

PAEDIATRIC NURSING BY A MALE NURSE

A Case Report of a Sick Child with an Emotional Problem

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SUMMARY : This case report is focused on development of nurse-patient relationship during patient's early days of hospitalisation. Two and a half year-old boy with a chronic pulmonary disease had been impossible to be given cares by nurses, and his mother had done everything for him. His long term illness and parents' divorce may have got him into a bad temper. Judging from his temperament mood he seemed to have emotional problems. One day when a male nurse came, he was accepted by him and almost instantly turned him into a sweet little toddler. The male nurse happened to be a longing father figure of the child and seemed to have fulfilled his emotional need, as the child had not seen his father as often as he wished. From this unexpected case, it was considered that the role of a male nurse especially for a little boy should be stressed more on Paediatric Nursing.

INTRODUCTION

There have been few studies about the role of a male nurse and whether a male nurse was more preferred by young boys than a female nurse, but there might be some meaning to study on them from the psychological consideration. I came across a child with a chronic illness with emotional and developmental problems which may have been caused by either the hospitalisation or the separation from his beloved father. From the paediatric nurse's view, it is enormously important to stabilise the child emotional state. In this case report the role of a male nurse for a sick toddler is presented.

PATIENT'S BACKGROUND

Anthony Griffis was born on the 16 July 1975 of a Roman Catholic family. Unfortunately the parents were separated recently. He lives in a flat in Birmingham, which was then looked after by his grandmother as his mother was staying with him in

the hospital.

He had been in the hospital in Birmingham for a couple of weeks, before being transferred to ward 5B (Medical Respiratory Unit) in the Sick Children's Hospital, London, on the 30 November 1978. He was taken in for treatment and further investigation of bronchiectasis. There were also signs of Swachman's Syndrome (pigeon chest, clubbed fingers, persistent cough etc.) and immuno-deficiency (the lowered resistance of the body to the toxins of invading bacteria).

The bronchiectasis is a dilatation of the bronchi and bronchioles caused by repeated infections, such as several attacks of bronchitis. Bronchiectasis results from blockage of a bronchus. Dilatation becomes permanent.

OBSERVATIONS ON ADMISSION

Anthony was pale, thin and small for his age. His height was 88cm and he weighed 11kg. He had persistent coughing attacks and got lethargic. Mrs.Griffis remembered he had been having a chronic cough and got very tired. Clubbing of fingers was present and the teeth were carious. The chest wall was slightly deformed. He had been having a low grade of fever and his sputum was profuse and greenish. He had a poor appetite so that he never finished his plate of meal.

TREATMENT AND CARE PLAN

Anthony had chest X-rays, bronchoscopy and bronchography to confirm the clinical diagnosis. Blood count, Erythro Sedimentation Rate and sputum test for culture and sensitivity were performed on a regular basis.

His treatment included intensive physiotherapy, normal saline inhalation before physiotherapy and a course of intravenous Gentamicin (an antibiotics for gram-negative orgasms). A high calorie and protein diet was encouraged to build up his health and to increase his weight.

INTERVENTION

During my first few days in ward 5B, I was not allocated to Anthony. I hardly noticed his behavior for a while. When I was

allocated to him, I was told by one of the nurses that his mother would do every thing for him.

I was more an observer than a nurse at this time. Anthony was nursed in a cubicle because pseudomonas aeruginosa was found in his sputum. His mother slept in his cubicle on a spare bed. He looked pale, thin and lethargic. He was isolated from other children and very rarely responded to strangers, so that I did not hear him speak for a long time. The only noise he made was when he was given a bath by his mother. He hated it as some children do. After his bath and supper, Mrs.Griffis went to her meal in the canteen for about a half an hour. He always waited for her lying on a chair doing nothing and refusing any nurses' company. He often coughed and looked very tired. As soon as his mother came back from her meal, he would lie on her lap with his bottle of fruit juice. He was still using a bottle for drinking and as a comforter. His teeth were badly decayed. Usually he would sleep with his mother in her bed.

A couple of weeks were spent on this investigation. Then intensive physiotherapy and a course of intravenous Gentamicin therapy started. He was amazingly willing to have Venfron(an over-the needle catheter for IV therapy) in situ and liked to have his "magic" water injected.

All the nurses were concerned about his uninterested and rejecting behavior, and had tried to approach him in vain; however, he would just ignore us. Sometimes we talked to him when his mother was absent.

Gradually he seemed to find his favorite nurse. One evening when he lying on his mother's bed as usual, he responded to a male nurse. He allowed him to read a story which he listened to attentively. I was surprised to see how very relaxed they were together. Suddenly he had a friend! The next day he asked the nurse to read him another story when his mother was out for lunch. Soon he was asking for the male nurse all the time and started to look for him from the door. He amused me when he used to ask: "Where is my man?" He talked to the nurse about his favorite things and asked questions about the stories he had heard: always it was "why?","why?","why!" He seemed so happy with the nurse that they were just like father and son. He

talked to him during his bath. There were no tears. His mother certainly did not need to hurry back from the canteen.

At this time with the same nurse's encouragement, he started to eat small meals of finely chopped meat and vegetables, although he did not put on much weight.

When his father came to see him for weekends, Anthony would sit on his father's lap and look contented. His father patiently fed him, cutting meat into small pieces so that he could eat it easily. His father bathed him, changed his clothes and played with him during his stay. In the mornings he would refuse to let us do anything to him and waited for his father to do it. He was subdued when his father left the hospital, though he did not cry.

Sometimes when the male nurse had a day off, Anthony would ask where he was. By the time he became approachable and active, his general condition had much improved.

He gradually picked out his favorite nurses and asked them to read him books. He became talkative and looked much happier in the ward. Mrs. Griffis was able to spend time with other parents without worrying about him. She also became happier and more friendly toward the nurses and other people.

After a course of Gentamicin, he was allowed to go to the play room. He liked a toy trolley and pushed it around happily. Soon he was too active to be kept in his cubicle or the play room. He wanted to play with the other children in the ward. He reacted to people and became an ordinary naughty child. He did not lie on the chair all the time, but climbed on it. He was surprisingly well behaved when he had another Bronchoscopy despite the fact that it is an uncomfortable procedure. Also he took his oral antibiotics without a complaint.

When the male nurse finally left the ward Anthony was unaware of it. He seemed to have settled down very well and his overall condition had improved. He started to gain weight satisfactorily. He fully recovered and went home just before Christmas 1978 after approximately 7 weeks of treatment.

DISCUSSION

Entering the hospital for anybody can be a frightening experience, but for a child such as Anthony Griffis, only two and a

half years old at the time, it must have been traumatic. As indeed his behaviour patterns seemed to show at the time. In addition, he seems to have come from an unstable home, as his parents have recently separated.

Many children take the experience of going into the hospital in stride. However, others may suffer disturbances and emotional trauma in varying degrees. Some of these must have been taken as a warning to hospital staffs. Some possible reactions are undue and persistent crying coupled with refusal to be comforted. Regression to more immature behaviour than would be expected at his age, for instance bed wetting. Some children may be very quiet and subdued, while others adopt aggressive or boisterous behaviour (1).

Although Anthony's mother had been staying in the hospital, he didn't allow her to leave him alone even for a moment. As Bowlby said in the "Anxiety and Anger", his father's absence from home must have given him some strong emotional shock or disbelief, and then he attached to his mother stronger than ordinary toddlers. It is considered that the male nurse made up for the loss of his father figure. With the male nurse he was very cooperative with his bathing, sleeping or any other daily activities. Assuming from these facts, his father must have been caring for him in such daily activities. And Anthony might have been missing those warm and assuring contact of a male figure. Even though the role of the male nurse has not been established, it is widely said that school age boys prefer the assistance of male nurses. Also, we have no evidence of the role of the male figure in child rearing. As far as this incidence with Anthony, though, it could be said that a male nurse as a father figure for toddlers must be stressed more. Seeing him, I had a strong interest in how a child of his age could understand and bear his parents' separation. Unfortunately, I couldn't ask Mrs. Griffis how she explained to him about their divorce, and how he reacted to it. Sometimes I was taken aback to find that such dependent toddlers could recover from such a traumatic situation as he did.

It took Anthony a considerably long time to settle down, but triggered by the attentions of the male nurse, he eventually did so. It was immensely satisfying to see the dramatic change both

physically and emotionally in this boy during his seven weeks stay in ward 5B. This case report confirmed that the role of a male nurse, especially for a sick young boy should be stressed more in Paediatric Nursing.

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