was not taped.

Mrs. Simmons said she had no difficulties in preparing Andrew for the hospital. The instructions she received were adequate. She was concerned about bringing him home so soon. (He was discharged at 2:30 p.m.) as she had been requested to keep him quiet but found that impossible because of the presence of his twin sister. She felt he was too overactive in the afternoon. She said she would have felt better if she had been able to bring him home after supper. This would have been better for Andrew as he would have had a quieter environment in the hospital.

She said she felt apprehensive in the car on the way home and suddenly wondered what she would do if "something went wrong". In response to the question, "What did you think might happen?" she said, "I don't really know." She then explained Melanie's hospitalization in another hospital and said that twice she was to have brought her home, and both times a complication developed. Melanie was hospitalized for 30 days and when she came home she was no longer toilet trained and ignored her when she talked to her -- She frequently says "I can't!" when asked to do something. She expected things to be done for her. Andrew had been hospitalized for a hematoma about 6 months ago and was in for 3 days.

I asked her how she had prepared Andrew and she said she told him "the truth". Everything she told him was correct except for the bandage. She told him he would have one -- but he didn't and this disappointed him.

She liked the idea of day care.

She also discussed the problem of living in a small apartment with 2 children, the difficulties she was experiencing in disciplining them and the fact that she had been advised by the public health nurse to consider going to work. She really didn't want to right now, but was considering taking a Laboratory Technician's course in a couple of years' time. She said she wanted to talk about this with someone -- a stranger.
APPENDIX C

PARTICIPATION SCALE AND INTERVIEW GUIDE
**APPENDIX C**

**PARTICIPATION SCALE**

<table>
<thead>
<tr>
<th>NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stayed with child</td>
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<tr>
<td>Assisted nurse with care</td>
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<tr>
<td>taking temperature</td>
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<tr>
<td>taking B.P.</td>
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<tr>
<td>giving medication</td>
</tr>
<tr>
<td>giving fluids</td>
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<tr>
<td>taking child to bathroom</td>
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<tr>
<td>Comfort measures</td>
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<tr>
<td>held child's hand</td>
</tr>
<tr>
<td>held child on lap</td>
</tr>
<tr>
<td>brought favourite object from home</td>
</tr>
<tr>
<td>washed child's face</td>
</tr>
<tr>
<td>Played with child</td>
</tr>
<tr>
<td>brought toys from home</td>
</tr>
<tr>
<td>gave child toys from room</td>
</tr>
<tr>
<td>Undressed &amp; dressed child</td>
</tr>
<tr>
<td>Disciplined child</td>
</tr>
<tr>
<td>Made arrangements for discharge</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Independently</th>
<th>With Help</th>
<th>Did Not</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
The Interview Guide

The interviews with the mothers included the gathering of data on the following topics.

1. The mother's perception of the day care unit.
2. The reaction of the child to the experience and comparison with previous hospital experiences.
3. The preparation period at home and any difficulties this may have created.
4. The condition of the child at home following surgery. This included any problems the child experienced, what actions the mother took and who she called for help.
5. The mother's knowledge of the day care unit and its purpose.
6. Her opinion as to the need for a pre and post hospital visit by a nurse and to the idea of a telephone call from the hospital the evening of surgery.
7. Confirmation of the opinion gained by observing the mother and child in the unit.
8. Any suggestions the mother had which would have made the experience easier for her.

Time was provided for the mother to ask questions.
APPENDIX D

TABLES I
 II
 IV
 XIII
 XIV
APPENDIX D

TABLES

TABLE I


<table>
<thead>
<tr>
<th>Type of operation performed</th>
<th>Number of children operated upon</th>
<th>Percentage of children operated upon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental work</td>
<td>88</td>
<td>46.1</td>
</tr>
<tr>
<td>Myringotomy</td>
<td>25</td>
<td>13.1</td>
</tr>
<tr>
<td>Plastic surgery</td>
<td>17</td>
<td>9.0</td>
</tr>
<tr>
<td>Cystoscopy &amp; pyelogram</td>
<td>14</td>
<td>7.3</td>
</tr>
<tr>
<td>Examinations</td>
<td>8</td>
<td>4.2</td>
</tr>
<tr>
<td>Circumcision</td>
<td>7</td>
<td>3.6</td>
</tr>
<tr>
<td>Hernia repair</td>
<td>7</td>
<td>3.6</td>
</tr>
<tr>
<td>Nasal surgery</td>
<td>7</td>
<td>3.6</td>
</tr>
<tr>
<td>Change of cast</td>
<td>6</td>
<td>3.2</td>
</tr>
<tr>
<td>Squint</td>
<td>4</td>
<td>2.1</td>
</tr>
<tr>
<td>Minor eye surgery</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>6</td>
<td>3.2</td>
</tr>
<tr>
<td>Total</td>
<td>191</td>
<td>100.0</td>
</tr>
</tbody>
</table>
### TABLE II

**NUMBERS AND PERCENTAGES OF THE AGE OF THE TWENTY CHILDREN INCLUDED IN THE STUDY**

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of children</th>
<th>Percentage of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 and under</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>25.0</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>5.0</td>
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<tr>
<td>5</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>6</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>7</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>8</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>9</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>14</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

*rounded to the nearest year*
TABLE IV

NUMBERS AND PERCENTAGES OF THE PLACE OF RESIDENCE OF THE TWENTY MOTHERS INCLUDED IN THE STUDY

<table>
<thead>
<tr>
<th>City or Municipality</th>
<th>Number of mothers</th>
<th>Percentage of mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vancouver</td>
<td>13</td>
<td>65.0</td>
</tr>
<tr>
<td>North Vancouver</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Burnaby</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>Coquitlam</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>New Westminster</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Richmond</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Surrey</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
TABLE XIII

TYPES OF COMPLICATIONS REPORTED BY THE TWENTY MOTHERS IN THE STUDY GROUP TO THE RESEARCHER EXPRESSED AS TO FREQUENCY AND PERCENTAGE

<table>
<thead>
<tr>
<th>Complication</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postoperative complication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dysuria</td>
<td>5</td>
<td>37.8</td>
</tr>
<tr>
<td>Sore mouth</td>
<td>4</td>
<td>22.2</td>
</tr>
<tr>
<td>Draining ears</td>
<td>3</td>
<td>16.7</td>
</tr>
<tr>
<td>Post anaesthetic complication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty with balance</td>
<td>3</td>
<td>16.7</td>
</tr>
<tr>
<td>Vomiting</td>
<td>2</td>
<td>11.1</td>
</tr>
<tr>
<td>Croupy cough</td>
<td>1</td>
<td>5.5</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>100.0</td>
</tr>
</tbody>
</table>
TABLE XIV

FREQUENCY AND PERCENTAGES OF COMPLICATIONS REPORTED BY 191 MOTHERS IN RESPONSE TO ROUTINE FOLLOW-UP TELEPHONE CALLS MADE BETWEEN OCTOBER 14, 1969 AND JANUARY 14, 1970

<table>
<thead>
<tr>
<th>Complication</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea and vomiting</td>
<td>16</td>
<td>69.5</td>
</tr>
<tr>
<td>Croupy cough</td>
<td>3</td>
<td>13.1</td>
</tr>
<tr>
<td>Bleeding</td>
<td>3</td>
<td>13.1</td>
</tr>
<tr>
<td>Voiding problem</td>
<td>1</td>
<td>4.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>23</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>