To the Graduate Council:

I am submitting herewith a dissertation written by Vivian Lundy Deitz entitled "Pediatric Nurses' and Parents' Perceptions of Parental Participation in the Care of Hospitalized Children." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Human Ecology.

Priscilla W. Blanton

Priscilla W. Blanton, Major Professor

We have read this dissertation
and recommend its acceptance:

Deborah S. Tigna

Cheryl Buckalew

Joel R. Ray

Accepted for the Council:

Lee Minkel

Vice Provost
and Dean of The Graduate School

PEDIATRIC NURSES' AND PARENTS' PERCEPTIONS OF PARENTAL PARTICIPATION IN THE CARE OF HOSPITALIZED CHILDREN

A Dissertation

Presented for the

Doctor of Philosophy

Degree

The University of Tennessee, Knoxville

Vivian Lundy Deitz

May 1991

ACKNOWLEDGEMENTS

The successful completion of this dissertation was dependent upon the efforts of many people. The writer wishes to express sincere appreciation to her advisor, Dr. Priscilla W. Blanton, for her excellent guidance throughout the study. Appreciation is also expressed to Dr. Archer Gravely and Dr. Robbie Pittman for their helpful assistance with the statistical treatment of the data. Gratitude is also extended to Dr. Cheryl Buehler, Dr. John Ray, and Dr. Debbie Tegano, members of my committee, for their helpful suggestions and consideration during the conduct of this study.

Appreciation is expressed to the expert judges who helped with the refinement of my questionnaires. Appreciation is expressed to the vice presidents of nursing service and the nurse managers of the pediatric units for their assistance in arranging for the conduct of this research in their hospitals. Grateful acknowledgement is also expressed to the nursing personnel and parents who willingly participated in this investigation. Finally, gratitude is extended to my friends and family, especially my husband, for providing supportive words and actions throughout the conduct of this study.

ABSTRACT

The concept of family-centered pediatric nursing care includes the involvement of parents in the hospitalized child's care. This study examined the perceptions of mothers, fathers, and registered nurses about the importance of parental participation in the care of hospitalized children. Subjects completed a questionnaire rating the importance of parental involvement in three care giving activities: physical, psycho-spiritual, and preparation for inpatient and posthospital care. Mothers and fathers reported a greater importance for parental participation in all three care categories than nurses. Fathers differed from mothers in the areas of physical and psycho-spiritual care to which they gave less importance.

Data on selected demographic characteristics of parents and nurses also were obtained. Limited associations were found between the three care categories and the demographic variables. For parents, the physical care variable was predicted by the parents' weekly work hours and their hospitalized child's age. For nurses, the physical care variable was predicted by the nurse's age, number of children living with the nurse, and years of nursing practice working with hospitalized children and their families. The preparation for inpatient and posthospital care variable was predicted by the nurse's education, full-time employment, and marital status.

Clinical implications that can be useful to pediatric nursing staff and administrators included developing protocols aimed at promoting parental participation and translating the concept of

parental participation into practice by using a list of institution-specific activities for measuring desired participation. Research implications included investigating the relation between the parents' participation attitudes and the actual care giving activities they complete.

TABLE OF CONTENTS

SECTION		PAGE
I.	INTRODUCTION	1
	Purpose	2
	Literature Review	3
II.	METHODS	6
	Setting	6
	Sample	6
	Instruments	7
	Procedure	12
III.	RESULTS	13
IV.	DISCUSSION	20
	Implications for Nursing Practice	21
	Implications for Research	24
	Implications for Educating Future Nurses	25
	Limitations	26
	Summary	26
V.	REFERENCES	28
APPENDICES		32
A.	EXPANDED REVIEW OF LITERATURE FOR PEDIATRIC NURSES' AND PARENTS' PERCEPTIONS OF PARENTAL PARTICIPATION IN THE CARE OF HOSPITALIZED CHILDREN	33
B.	EXPANDED METHODOLOGY	47
C.	CATEGORIZATION OF PARTICIPATION ACTIVITIES INTO THREE SCALES: PHYSICAL, PSYCHO-SPIRITUAL, AND PREPARATION FOR INPATIENT AND POSTHOSPITAL CARE	57
D.	INFORMATIONAL LETTER AND INFORMED CONSENT FOR PARENTS	61
E.	INSTRUMENT: ACTIVITIES CHECKLIST FOR PARENTS	64
F.	INFORMATIONAL LETTER AND INFORMED CONSENT FOR NURSES	71
G.	INSTRUMENT: PARENTAL INVOLVEMENT ACTIVITIES CHECKLIST FOR NURSES	74
VITA		81

LIST OF TABLES

TABLE PAGE

1. Selected Characteristics of Parents, Children, and Nurses 8

2. Scores for F-Tests and Probability Values for Parental Involvement Scales by Mothers, Fathers, and Nurses Using the Kruskal-Wallis *H* Test 14

3. Results of Post Hoc Analysis for Scale Scores by Groups Using Duncan's Multiple Range Test 16

4. Results of Stepwise Regression Analysis Using Selected Characteristics of Nurses as Predictors of Attitude Toward Parental Participation in Child's Care 19

I. INTRODUCTION

Mothers' and fathers' roles in the care of the hospitalized child have evolved from limited involvement during the late 1960's and early 1970's to the promotion of parents' participation in many aspects of the hospitalized child's care. Parental participation refers to a parent's or parents' presence and active involvement with their hospitalized child's psycho-spiritual, physical and preparation for inpatient and post hospitalization care.

Active parental involvement is beneficial for parents and for hospitalized children and thus is a desirable component of family-centered pediatric care. For parents, involvement may decrease the reported stress associated with changes or disruptions in the parental care giving role precipitated by their child's hospitalization (Carter, Miles, Bufford, & Hassanein, 1985; Curley, 1988; Kasper & Nyamathi, 1988; Tichy, Braam, Meyer, & Rattan, 1988). Involvement also may provide opportunities for parents to learn, improve, or maintain their skills in caring for an ill child (Jay, 1977; Schraeder, 1980) and for increasing parental awareness of what happens to their child while decreasing the inevitable and time-consuming questioning that occurs when parents are separated from their hospitalized child (Hardgrove & Rutledge, 1975). Both parent and child can benefit from parental presence and participation if separation anxiety is avoided or minimized (Van der Schyff, 1979).

For children, parental participation maintains some of the child's normal routines (Hardgrove & Rutledge; Jackson, Bradham, & Burwell,

1978; Stull & Deatrick, 1986). Parents can help children express their feelings to health care providers: thus, parents assist children to understand and cope with the stress associated with their illness and hospitalization (Visintainer & Wolfer, 1975; Wolfer & Visintainer, 1975). Parents are also the most important source of reassurance and psychological security for children. However, the positive outcomes of parental involvement may not be realized if parents of hospitalized children and registered nurses charged with responsibility for providing family-centered care differ in their attitudes about the importance of parents participating in child care activities.

Purpose

The purpose of this study was to examine mothers', fathers', and nurses' perceptions about parental participation in the care of the hospitalized child. Specific objectives for the study were to: (a) compare mothers', fathers', and nurses' perceptions of parental participation and (b) examine the relationship between selected demographic variables and parents' and nurses' perceptions about parental participation in the care of hospitalized children. The results of this study have the potential for effecting greater congruence between nurses' and parents' expectations in caring for hospitalized children. Congruence of expectations should assist nurses in developing a successful plan of nursing care that includes, in so far as possible, goals synthesized from the nurse's professional assessment and analysis of parents' desires to participate in their hospitalized child's care. Including parents' individual participation preferences in their hospitalized child's plan of care should

positively influence parents' attitude toward the nursing care provided and the value derived from it.

Literature Review

Research provided examples of activities that mothers and fathers wanted to complete, either alone or with the assistance of nurses, for their hospitalized child. Jackson et al. (1978) interviewed 31 parents and Hill (1978) interviewed 18 mothers whose children were hospitalized in a university teaching hospital for a non-life-threatening reason to ascertain their participation preferences. Most parents wanted to participate in the child care activities pertaining to cleanliness and physical comfort; food and oral fluids and medicines; and elimination. The parents also wanted to provide supportive care during potentially painful examinations or procedures. Hill also found that mothers wanted to be included in monitoring IV rates.

After interviewing 24 parents whose children were in a pediatric rehabilitation hospital, Stull and Deatrick (1986) reported that desired parental participation included the aforementioned activities. The subjects also identified three participation activities that may be more closely associated with long-term rather than short-term hospitalizations such as assisting a child with school work; spending time with other patients, parents, or family members; and attending health care education programs.

Diniaco and Ingoldsby (1983) studied the participation of 25 parents in their child's recovery room care and found the participation beneficial for decreasing the parents' stress and the children's negative post-hospitalization behaviors. Kasper and Nyamathi (1988,

p. 577) reported that mothers and fathers of children hospitalized in a pediatric intensive care unit identified their desire to do the "little things nurses might miss" for their child but the authors did not identify specific parental care giving activities. Kirschbaum (1983) and Miles (1979) found that parents wanted to participate in their critically ill child's physical care, especially as the child's condition began to improve. Thus, although the resources and coping abilities of parents might be threatened by their child's critical condition, being in unfamiliar surroundings, encountering high levels of technology, and perhaps observing life-saving interventions, mothers and fathers desired to participate in their child's care.

In contrast to research results reporting desired parental participation, studies of fathers' (Knafl & Dixon, 1984) and couples' (Knafl, 1985, p. 165) participation patterns revealed that mothers and fathers defined their participation as obligatory, not desirable: an important responsibility they felt compelled to fulfill. In addition to completing their usual parenting roles, parents reported expanding their roles to include monitoring their child's care and interacting with the staff.

The previously identified parental involvement activities did not include spiritually related care, such as arranging for a priest, minister, or rabbi to visit and observing the family's religious practices. Parental activities such as disciplining the child and selecting someone to stay with the child if parent(s) cannot be present also were not addressed. Parental preparation of children for surgery, hospital routines, tests, or procedures or the provision of support and

participation in care giving activities when their child is being put to sleep for surgery, completing therapeutic regimes, or having intravenous (IV) catheters inserted have not been reported.

Although examples of parental involvement activities were identified in previous research, nurses' perceptions of parents' desires to complete specific care activities for their hospitalized child have not been examined. However, several factors that positively influence nurses' attitudes toward parental involvement in general were identified. In surveys of nursing personnel in children's hospitals (Gill, 1987; Seidl, 1969), nurses' support for parental participation was influenced by the family-centered standards of their nursing administration colleagues; faculty, peers, or role models in a baccalaureate or graduate degree nursing education program; and the employing agency's support of family-centered pediatric care. The survey findings also indicated that nurses with young children at home had more positive attitudes toward parental involvement.

II. METHODS

Setting

The study was conducted on the inpatient pediatric units of a community hospital located in a southeastern city. The pediatric units consisted of a 22-bed inpatient unit and a four- to six-bed intensive care unit. The units' brochure described a philosophy of family-centered nursing care. The hospital served an economically diverse and predominately Caucasian clientele.

Sample

Mothers and fathers eligible to participate in the study were those whose child was experiencing an initial inpatient hospitalization, whether planned or unplanned, for an acute illness, surgery, injury, or phototherapy. The parent's hospitalized child also had to be 15-years-old or below and have no history of mental retardation, neurological or sensory handicaps, abuse or neglect, or chronic illness. Parents were not approached about participating in the study until after their child was hospitalized a minimum of 24 hours, during which time they had an opportunity to become acquainted with the hospital environment and, perhaps, to recover to some extent from the initial stressors associated with hospitalizing a child. Registered nurses employed part- or full-time in the pediatric inpatient or the intensive care unit (PICU) were eligible for the study. Seventy-seven mothers, 49 fathers, and 40 nurses were invited to participate in the study; 67 mothers (87%), 42 fathers (85.6%), and

37 nurses (92.5%) did so. All gave informed consent for their participation. Table 1 presents the demographic characteristics of the participants.

Instruments

A 43-item Likert-type self-administered checklist was developed for assessing fathers', mothers', and nurses' perceptions about parents' participation in caring for the hospitalized child. Initially, 50 parental involvement activities were generated from the previous research literature and the investigator's professional nursing experience and reviewed by four practicing pediatric nurses. Each nurse assessed the degree to which the items covered the range of activities a member of the nursing staff or a family member might perform for hospitalized children.

Content validity was established by an expert panel of pediatric nurses. Five nurses evaluated item clarity and appropriateness in a family-centered, inpatient pediatric setting. Each expert also provided an overall reaction to the instructions, format, response categories, and content. Pilot testing in another hospital in the same city produced minor changes in one item and in the parents' instructions.

The 50 activities were categorized into three areas: physical aspects of care; psycho-spiritual aspects of care; and preparation for inpatient care, procedures, and discharge. To validate the categorization of the activities into these three areas, an expert panel comprised of five pediatric nursing and five family development experts completed a modified Q-sort procedure. Seven items were

Table 1

Selected Characteristics of Parents, Children, and Nurses

Characteristics	Sample data: Fathers n (%)	Mothers n (%)	Nurses n (%)
PARENTS AND NURSES			
Age			
Range	20-53	17-64	22-56
Mean	33.0 years	31.2 years	34.3 years
Marital status			
Never married	1 (2.4)	3 (4.5)	6 (16.2)
Divorced	2 (4.8)	7 (10.4)	4 (10.8)
Married	37 (88.0)	54 (80.6)	27 (73.0)
Living with significant other	2 (4.8)	3 (4.5)	0 (0.0)
Race			
Caucasian	42 (100.0)	62 (92.5)	37 (100.0)
Black	0 (0.0)	3 (4.5)	0 (0.0)
American Indian	0 (0.0)	1 (1.5)	0 (0.0)
Asian-Pacific Islander	0 (0.0)	1 (1.5)	0 (0.0)
Children living with parent or nurse			
None	0 (0.0)	0 (0.0)	18 (48.7)
One	15 (35.7)	27 (40.3)	5 (13.5)
Two	16 (38.1)	23 (34.3)	8 (21.6)
Three	8 (19.1)	10 (14.9)	4 (10.8)
Four, five, or six	3 (7.1)	7 (10.5)	2 (5.4)
Educational level			
Some high school	3 (7.1)	13 (19.4)	
High school diploma	17 (40.5)	31 (46.2)	
Non-college training/ diploma	5 (11.9)	6 (9.0)	10 (27.0)
College degree	10 (23.8)	10 (14.9)	
Associate degree, nursing			11 (29.7)
Baccalaureate degree, nursing			13 (35.2)
Some graduate work	4 (9.6)	2 (3.0)	
Graduate degree	3 (7.1)	5 (7.5)	
Master's degree, nursing			3 (8.1)

Table 1 (continued)

Characteristics	Sample data: Fathers n (%)	Mothers n (%)	Nurses n (%)
Occupation			
Professional	16 (38.1)	21 (31.3)	37 (100.0)
Manager/owner	6 (14.3)	1 (1.5)	
Skilled or unskilled laborer	20 (47.6)	23 (34.4)	
Full-time parent/homemaker	0 (0.0)	22 (32.8)	
Employment Status			
Employed full-time	41 (97.6)	30 (44.8)	27 (74.8)
Employed part-time	0 (0.0)	7 (10.4)	10 (25.2)
Student	1 (2.4)	1 (1.5)	
Looking for work	0 (0.0)	4 (6.0)	
Other (full-time homemaker)	0 (0.0)	25 (37.3)	
Hours of employment/week			
Range	25-75	10-72	4-72
Mean	46 hrs/wk	36.5 hrs/wk	35 hrs/wk
Income			
Under $10,000	4 (9.5)	15 (22.4)	0
$10,000-$14,999	3 (7.1)	8 (11.9)	1 (2.7)
$15,000-$19,999	12 (28.6)	8 (11.9)	1 (2.7)
$20,000-$29,999	9 (21.5)	21 (31.3)	18 (48.7)
$30,000-$39,999	8 (19.1)	6 (9.0)	12 (32.4)
$40,000-$59,999	3 (7.1)	3 (4.5)	3 (8.1)
$60,000-$74,999	3 (7.1)	2 (3.0)	1 (2.7)
$75,000-$100,999	0	1 (1.5)	0
Over $100,000	0	1 (1.5)	1 (2.7)
Data unknown	0	2 (3.0)	0
PARENTS			
Parent's relationship to hospitalized child			
Biological parent	38 (90.5)	62 (92.5)	
Stepparent	3 (7.1)	0	
Legal guardian	1 (2.4)	5 (7.5)	
Reason for child's hospitalization			
Surgery	13 (31.0)	16 (23.9)	
Acute illness	15 (35.7)	39 (58.2)	
Sustained injury	11 (26.2)	7 (10.4)	
Phototherapy	3 (7.1)	5 (7.5)	

Table 1 (continued)

Characteristics	Sample data: Fathers n (%)	Mothers n (%)	Nurses n (%)
Primary payment source for child's hospitalization			
Health care insurance	34 (81.0)	41 (61.1)	
Medicaid	5 (11.9)	16 (23.9)	
Other (Champus, self pay)	3 (7.1)	10 (15.0)	
Gender of parents' hospitalized child			
Male	30 (71.4)	42 (62.7)	
Female	12 (28.6)	25 (37.3)	
Age of hospitalized child			
Range	<1 month to 15 years	<1 month to 15 years	
Mean	5 years, 1 month	3 years, 9 months	
NURSES			
Years of practice as a registered nurse			
Range			1-35 yrs
Mean			10.8 years
Years of work with hospitalized children and their families			
Range			1-25 yrs
Mean			8.2 years
Acquired national certification			4 (10.8)
Primary workplace			
Pediatric unit			23 (62.2)
Pediatric intensive care or stepdown units			14 (37.8)
Agency support for parental involvement in hospitalized child's card			
Very supportive			31 (83.8)
Moderately supportive			6 (16.2)
Not very supportive			0

deleted from the final questionnaire because fewer than eight experts agreed on their categorization. In the resultant 43-item checklist, 18 items related to psycho-spiritual aspects of care, namely supportive, emotional, spiritual, and diversional activities; four to preparation for inpatient care, procedures, and discharge, namely consulting, seeking information, and planning for procedures and posthospital care; and 21 to physical care, namely activities pertaining to physical comfort, rest and sleep, and food and fluids. See Appendix C for the categorizations of the activities into three scales.

The final instruments were the Activities Checklist for Parents (ACP) and the Parental Involvement Activities Checklist for Nurses (PIACN). The content, format, and response categories for the 43 activities were the same on the ACP and the PIACN with the exception of the pronouns used on the forms. Each instrument contained an introduction that provided a frame of reference and directions. Demographic information also was collected. On the ACP, a comments section was provided for parents to add other care giving activities they thought were important; however, none were identified.

Subjects rated each activity ranging from parental involvement was not important (1) to parental involvement was extremely important (5). The parents' checklist measured the importance to the parent of participating in the activity; the nurses' checklist measured the importance that nurses thought parents would assign to participating in the activity. Parents were instructed to rate each statement, regardless of whether or not it was done for their child and regardless of what may have been the practice in the hospital where their child

was receiving care. Similarly, nurses' were instructed to rate each statement, regardless of whether or not the activity was practiced in the institution where the nurse worked.

Further assessment of the psychometric properties of the instruments were conducted on data from this study. Internal consistency (Cronbach's alpha) was 0.947 for the physical care scale; 0.908 for the psycho-spiritual scale; and 0.804 for the preparation for inpatient care, procedures, and discharge scale.

Procedure

Parents and nurses who met the study eligibility requirements were contacted in person on a convenience sampling basis, two days a week over a five month period. The investigator described the study, assured confidentiality, obtained signed consent, and gave each participant a checklist and a stamped, addressed envelope. A locked box that could be opened only by the investigator was placed on the pediatric unit for participants' convenience as an alternative to mailing.

For scoring, each response to an activity was assigned a numerical value ranging from one, no importance, to five, extremely important. For each respondent, mean scores were derived for the physical care scale, the psycho-spiritual scale, and the preparation for inpatient and posthospital care scale. The means for each scale were used in data analysis to control for the unequal number of items comprising the scales (Vitaliano, Maicero, Russo, & Becker, 1987).

III. RESULTS

Descriptive data on the PIACN yielded for nurses on the physical care scale a range = 2 to 5, mean = 3.5, and SD = .5; for the psycho-spiritual care scale a range = 2 to 5, mean = 3.8, and SD = .6; and for the preparation for inpatient and posthospital care scale a range = 1 to 5, a mean = 3.2, and a SD = 0.8. Descriptive data on the ACP yielded for the combined group of mothers and fathers on the physical care scale a range = 1 to 5, mean = 4.2, and SD = .7; for the psycho-spiritual care scale a range = 2 to 5, mean = 4.5, and SD = .5; and for the preparation for inpatient and posthospital care scale a range = 2 to 5, mean = 4.2, and SD = .7.

Linear plots for the scale scores were positively skewed and the data were tested for the normality of their distribution by the Shapiro-Wilk procedure. There was evidence (p = .0001) that the distributions of the responses for all three scales for the combined grouping of parents and nurses were not normally distributed. This markedly non-normal distribution of responses rendered the usual parametric ANOVA tests questionable for these study data since the assumption of normal distribution of the data was violated. The Kruskal-Wallis H test, a nonparametric procedure that is comparable to the parametric ANOVA, was carried out by assigning ranks to the mean scores from the mothers, fathers, and nurses (Huck, Cormier, & Bounds, 1974; Neter, Wasserman, & Kutner, 1985; Polit & Hungler, 1987). Table 2 presents the results of this analysis.

Table 2

Scores for F-Tests and Probability Values for Parental Involvement Scales by Mothers, Fathers, and Nurses Using the Kruskal-Wallis *H* Test

	Source of Variance				
Scale	SS	*df*	MS	*R*-square	*H* value
Physical care					
Between groups	67228.6	2	33614.3	.2597	25.08*
Within groups	191632.8	143	1340.0		
Total	258861.4	145			
Psycho-spiritual care					
Between groups	62439.7	2	31219.8	.2412	22.73*
Within groups	196426.2	143	1373.6		
Total	258865.9	145			
Preparation for inpatient and posthospital care					
Between groups	67711.2	2	33855.6	.2640	25.66*
Within groups	188706.7	143	1319.6		
Total	256417.9	145			

* $p < .0001$

A post hoc analysis was performed to determine how the groups differed in their responses for the scales (see Table 3). The data were analyzed using Duncan's Multiple Range Test, an appropriate procedure for analyzing all pairwise comparisons of rank ordered means (Woods & Catanzaro, 1988). Mothers, fathers, and the combined group of general pediatric unit and pediatric intensive care nurses indeed differed in their perceptions of parental involvement in both the physical and psycho-spiritual aspects of care. For the preparation for inpatient and posthospital care scale, mothers and fathers did not differ but nurses differed in their perceptions. When data for nurses working primarily in the pediatric intensive care unit were compared with nurses working the general pediatric unit, nurses' perceptions remained different from parents but no differences were found between the two groups of nurses. For all scales, the means for nurses' perceptions of parents' perceptions, irrespective of grouping, were notably lower than the means for parents' perceptions indicating that nurses perceived parents as placing lesser importance on participation in activities in these areas than parents reported.

To examine the relationships between respondents' demographic characteristics (see Table 1) and parents' and nurses' perceptions about parental involvement, the data were subjected to multiple regression analyses. Although a parametric analysis of differences among groups is not robust to a non-normal distribution, the regression analysis procedure is robust. Thus, the mean scale scores for parents and nurses were used in the regression analysis. Specifically, parents' and nurses' mean scores for the three scales were treated as

Table 3

Results of Post Hoc Analysis for Scale Scores by Groups Using Duncan's Multiple Range Test

Scale	Duncan grouping*	Group	Mean**
Physical care	A	Mothers	94.09
	B	Fathers	68.86
	C	Nurses	41.47
Psycho-spiritual care	A	Mothers	91.28
	B	Fathers	74.55
	C	Nurses	40.12
Preparation for inpatient and posthospital care	A	Mothers	89.95
	A	Fathers	79.08
	B	Nurses	37.38

*Means having the same letters are not significantly different at $p = .05$

**Means were derived by assigning ranks to the mean scale scores.

criterion variables and examined using stepwise regression with demographic data as predictor variables. No variable was retained as a significant contributor to an explanation of the model unless the F-value reached the minimum significance level of 0.15.

For parents, eleven predictor variables, namely employment status, hours of employment per week, employment as a professional, employment as a manager, employment as a skilled or unskilled laborer or full-time parent, educational level, marital status, income, race, and gender and age of hospitalized child, were examined. Of these variables, the hours of work per week (beta = .1817) and age of child (beta = .1755) were entered into the model and predicted the physical care variable (F = 4.798, df = 2,103, p = .01). The only significant model for parents was physical care.

For nurses, ten predictor variables, namely years of practice as a registered nurse, years of nursing practice working with hospitalized children and their families, number of children living with nurse, educational level, hours of employment per week, primary workplace, income, marital status, age, and agency support for parental involvement, were examined. Of these ten variables, the physical care variable was predicted by the number of years the registered nurse had worked with hospitalized children and families, the number of children living with the nurse who were 18-years-old or below, and the nurse's age. The preparation for inpatient and posthospital care variable was predicted by the level of education, hours of work per week, and status of being married. The only nonsignificant model for nurses was psychospiritual care. Considering the small sample (n = 37) for nurses,

there was concern about the validity of the regression analyses results. In order to check the adequacy of the models, the residuals were plotted. The plots revealed that the models were adequate in spite of the small sample of nurses because the residuals tended to be between 2 and -2 and were randomly distributed about zero (Chatterjee & Price, 1977). Table 4 presents the results of the regression analysis for nurses.

Table 4

Results of Stepwise Regression Analysis Using Selected Characteristics of Nurses as Predictors of Attitude Toward Parental Participation in Child's Care[a]

Scale	Selected characteristics	*Beta* Weights	R^2	R_2 Adjusted	*F*
Physical care	-Years of practice (RN) with hospitalized children & families	.5142	.2236	.1530	3.168*
	-Number of children 18-years-old or < living with nurse	-.3787			
	-Nurse's age	-.2808			
Preparation for in-patient & post hospital care	-Nursing education	.4635	.2462	.1777	3.593*
	-Hours of work/week	.3783			
	-Married	.2776			

[a]Only variables reaching minimum significance level of 0.15 are reported.

*$p < .05$

IV. DISCUSSION

Recent literature (Barnsteiner & Gillis-Donovan, 1990; Kasper & Nyamathi, 1988; LaMontagne & Pawlak, 1990; Rushton, 1990) affirms that parental involvement is a desirable component of family-centered pediatric care. Thus, the accurate assessment by nurses of parents' attitudes about such involvement is important. Although research literature presents mothers' (Hill, 1978) and parents' (Diniaco & Ingoldsby, 1983; Jackson et al., 1978; Stull & Deatrick, 1986) perceptions about some of the activities parents want to complete for their hospitalized child, little attention has been given to the accuracy with which pediatric nurses are able to ascertain parents' wishes about participation. This investigation identified differences between what parents want and what nurses think parents want in all three care categories: physical, psycho-spiritual, and preparation for inpatient and posthospital care.

In the present study mothers and fathers wanted to participate in all of the activities identified in research by Diniaco and Ingoldsby, Jackson et al., Hill, and Stull and Deatrick. Further, this study indicated that parents wanted their participation to include: establishing rest-sleep and sibling visitation schedules; disciplining their child; monitoring IV equipment; deciding if and when their child's pain medication should be given; scheduling post hospitalization visitation by a nurse; providing comfort when their child was being anesthetized; and continuing spiritual care for themselves and their hospitalized child. Although fathers differed

from mothers by assigning less importance to participation in physical and psycho-spiritual care, the findings challenge the traditional gender related role perceptions of fathers being primarily observers or overseers of their hospitalized child's care.

Implications for Nursing Practice

Findings from this study have implications for the development of protocols aimed at promoting parental participation in the hospitalized child's care. Because institutional protocols influence care and administrative decisions, it is important that pediatric nursing staff and administrators provide the leadership for and be actively involved with analyzing and developing their institution's philosophy, policies, and procedures for family-centered care. For example, a policy establishing parental participation in the preoperative holding and recovery units affects decisions related to staffing levels. Parental presence in these units will require more, not less, nursing time to orient parents to these unfamiliar environs and thus increase staffing needs. Increasing parental participation influences administrative decisions related to providing the physical facilities, supplies, and equipment for parents to complete their own self-care needs. Because it may be easier for a nurse to complete a child's care rather than teaching and encouraging a parent to do so, teaching aids and equipment will be needed to facilitate parent education in preparation for participating in their child's care. If educating parents necessitates the purchase or development of additional teaching aids and related equipment, funding decisions will be affected.

When pediatric nurses and administration commit to developing and maintaining parental participation protocols, it is important that nursing administrators implement mechanisms for obtaining and incorporating parental input. In the competitive health care delivery system, few hospitals can survive economically if consumer satisfaction is not addressed.

One aspect of establishing family-centered nursing pediatric protocols would involve using the list of activities on the ACP to construct an easily administered, institution-specific instrument for measuring desired involvement of parents in the care of their child. Information derived from administering an institution-specific instrument would be essential in implementing family-centered protocols. Because a parent's participation preferences may be influenced by the acuity of their child's health problem (Kirschbaum, 1983; Miles, 1979), such an instrument may need to be administered more than once during a child's hospitalization. Nurses' ongoing assessment and incorporation of parents' preferred participation patterns into family-centered care plans should promote a team approach to care that would be beneficial to parents, their hospitalized child, and pediatric nurses. For parents and children, consistent parental participation should promote feelings of psychological security. For hospitalized children, their inpatient care should be enhanced by parental participation because parents who know the normal behaviors of their child, are often the first to recognize and report deviations in their child's behavior. For nurses, clarifying and communicating participation patterns may decrease or eliminate the haphazard parental

participation that occurs because parents receive contradictory nursing directives concerning their participation.

Another aspect of developing family-centered protocols might include educating nurses, through workshops, seminars, or continuing education, for the tasks of negotiating with parents to be partners in promoting family health and well-being. Instead of being the primary caregivers of shared parenting behaviors, such as feeding, bathing, and comforting children, nurses would be coordinators, managers, and consultants to parents. Relinquishing some pediatric nursing activities, such as comforting an awakening child in the recovery room or preparing a child for procedures, may not be welcomed by some pediatric nurses. As recent as 1978, Korsch (p. 831) philosophically noted that nurses continued to express the opinion that "children are better behaved, cry less, and are easier to manage" when parents are not present. Barriers to parental involvement may be perpetuated because nurses receive personal gratification from their direct interactions with children and such gratification might not be forthcoming if parents took responsibility for most of their child's care.

The regression analyses revealed limited associations between the demographic variables and the parents' and nurses' perceptions concerning parental participation. These findings support the notion of the individuality of parents and nurses. The parents were an economically and educationally diverse group with the common perception of wanting to participate in their hospitalized child's care. Judgments about the desires of parents to be involved in the care of

their children should not be made based on the socioeconomic status of the family or the educational level of the parents. However, it should be recognized that parents with long work hours may be more interested in participating in the care of their child in areas other than physical care. Perhaps, the concepts of "quality time" with children used in the work on dual-earner families is relevant to the situation of such parents.

The results of the regression analyses for nurses indicated that if family-centered care is to be most effectively implemented in pediatric units, experienced, well-educated nurses who are working full-time must be targeted for implementing new strategies and approaches. Hospitals that have a genuine commitment to developing and maintaining such programs should be willing to help fund continuing education for their nursing staff. They must also offer attractive wage and benefit packages in order to attract and retain experienced nursing professionals. Such key nurses could be used to work both with parents, as well as less experienced nurses, in developing family-centered care plans.

Implications for Research

Thirty-eight couples were invited to participate in the study but data were analyzed on an individual rather than relational basis. Further research is warranted to examine family versus mother and father participation characteristics.

The study instrument did not include mothers' and fathers' desires in reference to completing the activities on the checklist with the assistance of nurses or other health care providers. Further study is

warranted that measures those activities parents would like to be responsible for doing themselves and those they would prefer to do with the nurse's or other health care provider's guidance and assistance. Perhaps, qualitative research using the ACP as an interview guide would yield useful information about parents' needs for support and guidance with care giving activities.

The conclusions drawn with the regression analyses should be replicated with larger samples of nurses and parents. Further, the influence of variables other than demographics, such as the parents' definition of the situation (highly disruptive event or something relatively easy to manage) and parental participation in programs that prepare parents and children for hospitalization needs to be explored with a larger sample in other socio-geographic locations.

Nursing research using the ACP and PIACN with other socio-geographical populations is warranted. The PIACN might also be used to examine pediatric registered nurses' ideas about what nurses perceive parents should do for their hospitalized child.

Because individuals react to their environment in terms of their perceptions of it, an area worthy of exploration is the relationship between the parents' participation attitude and the actual care giving activities they complete. This relationship could be investigated with a more complex research design that includes participant observation, survey, and interview measures of parental involvement.

Implications for Educating Future Nurses

While additional testing and modification of the ACP and PIACN should be undertaken, the use of these instruments as educational tools

for exploring the roles of nurses in facilitating family-centered pediatric care should be considered. Since roles are reciprocal, these instruments may provide a means of identifying the student nurse's perceptions of his or her own role as a future nurse working with hospitalized children and families.

Limitations

The study had sampling limitations. Fewer fathers than mothers were included in the sample. Perhaps fathers who might have placed less importance on parental participation were not at the hospital. Further, data from parents were not analyzed based on the acuity of their child's health problem, which may well influence their desire to participate in their child's care. Because only 37 nurses and 42 fathers participated in the study, the power of the statistical procedures to detect differences may have been limited. The sample size of 37 nurses also was not a desirable sample size for using multiple regression analyses.

The study had measurement limitations. The ACP and PIACN had unequal numbers of activities in each category. Further, the ACP, unlike the PIACN, did not assess parents' perceptions of the hospital's support for parental involvement.

Summary

The results of this study reinforce the need for a family-centered approach to the care of hospitalized children. Mothers and fathers wish to continue and expand their parenting roles when their child is hospitalized. As nurses increase their understanding of their own as

well as parents' participation perceptions, family health will increasingly be supported and facilitated for the hospitalized child.

REFERENCES

REFERENCES

Barnsteiner, J. H., & Gillis-Donovan, J. (1990). Being related and separate: A standard for therapeutic relationships. American Journal of Maternal Child Nursing, 15, 223-228.

Carter, M. C., Miles, M. S., Bufford, T. H., & Hassanein, R. S. (1985). Parental environmental stress in pediatric intensive care units. Dimensions of Critical Care Nursing, 4, 180-188.

Chatterjee, S., & Price, B. (1977). Regression Analysis by Example (pp. 7-10). New York: John Wiley & Sons.

Curley, M. A. Q. (1988). Effects of the nursing mutual participation model of care on parental stress in the pediatric intensive care unit. Heart Lung, 17, 682-688.

Diniaco, M. J., & Ingoldsby, B. B. (1983). Parental presence in the recovery room. Association of Operating Room Nurses Journal, 38, 685-693.

Gill, K. M. (1987). Parent participation with a family health focus: Nurses' attitudes. Pediatric Nursing, 13, 94-96.

Hardgrove, C. B., & Rutledge, A. (1975). Parenting during hospitalization. American Journal of Nursing, 75, 836-838.

Hill, C. J. S. (1978). The mother on the pediatric ward: Insider or outlawed? Pediatric Nursing, 4, 26-29.

Huck, S. W., Cormier, W. H., & Bounds, W. G. (1974). Reading Statistics and Research (pp. 210-211). New York: Harper & Row.

Jackson, P. B., Bradham, R. F., & Burwell, H. K. (1978). Child care in the hospital--a parent/staff partnership. American Journal of Maternal Child Nursing, 3, 104-107.

Jay, S.S. (1977). Pediatric intensive care: Involving parents in the care of their child. Maternal-Child Nursing Journal, 6, 195-204.

Kasper, J. W., & Nyamathi, A. M. (1988). Parents of children in the pediatric intensive care unit: What are their needs? Heart & Lung, 17, 574-581.

Kirschbaum, M. S. (1983). Needs of parents of critically ill children. Chicago: University of Illinois. Thesis.

Knafl, K. A. (1985). How families manage a pediatric hospitalization. Western Journal of Nursing Research, 7, 151-168.

Knafl, K. A., & Dixon, D. M. (1984). The participation of fathers in their children's hospitalization. Issues in Comprehensive Pediatric Nursing, 7, 269-281.

Korsch, B. M. (1978). Issues in humanizing care for children. American Journal of Public Health, 68, 831-832.

LaMontagne, L. L., & Pawlak, R. (1990). Stress and coping of parents of children in a pediatric intensive care unit. Heart & Lung, 19, 416-421.

Miles, M. S. (1979). Impact of the intensive care unit on parents. Issues in Comprehensive Pediatric Nursing, 3, 72-90.

Netter, J., Wasserman, W., & Kutner, M. H. (1985). Applied Linear Statistical Models (pp. 638-643). Homewood: Irwin.

Polit, D. F., & Hungler, B. P. (1987). Essentials of Nursing Research (pp. 294-295). Philadelphia: J. B. Lippincott.

Rushton, C. H. (1990). Strategies for family-centered care in the critical care setting. Pediatric Nursing, 16, 195-199.

Schraeder, B. D. (1980). Attachment and parenting despite lengthy intensive care. American Journal of Maternal Child Nursing, 5, 37-41.

Seidl, F. W. (1969). Pediatric nursing personnel and parent participation: A study in attitudes. Nursing Research, 18, 40-44.

Stull, M. K., & Deatrick, J. A. (1986). Measuring parental participation: Part I. Issues in Comprehensive Pediatric Nursing, 9, 157-165.

Tichy, A. M., Braam, C. M., Meyer, T. A., & Rattan, N. S. (1988). Stressors in pediatric intensive care units. Pediatric Nursing, 14, 40-42.

Van der Schyff, G. (1979). The role of parents during their child's hospitalisation. Australian Nurses' Journal, 8 (11), 57-58, 61.

Vitaliano, P. P., Maicero, R. D., Russo, J., & Becker, J. (1987). Raw versus relative scores in assessment of coping strategies. Journal of Behavioral Medicine, 10, 1-18.

Visintainer, M. A., & Wolfer, J. A. (1975). Psychological preparation for surgical pediatric patients: The effect on children's and parent's stress response and adjustment. Pediatrics, 56 (2), 187-202.

Wolfer, J. A., & Visintainer, M. A. (1975). Pediatric surgical patients' and parents' stress responses and adjustment as a function

of psychologic preparation and stress-point nursing care. Nursing Research, 24, 244-255.

Woods, N. F., & Catanzaro, M. (1988). Nursing Research: Theory and Practice (pp. 410-411). St. Louis: C. V. Mosby.

APPENDICES

APPENDIX A

EXPANDED REVIEW OF LITERATURE FOR PEDIATRIC NURSES' AND PARENTS' PERCEPTIONS OF PARENTAL PARTICIPATION IN THE CARE OF HOSPITALIZED CHILDREN

APPENDIX A

EXPANDED REVIEW OF LITERATURE FOR PEDIATRIC NURSES' AND PARENTS' PERCEPTIONS OF PARENTAL PARTICIPATION IN THE CARE OF HOSPITALIZED CHILDREN

This review is presented in the following sequence: (a) evolution of the parental participation role; (b) participation benefits derived by parents and children; (c) parental perspectives of intrahospital role expectations; and (d) nurses' attitudes toward parental participation in the hospitalized child's care.

Evolution of Parental Participation Role

Parental participation refers to a parent's or parents' presence and active involvement with their hospitalized child's physical, psycho-spiritual, and preparation of the child for inpatient and posthospital care. The effects of a day-to-day parental absence upon hospitalized children was studied by Bowlby (1965) and Robertson (1970). These researchers established that children, particularly those in the first five years of life, experienced separation anxiety when removed from their parents for hospitalization. Other research supported Bowlby's and Robertson's findings and further indicated that intrahospital separation of the mother-child dyad produced symptoms of emotional disturbance in children both during and following hospitalization (Fagin, 1966; Hardgrove & Rutledge, 1975; Mahaffey, 1965).

Following acknowledgement of the research reports of Bowlby and others, health care providers identified and encouraged limited parental participation roles in the late 1960's and early 1970's. By the 1980's, the creation and dissemination of statements regarding the rights of hospitalized children and their families facilitated parents' participation in many aspects of the hospitalized child's care. For example, the Association for the Care of Children in Hospitals (ACCH, 1980, p. 69) issued a position statement on "Involvement of Parents and Families in Health Care Settings" in 1980. The statements encourage health care providers to: (a) maintain child and family relationships through the use of rooming in, allowing parents to provide varying degrees of physical care, visiting by family members including siblings, having pictures of family, and encouraging telephone contacts with family and/or peers; (b) establish a system of parenting by providing substitutes when parents cannot be present; (c) recognize and respect the unique coping styles of families; (d) facilitate and support each family's coping strategies and (e) manage family and health care system conflict.

Currently, a 1988 through 1990 review of periodicals (Barnsteiner & Gillis-Donovan, 1990; Kasper & Nyamathi, 1988; LaMontagne & Pawlak, 1990; Rushton, 1990) and a pediatric nursing textbook (Whaley & Wong, 1989) revealed numerous references to family-centered pediatric nursing care. These references suggested an acceptance, at least in principle, of parental involvement in the hospitalized child's care.

Participation Benefits for Parents and Children

Acceptance of parental participation in the hospitalized child's care was facilitated by the empirically and experientially identified benefits that parent and children derive from participation. For parents, involvement may decrease the reported stress associated with changes or disruptions in the parental care giving role (Carter, Miles, Bufford, & Hassanein, 1985; Curley, 1988; Kasper & Nyamathi; Tichy, Braam, Meyer, & Rattan, 1988). Involvement may provide an opportunity for parents to learn, improve, or maintain their skills of caring for an ill child (Jay, 1977 and Schraeder, 1980). Involvement may also increase parental awareness of what happens to their child while decreasing the inevitable and time-consuming questioning that occurs when parents are separated from their hospitalized child (Hardgrove & Rutledge). Both parent and child can benefit from parent presence and participation if separation anxiety is avoided (Van der Schyff, 1979).

For children, parental participation maintains some of the child's routines (Hardgrove & Rutledge; Jackson, Bradham, & Burwell, 1978; Stull & Deatrick, 1986). Parents can help children express their feelings to health care providers: thus, parents assist children to understand and cope with their illness and hospitalization (Visintainer & Wolfer, 1975; Wolfer & Visintainer, 1975).

Parental Perspectives of Intrahospital Role Expectations

Research provides examples of activities that mothers and fathers may want to complete, either alone or with the assistance of nurses, for the hospitalized child. Jackson et al. interviewed 31 parents, whose children were ten years of age or younger and hospitalized in a

university teaching hospital for a non-life-threatening reason, to ascertain their individual participation preferences. Most parents wanted to participate in feeding, bathing, changing diapers, and dressing their child. They also wanted to stay with their child during examinations or procedures, accompany their child to x-ray, take the child's temperature, record the bodily intake and output, and give oral medicines. Few parents wanted to change the bed linens. The results of the nurse-administered questionnaire were used to individualize nursing care.

Hill (1978) interviewed 18 mothers, whose children were hospitalized in a university teaching hospital for a non-life-threatening reason, and reported that most mothers expressed a preference for completing the aforementioned activities for their hospitalized child. In addition, the majority of the respondents wanted to provide comfort by holding, rocking, or changing their child's position regardless of whether the child had an IV or other tubes in place. Mothers wanted to accompany their child to the operating room and assist nurses in monitoring IV rates, changing dressings, and suctioning their child's nose and throat. If their child had to experience painful procedures, the mothers wanted to participate by holding and comforting their child.

Using a stratified random sampling procedure, Stull and Deatrick had 24 parents, whose children were in a pediatric rehabilitation hospital, maintain participation dairies. They also interviewed those 24 parents to determine their individual participation patterns. The identified parental participation patterns included the activities

previously cited and the additional activities of assisting a child with school work, spending time with other patients, parents, or family members, and attending health care education programs. The latter identify parental participation activities that may be more closely associated with long-term rather than short-term hospitalizations.

The limitations of sample size, hospital size and purpose, and reason for the hospitalization may influence the generalizability of the aforementioned findings to parents whose children are experiencing an initial hospitalization in a community hospital for a life-threatening reason. The parents whose children were in a rehabilitation hospital had prior experience in parenting the hospitalized child. Thus, selecting subjects with prior knowledge and experience with parenting the hospitalized child may have biased the results.

In contrast to research reporting mothers' versus parental participation, Knafl and Dixon (1984) studied the amount and nature of fathers' involvement during a child's hospitalization. The findings indicated that half of the fathers rearranged work and home schedules to spend time with their hospitalized child. Twenty-four percent of the fathers indicated the child's hospitalization required them to expand their usual fathering roles in order to monitor the child's care and to participate in interactions with the staff. They viewed their expanded role as being necessary because they "did not believe the nurses would necessarily meet all their child's needs" (p. 280).

Knafl (1985) studied 62 couples whose child was hospitalized for a non-chronic reason and found that mothers in the study rearranged their

usual schedules to remain with their hospitalized child and defined their participation as obligatory: an important responsibility they felt compelled to fulfill. The constant attendance and participation of fathers varied; some rearranged their usual schedules in order to stay with the hospitalized child and others did not.

The research of Jackson et al. (1978), Hill, and others was completed on a general pediatric unit. However, hospitalized children are also placed in two specialized units: the pediatric intensive care and the recovery room. Research provided data about perceived parental involvement needs when children are in these special units. For example, Kaşper & Nyamanthi interviewed nine mothers and six fathers whose children were in a pediatric intensive care unit to determine their needs. The results indicated parents wanted to participate in their child's care. However, the only child care activity identified by parents was their request to do "little things" nurses might miss for their child (p. 577). Kirschbaum (1983) and Miles (1979) also studied parents whose children were in an intensive care unit and reported that parents wanted to participate in their critically ill child's physical care, especially as their child's condition began to improve.

Using a control and an experimental group, Diniaco and Ingoldsby (1983) investigated parental participation in the recovery room. Following their children's elective surgery, 25 parents participated in their child's care in the recovery room. The participating parents reported nine negative posthospitalization behaviors; the 25 parents who did not participate in their child's recovery room care reported 90

negative posthospitalization behaviors. Thus, the research of Kasper and Nyamanthi, Diniaco and Ingoldsby, and others suggests that parents demonstrated or perceived a desire to participate in their child's care even in specialized units.

Nurses' Attitudes Toward Parental Participation in the Hospitalized Child's Care

The pediatric nurse is the person on the health care team who is most often cited as having responsibility for meeting the needs of families of hospitalized children, including the parents' need to participate in their hospitalized child's care. They are also most likely to determine the extent of family involvement in the pediatric inpatient facilities (Ayer, 1978, p. 107; Baxter, 1976; Hardgrove & Kermoian, 1978, p. 847; Smitherman, 1979, p. 1424; and Whaley & Wong).

Korsch (1979) noted that in principle, nurses and other health care professional acknowledge the need to facilitate parental participation. However, in actual practice, health care professionals verbalized nonsupport for active parental participation when they expressed their viewpoint that "children are better behaved, cry less, and are easier to manage" when parents were not present (p. 831). Barriers to parental involvement may be perpetuated because nurses and pediatricians receive personal gratification from their direct interactions with children and such gratification might not be forthcoming if parents provided most of their child's care.

In an opinion article, Ayer lists four major responses nurses offer for not encouraging parents to participate in their hospitalized child's care: (a) adding parents to an already crowded space prevented

access to patients in emergencies, (b) a compromise of the therapeutic regime might occur because parents had limited medical knowledge and skills, (c) unpredictable parental participation might negatively affect staffing levels, and (d) nurses' attainment of personal gratification from their direct interactions with children would decrease. The author suggested that nurses could address these issues by committing themselves to the provision of family-centered care, communicating parents participation needs to all personnel, and problem-solving to suggest creative but cost-effective changes in the physical structure to accommodate parents.

Seidl and Pillitteri (1967) developed a Parent Participation Attitude Scale (PPAS) to measure the attitudes of nursing personnel toward parental participation. Seidl (1969) studied 231 nursing personnel in a children's hospital using the PPAS instrument. The results indicated that nurses with a high staff position, a high level of education, or with young children at home had a more accepting attitude toward parental participation. When analyzed as a group, supervisors, instructors, and administrators had higher mean scores on the PPAS than nurses' aides, licensed practical nurses, staff nurses, and head nurses. Registered nurses with baccalaureate or graduate degrees had higher scores than nurses with less education, practical nurses, and nurses' aides. Seidl also found that the more accepting the head nurse was of parental participation, the more accepting was the staff.

Gill (1987) surveyed 273 nursing personnel from four hospitals and found attitudes ranging from acceptance to rejection of parental

participation. This study reaffirmed the findings of Seidl: nursing supervisors, those with a collegiate education, and those with children at home demonstrated a more accepting attitude of parental participation than nurses who did not possess those characteristics. A second survey by Gill of 498 nurses from 28 hospitals indicated that a supportive nursing administration and a college education were associated with a positive acceptance of parental participation.

Summary

Mothers' and fathers' roles in the care of the hospitalized child have evolved from a limited participation model to one that promotes a parent's participation in many aspects of the hospitalized child's care. Acceptance, by health care providers, of parental participation was facilitated by empirical and experiential identification of the benefits to be derived from participation for parents and children. Nursing research provides examples of activities that mothers and fathers may want to complete, either alone or with the assistance of nurses, for the hospitalized child. However, the activities identified in the literature do not include spiritually related care, such as arranging for a priest, minister, or rabbi to visit and observing the family's religious practices. Parental activities such as disciplining the child and selecting someone to stay with the child if a parent cannot be present have not been addressed. Parents may also want to prepare their children for surgery, hospital routines, tests, or procedures or to provide support when their child is being put to sleep for surgery as well as awakening in the recovery room or having IV

catheters inserted. Parents may also want to suggest that a visiting health nurse participate in their child's posthospital care.

Nursing research does not provide examples of the activities nurses perceive parents may want to complete for their hospitalized child. Since the pediatric nurse is the person on the health care team who is most often cited as having responsibility for meeting the needs of families of hospitalized children, nurses' perceptions of parental participation needs are important. Likewise, because of the benefits to be derived from parental participation, parents' perceptions about what they want to do for their hospitalized child are important. Researching the perceptions of parents and professional nurses toward parental participation in selected activities may assist nurses in developing appropriate goal-directed nursing care that fosters intrahospital parental role functioning.

REFERENCES FOR EXPANDED REVIEW OF LITERATURE

Association for the Care of Children's Health. (1980). Position statement on involvement of parents and families in health care settings. Children's Health Care: The Journal of the Association for the Care of Children's Health, 8 (1), 69-71.

Ayer, A. H. (1978). Is partnership with parents really possible? American Journal of Maternal Child Nursing, 3, 107-110.

Barnsteiner, J. H., & Gillis-Donovan, J. (1990). Being related and separate: A standard for therapeutic relationships. American Journal of Maternal Child Nursing, 15, 223-228.

Baxter, P. A. (1976). Frustration felt by a mother and her child during the child's hospitalization. American Journal of Maternal-Child Nursing, 1, 159-161.

Bowlby, J. (1965). Maternal Care and Mental Health (2nd ed.). Switzerland: World Health Organization.

Carter, M. C., Miles, M. S., Bufford, T. H., & Hassanein, R. S. (1985). Parental environmental stress in pediatric intensive care units. Dimensions of Critical Care Nursing, 4, 180-188.

Curley, M. A. Q. (1988). Effects of the nursing mutual participation model of care on parental stress in the pediatric intensive care unit. Heart Lung, 17, 682-688.

Diniaco, M. J., & Ingoldsby, B. B. (1983). Parental presence in the recovery room. Association of Operating Room Nurses Journal, 38, 685-693.

Fagin, C. M. (1966). The Effects of Maternal Attendance During Hospitalization on Post-hospital Behavior in Young Children. Philadelphia: F. A. Davis.

Gill, K. M. (1987). Parent participation with a family health focus: Nurses' attitudes. Pediatric Nursing, 13, 94-96.

Hardgrove, C. B., & Kermoian, R. (1978). Parent-inclusion pediatric units: A survey of policies and practices. American Journal of Public Health, 68, 847-850.

Hardgrove, C. B., & Rutledge, A. (1975). Parenting during hospitalization. American Journal of Nursing, 75, 836-838.

Hill, C. J. S. (1978). The mother on the pediatric ward: Insider or outlawed? Pediatric Nursing, 4, 26-29.

Jackson, P. B., Bradham, R. F., & Burwell, H. K. (1978). Child care in the hospital--a parent/staff partnership. American Journal of Maternal Child Nursing, 3, 104-107.

Jay, S.S. (1977). Pediatric intensive care: Involving parents in the care of their child. Maternal-Child Nursing Journal, 6, 195-204.

Kasper, J. W., & Nyamathi, A. M. (1988). Parents of children in the pediatric intensive care unit: What are their needs? Heart & Lung, 17, 574-581.

Kirschbaum, M. S. (1983). Needs of parents of critically ill children. Chicago: University of Illinois. Thesis.

Knafl, K. A. (1985). How families manage a pediatric hospitalization. Western Journal of Nursing Research, 7, 151-168.

Knafl, K. A., & Dixon, D. M. (1984). The participation of fathers in their children's hospitalization. Issues in Comprehensive Pediatric Nursing, 7, 269-281.

Korsch, B. M. (1978). Issues in humanizing care for children. American Journal of Public Health, 68, 831-832.

LaMontagne, L. L., & Pawlak, R. (1990). Stress and coping of parents of children in a pediatric intensive care unit. Heart & Lung, 19, 416-421.

Mahaffey, P. R. (1965). The effects of hospitalization on children admitted for tonsillectomy and adenoidectomy. Nursing Research, 14, 12-19.

Miles, M. S. (1979). Impact of the intensive care unit on parents. Issues in Comprehensive Pediatric Nursing, 3, 72-90.

Robertson, J. (1970). Young Children in Hospitals (2nd ed.). London: Tavistock Publishing.

Rushton, C. H. (1990). Strategies for family-centered care in the critical care setting. Pediatric Nursing, 16, 195-199.

Schraeder, B. D. (1980). Attachment and parenting despite lengthy intensive care. American Journal of Maternal Child Nursing, 5, 37-41.

Seidl, F. W. (1969). Pediatric nursing personnel and parent participation: A study in attitudes. Nursing Research, 18, 40-44.

Seidl, F. W., & Pillitteri, A. (1967). Development of an attitude scale on parent participation. Nursing Research, 16, 71-73.

Smitherman, C. H. (1979). Parents of hospitalized children have needs, too. American Journal of Nursing, 79, 1423-1424.

Stull, M. K., & Deatrick, J. A. (1986). Measuring parental participation: Part I. Issues in Comprehensive Pediatric Nursing, 9, 157-165.

Tichy, A. M., Braam, C. M., Meyer, T. A., & Rattan, N. S. (1988). Stressors in pediatric intensive care units. Pediatric Nursing, 14, 40-42.

Van der Schyff, G. (1979). The role of parents during their child's hospitalisation. Australian Nurses' Journal, 8 (11), 57-58, 61.

Visintainer, M. A., & Wolfer, J. A. (1975). Psychological preparation for surgical pediatric patients: The effect on children's and parent's stress response and adjustment. Pediatrics, 56 (2), 187-202.

Whaley, L. F., & Wong, D. L. (1989). Essentials of Pediatric Nursing (pp. 606-610). St. Louis: C.V. Mosby.

Wolfer, J. A., & Visintainer, M. A. (1975). Pediatric surgical patients' and parents' stress responses and adjustment as a function of psychologic preparation and stress-point nursing care. Nursing Research, 24, 244-255.

APPENDIX B

EXPANDED METHODOLOGY

APPENDIX B

EXPANDED METHODOLOGY

Setting

The study was conducted on the inpatient pediatric units of a community hospital located in a southeastern city. The pediatric units consisted of a 22-bed inpatient unit and a four to six-bed intensive care unit. The units' brochure described a philosophy of family-centered care. The hospital served an economically diverse and predominately Caucasian clientele.

Sample

Seventy-seven mothers, 49 fathers, and 40 nurses were invited to participate in the study; 67 mothers (87%), 42 fathers (85.6%), and 37 nurses (92.5%) did so. All gave informed consent for their participation.

Mothers and fathers eligible to participate in the study were those whose child was experiencing an initial inpatient hospitalization, whether planned or unplanned, for an acute illness, surgery, injury, or phototherapy; provided that the child was 15-years-old or below and had no history of mental retardation, neurological or sensory handicaps, or chronic illness. Parents were not approached about participating in the study until after their child was hospitalized a minimum of 24 hours, during which time they had a chance to become acquainted with their environs and, perhaps, to

recover to some extent from the stressors associated with hospitalizing a child.

The mothers in this study ranged in age from 17 to 64, with a mean of 31.2 years. The majority were married (80.6%). The mothers were predominately Caucasian (92.5%), with only 3 blacks, 1 American Indian, and 1 Asian-Pacific Islander completing data sets. Mothers' families ranged in size from one to six children under 18-years-old living at home. The majority of the mothers (74.6%) had either one or two children. Mothers' educational level was reported with the following distribution: high school diploma (46.2%), some high school (19.4%), non-college training (9%), college degree (14.9%), some graduate work (3%), and graduate degree (7.5%). Mothers' occupations were professionals (31.3%), manager and/or owner (1.5%), skilled or unskilled laborers (34.4%), and full-time mother (32.8%). Fifty-five percent of the mothers were employed outside-the-home either full or part-time, 37% were full-time homemakers, and the remainder (8%) were students or mothers looking for employment. The employed mothers' work hours ranged from 10 to 72 hours per week, with a mean of 36.5 hours per week. Mothers' income, before taxes, ranged from under $10,000 to over $100,000 with slightly more than one-half of the sample reporting an income under $10,000 (22.4%) or an income in the $20,000-29,999 range (31.3%). The primary payment source for their child's hospitalization was health insurance (61.2%), Medicaid (23.9%), or other sources such as Champus or self-pay (14.9%).

Sixty-two of the respondents were the biological mother; five were legal guardians. Forty-two (62.7%) of the mothers' hospitalized

children were male; twenty-five (37.3%) were female. The mothers' hospitalized children ranged in age from one-month or less to 15-years-old, with a mean age of 3 years, 9 months. Sixteen children (23.9%) were undergoing surgery (e.g., appendectomy, hernia repair), thirty-nine (58.2%) were hospitalized for an acute illness (e.g., upper respiratory infections,gastrointestinal problems), seven (10.4%) had sustained an injury (e.g., fractures, gun shot wound, ruptured spleen), and five (7.5%) were undergoing phototherapy for an elevated bilirubin.

The fathers in this study ranged in age from 20 to 53, with a mean age of 33 years. The majority were married (88.1%). All were Caucasian. Fathers' families ranged in size from one to six children under 18-years-old living at home. The majority of the fathers (73.8%) had either one or two children. Fathers' educational level was reported with the following distribution: high school diploma (40.5%), some high school (7.1%), non-college training (11.9%), college degree (23.8%), some graduate work (9.5%), and graduate degree (7.2%). Fathers' occupations were professionals (38.1%), manager and/or owner (14.3%), and skilled or unskilled laborers (47.6%). Forty-one of the fathers were employed full-time; one was a student. The employed fathers' work hours ranged from 25 to 75 hours per week, with a mean of 46 hours per week. Fathers' income, before taxes, ranged from under $10,000 to $60,000-74,999 with one-half of the sample reporting an income in the $15,000-29,999 range (50.0%). The primary payment source for their child's hospitalization was health insurance (81.0%), Medicaid (11.9%), or other payment sources (7.1%).

Thirty-eight of the respondents were the biological father; 3 were stepfathers, and one was the legal guardian. Thirty (71.6%) of the fathers' hospitalized children were male; twelve (28.6%) were female. The fathers' hospitalized children ranged in age from one-month or less to 15-years-old, with a mean age of 5 years, 1 months. Thirteen children (31.0%) were undergoing surgery, fifteen (35.7%) were hospitalized for an acute illness, eleven (26.2%) had sustained an injury, and three (7.1%) were undergoing phototherapy.

Registered nurses employed part- or full-time in the pediatric inpatient or the intensive care unit were eligible for the study. The nurses in this study ranged in age from 22 to 56, with a mean of 34.3 years. All were Caucasian, females, and the majority were married (73.0%). Nineteen nurses' families ranged in size from one to six children under 18-years-old living at home; 18 nurses had no children. Of the nurses having children living with them, the majority (68.4%) had either one or two children. For the nurses' highest educational level, the largest group were in the baccalaureate or higher degree category (44.3%), with the remainder fairly evenly divided across the associate degree (29.7%) and diploma (27.0%) categories. Four nurses held national certification. The nurses' years of practice as a registered nurse ranged from one to 35 years, with a mean of 10.8 years; the years of working with hospitalized children and families ranged from one to 25 years, with a mean of 8.2 years. The nurses' work hours ranged from four to 72 hours per week, with a mean of 36 hours per week. The nurses' income, before taxes, ranged from $10,000-14,999 to over $100,000 with a majority (81.0%) of the sample

reporting an income range of $20,000-39,999. Twenty-three nurses worked primarily on the pediatric unit, with 17 assigned to work in the pediatric intensive care unit. The majority (83.6%) of the nurses rated the agency of employment as being very supportive of parental involvement in the hospitalized child's care, with the remainder (16.2%) rating the agency as somewhat supportive.

Instruments

The research project involved developing and implementing a reliable, valid, and easily administered instrument for assessing fathers', mothers', and nurses' perceptions about parents participation in caring for the hospitalized child. Initially, 50 parental involvement activities were selected from the previous research literature and the investigator's professional nursing experience and reviewed by four practicing pediatric nurses. Each nurse assessed the degree to which the 50 activities covered the range of usual care giving activities that a member of the nursing staff or family member might perform for the hospitalized child.

Content validity was established by an expert panel of pediatric nurses. Five nurses evaluated each activity with regard to clarity and appropriateness in a family-centered, inpatient pediatric setting. Each expert also provided an overall reaction to the instrument's instructions, format, response categories, and content, including the degree to which the items covered the range of activities a member of the nursing staff or a family member might perform for hospitalized children.

The 50 initial activities were categorized into three areas: physical aspects of care; psycho-spiritual aspects of care; and preparation for inpatient and posthospital care. To validate the categorization of the activities into these three areas, an expert panel comprised of five pediatric nursing and five family development experts completed a modified Q-sort procedure. Seven items were deleted from the final questionnaire because fewer than eight experts agreed on the categorization of these items. In the resultant 43-item checklist, 21 activities related to hospitalized children's physical care, 18 to psycho-spiritual care, and 4 to preparation for inpatient care, procedures, and discharge. The parental involvement activities for the three scales are presented in Appendix C.

The final instruments were the Activities Checklist for Parents (ACP) and the Parental Involvement Activities Checklist for Nurses (PIACN). Each instrument contained an introduction that provided a frame of reference and a 43-item, self-administered checklist. Information on demographics also was collected. The content, format, and response categories for the 43 activities were the same on the ACP and the PIACN with the exception of the pronouns used on the forms. On the ACP, a comments section was provided for parents to add other caregiving activities that they thought were important; however, none were forthcoming.

Subjects rated each activity from 1, indicating involvement was "not extremely important" to 5, indicating involvement was "extremely important." The parents' checklist measured the importance to the parent of participating in the activity; the nurses' checklist measured

the importance that nurses thought parents would assign to participating in the activity. Parent were instructed to rate each activity, regardless of whether or not it was done for their child and regardless of what may have been the practice in the institution where their child was receiving care. Similarly, nurses were instructed to rate each activity, regardless of whether or not the activity was practiced in the institution where the nurse worked. The second and final sections of the ACP and PIACN consisted of items to measure the demographic characteristics of the responding parent and his or her hospitalized child or the demographic characteristics of the responding nurse.

Further assessment of the psychometric properties of the instruments were conducted on data from this study. Internal consistency (Cronbach's alpha) was 0.947 for the physical aspects of care scale; 0.908 for the psycho-spiritual aspects of care scale; and 0.804 for the preparation for inpatient care, procedures, and discharge scale.

Procedure

A pilot study was completed at a nonfederal, religiously affiliated hospital located in a southeastern city. The hospital has a nursing unit that provides care for children and adult clients. The pilot study was completed to test for item and instruction clarity, length of time for completion of the instrument, and overall reaction to the instrument. Eleven registered nurses completed the PIACN. Three respondents' suggested revision for an item was incorporated into the final instrument. During the six week pilot study period, the

hospitalized children did not met the sample criteria for having an initial hospital admission. However, the investigator asked four parents with non-hospitalized children to critique the ACP and their suggestion for clarifying the instructions was incorporated into the final instrument

After securing permission to conduct research in the hospital having pediatric in-patient and intensive care units, meetings were held with registered nurses to explain the research. Parents and nurses who met the study eligibility requirements were contacted in person, by the investigator, on a convenience sampling basis, two days a week over a five month period. The investigator described the study using the information letter and consent form, assured confidentiality, obtained signed consent, and gave each participant an informational letter, a checklist, and a stamped, addressed return envelope. During the first month of data collection, over one-half of the participating parents personally handed their completed instrument to the investigator. Permission was granted for the investigator to place a locked box, accessible only to the investigator, on the pediatric unit for participants' convenience as an alternative to mailing.

For scoring the ACP and the PIACN, each response to an activity was assigned a numerical value ranging from five (extremely important) to one (no importance). For each respondent, mean scores were obtained for the 21 activities in the physical care scale, the psych-spiritual care scale, and the preparation for inpatient and posthospital care scale. The respondents' mean scores for each scale were used for data

analysis to control for the unequal number of items comprising the participation scales (Vitaliano, Maicero, Russo, & Becker, 1987).

APPENDIX C

CATEGORIZATION OF PARENTAL PARTICIPATION ACTIVITIES INTO THREE SCALES: PHYSICAL, PSYCHO-SPIRITUAL, AND PREPARATION FOR INPATIENT AND POSTHOSPITAL CARE

APPENDIX C

CATEGORIZATION OF PARENTAL PARTICIPATION ACTIVITIES INTO THREE SCALES: PHYSICAL, PSYCHO-SPIRITUAL, AND PREPARATION FOR INPATIENT AND POSTHOSPITAL CARE

Parental Involvement Activities for the Physical Care Scale

1. Bathe and/or assist with daily bath
2. Change diaper and/or clothing
3. Help child with grooming (care of hair, nails, and teeth)
4. Take special care of child's skin so that it does not become irritated
5. Provide child with a clean, dry, and comfortable bed
6. Provide child with a clean & tidy room or hospital unit
7. Provide a pleasant, safe environment
8. Feed or assist with drinking fluids or eating meals
9. See that child has snacks or formula available from the kitchen area of unit
10. Help child make his or her daily menu or food selections
11. Keep a record of what child eats or drinks
12. Keep a record of child's urination & bowel movement(s)
13. Bathe child to bring down fever
14. Give child pills or liquid medicine supplied by nurse
15. Decide if and when child's pain medicine is to be given
16. Establish rest and sleep schedule

17. Help with:

a. Changing bandages or dressings or applying ointments or medicines

b. Turning or moving child in bed to obtain a comfortable position

c. Collecting urine or stool specimens

d. Clearing child's nose and mouth with bulb syringe

e. Monitoring function of equipment such as IV machine (pump, monitor)

Parental Involvement Activities for the Psycho-spiritual Care Scale

1. Arrange for priest, rabbi, or minister to visit parent & child
2. See that child can observe his or her religious practices while hospitalized
3. Discipline child
4. Select an adult (relative, friend) to stay with child when parent cannot be present
5. Establish dates & times for brothers and/or sisters to visit
6. Decorate child's room with cards, balloons, etc.
7. Read, play games, or other entertaining activities with child
8. Provide comfort by holding, kissing, rocking, patting, and talking to child
9. Stay & provide support if child is:

a. Examined by doctors & nurses

b. Transported within the hospital to X-ray, physical therapy, surgery

c. Put to sleep for surgery

d. Awakening in recovery

e. Not expected to live

10. Stay and provide support if child has:
    a. X-rays taken
    b. Blood drawn
    c. "Shots" given
    d. Needles inserted
    e. Treatments such as physical or speech therapy

Parental Involvement Activities for the Preparation for Inpatient and Posthospital Scale

1. Read pamphlets and/or talk to child in preparation for surgery, hospital routines, tests, or procedures
2. Communicate to the doctor(s) and nurse(s) about child's condition and potential home care needs
3. Suggest that a visiting health or public health nurse visit child and family at home following discharge from the hospital
4. Attend educational programs to increase knowledge about child's health needs

APPENDIX D

INFORMATIONAL LETTER AND INFORMED CONSENT FOR PARENTS

APPENDIX D

INFORMATIONAL LETTER AND INFORMED CONSENT FOR PARENTS

Dear Parent or Legal Guardian:

As a registered nurse and a doctoral candidate in Child and Family Studies at the University of Tennessee-Knoxville working under the guidance of Priscilla White, Ed. D., I am seeking your assistance in the sampling phase of my dissertation research. I am interested in identifying the importance to you of being involved in completing activities for your hospitalized child.

I have developed a questionnaire that will address activities that you might want to complete for your hospitalized child. The questionnaire contains (a) introductory paragraphs, which provide a frame of reference and directions; (b) a 43-item self-administered activities checklist; and (c) demographic data (e.g., occupation, employment status). Participation will involve answering questions on the enclosed questionnaire. The completion of the questionnaire should take approximately 20 minutes. Your responses will be anonymous; please do not put your name on the questionnaire. The information you supply will be used for research purposes only.

Participation in this study is completely voluntary and refusal to participate will involve no penalty to you. There are no anticipated risks involved in participation and your decision to complete or not to complete this questionnaire will in no way affect the nursing care your child receives in the hospital. There will be no direct benefits to you for participating in this study; however, the results may facilitate pediatric registered nurses and parents achieving greater congruence of expectations when caring for hospitalized children.

I will be happy to share a summary of the results with you upon completion of my research. If you have any questions, please call me at (704) 227-7467, or my research advisor, Dr. Priscilla White, at (615) 974-5316. Thank you for assisting me in this endeavor.

Sincerely,

Vivian L. Deitz, MN, RN
Doctoral Candidate, UT-Knoxville

Parent Informed Consent

In signing this document, I am giving my consent to participate in a research study that will focus on identifying the importance to parents of being involved in completing activities for their hospitalized child. This study may facilitate pediatric registered nurses and parents achieving greater congruence of expectations when caring for hospitalized children.

I understand that I will be asked to complete a questionnaire about activities that I may want to complete for my hospitalized child and to provide information about my occupation, employment status, other characteristics, and the reason for my child's hospitalization. The questionnaire will take about twenty minutes to complete.

My participation was granted freely. I understand that my participation is entirely voluntary, and that even after I begin the questionnaire I can refuse to answer any specific questions or decide to stop my participation at any point without penalty to me. I understand that this study is anonymous and that I cannot be identified in any way. I also understand that my refusal to answer questions or my participation/nonparticipation will have no effects on services that I or any member of my family may receive from nurses and other health care providers.

This study involves no anticipated risks or benefits for me. I understand that the results of this research will be given to me if I ask for them and that Vivian Deitz (phone # 704-626-2779, 41 Holcombe Branch Road, Weaverville, NC 28787) or Dr. Priscilla White (phone # 615-974-5316) are the persons to contact if I have questions about the study or my rights as a study participant.

_____ _____

Parent's Signature Date

If you want to receive the results of this study, please complete the following:

Name _____

Address (include zip code please)

_____

APPENDIX E

INSTRUMENT: ACTIVITIES CHECKLIST FOR PARENTS

APPENDIX E

INSTRUMENT: ACTIVITIES CHECKLIST FOR PARENTS

Instructions:

The statements below describe activities that either the nursing staff or a family member might perform for a hospitalized child. Perhaps some of these have been or will be done for your hospitalized child and some have not or will not be done. You probably consider your involvement with some of the activities to be more important than others. The purpose of this questionnaire is to identify the importance to you of being involved in completing activities for your hospitalized child. This study is anonymous; please do not put your name on the questionnaire.

Think about the care your child has received since admission to the hospital and the importance you place on participating in selected aspects of your child's care. You are asked to rate each activity from "extremely important" to "no importance," whether or not it has been or will be done for your child.

There are 43 activities listed on the questionnaire. It may take about 20 minutes for you to complete the questionnaire. Place an X in the column indicating the importance to you of participating in this activity for your hospitalized child. Please select only one response per activity. Be frank and give your personal views regardless of the practice in the institution where your child is now. There are no right or wrong answers.

After you complete the 43 activities on the questionnaire, I would appreciate (for research purposes) your response to the background information (e.g., sex, occupation) on the last pages of the questionnaire.

	Parental Participation				
Activity	Involvement is Extremely Important to Me	Involvement is Very Important to Me	Involvement is of Medium Importance to Me	Involvement is of Slight Importance to Me	Involvement is of No Importance to Me
1. Bathe or assist with daily bath					
2. Change diaper and/or clothing					
3. Help child with grooming (care of hair, nails, and teeth)					
4. Take special care of my child's skin so that it does not become reddened or irritated					
5. Provide child with a clean, dry, and comfortable bed					

Activity	Parental Participation				
	Involvement is Extremely Important to Me	Involvement is Very Important to Me	Involvement is of Medium Importance to Me	Involvement is of Slight Importance to Me	Involvement is of No Importance to Me
6. Provide child with a clean and tidy room or hospital unit (remove soiled cups, bottles, diapers or clothing)					
7. Provide a pleasant, safe environment (control temperature, remove harmful objects)					
8. Feed or assist with drinking fluids or eating meals					
9. See that my child has snacks or formula available from the kitchen area of the pediatric unit of the hospital					
10. Help my child make his or her daily menu/food selections					
11. Keep a record of what my child eats or drinks					
12. Keep a record of the amount of my child's urination & bowel movement(s)					
13. Bathe my child to bring down a fever					
14. Give my child pills or liquid medicine supplied by nurse					
15. Decide if and when my child's pain medicine is to be given					
16. Arrange for my priest, minister, or rabbi to visit me and my hospitalized child					
17. See that my child can observe his or her religious practices while hospitalized					

Activity	Parental Participation				
	Involvement is Extremely Important to Me	Involvement is Very Important to Me	Involvement is of Medium Importance to Me	Involvement is of Slight Importance to Me	Involvement is of No Importance to Me
18. Discipline my child					
19. Select another adult (relative, friend) to stay with my child when I cannot be with him or her					
20. Establish rest and sleep schedules for my child					
21. Establish dates & times for brothers and/or sisters to visit					
22. Decorate my child's room with cards, balloons, etc.					
23. Read, play games or other entertaining activities with my child					
24. Provide comfort by holding, kissing, rocking, patting, and talking to my child					
25. Read pamphlets and/or talk to my child in order to prepare him or her for surgery, hospital routines, tests, or procedures					
26. Communicate to the doctor(s) and nurse(s) about my child's condition and potential home care needs					
27. Suggest that a visiting health or public health nurse visit my child at home following discharge from the hospital					
28. Attend educational programs to increase my knowledge about my child's health needs					

Activity	Parental Participation				
	Involvement is Extremely Important to Me	Involvement is Very Important to Me	Involvement is of Medium Importance to Me	Involvement is of Slight Importance to Me	Involvement is of No Importance to Me
Stay with my child and provide support if:					
29. Doctor(s) or nurse(s) examine					
30. He or she is transported to another area of the hospital such as x-ray, physical therapy, surgery					
31. X-rays are taken					
32. Treatments, such as physical therapy or speech therapy, are completed					
33. He or she is put to sleep for an operation					
34. He or she awakens in the Recovery Room after surgery					
35. He or she is not expected to live					
36. Nurses or doctors place needles to give IV fluids or medicines					
37. Technicians, nurses, or doctors draw blood for tests					
38. Nurses or doctors give "shots"					

Activity	Parental Participation				
	Involvement is Extremely Important to Me	Involvement is Very Important to Me	Involvement is of Medium Importance to Me	Involvement is of Slight Importance to Me	Involvement is of No Importance to Me
Help with in-hospital tasks such as:					
39. Change bandages or dressings or apply ointments or medicines					
40. Turn or move my child in bed to obtain a comfortable position					
41. Collect urine or stool specimens					
42. Clear my child's nose and mouth with bulb syringe					
43. Monitor functioning of equipment such as IV machine/pump/monitor					

Thank you for completing the questionnaire to this point. It would be helpful if you would provide some background information for my research. Please circle the appropriate letter, place an X in the blank space, or fill in the blank. Select only one response to each item.

Your occupation:

(1) professional
(2) managerial/owner
(3) clerical/sales
(4) skilled laborer/farmer
(5) unskilled laborer
(6) other _____

Your employment status:

(1) employed full-time
(2) employed part-time
(3) unemployed, laid off, looking for work
(4) full-time homemaker
(5) student
(6) other _____

Your age: _____ Years

Your highest educational level:

(1) grade school
(2) some high school
(3) high school diploma
(4) non-college training
(5) college degree
(6) some graduate work
(7) graduate degree

If employed, how many hours per week do you work?

_____

Your sex: (1) Male (2) Female

Your marital status:
(1) Never married
(2) Divorced
(3) Married
(4) Widowed
(5) Living with a Significant Other

Your total income before taxes in 1989:

(1) under $10,000
(2) $10,000-$14,999
(3) $15,000-$19,999
(4) $20,000-$29,999
(5) $30,000-$39,999
(6) $40,000-$$59,999
(7) $60,000-$74,999
(8) $75,000-$100,000
(9) over $100,000

Primary payment source for your child's hospitalization:

(1) Health care insurance (Blue Cross/ Blue Shield and NC state employees or other commercial insurance)
(2) Medicaid or Medicare
(3) Self pay
(4) Champus
(5) Crippled Children or Vocational Rehabilitation
(6) Other

Your relationship to hospitalized child:

(1) Father
(2) Mother
(3) Stepfather
(4) Stepmother
(5) Adoptive father
(6) Adoptive mother
(7) Foster father
(8) Foster mother
(9) Guardian
(10) Other _____

Your race (optional):

(1) White
(2) Black
(3) American Indian
(4) Hispanic
(5) Other _____
(Please specify)

Sex of your hospitalized child:

(1) male (2) female

Age of your hospitalized child:

_____ months or _____ years

Reason(s) for child's hospitalization:

_____

Starting with your oldest child, list the age and sex of all children (including hospitalized child) living with you at this time:

Age _____ & Sex _____ Age _____ & Sex _____

Age _____ & Sex _____ Age _____ & Sex _____

Age _____ & Sex _____ Age _____ & Sex _____

Comments:

_____

_____

Thank you for completing this questionnaire. Please seal the completed questionnaire in the attached, stamped, and addressed envelope and if possible, place it in the U. S. Mail within 24 hours of receiving it.

February 28, 1990/Vivian Deitz

APPENDIX F

INFORMATIONAL LETTER AND INFORMED CONSENT FOR NURSES

APPENDIX F

INFORMATIONAL LETTER AND INFORMED CONSENT FOR NURSES

Dear Pediatric Registered Nurse:

As a registered nurse and a doctoral candidate in Child and Family Studies at the University of Tennessee-Knoxville working under the guidance of Priscilla White, Ed. D., I am seeking your assistance in the sampling phase of my dissertation research. I am interested in identifying the importance you think parents place on participating in selected activities of their hospitalized child's care.

I have developed a questionnaire that will address activities that you think parents might want to complete for their hospitalized child. The questionnaire contains (a) introductory paragraphs, which provide a frame of reference and directions; (b) a 43-item self-administered activities checklist; and (c) demographic data (e.g., sex, age). Participation will involve answering questions on the enclosed questionnaire. The completion of the questionnaire should take approximately 20 minutes. Your responses will be anonymous; please do not put your name on the questionnaire. The information you supply will be used for research purposes only.

Participation in this study is completely voluntary and refusal to participate will involve no penalty to you. There are no anticipated risks involved in participation. There will be no direct benefits to you for participating in this study; however, the results may facilitate pediatric registered nurses and parents achieving greater congruence of expectations when caring for hospitalized children.

I will be happy to share a summary of the results with you upon completion of my research. If you have any questions, please call me at (704) 227-7467, or my research advisor, Dr. Priscilla White, at (615) 974-5316. Thank you for assisting me in this endeavor.

Sincerely,

Vivian L. Deitz, MN, RN
Doctoral Candidate, UT-Knoxville

Pediatric Registered Nurse Informed Consent

In signing this document, I am giving my consent to participate in a research study that will focus on identifying the importance I think parents place on being involved in completing activities for their hospitalized child. This study may facilitate pediatric registered nurses and parents achieving greater congruence of expectations when caring for hospitalized children.

I understand that I will be asked to complete a questionnaire about activities that I think parents may want to complete for their hospitalized child and to provide information about my sex, number of years of work with hospitalized children, and other characteristics. The questionnaire will take about twenty minutes to complete.

My participation was granted freely. I understand that my participation is entirely voluntary, and that even after I begin the questionnaire I can refuse to answer any specific questions or decide to stop my participation at any point without penalty to me. I understand that this study is anonymous and that I cannot be identified in any way.

This study involves no anticipated risks or benefits for me. I understand that the results of this research will be given to me if I ask for them and that Vivian Deitz (phone # 704-626-2779, 41 Holcombe Branch Road, Weaverville, NC 28787) or Dr. Priscilla White (phone # 615-974-5316) are the persons to contact if I have questions about the study or my rights as a study participant.

_____ _____

Pediatric Registered Nurse's Signature Date

If you want to receive the results of this study, please complete the following:

Name _____

Address (include zip code please)

_____

APPENDIX G

INSTRUMENT: PARENTAL INVOLVEMENT ACTIVITIES CHECKLIST FOR NURSES

APPENDIX G

INSTRUMENT: PARENTAL INVOLVEMENT ACTIVITIES CHECKLIST FOR NURSES

Instructions:

The statements below describe activities that either the nursing staff or a family member might complete for a hospitalized child. Perhaps some of these have been and will be done for hospitalized children by their parents and some have not and will not be done by parents. You may consider parental involvement with some of the activities to be more important to parents than involvement with other activities. The purpose of this questionnaire is to identify those activities you think parents find most important to complete or be involved with completing and others you think parents would rank as less important to complete for their hospitalized child. This study is anonymous; please do not put your name on the questionnaire.

Think about the care children, fifteen years of age and less, receive after admission to the hospital and the importance you think parents place on participating in selected aspects of their hospitalized child's care. You are being asked to rate each activity, whether or not it has been or will be done for all children, according to the importance you think parents assign to being involved in that activity for their hospitalized child, ranging from "extremely important" to "no importance."

There are 43 activities listed on the questionnaire. It may take about 20 minutes for you to complete the questionnaire. Place a check in the column indicating the importance you think parent's place on participating in this activity for their hospitalized child. Please select only one response per activity. Be frank and give your personal views regardless of what may be the standard in the institution where you now practice nursing. There are no right or wrong answers.

After you complete the 43 activities on the questionnaire, I would appreciate (for research purposes) your response to the information (e.g., sex, years of work with hospitalized children) on the last pages of the questionnaire.

	Parental Participation				
Activity	Involvement is Extremely Important to Parent(s)	Involvement is Very Important to Parent(s)	Involvement is of Medium Importance to Parent(s)	Involvement is of Slight Importance to Parent(s)	Involvement is of No Importance to Parent(s)
1. Bathe or assist with daily bath					
2. Change diaper and/or clothing					
3. Help child with grooming (care of hair, nails, and teeth)					
4. Take special care of child's skin so that it does not become reddened or irritated					

	Parental Participation				
Activity	Involvement is Extremely Important to Parent(s)	Involvement is Very Important to Parent(s)	Involvement is of Medium Importance to Parent(s)	Involvement is of Slight Importance to Parent(s)	Involvement is of No Importance to Parent(s)
5. Provide child with a clean, dry, and comfortable bed					
6. Provide child with a clean and tidy room or hospital unit (remove soiled cups, bottles, diapers or clothing)					
7. Provide a pleasant, safe environment (control temperature, remove harmful objects)					
8. Feed or assist with drinking fluids or eating meals					
9. See that child has snacks or formula available from the kitchen area of the pediatric unit of the hospital					
10. Help child make his or her daily menu/food selections					
11. Keep a record of what child eats or drinks					
12. Keep a record of urination & bowel movement(s)					
13. Bathe child to bring down a fever					
14. Give child pills or liquid medicine supplied by nurse					
15. Decide if and when child's pain medicine is to be given					
16. Arrange for priest, rabbi, or minister to visit parent and hospitalized child					
17. See that child can observe his or her religious practices while hospitalized					

Activity	Parental Participation				
	Involvement is Extremely Important to Parent(s)	Involvement is Very Important to Parent(s)	Involvement is of Medium Importance to Parent(s)	Involvement is of Slight Importance to Parent(s)	Involvement is of No Importance to Parent(s)
18. Discipline child					
19. Select another adult (relative, friend) to stay with child when parent cannot be present					
20. Establish rest and sleep schedules for child					
21. Establish dates & times for brothers & sisters to visit					
22. Decorate child's room with cards, balloons, etc.					
23. Read, play games or other entertaining activities with child					
24. Provide comfort by holding, kissing, rocking, patting, and talking to child					
25. Read pamphlets and/or talk to child in order to prepare him or her for surgery, hospital routines, tests, or procedures					
26. Communicate to the doctor(s) and nurse(s) about child's condition and potential home care needs					
27. Suggest that a public health or visiting health nurse visit child at home following discharge from the hospital					
28. Attend educational programs to increase knowledge about child's health needs					

Activity	Parental Participation				
	Involvement is Extremely Important to Parent(s)	Involvement is Very Important to Parent(s)	Involvement is of Medium Importance to Parent(s)	Involvement is of Slight Importance to Parent(s)	Involvement is of No Importance to Parent(s)
Stay with child and provide support if:					
29. Doctor(s) or nurse(s) examine					
30. Child is transported to another area of the hospital such as x-ray, physical therapy, surgery					
31. X-rays are taken					
32. Treatments, such as physical therapy or speech therapy, are completed					
33. Child is put to sleep for surgery or procedure					
34. Child awakens in the Recovery Room					
35. Child is not expected to live					
36. Nurses or doctors place needles to give IV fluids or medicines					
37. Nurses, doctors or technicians draw blood for tests					
38. Nurses or doctors give "shots"					

Activity	Parental Participation				
	Involvement is Extremely Important to Parent(s)	Involvement is Very Important to Parent(s)	Involvement is of Medium Importance to Parent(s)	Involvement is of Slight Importance to Parent(s)	Involvement is of No Importance to Parent(s)
Help with in-hospital tasks such as:					
39. Change bandages or dressings or apply ointments or medicines					
40. Turn or move child in bed to obtain a comfortable or appropriate position					
41. Collect urine or stool specimens					
42. Clear child's nose and mouth with bulb syringe					
43. Monitor functioning of equipment such as IV machine					

Thank you for completing the questionnaire to this point. It would be helpful if you would provide some background information for my research. Please circle the appropriate letter, place an X in the blank space, or fill in the blank. Select only one response to each item.

How many years have you practiced as a registered nurse?

_____ Years

How many years have you worked with hospitalized children and families?

_____ Years

If applicable, number of children living with you: _____ Children

Indicate Highest Degree You Hold:

(1) _____ RN - Associate Degree in Nursing
(2) _____ RN - Diploma in Nursing
(3) _____ RN - Bachelor in Nursing
(4) _____ RN - Bachelors not in Nursing
(5) _____ RN - Master of Science in Nursing or Master of Nursing
(6) _____ RN - Masters not in Nursing
(7) _____ RN - Doctorate

If you hold national certification, please list the certifying group and date of initial certification:

_____

_____

On the average, how many hours do you work at MMH in a week? _____ Hours/week

What is your primary work place?

(1) Pediatric Intensive Care Unit
and/or Pediatric Step-down
(2) Pediatric Unit

Your total income before taxes in 1989:

(1) under $10,000
(2) $10,000-$14,999
(3) $15,000-$19,999
(4) $20,000-$29,999
(5) $30,000-$39,999
(6) $40,000-$59,999
(7) $60,000-$74,999
(8) $75,000-$100,000
(9) over $100,000

Your sex:

(1) male (2) female

Your ethnic background:

(1) White
(2) Black
(3) American Indian
(4) Hispanic
(5) Other _____
(Please specify)

What is your marital status?

(1) Never married
(2) Divorced
(3) Married
(4) Widowed
(5) Living with a Significant Other

Your age: _____ Years

How supportive is Memorial Mission Hospital of parental involvement in the hospitalized child's care?

(1) Very supportive
(2) Somewhat supportive
(3) Not at all supportive

Thank you for completing this questionnaire. Please seal the completed questionnaire in the attached self-addressed and stamped envelope and mail at your earliest convenience.

February 28, 1990/Vivian Deitz

VITA

Vivian Lundy Deitz was born in Barbourville, Kentucky, on December 20, 1943. She graduated from Dan McCarty High School in June, 1961. She received the Bachelor of Science in Nursing degree in August, 1964 and the Master of Nursing degree in August 1972 from the University of Florida.

From 1964 to 1967, she practiced professional nursing in hospitals in Georgia and Florida. She was a nursing professor from 1967 to 1971, 1972 to 1986, and fall 1987 to spring 1991. In the fall of 1984, she began doctoral studies at The University of Tennessee, Knoxville. She received her Doctor of Philosophy degree, with a major in Human Ecology in May, 1991. She is a member of the American Nurses Association, Sigma Theta Tau, Phi Kappa Phi, and Omicron Nu.