

A Brief History of the Care of Children in Hospital

Linda Shields M.Med.Sc.,R.N.,F.R.C.N.A.
Clinical Nurse Specialist in Pediatric Nursing.

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Children are unique human beings who need attention from an adult including their parents in order to assist him/her to deal with problems in their childhood period. An unhealthy child needs more attention from adult person including a nurse in order to assist him/her to deal with experiences during his/her period.

Children's hospitals was not always seen as a convenient place for unhealthy children. They were thought as places which could detach children from their parents.

However, considering the history of development of children's hospitals is important for those who are involved in nursing care for children.

This article discusses about a history of children's hospitals and focuses on how important to prepare unhealthy child to face a separation process. The article also discusses about stages through which children who are separated from their parents go.

Key words: children, hospital, separation, health care delivery system.

Anak-anak adalah makhluk unik yang membutuhkan perhatian dari orang dewasa termasuk orang tua dalam rangka membimbing menghadapi masalah-masalah selama masa anak-anak. Seorang anak yang sakit membutuhkan lebih banyak perhatian dari orang-orang dewasa termasuk perawat dalam rangka membantunya menghadapi pengalaman selama sakit. Di masa lalu, Rumah Sakit anak tidak dilihat sebagai tempat yang nyaman untuk anak-anak yang sedang sakit. Rumah Sakit di negara-negara yang sedang berkembang telah berubah citranya dari "sebuah tempat untuk : naughty boy" menjadi sebuah tempat dimana seorang anak dapat melanjutkan kegiatan hariannya dengan atau tanpa orang tua. Mempertimbangkan sejarah perkembangan Rumah Sakit-Rumah Sakit anak amat penting bagi mereka yang terlibat dalam pelayanan/asuhan keperawatan pada anak-anak.

Artikel ini mendiskusikan tentang sejarah Rumah Sakit anak, dan berfokus pada betapa pentingnya mempersiapkan anak yang sakit untuk menghadapi proses perpisahan. Artikel ini juga membahas tentang fase-fase yang harus dilalui oleh anak-anak yang dipisahkan dari orang tuanya selama sakit.

Kata kunci : anak-anak, Rumah Sakit, perpisahan, sistem pemberian asuhan keperawatan.

Introduction

In the 1960s a wave of change swept over children's hospitals and wards in the developed countries of the world. This was to continue until the present day, and this paper outlines the development of that change. Hospitals in developing countries have also followed these changes, although more slowly, as their health budgets have been smaller, and have been mainly (and quite rightly) spent on primary health care. However, hospitals are important delivery points for health care, and children are cared for in these places.

Early children's hospitals

It was not always seen as desirable for sick children to be cared for in hospitals. In 1772, George Armstrong, who set up the first dispensary for children in Britain, expressed doubts about the benefits to children and their mothers of admission to a hospital. He felt that separation from the mother would break the child's heart. He considered that it was not possible to employ a nurse for each little patient, that children could be contaminated by diseases from other patients, and that if mothers were to care for their children, they and

the nurses would quickly be at variance with each other over the child's care (Still, 1931).

The first dedicated hospital for children was opened in Paris in 1802, the "*Hopital des enfants malades*". In 1834, a similar hospital opened in St. Petersburg, and then St. Anne's Hospital in Vienna was opened in 1837 (Hayes, 1965). The Hospital for Sick Children, Great Ormond Street, London, was begun in 1852, by Charles West (Division for Architectural Studies of the Nuffield Foundation, 1963). This hospital is known as a centre of excellence for paediatric nursing and medicine. Even in such centres, though, admission to hospital was often a sad and miserable experience for a child.

Before the 1960s

Before the 1960s, in most children's hospitals, children were brought to hospital, bathed and put into hospital clothes by the nursing staff. They are told to say "goodbye" to their parents, and put into a cot (Robertson, 1953). Parents were often not allowed to visit at all, some hospitals allowed parents to visit once a week, and more enlightened hospitals, allowed parents to visit daily (Johnson, 1992). Many doctors and nurses considered the presence of parents "nothing short of a catastrophe" (Jongkees, 1955, p13), while others thought that a visiting parent "takes more interest child in the next bed than he does in his own" (Aubuchon, 1958, p172-3). In the first few days of the admission children cried a lot, then, when they became quiet and non-responsive, they were thought to have "settled in" (Robertson 1970). This was regarded as good.

Hospitals were not designed with children in mind (Spence, 1947). They were built to prevent cross-infection, rather than to make them pleasant places for children. Parents were regarded as a hindrance (Jensen & Colmly, 1948), and mastery of painful experiences, such as tonsillectomy, were thought to provide a child

with strength of character (Blom, 1958). A few health care providers disagreed with these sentiments. Sir James Spence, at Newcastle-upon-Tyne, in the 1920s, was the first person to expose a policy of admitting mothers with their infants (Spence 1948). In New Zealand, Drs. Cecily and H.P. Pickerill, ran a small plastic surgery clinic in Wellington in the 1940s. It demonstrated better patient outcomes and lower infection rates amongst their paediatric patients, if the mother was admitted with the child (Pickerill & Pickerill, 1945; Pickerill & Pickerill, 1946). In the United States, some articles appeared in the psychiatric literature which suggested that neuroses and psychoses in adults and older children could be attributed to traumatic hospital admissions at an early age (Levy, 1945a; Levy, 1945b; Spitz, 1945). In 1945, Renee Spitz, an American psychiatrist, first coined the term "hospitalism" which applied to children who had been institutionalized for so long that their whole way of life and thinking was centered on the hospital or institution in which they lived.

Studies during World War II

World War Two provided an opportunity to study the effects of separation on children. Anna Freud (Sigmund's daughter) and Dorothy Burlingham ran residential war nurseries for children who, because of the war, could not be cared for by their parents. Freud and Burlingham studied the behaviour of these children and found that young children who had been subjected to severe traumatic experiences, such as bombings, coped well if their mothers were with them. Separation from the mother was more traumatic to a young child than any experience the war could offer (Burlingham & Freud, 1942; Burlingham & Freud, 1944).

John Bowlby and James Robertson

During this time, in Burlingham's and Freud's war nurseries, John Bowlby and James Robertson were working. These men were largely responsible for the

change in attitude about children in hospital that was so much a part of paediatric care in the 1960s and 1970s. Bowlby was a psychiatrist who used the work of the ethologists, (those who studied the behaviour of animals) to describe the effects of separation of mother and child (Bowlby, 1958). He was able to demonstrate that separation from the mother at an early age could cause long-term psychiatric disturbances (Bowlby, 1944a; Bowlby, 1944b; Bowlby, 1953). He wrote a series of books which have become classics in the paediatric literature, called "Attachment" (Bowlby, 1971a), "Separation" (Bowlby, 1971b), and "Loss" (Bowlby, 1971c).

James Robertson was a social worker from Scotland, who studied maternal and child separation with Bowlby. At that time, his own little daughter was admitted to hospital. He and his wife Joyce were so upset by the change in her daughter's behaviour after she came home. For this reason, he decided to focus his work on separation due to hospital admission (Langley, 1989). The Robertsons made a series of films of children who had been separated from their parents (Robertson, 1958; Robertson, 1967; Robertson, 1968; Robertson, 1969; Robertson, 1971; & Robertson, 1973) the most important of which showed a little girl who was admitted to hospital for routine surgery (Robertson, 1952). The film is a graphic account of her behaviour during the admission (her parents could visit for only one hour per day). Robertson and Bowlby described three stages through which children who are separated from their mother go. The first stage is protest, when the child cries loudly and often for its mother (Robertson, 1970; Bowlby, 1971a). The next stage, despair, is characterized by periods of protest, alternating with periods of withdrawal and quietness. The third stage, denial (Bowlby called it detachment), occurs when the child withdraws, and makes little con-

tact with those around her/him. This stage they described as the time at which long-term psychological trauma occurred. Until this time, nursing staff and doctors had regarded this quiet period as a positive stage, and that it indicated that the child had "settled in" Bowlby's and Robertson's work showed that it was, in reality, potentially dangerous for a child to reach that stage.

The Platt Report

In 1959, the British government set up a committee to investigate the care of children in hospital. The result was the Platt Report (Platt, 1959), which has been very important in changing the way children are cared for in hospitals. The Report is still used as the basis for many research and many reports on the topic (Department of Health, 1991; Audit Commission 1993). Its main recommendations were that children are not to be admitted to hospital unless absolutely necessary, that visiting hours need to be liberalized, that parents be allowed to stay with their children, and that play and school facilities be provided in hospitals.

Consumer group support

Following the publication of the Platt Report, organizations such as the National Association for the Welfare of Children in Hospital in Britain (NAWCH), the Association for the Welfare of Children in Hospital in Australia (AWCH) and the Association for the Care of Children in Hospitals (United States) were begun. Their aim was to encourage the implementation of the recommendations of the Platt Report. In some cases, it took decades for the changes to occur, and in some children's hospitals today, not all the Platt recommendations are in place, despite the fact that the report is still used and quoted widely (Casey, 1988; Cleary, 1992; Darbyshire, 1994).

Conclusions

It is incumbent on all of us who work with small children to be aware of the trauma that a hospital admission can cause. Support for organizations such as AWCH has declined in recent years in Australia, because it is thought that all is well. However, nurses everywhere must not become complacent. With the ever-stretched health care dollar being made to go even further, some of the major recommendations of the Platt Report are under threat in hospitals. Only by being aware of this will the teachers, nurses and parents of the state be able to lobby politicians for the best for our children. It must never be forgotten that children cannot vote.

The changes brought about in the care of children in hospital are as important for developing countries as for the developed nations. Children are the same everywhere, and their needs for psychological support and presence of their parents are the same, and culturally appropriate in any culture. It may be time for lobby groups such as AWCH and NAWCH to be set up in various developing countries. These lobby groups have been proven to be effective watchdogs for health care delivery, health facilities and professionals. By working with such lobby group, it is expected that health care delivery system can be improved and fulfil the children and parents needs.

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