



1985

## Pediatric Nurses' Attitudes toward Parent Participation in the Care of the Hospitalized Child

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**PEDIATRIC NURSES' ATTITUDES  
TOWARD  
PARENT PARTICIPATION IN  
THE CARE OF THE HOSPITALIZED CHILD**

by

**Kathleen M. Cesafsky**

A Thesis  
Submitted to the Faculty  
of  
The Graduate School of Loyola University of Chicago  
In Partial Fulfilment of The Requirements for the Degree  
of  
Master of Science in Nursing

December  
1985

## **ACKNOWLEDGEMENTS**

The author is very thankful to the institutions, their staffs and nurses who willingly participated in this study.

The author acknowledges and values the support of this study by the thesis committee which included Dr. Claudette Varricchio and Barbara Velsor-Friedrich. Additional sincere appreciation and respect goes to the chairman and director of the committee, Dr. Pat Ryan. She is a valued and admired teacher who was very supportive throughout the study.

The support, understanding and patience of my family throughout my graduate career at Loyola University cannot go unmentioned. I thank them all sincerely.

Lastly, with utmost gratitude and honor, I dedicate this thesis to Dr. James Baker, my uncle. His help, understanding, patience and guidance throughout my graduate career make it seem worthwhile.

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## CHAPTER I

### INTRODUCTION

Over two million children under the age of six are hospitalized in the United States annually (Hardgrove, 1980). For many of these children, abrupt separation from their parents heightens the potentially traumatic aspects of the hospitalization experience. In the last 30 years many health professionals have recognized the importance of the parent or the parent substitute to the physical, emotional, and social well-being of the young hospitalized patient (Bowlby, 1980; Godfrey, 1955; Prugh, Staub, Sands, Kirschbaum & Lenihan 1953; Robertson, 1958). As a result, the number of pediatric units providing rooming-in facilities and extended visiting hours has dramatically increased in the last fifteen years (Hardgrove, 1980).

Despite the documented benefits for child, parent, and nurse, variation in staff reception to parental presence ranges widely from mere toleration to active inclusion of parents as integral parts of hospital functioning (Hardgrove, 1980).

Unless the pediatric nurses are advocates of such an expanded family role, parents will be deterred from participating in their child's care, institutions will not be held

accountable for policies disfavorable to parental interaction, and the benefits of extended visiting procedures will be lost. This descriptive study was undertaken to determine contemporary attitudes of general and pediatric intensive care nurses employed at university medical centers and generalized pediatric nurses at community-based hospitals regarding various aspects of parental involvement in the care of the hospitalized child. The author hopes to discover in the study if other nurses advocate a positive or negative attitude when dealing with parents and children.

### **Statement of the Problem**

It is the problem of the present study to determine whether registered nurses in a pediatric setting accept or reject parent participation in the care of their hospitalized child.

Specifically, the investigation seeks to answer the following questions:

1. Are pediatric nurses' attitudes positive or negative toward parent participation in the care of the hospitalized child?
2. Is there a difference in attitudes between general pediatric nurses and pediatric intensive care (PICU) nurses toward parent participation in the care of the hospitalized child?

3. Is there a difference in attitudes between general pediatric nurses employed at a university medical center versus ones employed at a community-based hospital?
4. Is there a relationship between specific personal and professional background of the pediatric nurse and acceptance or rejection of parental involvement in the care of the hospitalized child?

### Limitations

The study was limited to some extent through accidental sampling of general pediatric nurses and pediatric intensive care nurses. This restricts the generalizability of the findings to nurses employed at other institutions. Also, the subjectivity of the questionnaire administered to the nurses could serve as a limiting factor in interpreting the response.

The reliability and validity of the Parent Participation Attitude Survey, despite its previous use in three documented studies, is a limiting factor. The split-half reliability with the Spearman-Brown correction is less than optimal at 0.37 (Pillitteri and Seidl, 1967).

The study attempted to measure attitudes of the nurses. Attitudes at best are difficult to elicit because of their very nature (McGhie, 1973). Although, the attitude



may initially predispose a person to behave in some way, the behaviors the person ultimately exhibits are dependent on the reinforcements received (Ajzen and Fishbein, 1980).

The study surveyed nurses at both community-based hospitals and university medical centers. The parents with whom these nurses work generally came from varied socioeconomic backgrounds and had differences in ages. Therefore, a nurse's attitude toward parental participation in the care of the hospitalized child could be skewed positive or negative depending on these factors. The study did not attempt to measure socioeconomic and age factors.

The distribution of the questionnaires by the head nurses on the units who were not available to the researcher could have affected the results of the study. The nurses filling out the questionnaires could have been gently persuaded, given time limits, or given ultimatums by the head nurses. These and many other unknown factors could have an effect on the results of the study.

## CHAPTER II

### REVIEW OF THE LITERATURE

It is one of the basic assumptions of this study that during a child's hospitalization parent participation can diminish potential detrimental effects of separation. One must delve into the literature to determine what type of effects and significance of these effects that can be alleviated if parents were allowed to participate in the care of their hospitalized child. The review of the literature for this study investigated some of these effects. The research spelled out how parents can alleviate some of the detrimental effects of separation and hospitalization of the child.

The role of caretaker (nurse and parent) in the hospital is a factor that is discussed in the study. Medical opinion concerning who is best able to care for a sick child has undergone a number of radical shifts in the past hundred years. Up to the end of the nineteenth century, it was accepted practice that the family physician provide general supervision, but the primary responsibility for caring for the ill child lay with the mother (Gagnon-Lefebvre, Mongeon, and Roskies, 1978).

With the growing practice of antisepsis and surgery, however, there was a change both in locale and caretaker.

Now, the place of choice for treatment became the hospital with responsibility of care vested in a new group of professionals, the nurses. The mother's role in this structure was minimized with hospitals restricting visiting to a few hours a week.

In the last 30 years, the pendulum has begun to swing once more. Psychologists, psychiatrists, and a few enlightened physicians argued in the 1940's that the medical vigilance which led to the exclusion of the parent was occurring at the expense of the child's emotional well-being.

Abundant documentation regarding the detrimental effects of separation of child and parent during hospitalization followed. Lowrey (1940) and Spitz (1945) reported severe psychological impairment when children were confined to mental institutions or orphanages greater than six months.

Although physical needs were met, children were dying. Edelston (1943) reviewed extensive numbers of clinical case studies, concluding that the symptoms and behavior of a chronically or acutely ill child was a defense mechanism against separation anxiety.

Although Edelston (1943) identified three phases of separation anxiety, Bowlby (1960) provided the greatest impact on the understanding of the emotional needs of children hospitalized for short or long duration by labeling

these phases. Bowlby (1960) along with Robertson (1958) characterized the emotional responses of hospitalized children into three stages: Protest, Despair, and Detachment.

Bowlby (1960) likened the child's emotional reaction during separation to the process of mourning. In the Protest phase the child exhibits normal attention-seeking behaviors, but in the absence of the mother, these go unanswered. This raises the problem of separation anxiety and a simultaneous increase in behaviors which have secured the mother in the past such as crying, kicking, etc. During the phase of Despair the child exhibits feelings of hopelessness with behavior such as withdrawal and decreased physical activity suggestive of grief and mourning. In the final phase, Detachment, the child appears to be adapting in the mother's absence by demonstrating normal eating, sleeping, and play patterns with hospital personnel. However, when the mother visits, the normal strong attachment is absent and the child's listlessness is indicative of a defense mechanism. Cessation of crying and increased cooperation that marked the child's "settling in" was often misconstrued by staff as a good sign of adjustment (Bowlby, 1960).

Besides the effects of separation on a child's behavior while hospitalized, classical studies (Brian & Machay, 1968; Godfrey, 1955; Prugh, et al, 1953) confirmed increased dependence, fear of being alone, night terrors, and

aggression (e.g., temper tantrums, sibling rivalry, regression in eating or toiletry patterns, alterations in eating habits) post-hospitalization. Incidence, intensity, and duration of these nurse-observed behaviors were decreased significantly when the mother roomed-in with the child. Children significantly at risk were aged 1 to 4 years and hospitalized greater than two weeks (Godfrey, 1955). Additionally, adolescents previously hospitalized between the ages of 1 and 5 dramatized "post-hospitalization" behaviors comparable to young children (Douglas, 1975).

In Shrand's (1965) significant study of children nursed at home for a variety of illnesses that usually required hospitalization, 57% of those under 4 years of age and 35% aged 4 to 6 years, demonstrated these so-called "post-hospitalization" behaviors up to two weeks. Shrand suggested that illness rather than maternal deprivation contributed to these results. Only Vernon and Schulman (1964) discussed the benefits of hospitalization and criticized the methodology, especially in terms of control groups and validity of instruments.

As an outgrowth of overwhelming evidence, recommendations from various disciplines to reduce or ameliorate separation-anxiety behavior followed. These recommendations centered around better preparation of the hospitalized child to the unfamiliar environment or increased parental contact

in such forms as extended visiting hours, rooming-in, and care-by-parent units. Besides responding to these psychosocial concerns, hospitals in the 1960's consciously or unconsciously recognized the practical economic benefits of increased parental participation as a method of coping with nursing shortages and financially limited hospital resources (Beck, 1973).

Goodell (1979) points out that when parents are included as caretakers in the hospital, a redefinition of roles on the part of the parent, the institution, and the nurse must occur. All three of these essential "systems" contribute to the successfulness of parent participation programs (Goodell, 1979). Therefore, all three must be considered when examining nursing attitudes toward parent participation in the care of the hospitalized child.

Several studies (Aufhauser, 1967; Beck, 1973; Bradham, Burwell and Jackson, 1978; Fore and Holmes, 1983; Goodell, 1979; MacDonald, 1969) have indicated that parents are more than willing to take part in their child's care during hospitalization, although individual desires and usefulness may vary. Parents were most comfortable in assuming a nurturing role of providing for activities of daily living, personal needs, and emotional support of the child (Beck, 1973; MacDonald, 1969). Medically-related activities (such as changing dressings, explaining procedures) which were less

familiar to parents were likewise less endorsed by parents. Parents' greatest concerns centered around upsetting customary hospital routines, and fear of making mistakes both with their child and hospital personnel (Beck, 1973; MacDonald, 1969). A recent investigation revealed that despite both parents' commitment to employment outside the home, families have adapted strategies to manage extended visitation during a child's acute illness and less in cases of chronic illness (Deatrack, Knafl and Kodadik, 1982). Additionally, three times as many inner-city mothers successfully overcame external and emotional barriers to visit their hospitalized child than originally anticipated by staff nurses (Blizer, Blizer, Pozen & Zuckerman, 1983).

Parental participation was quantitatively and qualitatively optimized when:

1. Institutions were explicit regarding expectations of the parent (Hardgrove, 1980; MacDonald, 1969). and providing facilities for enactment of the parental role;
2. Parents were assisted in assuming a new role as parent of a sick child (Ruvlin, 1964);
3. Nurses encouraged, guided, and educated parents regarding all aspects of the child's care (Beck, 1973; Goodell, 1979; MacDonald, 1969); and
4. Nurses placed a greater value on planning,

counseling, and teaching skills than direct patient care (Hardgrove and Kermoian, 1978).

Diniaco and Ingoldsby (1983) investigated the effects of parental presence in the recovery room. Two groups, one where parents were with their children and the other where they were not, illustrated that parents were beneficial in negating the effects of separation.

Despite documented parental desires and benefits of increased parental involvement, Hardgrove (1980) noted with concern that a majority of so-called progressive hospitals failed to assume responsibilities necessary in fulfilling a commitment to family-oriented care. Surveying 1498 rooming-in institutions of varying size, affiliation, and length of operation, Hardgrove (1980) discovered that institutional support was mostly limited to providing beds. Comfort accommodations such as bathing and food preparation facilities were uncommon (Hardgrove and Kermoian, 1978). Additionally, psychological support was sporadic; only 8% of hospitals employed a parent advocate. Moreover, absence of in-service training in methods of working with parents, and lack of systematic staff and parent evaluations of the "living-in" program demonstrated that once the program was implemented, little is done to improve the program quality (Hardgrove and Kermoian, 1978).



Besides hospitals' failure of commitment to parent participation, nurses often neglect to emphasize the value of continual parental involvement. Ayer (1978) cites four reasons for this lack of encouragement by nurses:

1. Geographical considerations such as lack of space for rooming-in;
2. Complicated treatment protocol;
3. Fear of decreased staff positions; and
4. Loss of a means of satisfying own maternal needs.

Korsch (1978) substantiates Ayer's (1978) contention that general pediatric nurses express gratification from their direct interaction with the child.

From a different perspective Goodell (1979) and Seidl (1969) stressed the importance of role perception in forming nursing attitudes. "People tend to cling tenaciously to the roles they have, particularly if more profitable alternatives are not clearly made available." ( Seidl, 1969, p. 40) Nurses, by including the parent, may have to give up some control and power. Working through the parent, nurses give up unlimited direct access to the patient. The parent physically occupies and controls access to part of the space previously owned by the nurse (Goodell, 1979).

How nurses view such an intrusion on their space will significantly affect their willingness to endorse parent

participation (Goodell, 1979). Nurses working in Intensive Care Units (ICU) were reported to be perfectionists, meticulous in their care, and tended to request employment in the critical care environment where direct care of patients was at a premium (Dunkel and Eisendrath, 1979). Brennan and Folk-Lighty (1979) enlighten this complex issue noting that nurses practicing in an ICU considered direct patient care as their most important job requirement, but not a professional activity. These authors suggested that ICU nurses would prefer more extended nursing functions as coordinators in care. This latter observation appears to lend itself toward a positive attitude regarding parental participation. However, Jay (1977) presents a conflicting viewpoint. According to Jay, the primary functions of an ICU pediatric nurse revolved around psychological support of the parent by keeping the parent continually abreast of medical treatments and changing conditions of the child, encouraging parental visitation and touching of the child, and assisting the parent in "role-revision" from parent of a healthy child to parent of a sick child. Pediatric ICU nurses appeared willing to allow parents to meet the child's emotional needs, but actual parental involvement in direct care was limited to assisting with back rubs (Jay, 1977). Only when the child was repeatedly admitted to the unit, hospitalized for a lengthy period (e.g., one year), or the parents'

knowledge and ability to perform a complicated procedure was necessary for continuity of care at home, did ICU nurses encourage extensive parent participation. Jay's comment that the struggle for parent-inclusive units has "just begun to penetrate the doors of pediatric critical care units" seems justified (Jay, 1977, p. 195).

Nurses practicing in roles of staff development, management, and clinical specialty within the pediatric realm identified "encouraging parent participation" as the third most significant psychosocial function of nursing, only surpassed by emotional support of children and preparing children psychologically for procedures and surgery (Pidgeon and Sander, 1983). In ranking the importance of behaviors, graduate nurses selected "assisting of families through teaching and counseling" as item 12 from a choice of 24 behaviors (Bradley, 1982). Deloughery, Fanning, and Gebbie (1972) found staff nurses in general maintained that parents were often not capable of planning and safely executing a more expansive role.

As trends toward increased parent-child interaction continues, so too must nursing re-examine the attitudes held by nurses toward these changes. Three significant studies utilizing the Parent Participation Attitude Survey (PPAS) developed by Seidl in cooperation with Pillitteri were found (Pillitteri & Seidl, 1967). Seidl's (1969) study of 231

nursing personnel established that higher ranking social position, higher levels of education, and the presence of young children at home correlated positively with acceptance of parental participation. Campbell, Dunn, and Pablich (1981), in fulfilling a requirement for the masters degree, compared the attitudes of critical care pediatric nurses and general pediatric nurses employed in two urban university medical centers. The nurses were all baccalaureate-prepared staff nurses with at least one year of pediatric nursing experience. Results were interpreted as both groups displaying positive attitudes toward parent participation with a mean score of 96.5 from a possible point total of 120. Critical care nurses were slightly more positive in their attitudes with a mean of 97.7 than general pediatric nurses with a mean of 95.3. Reasons for the difference were not presented. Age, length of experience, having children at home, being hospitalized at least once, and shift hours revealed no statistical differences.

The experimental study of Gagnon-Lefebvre, Mongeon, and Roskies (1978) of both mothers and nurses furnished valuable insights into how each viewed parental participation. The mothers of 48 children aged 1 to 5 to be admitted for elective surgery to a large metropolitan pediatric hospital, constituted the primary sample and were divided into experimental and control groups. Mothers in the control

group had an extra half-hour session in a pre-admission interview focusing on visiting, and specific suggestions by a psychologist about frequency, timing, and the role of mother during visits.

During the experimental period weekly meetings were held with the nursing staff by the researchers to enlist their support of parental involvement. The exact sample size of nurses was not stated; nursing staff was defined broadly and included the head nurse, registered nurses, licensed practical nurses (LPN), as well as a play therapist and clerk-receptionist. The majority of respondents were LPNs who had only limited post-secondary education, but had an average of seven years of clinical experience in a pediatric setting.

The mothers' and nursing staff's attitudes regarding parental participation were measured by the PPAS prior to experimentation and upon discharge of the patient. Both mothers and nurses were more favorably disposed to parental participation at the end of the experimental period.

At the beginning and end of the study nurses who were older, more experienced, better educated, and held higher rank displayed the most positive attitudes. By the end of the study, nurses who were younger and less experienced but comparably educated shared likewise positive attitudes. The least favorable group were young inexperienced, subordinate

rank staff who the authors suggested were most threatened by parental presence. Most nurses (68%) were willing to allow parents to perform medically-related activities, but did not endorse educating the mother regarding these measures. Despite experimentation, nurses maintained that parents should follow visiting hours and were not good judges of when to visit their child. The researchers contended that the nursing staff were most reluctant to change attitudes in which administration held opposing viewpoints (e.g., strict visiting hours, physicians only answering questions regarding the medical condition of the child).

A pilot study was undertaken by Dunleavy, Murray and Cesafsky (1984) in fulfillment for their graduate requirements. The pilot study used the PPAS, and an 11-item biographical questionnaire to survey attitudes of 30 general pediatric nurses and 19 pediatric intensive care nurses. The results of the attitude survey suggested that pediatric nurses possessed positive attitudes toward parental participation. A confidence interval of 96 or greater was set prior to the study by the researchers to represent a positive attitude of the nurses. The combined means of both groups was 99.10, substantially greater than the pre-established mean of 96. General pediatric nurses demonstrated a slightly more positive attitude with a mean score of 100.50 than PICU nurses with a mean score of 96.89.

The researchers in the pilot study hoped to relate correlational effects of the biographical data with attitude scores on the PPAS. Unfortunately, no relationship was ascertained between the demographic data and nursing attitudes. Therefore, age, sex, education, having children, marital status, years of experience in nursing or pediatrics, shift, and permanent or part-time status could not serve as predictors for positive or negative nursing attitudes toward parent participation in the care of the hospitalized child. Despite application of single and multiple ANOVA, chi-square test, Duncan's more liberal test, and Scheffe's conservative test, the results most likely occurred due to the limited sample.

### Summary of the Review of the Literature

It is documented in the above literature that there are detrimental effects caused by hospitalization and separation upon the child. It is evident in the literature that by nurses' allowing parents to participate in the care, parents can help alleviate these effects to some extent. It is important that the nurses are positive and accepting in allowing the parents to do "hands-on" care plus give support to the child to make this effective.

It was evident in the studies that specifically measured attitudes using the Seidl Parent Participation Attitude

Survey that nurses are positive in attitude toward parental participation. But, no statistical significance was generated in these studies using demographics to prove a more positive or negative attitude.

### **Problem Statement**

The central point of this study was to determine whether registered nurses in a pediatric setting accept or reject parent participation in the care of their hospitalized child.

The tool utilized to collect the data was constructed in 1967 by Pillitteri and Seidl (Appendix A). The 12-question demographic questionnaire was designed by the researcher and used in addition to the Seidl tool (Appendix B).

### **Research Questions**

The purpose of the investigation sought to answer the following questions:

1. Are pediatric nurses' attitudes positive or negative toward parent participation in the care of the hospitalized child?
2. Is there a difference in attitudes between general pediatric nurses and pediatric intensive care (PICU) nurses toward parent participation in the care of



the hospitalized child?

3. Is there a difference in attitudes between general pediatric nurses employed at a university medical center versus ones employed at a community-based hospital?
4. Is there a relationship between specific personal and professional background of the pediatric nurse and acceptance or rejection of parental involvement in the care of the hospitalized child?

### Assumptions

The assumptions upon which this research was based were:

1. Parents have the desire to participate in the care of their hospitalized child;
2. During a child's hospitalization, parent participation diminished potential detrimental effects of separation;
3. Nursing attitudes can influence the extent, type and duration of parent participation;
4. There is an interrelationship of roles in the parent-nurse interaction; and,
5. Pediatric nurses participating in the study completed the distributed questionnaires honestly.

## CHAPTER III

### METHODS

#### Research Design

Descriptive research methodology was used in this study. Pediatric nurses' attitudes toward parent participation in the care of the hospitalized child was measured by the Parent Participation Attitude Scale (Pillitteri and Seidl, 1967).

#### Definitions

Within the framework of this investigation, the following terms were defined as follows:

General pediatric nurse. A registered nurse with varied educational background currently employed in a hospital setting involved in direct patient care of general pediatric patients. General pediatric nurses care for more stable children with medical-surgical disorders, chronic illnesses, and limited equipment.

Pediatric intensive care nurse (PICU). A registered nurse with varied educational background currently employed in a hospital setting involved in direct patient care of critically ill pediatric patients. PICU nurses care for children with an acute illness, often multiple medical-

surgical problems, and with extensive equipment.

Community-based hospital nurse (community nurse). A nurse employed by a hospital sponsored and funded by the community. A hospital which has a patient census of less than 300 (i.e., a first- or second-level hospital).

University medical center hospital nurse (university nurse). A nurse employed by a hospital which is sponsored and funded by a university. A hospital which has a patient census of greater than 300 (i.e., a secondary- or tertiary-level hospital).

Parent participation. A parent's or parents' presence and active involvement in the direct emotional, physical, and social aspects of the hospitalized child's care as measured by the responses to the PPAS.

Attitude. A readiness, tendency, or set to act or react to some person or event in a particular unfavorable or favorable way, as measured by the responses to the PPAS.

Role. A set of shared expectations based on the values, attitudes, and behaviors held by occupants of complementary positions.

### Instrumentation

The PPAS consisted of 24 self-rated Likert items indicating degrees of pediatric staff acceptance or rejection of parental inclusion in the care of hospitalized children.

Five possible alternative responses, ranging from "strongly agree" to "strongly disagree," were provided. Equal numbers of positively and negatively worded statements were randomly distributed throughout the questionnaire to avoid the effect of response set. (Polit and Hungler, 1983).

Upon the subject's completion of the questionnaire, the resulting data were summed to arrive at an attitude score for each individual. The highest potential score which could be obtained was 120 points (positive attitude), while the lowest possible score was 24 points (negative attitude).

The reliability and validity of the PPAS has been tested and reported by Pillitteri and Seidl (1967). The split-half reliability was employed using the Pearson formula with the Spearman-Brown correction. A split-half reliability coefficient of 0.37 was obtained following the correction. The level of significance was 0.05. Content validity was established through the systematic method of item selection and revisions by a selected panel of judges (Campbell, Dunn and Pablich, 1981; Pillitteri and Seidl, 1967).

Twelve demographic data questions were designed by the investigator and included at the end of the PPAS. These questions provided information regarding personal and professional characteristics of the nurse such as: age, sex, marital status, children, education, total time in nursing

practice, total length of practice in a pediatric setting, shift status, whether employed on a full-time or part-time basis, and where employed, i.e., at a university medical center or a community hospital. (See Appendix B.)

### Subjects

The purposeful, convenient, voluntary sample was selected by a non-probability sampling technique. The sample included all registered nurses currently working in pediatrics and pediatric intensive care units at two urban university medical centers and two suburban community hospitals in a large, Midwest metropolitan area.

The two university medical centers had a patient census of greater than 500 beds each. The two suburban community hospitals had a patient census of 300 or less. The total N for the sample surveyed at these hospitals was 88. The n for the pediatric intensive care nurses was 15, or 17.6%. The n for the general pediatric nurses at the university medical centers was 41. The total n for the entire university medical center group, including the general pediatric nurses and PICU nurses, was 56 or 67.5%. The n for the entire general pediatric nurses at the community hospitals was 27, or 32.5%.

Tabulated results of the biographical data revealed that the sample included 1 male and 87 females who ranged in

age from 22 to 64 years, with a mean age of 29.46 years. The sample consisted of 75.6% full-time nurses, and 24.4% part-time nurses.

The sample included 34.5% single nurses, 58.3% married nurses, 1.2% widowed nurses, and 4.8% divorced nurses. Of the sample, 35.4% had children. The majority of subjects were baccalaureate-prepared (47.6%) but included 22.6% diploma nurses, 21.4% associate degree nurses, and 2.4% master/PhD.-prepared nurses. There was a vast difference of experience from being a new graduate with no experience, to 28 years of experience as a nurse. Again, the range of how long a nurse had worked in pediatrics varied from no experience to 25 years of experience. (See Appendix C.)

### Procedure

The data collection was initiated after approval of the four hospitals' Institutional Review Boards (IRBs). The directors of maternal-child nursing at the hospitals were then contacted for their approval. The university medical center hospitals required approval from their schools of nursing, so that was obtained prior to data collection. Finally, approvals from all the head nurses were obtained prior to data collection at each institution.

The investigator and head nurses arranged convenient times for data collection at report times and staff meetings

when a number of personnel would be present. The investigator initiated the distribution of the questionnaires at report times and staff meetings. The rest of the questionnaires were then distributed by the head nurses to the nurses who were not available to the researcher. Seven to ten days later the investigator collected the completed questionnaires.

Prior to each staff nurse's filling out a questionnaire, an informed consent was signed (See Appendix D). Only one institution did not require an informed consent. To facilitate completion of the questionnaire, accompanying instructions emphasized that there were no right or wrong answers, that nurses should be frank in indicating personal viewpoints and writing additional comments if desired. Anonymity was safeguarded by having consent forms separate from the questionnaire.

### Data Analysis

Upon completion of data collection, interval estimation procedures were used to determine the results. A confidence interval was built around the sample means received for general pediatric nurses and PICU nurses from university medical centers and community hospitals. This established a range of values for the population parameters (Polit and Hungler, 1983). A 95% confidence interval of

assessing a positive attitude was chosen. Additionally, parametric statistics were selected to ascertain differences in attitudes of the two groups. Specifically, these tests were the t-test, and single and multiple analysis of variance (ANOVA).



### Study Question 1

The first question asked: Are pediatric nurses' attitudes positive or negative toward parent participation in the care of the hospitalized child? Interval estimation procedures were used to determine the computerized data results. Table 1 demonstrates a 95% confidence interval of assessing a positive attitude score from the scores received. The highest score obtained from the entire group

Table 1

#### CONFIDENCE INTERVALS

| <u>Category</u>         | <u>Mean Score</u> |   | <u>Standard*</u> | <u>Standard Error of The Mean</u> |       |
|-------------------------|-------------------|---|------------------|-----------------------------------|-------|
| Total Sample            | 71.65             | ± | (1.96)           | (0.78)                            | = 95% |
|                         | 71.65             | ± | (1.52)           |                                   | = 95% |
|                         | 70.13             | ≤ | μ ≤              | 73.17                             | = 95% |
| PICU Group              | 70.00             | ± | (1.96)           | (1.31)                            | = 95% |
|                         | 70.00             | ± | (2.56)           |                                   | = 95% |
|                         | 67.44             | ≤ | μ ≤              | 72.56                             | = 95% |
| General Pediatric Group | 71.99             | ± | (1.96)           | (0.93)                            | = 95% |
|                         | 71.99             | ± | (1.02)           |                                   | = 95% |
|                         | 70.17             | ≤ | μ ≤              | 73.81                             | = 95% |
| Community               | 70.29             | ± | (1.96)           | (1.48)                            | = 95% |
|                         | 70.29             | ± | (2.90)           |                                   | = 95% |
|                         | 67.39             | ≤ | μ ≤              | 73.19                             | = 95% |
| University              | 72.28             | ± | (1.96)           | (0.95)                            | = 95% |
|                         | 72.28             | ± | (1.86)           |                                   | = 95% |
|                         | 70.42             | ≤ | μ ≤              | 74.14                             | = 95% |

\* Standard = 1.96 (two standard deviations off the mean)  
 μ = population mean score

was 101, and the lowest score was 53. The mean score of the entire group was 71.65. Of the nurses surveyed, 48.9% indicated a positive attitude score toward parent participation in the care of the hospitalized child. In analyzing the mean scores as reported, the data suggest that pediatric nurses as a whole have a positive attitude toward parent participation in the care of the hospitalized child.

### Study Question 2

The second question of the study asked: Is there a difference in attitude scores between general pediatric nurses and pediatric intensive care (PICU) nurses toward parent participation in the care of the hospitalized child, Interval estimation procedures were used to determine the significance of the scores related to this question. The mean group score of the PICU nurses was 70.00, and the general pediatric group's mean score was 71.99. These both indicate a positive attitude score. Based on interval estimation procedures, the mean scores suggest a positive attitude. The general pediatric group showed a higher score based on the mean scores. To compare the significant differences between the mean scores of the groups, the two-way t-test was applied. The obtained results are presented in Table 2.

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**Table 2**  
**P.P.A.S. MEAN SCORES**  
**BETWEEN P.I.C.U. AND GENERAL PEDIATRICS GROUP**

| <u>Group</u>       | <u>Mean Score</u> | <u>t-Value</u> | <u>Degrees of Freedom</u> | <u>Probability</u> |
|--------------------|-------------------|----------------|---------------------------|--------------------|
| General Pediatrics | 71.99             | 1.23           | 29.9                      | 0.22               |
| PICU               | 70.00             | 0.94           | 83.0                      | 0.34               |

---

The t-values do not indicate a statistically significant difference in scores. Since the probability was not less than or equal to 0.05, the researcher was unable to reject the statistical hypothesis of the study. No statistically significant differences between the mean scores of both groups were demonstrated.

Comparing the mean scores of the sample to the mean scores obtained in the pilot study, a lower mean score was obtained in this study (Dunleavy, et al., 1984). The combined mean scores of both groups in the pilot study was 99.10. General pediatric nurses in the pilot study also demonstrated a higher positive attitude, with a mean score of 100.50, than PICU nurses with a mean score of 96.89. The pilot study mean scores could indicate an inflated response to the questions. The results suggest that a positive attitude was demonstrated by the group as a whole.

After interpreting the mean scores of the sample, the two-way t-test was applied to the individual mean scores of the general pediatrics and PICU groups' responses to the 24 items in the PPAS. (See Table 3.) Based on the scores from the individual questions between the general pediatrics and PICU groups, 16.66% of the responses to the questions showed a statistical significance in difference in attitude scores. The specific questions which showed differences at the 0.05 probability level were numbers 5, 13, 17 and 24. (See Table 3. See Appendix A for a review of the questions.)

Evaluating these four questions only indicates a minor significant difference in attitude scores between the groups. Analysis of the four questions suggested reasons for the significant differences in the attitude scores.

#### P.P.A.S. Significant Items/ General Pediatrics vs. P.I.C.U. Nurses

##### Item 5

Item 5 was a positive question in the PPAS. The question sought to elicit a positive response about parents accompanying their child to x-ray. (See Appendix A.) The general pediatric nurses were in agreement (positive) as indicated by a mean score of 4.33 on a Likert scale. This was compared to the PICU group mean score of 3.60 (uncertain). The significant difference between these mean scores was indicated by a t-value of 2.03, and degrees of freedom

Table 3

**T-TEST RESULTS  
FOR GENERAL PEDIATRIC NURSES  
COMPARED TO P.I.C.U. NURSES**

| <u>Ques-<br/>tion</u> | <u>Group</u>   | <u>Mean<br/>Score</u> | <u>t-Value</u> | <u>Degrees<br/>of<br/>Freedom</u> | <u>Proba-<br/>bility</u> |
|-----------------------|----------------|-----------------------|----------------|-----------------------------------|--------------------------|
| <u>Total Scores</u>   |                |                       |                |                                   |                          |
|                       | Gen. Pediatric | 71.98                 | 1.23           | 29.9                              | 0.22                     |
|                       | PICU           | 70.00                 | 0.94           | 83.0                              | 0.34                     |
| -----                 |                |                       |                |                                   |                          |
| 1.                    | Gen. Pediatric | 2.11                  | 0.38           | 24.5                              | 0.70                     |
|                       | PICU           | 2.00                  | 0.32           | 83.0                              | 0.74                     |
| 2.                    | Gen. Pediatric | 4.21                  | -2.00          | 51.2                              | 0.05                     |
|                       | PICU           | 4.60                  | -1.23          | 83.0                              | 0.21                     |
| 3.                    | Gen. Pediatric | 4.57                  | 0.15           | 21.2                              | 0.87                     |
|                       | PICU           | 4.53                  | 0.15           | 83.0                              | 0.87                     |
| 4.                    | Gen. Pediatric | 1.57                  | 0.94           | 28.2                              | 0.35                     |
|                       | PICU           | 1.33                  | 0.75           | 81.0                              | 0.45                     |
| 5.*                   | Gen. Pediatric | 4.33                  | 2.03           | 18.6                              | 0.05                     |
|                       | PICU           | 3.60                  | 2.27           | 82.0                              | 0.02                     |
| 6.                    | Gen. Pediatric | 2.05                  | -1.66          | 20.4                              | 0.11                     |
|                       | PICU           | 2.66                  | -1.66          | 83.0                              | 0.09                     |
| 7.                    | Gen. Pediatric | 4.07                  | 0.78           | 17.5                              | 0.44                     |
|                       | PICU           | 3.73                  | 0.94           | 82.0                              | 0.34                     |
| 8.                    | Gen. Pediatric | 1.95                  | -0.55          | 19.4                              | 0.58                     |
|                       | PICU           | 2.20                  | -0.59          | 80.0                              | 0.55                     |
| 9.                    | Gen. Pediatric | 4.14                  | -1.97          | 32.7                              | 0.05                     |
|                       | PICU           | 4.66                  | -1.44          | 83.0                              | 0.15                     |
| 10.                   | Gen. Pediatric | 1.81                  | -0.50          | 21.1                              | 0.61                     |
|                       | PICU           | 2.00                  | -0.49          | 79.0                              | 0.61                     |
| 11.                   | Gen. Pediatric | 2.45                  | -0.20          | 21.2                              | 0.84                     |
|                       | PICU           | 2.53                  | -0.19          | 83.0                              | 0.84                     |

(continued)

**Table 3** (continued)

| Question | Group                  | Mean Score | t-Value | Degrees of Freedom | Probability |
|----------|------------------------|------------|---------|--------------------|-------------|
| 12.      | Gen. Pediatric<br>PICU | 1.97       | 1.21    | 21.6               | 0.23        |
|          |                        | 1.60       | 1.15    | 83.0               | 0.25        |
| 13.*     | Gen. Pediatric<br>PICU | 1.77       | 3.22    | 65.2               | 0.002       |
|          |                        | 1.20       | 1.84    | 83.0               | 0.06        |
| 14.      | Gen. Pediatric<br>PICU | 4.62       | -0.57   | 26.3               | 0.56        |
|          |                        | 4.73       | -0.47   | 83.0               | 0.63        |
| 15.      | Gen. Pediatric<br>PICU | 1.97       | 0.28    | 20.1               | 0.78        |
|          |                        | 1.86       | 0.28    | 82.0               | 0.77        |
| 16.      | Gen. Pediatric<br>PICU | 3.24       | 0.29    | 20.2               | 0.77        |
|          |                        | 3.13       | 0.29    | 82.0               | 0.76        |
| 17.*     | Gen. Pediatric<br>PICU | 2.65       | 2.97    | 26.8               | 0.006       |
|          |                        | 1.80       | 2.42    | 83.0               | 0.017       |
| 18.      | Gen. Pediatric<br>PICU | 2.30       | -0.29   | 24.3               | 0.76        |
|          |                        | 2.40       | -0.25   | 83.0               | 0.79        |
| 19.      | Gen. Pediatric<br>PICU | 4.52       | 0.17    | 19.0               | 0.86        |
|          |                        | 4.46       | 0.18    | 82.0               | 0.84        |
| 20.      | Gen. Pediatric<br>PICU | 4.63       | 0.91    | 16.3               | 0.37        |
|          |                        | 4.33       | 1.25    | 82.0               | 0.21        |
| 21.      | Gen. Pediatric<br>PICU | 4.28       | -0.50   | 26.6               | 0.61        |
|          |                        | 4.40       | -0.41   | 83.0               | 0.67        |
| 22.      | Gen. Pediatric<br>PICU | 2.79       | 0.57    | 18.8               | 0.57        |
|          |                        | 2.53       | 0.63    | 82.0               | 0.52        |
| 23.      | Gen. Pediatric<br>PICU | 1.33       | -0.20   | 19.9               | 0.83        |
|          |                        | 1.40       | -0.21   | 81.0               | 0.83        |
| 24.*     | Gen. Pediatric<br>PICU | 3.23       | 2.13    | 18.8               | 0.04        |
|          |                        | 2.26       | 2.34    | 82.0               | 0.02        |

\* Significant difference in attitude scores.

of 18.5 at a probability level of less than or equal to 0.05. (See Table 3.) The researcher believes that this reflects the compliance of the PICU nurses to the policy of accompanying a very ill child to x-ray. This ambiguity of PICU nurses could be a reason that there was a significant difference in attitude scores between the groups to this question. The nurses might feel that since they had to go to x-ray with the child, then why should the parent go also?

### Item 13

Item 13 demonstrated a significant difference. It was a negatively-worded question. This question asked whether it was necessary, or not under usual circumstances, to inform parents if there was a negative change in the child's condition. The PICU nurses demonstrated a much more negative attitude toward the idea with a mean score of 1.20, compared to the general pediatric nurse mean score of 1.77. The significant difference was shown by a t-value of 3.22 and degrees of freedom of 65.2, at a probability of less than or equal to 0.05. (See Table 3.) This negative score may reflect the attitude and opinion of the PICU nurse that she would like the parents to be told immediately about a change in the condition of the child. This change would be reported to the parent regardless of the positive or negative change to keep the parent aware and informed on the

situation. This attitude score demonstrated that the PICU nurses were probably more comfortable with parents in a more acute setting than the general pediatric nurses. Jay (1977) noted that PICU nurses often see this as a function of their role.

### Item 17

Assessment of parental needs by the PICU nurses might reflect the significant difference in attitude scores between the groups to item 17, a negative question. This question asked the nurses if parents are aware or not when it is good for them to be with their child. The PICU nurses demonstrated a more negative attitude, with a mean score of 1.80, compared to the general pediatric nurse mean score of 2.65. The general pediatric nurse score indicated uncertainty in this situation. The significant difference between the groups was shown by a  $t$ -value of 2.97 and degrees of freedom of 26.8. The probability was .006 which indicates significance. (See Table 3.) This significant difference could be the indication that PICU nurse, who works in an acute situation with parents more often, might make more accurate judgments regarding whether or not it is good or bad to have the parent be with the child.



### Item 24

Lastly, item number 24, a positive question, demonstrated some significant difference in attitude scores. This item measured an attitude toward parents helping restrain a child for an injection. The PICU nurses demonstrated a more negative attitude toward this question with a mean score of 2.26. The general pediatric nurses had a mean score of 3.23 on a Likert scale, which demonstrated an uncertain attitude toward the question. The significant difference between the mean scores of the groups was demonstrated by a t-value of 2.3, degrees of freedom of 18.8, and a probability of 0.04. (See Table 3.) The difference in the mean scores between the groups is not highly significant. The mean scores of both groups indicate uncertainty about the question. Therefore, the researcher interprets this as the nurses' uncertainty in allowing the parent to see the child being restrained by a nurse. The nurse might also feel that this was not good for the child to have his parent restrain him. The child might develop negative feelings toward the parent due to the situation. Item 24 does not clearly indicate a significant difference in attitude score.

### Study Question 3

The third question asked: Is there a difference in attitude scores between general pediatric nurses employed at

a university medical center versus ones employed at a community-based hospital? The two-way t-test was used to determine the difference between the scores of the general pediatric nurses employed at a university medical center and those employed at a community hospital. This answered the third question of the study. The mean score of the groups is given in Table 4.

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**Table 4**

**P.P.A.S. MEAN SCORES OF  
COMMUNITY NURSES AND UNIVERSITY NURSES**

| <u>Group</u>      | <u>Mean<br/>Score</u> | <u>t-Value</u> | <u>Degrees<br/>of<br/>Freedom</u> | <u>Proba-<br/>bility</u> |
|-------------------|-----------------------|----------------|-----------------------------------|--------------------------|
| Community Nurses  | 70.29                 | -1.12          | 47.9                              | 0.26                     |
| University Nurses | 72.28                 | -1.15          | 81.0                              | 0.24                     |

---

These scores demonstrate no significant difference between the groups' mean attitude scores. Therefore, the researcher did not reject the null statistical hypotheses of the study and did not demonstrate a significant difference in attitude scores between the groups. However, the university general pediatric nurses did demonstrate a higher mean score than the community nurses. This positive attitude of the university nurses could be the result of the availability of equipment and facilities for the parents at the university hospitals. University hospitals usually have a

bigger budget and staff for addressing the concept of family-centered care in pediatric units.

To further investigate if there were significant differences between the university and the community nurses' scores, the two-way t-test was applied to each of the 24 items of the PPAS. There were no significant differences in attitude scores to 23 of the 24 items of the tool. (See Table 5.)

**P.P.A.S. Significant Item/  
Community Nurse vs. University Nurse**

**Item 5**

Item number 5 (See Appendix A.) also demonstrated a significant difference between the mean scores of the groups. The mean score of the community nurse group was 4.57 which indicated a more positive attitude than the university nurses' mean score of 4.00. The significant difference between the groups was demonstrated by a t-value of 2.38, degrees of freedom of 65.1, and a probability of 0.02 (Table 5). University nurses might be influenced in this attitude by the fact that transportation services usually take the child to x-ray. This difference may be the result of the community nurses' allowing parents to go to x-ray with their child.

**Table 5**  
**T-TEST RESULTS**  
**COMMUNITY NURSE SCORES**  
**COMPARED TO**  
**UNIVERSITY NURSE SCORES**

| <u>Ques-<br/>tion</u> | <u>Group</u> | <u>Mean<br/>Score</u> | <u>t-Value</u> | <u>Degrees<br/>of<br/>Freedom</u> | <u>Proba-<br/>bility</u> |
|-----------------------|--------------|-----------------------|----------------|-----------------------------------|--------------------------|
| <u>Total Scores</u>   |              |                       |                |                                   |                          |
|                       | Community    | 70.29                 | -1.12          | 47.9                              | 0.26                     |
|                       | University   | 72.28                 | -1.15          | 81.0                              | 0.24                     |
| -----                 |              |                       |                |                                   |                          |
| 1.                    | Community    | 1.85                  | -1.27          | 45.9                              | 0.20                     |
|                       | University   | 2.23                  | -1.33          | 81.0                              | 0.18                     |
| 2.                    | Community    | 4.37                  | 0.20           | 54.2                              | 0.83                     |
|                       | University   | 4.32                  | 0.19           | 81.0                              | 0.84                     |
| 3.                    | Community    | 4.59                  | 0.17           | 44.9                              | 0.85                     |
|                       | University   | 4.55                  | 0.18           | 81.0                              | 0.84                     |
| 4.                    | Community    | 1.64                  | 0.48           | 40.0                              | 0.62                     |
|                       | University   | 1.50                  | 0.51           | 79.0                              | 0.60                     |
| 5.*                   | Community    | 4.57                  | 2.38           | 65.1                              | 0.02                     |
|                       | University   | 4.00                  | 2.12           | 80.0                              | 0.03                     |
| 6.                    | Community    | 1.77                  | -1.91          | 55.5                              | 0.06                     |
|                       | University   | 2.33                  | -1.85          | 81.0                              | 0.06                     |
| 7.                    | Community    | 4.18                  | 0.75           | 44.7                              | 0.45                     |
|                       | University   | 3.94                  | 0.80           | 80.0                              | 0.42                     |
| 8.                    | Community    | 2.00                  | -0.10          | 51.1                              | 0.91                     |
|                       | University   | 2.03                  | -0.10          | 78.0                              | 0.91                     |
| 9.                    | Community    | 4.44                  | 0.89           | 49.4                              | 0.37                     |
|                       | University   | 4.17                  | 0.91           | 81.0                              | 0.36                     |
| 10.                   | Community    | 1.39                  | -2.00          | 44.3                              | 0.05                     |
|                       | University   | 1.98                  | -1.93          | 77.0                              | 0.05                     |
| 11.                   | Community    | 2.25                  | -1.14          | 49.9                              | 0.25                     |
|                       | University   | 2.62                  | -1.16          | 81.0                              | 0.24                     |

(continued)

**Table 5** (continued)

| Question | Group      | Mean Score | t-Value | Degrees of Freedom | Probability |
|----------|------------|------------|---------|--------------------|-------------|
| 12.      | Community  | 1.88       | -0.07   | 46.0               | 0.93        |
|          | University | 1.91       | -0.08   | 81.0               | 0.93        |
| 13.      | Community  | 1.92       | 1.32    | 42.9               | 0.19        |
|          | University | 1.55       | 1.43    | 81.0               | 0.15        |
| 14.      | Community  | 4.74       | 0.62    | 46.7               | 0.53        |
|          | University | 4.62       | 0.65    | 81.0               | 0.51        |
| 15.      | Community  | 1.76       | -0.70   | 55.8               | 0.48        |
|          | University | 1.96       | -0.66   | 80.0               | 0.50        |
| 16.      | Community  | 3.33       | 0.36    | 48.4               | 0.71        |
|          | University | 3.21       | 0.37    | 80.0               | 0.71        |
| 17.      | Community  | 2.33       | -0.81   | 46.9               | 0.42        |
|          | University | 2.58       | -0.84   | 81.0               | 0.40        |
| 18.      | Community  | 2.03       | -1.04   | 46.1               | 0.29        |
|          | University | 2.37       | -1.09   | 81.0               | 0.27        |
| 19.      | Community  | 4.57       | 0.44    | 44.4               | 0.65        |
|          | University | 4.46       | 0.46    | 80.0               | 0.64        |
| 20.      | Community  | 4.53       | -0.30   | 40.9               | 0.75        |
|          | University | 4.60       | -0.33   | 80.0               | 0.73        |
| 21.      | Community  | 4.00       | -1.73   | 40.3               | 0.09        |
|          | University | 4.42       | -1.91   | 81.0               | 0.05        |
| 22.      | Community  | 2.96       | 0.94    | 51.1               | 0.34        |
|          | University | 2.63       | 0.94    | 80.0               | 0.34        |
| 23.      | Community  | 1.15       | -1.40   | 66.0               | 0.16        |
|          | University | 1.45       | -1.24   | 79.0               | 0.21        |
| 24.      | Community  | 3.07       | 0.17    | 57.1               | 0.86        |
|          | University | 3.01       | 0.16    | 80.0               | 0.86        |

\* Significant difference in attitude scores.

### Study Question 4

Finally, the last question of the study asked: Is there a relationship between specific personal and professional background of the pediatric nurse and acceptance or rejection of parental involvement in the care of the hospitalized child?

### Marital Status

The first data question analyzed marital status as it related to attitude score. The results are presented in Table 6.

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Table 6

**MEAN SCORES  
RELATED TO MARITAL STATUS**

| <u>Source</u>   | <u>Degrees of Freedom</u> | <u>Sum of Squares</u> | <u>Mean Square</u> | <u>F-Ratio</u> |
|-----------------|---------------------------|-----------------------|--------------------|----------------|
| Model           | 4                         | 34.24                 | 8.56               | 0.15           |
| Error           | <u>79</u>                 | <u>4453.99</u>        | 56.37              |                |
| Corrected Total | <u>83</u>                 | <u>4488.23</u>        |                    |                |

$$F: .05(4, 79) = 2.52$$


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This ANOVA procedure indicated no significant difference in attitude scores whether the subject is married, divorced, widowed or single. The mean scores based on each of these categories are presented in Table 7.

**Table 7****MEAN SCORES  
BASED ON MARITAL STATUS**


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| <u>n</u> | <u>Marital Status</u> | <u>Mean Score</u> |
|----------|-----------------------|-------------------|
| 4        | Divorced              | 73.25             |
| 1        | Widowed               | 72.00             |
| 49       | Married               | 71.85             |
| 29       | Single                | 71.48             |
| 1        | Other                 | 67.00             |

---

The mean scores from the groups based on marital status did not demonstrate a significant difference in attitude score.

**Sex of Subject**

The next data question investigated attitude scores related to sex. This variable was not tested because of the homogeneity of the sample.

**Age**

The mean age of the sample was 29.64 years. The range of ages was 22 to 64 years. The results are reported below in Table 8.

This table shows that there is no significant difference between the attitude score and the age of the pediatric

Table 8**MEAN SCORES  
RELATED TO AGE**

| <u>Source</u>   | <u>Degrees of<br/>Freedom</u> | <u>Sum of<br/>Squares</u> | <u>Mean<br/>Square</u> | <u>F-Ratio</u> |
|-----------------|-------------------------------|---------------------------|------------------------|----------------|
| Model           | 1                             | 116.29                    | 115.29                 | 2.97           |
| Error           | <u>77</u>                     | <u>3019.50</u>            | 39.21                  |                |
| Corrected Total | <u>78</u>                     | <u>3135.79</u>            |                        |                |

$$F: .05(1, 77) = 4.00$$

nurse. Age is not related to acceptance or rejection of parental involvement in the sample.

Education

In the sample, the majority of subjects were baccalaureate-prepared (47.6%), but included 22.6% diploma nurses, 21.4% associate degree nurses, and 2.4% master/PhD.-prepared nurses.

Table 9 indicates that there is no significant difference in attitude scores related to education of the nurse. The level of education was assessed in Seidl's (1969) study. He reported a mean score of 87.2 for registered nurses with a baccalaureate degree or higher. Additionally, the investigation by Campbell, Dunn and Pablich (1981) revealed a



mean score of 96.3 for the combined baccalaureate-prepared nurses. Based on the means of the present study, the diploma nurses scored the highest. But, the data suggest a positive attitude although no significant difference in scores was found.

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**Table 9**

**EDUCATION MEAN SCORES  
OF THE GROUP**

| <u>n</u> | <u>Education</u> | <u>Mean Score</u> |
|----------|------------------|-------------------|
| 2        | Master's/PhD.    | 77.00             |
| 40       | Bachelor's       | 70.75             |
| 18       | Associate's      | 69.11             |
| 19       | Diploma          | 73.84             |
| 5        | Other            | 79.00             |

---

**Years as a Nurse**

A significant difference was indicated by the data questions which investigated how long one has been a nurse. The results of these data are presented in Table 10.

This significant difference in attitude scores related to the length of time one has been a nurse may be due to empathy developed by the nurse throughout her career. Over the time span of years, the nurse develops her goals to enhance her knowledge of the biopsychosocial needs of the patient. Therefore, through these goals the nurse develops

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**Table 10**  
**MEAN SCORES**  
**RELATED TO YEARS AS A NURSE**

| <u>Source</u>   | <u>Degrees of Freedom</u> | <u>Sum of Squares</u> | <u>Mean Square</u> | <u>F-Ratio</u> |
|-----------------|---------------------------|-----------------------|--------------------|----------------|
| Model           | 1                         | 371.53                | 371.53             | 7.26           |
| Error           | <u>80</u>                 | <u>4093.94</u>        | 51.17              |                |
| Corrected Total | <u>81</u>                 | <u>4465.47</u>        |                    |                |

$$F: .05(1, 80) = 3.92$$

$$\text{SCORE MEAN OF GROUP} = 71.79$$


---

a more understanding and accepting attitude toward patients and their families.

#### Years as a Pediatric Nurse

No significance was found between the mean scores of the nurse related to the time she had been employed in pediatrics. Table 11 presents these data.

Although the mean attitude score was positive for the length of time one had worked in pediatrics, there were no significant differences in the scores related to the time one worked in pediatrics.

Table 11

**MEAN SCORES  
RELATED TO YEARS IN PEDIATRICS**

| <u>Source</u>   | <u>Degrees of Freedom</u> | <u>Sum of Squares</u> | <u>Mean Square</u> | <u>F-Ratio</u> |
|-----------------|---------------------------|-----------------------|--------------------|----------------|
| Model           | 1                         | 23.96                 | 23.96              | 0.44           |
| Error           | <u>80</u>                 | <u>4380.04</u>        | 54.75              |                |
| Corrected Total | <u>81</u>                 | <u>4404.01</u>        |                    |                |

$$F: .05(1, 80) = 3.92$$

$$\text{MEAN SCORE OF GROUP} = 71.89$$

**Area of Nursing (General  
or PICU)/Type of Hospital**

The next question tested by ANOVA procedures asked what area of nursing the nurse worked. These data are presented in Table 12.

Table 12

**MEAN SCORES  
RELATED TO AREA OF NURSING**

| <u>Source</u>   | <u>Degrees of Freedom</u> | <u>Sum of Squares</u> | <u>Mean Square</u> | <u>F-Ratio</u> |
|-----------------|---------------------------|-----------------------|--------------------|----------------|
| Model           | 2                         | 179.13                | 89.56              | 1.69           |
| Error           | <u>80</u>                 | <u>4240.01</u>        | 53.00              |                |
| Corrected Total | <u>82</u>                 | <u>4419.15</u>        |                    |                |

$$F: .05(2, 82) = 3.15$$

Also surveyed and analyzed by the ANOVA procedure was the type of hospital in which the nurse was employed. These data are presented in Table 13.

---

**Table 13**

**MEAN SCORES  
RELATED TO TYPE OF HOSPITAL EMPLOYMENT**

| <u>Source</u>   | <u>Degrees of Freedom</u> | <u>Sum of Squares</u> | <u>Mean Square</u> | <u>F-Ratio</u> |
|-----------------|---------------------------|-----------------------|--------------------|----------------|
| Model           | 1                         | 48.70                 | 48.70              | 0.90           |
| Error           | <u>83</u>                 | <u>4514.98</u>        | 54.39              |                |
| Corrected Total | <u>84</u>                 | <u>4563.69</u>        |                    |                |

$$F: .05(1, 83) = 4.00$$


---

There were no significant differences in attitude scores related to area that one works in nursing, general pediatrics or PICU. Also, there is no significant difference in attitude scores related to one's employment at a community hospital or university medical center hospital. The possible reasons for these findings were discussed previously. (See pages 30-31, 34-38, and 41.)

**Shift Status**

The mean scores as determined by shift status are presented in Table 14.

**Table 14****MEAN SCORES  
BASED ON SHIFT STATUS**


---

| <u>n</u> | <u>Shift Status</u> | <u>Mean Score</u> |
|----------|---------------------|-------------------|
| 22       | Days                | 71.00             |
| 16       | Evenings            | 70.56             |
| 17       | Nights              | 74.00             |
| 27       | Rotation            | 71.51             |

---

There were no significant differences in attitude scores related to the shift that the nurses worked. However, the nurses who worked full-time at night seem to have a more positive attitude toward parental participation. This may be due to the fact that many of the parents stay at night with their child. The nurses have much more contact with the parents when the child could be anxious about being in a hospital.

**Full-Time and  
Part-Time Status**

Table 15 presents the mean scores as they relate to full-time or part-time status. There were no significant differences in attitude scores related to whether one works part-time or full-time. However, the full-time nurses demonstrated a higher mean score in attitude, as is shown in Table 16. This might be related to the nurses' familiarity

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**Table 15****MEAN SCORES  
RELATED TO FULL-TIME OR PART-TIME STATUS**

| <u>Source</u>   | <u>Degrees of Freedom</u> | <u>Sum of Squares</u> | <u>Mean Square</u> | <u>F-Ratio</u> |
|-----------------|---------------------------|-----------------------|--------------------|----------------|
| Model           | 1                         | 67.30                 | 67.30              | 1.24           |
| Error           | <u>80</u>                 | <u>4330.07</u>        | 54.12              |                |
| Corrected Total | <u>81</u>                 | <u>4397.37</u>        |                    |                |

$$F: .05(1, 80) = 4.00$$


---

with the parents which could result in a positive attitude toward parent participation in the care of the hospitalized child.

---

**Table 16****MEAN SCORES  
BASED ON FULL-TIME OR PART-TIME STATUS**

| <u>n</u> | <u>Shift Status</u> | <u>Mean Score</u> |
|----------|---------------------|-------------------|
| 20       | Part-Time           | 70.01             |
| 62       | Full-Time           | 72.20             |

---

## Children

Finally, the last data question asked whether a nurse who had children would indicate a more positive attitude score. The results are these data are presented in Table 17.

---

Table 17

**MEAN SCORES  
RELATED TO HAVING CHILDREN**

| <u>Source</u>   | <u>Degrees of Freedom</u> | <u>Sum of Squares</u> | <u>Mean Square</u> | <u>F-Ratio</u> |
|-----------------|---------------------------|-----------------------|--------------------|----------------|
| Model           | 2                         | 160.69                | 80.34              | 1.49           |
| Error           | <u>79</u>                 | <u>4247.02</u>        | 53.75              |                |
| Corrected Total | <u>81</u>                 | <u>4407.71</u>        |                    |                |

$$F: .05(2, 79) = 3.15$$


---

There were no significant differences in attitude scores related to whether a nurse had children or not. One would think that this would indicate a significant difference, but this study did not find significance confirming this relationship.

## Conclusions

The following conclusions may be drawn from the results obtained in this study:

1. Pediatric nurses' attitudes are positive toward parent participation in the care of the hospitalized child.
2. There were no significant differences in attitude scores, based on the PPAS, between general pediatric nurses and pediatric intensive care nurses toward parent participation in the care of the hospitalized child.
3. There were no significant differences in attitude scores, based on the PPAS, between general pediatric nurses employed at a university medical center or at a community hospital.
4. There were no significant differences in attitude scores related to personal attributes of the nurses, such as: marital status, age, education, length of employment in pediatrics, area of employment, hospital of employment, shift status, full-time or part-time status, and children.
5. There was a significant difference found in the relationship between the attitude score and length of time one had been a nurse. The longer one has been a nurse, the more positive attitude score was obtained.



Overall, the study did suggest that pediatric nurses as a whole have a positive in attitude toward parent participation in the care of the hospitalized child.

### Implications For Further Research

Implications for further research include the following:

1. To establish the validity of the PPAS since it has been replicated beyond Seidl's original study in 1969;
2. To conduct a study surveying parental attitudes toward their participation in the care of the hospitalized child.
3. To determine if there is a difference between urban and suburban hospital nurses' attitudes.
4. Socioeconomic factors that can affect attitudes should be incorporated in the study.

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**APPENDIX A**



## PARENT PARTICIPATION ATTITUDE SCALE (PPAS)

### Instructions

Much has been written on parent participation in the care of their hospitalized child. Frequently these articles are not in agreement. I thought it might be a good idea to find out what nurses think themselves.

You can help in the study by passing on your own ideas. Be frank and give your personal views regardless of what others may think. There are no right or wrong answers.

You do not need to give your name. I would, however, like to have you fill out the questionnaire on the last page for research purposes (age, education, etc.).

So as not to use too much of your time, I have a list of ideas which other nurses have contributed. You merely circle the number 1 if you strongly agree, number 2 if you mildly agree, number 3 if you are uncertain or cannot make up your mind, number 4 if you mildly disagree, and number 5 if you strongly disagree. If you have any ideas which you feel should be included, jot them down at the end. I would appreciate having them.

Others who have given me their ideas say that it is best to work rapidly. Give your first reaction. If you need to reread the statements over and over, it tends to be confusing and it will take too much of your time.

5 = Strongly Agree  
 4 = Mildly Agree  
 3 = Uncertain  
 2 = Mildly Disagree  
 1 = Strongly disagree

P = Positively worded  
 questions

N = Negatively worded  
 questions

- |    |   |   |   |   |   |   |     |
|----|---|---|---|---|---|---|-----|
| 1. | When Parents stay beyond the scheduled visiting hours, the normal hospital routine is upset.  | 5 | 4 | 3 | 2 | 1 | (P) |
| 2. | The nurse-patient relationship is frequently enhanced by parental involvement.  | 5 | 4 | 3 | 2 | 1 | (N) |
| 3. | If a given procedure is explained to a parent in a patient and understanding manner, the parent will be better able to give the child the emotional support he needs. | 5 | 4 | 3 | 2 | 1 | (N) |
| 4. | It is not necessary, under usual circumstances, to inform parents if there is a positive change in the child's condition.   | 5 | 4 | 3 | 2 | 1 | (P) |
| 5. | It is generally good practice to allow a parent to accompany his or her child to x-ray.   | 5 | 4 | 3 | 2 | 1 | (P) |
| 6. | Generally, parents should not be allowed to accompany their children into the x-ray room after having observed the necessary precautions.                             | 5 | 4 | 3 | 2 | 1 | (N) |

- |     |  |   |   |   |   |   |     |
|-----|--|---|---|---|---|---|-----|
| 7.  | If mothers are involved in the care of their terminally ill children, they will usually have an easier time adjusting to their deaths.   | 5 | 4 | 3 | 2 | 1 | (P) |
| 8.  | The mother who insists on staying with her child is usually a very upset person.   | 5 | 4 | 3 | 2 | 1 | (N) |
| 9.  | Parents should be allowed to visit the hospital whenever they wish.  | 5 | 4 | 3 | 2 | 1 | (P) |
| 10. | When death occurs, it is usually better for parents to be absent from the room.  | 5 | 4 | 3 | 2 | 1 | (N) |
| 11. | It is usually better for the nurse to explain a procedure than it is to have the parent do the explaining after having been instructed by the nurse, even if the parent is able to fully understand the procedure. | 5 | 4 | 3 | 2 | 1 | (N) |
| 12. | The mother who shows visible signs of being upset over her child's condition should not be allowed to visit her child.   | 5 | 4 | 3 | 2 | 1 | (N) |
| 13. | It is not necessary, under usual circumstances to inform parents if there is a negative change in the child's condition.   | 5 | 4 | 3 | 2 | 1 | (N) |
| 14. | The presence of a child's parents is usually very comforting to him.   | 5 | 4 | 3 | 2 | 1 | (P) |
| 15. | Explaining a medically difficult procedure to a parent, such as a spinal tap, usually fails to make the parent feel more at ease.  | 5 | 4 | 3 | 2 | 1 | (N) |

- |     |  |   |   |   |   |   |     |
|-----|--|---|---|---|---|---|-----|
| 16. | Mothers should be encouraged to stay in the hospital through such means as free meals, bus fare, etc., if the financial situation in the home is marginal.   | 5 | 4 | 3 | 2 | 1 | (P) |
| 17. | Most parents are not aware of when it is good for them to be with their child and when it is not.  | 5 | 4 | 3 | 2 | 1 | (N) |
| 18. | Nurses should always give medications to children even if the medication is one which a mother would normally give in the home.  | 5 | 4 | 3 | 2 | 1 | (N) |
| 19. | If death is expected within a few days and the child is conscious, parents should be encouraged to stay with their child.  | 5 | 4 | 3 | 2 | 1 | (P) |
| 20. | It is better for a mother to feed her own baby than it is for the nurses to do so, provided it is not medically contraindicated.   | 5 | 4 | 3 | 2 | 1 | (P) |
| 21. | Most mothers should be allowed to change simple dressings provided they have been instructed by the nurse and are under nursing supervision.   | 5 | 4 | 3 | 2 | 1 | (P) |
| 22. | When a mother volunteers to feed a child other than her own and permission for such has been granted by the natural mother of the child, she should be allowed to do so provided such action is not medically contraindicated. | 5 | 4 | 3 | 2 | 1 | (P) |

- |     |   |   |   |   |   |   |     |
|-----|---|---|---|---|---|---|-----|
| 23. | Generally, parents should not be told the diagnosis and the implications of the diagnosis in terminal cases.                      | 5 | 4 | 3 | 2 | 1 | (N) |
| 24. | In procedures in which the child needs to be restrained such as in giving injections, a parent can often carry out this function. | 5 | 4 | 3 | 2 | 1 | (P) |

**APPENDIX B**

**PERSONAL AND PROFESSIONAL BACKGROUND QUESTIONNAIRE**

1. Marital status (Check one.):

- Single
- Married
- Widowed
- Divorced
- Other

2. Sex:

- Male
- Female

3. Age (in years): \_\_\_\_\_

4. Education (Check one.):

- Diploma
- Associate Degree
- B.S.N.
- Graduate or Professional Degree
- Other

5. How long have you been a nurse? \_\_\_\_\_

6. How long have you worked in Pediatrics? \_\_\_\_\_

7. In what area of nursing do you work?

- Pediatric Intensive Care
- General Pediatrics

8. In what type of hospital are you employed?

- University Medical Center  
 Community Hospital

9. What shift do you work?

- Days  
 Evenings  
 Nights  
 Rotation

10. Are you a full-time or part-time employee?

- Full-time  
 Part-time

11. Do you have any children?

- Yes  
 No

12. If the answer to #11 is "Yes," what are their ages?

---



**APPENDIX C**

## SURVEY RESULTS

N = 88

| <u>Subjects</u>   | <u>Total</u> | <u>Percent</u> |
|---|--------------|----------------|
| General Pediatric Nurses                                      | 70           | 82.4           |
| Pediatric Intensive Care Nurses                               | 15           | 17.6           |
| General Pediatric Nurses,<br>University Medical Center        | 41           | 49.9           |
| General Pediatric Nurses,<br>Community Hospital               | 27           | 32.5           |
| Pediatric Intensive Care Nurses,<br>University Medical Center | 15           | 17.6           |

| <u>Sex</u> | <u>Percent</u> |
|------------|----------------|
| Male       | 1.2            |
| Female     | 98.8           |

| <u>Marital Status</u> | <u>Percent</u> |
|-----------------------|----------------|
| Single                | 34.5           |
| Married               | 58.3           |
| Widowed               | 1.2            |
| Divorced              | 4.8            |
| Other                 | 1.2            |

| <u>Children</u> | <u>Percent</u> | <u>Age Range:</u> | <u>Mean Age:</u> |
|-----------------|----------------|-------------------|------------------|
| Yes             | 35.4           | 22-64 years       | 29.46 years      |

| <u>Education</u> | <u>Percent</u> |
|------------------|----------------|
| Diploma          | 22.6           |
| Associate Degree | 21.4           |
| B.S.N.           | 47.6           |
| Master's/Ph.D.   | 2.4            |
| Other            | 6.0            |

| <u>Work Status</u> | <u>Percent</u> |
|--------------------|----------------|
| Full-time          | 75.6           |
| Part-time          | 24.4           |

| <u>Shift Status</u> | <u>Percent</u> |
|---------------------|----------------|
| Days                | 26.5           |
| Evenings            | 19.3           |
| Nights              | 20.5           |
| Rotation            | 32.5           |

Total years as a nurse: 0-28 years

| <u>Type of Hospital</u>   | <u>Mean Years</u> |
|---------------------------|-------------------|
| Community Hospital        | 7.70              |
| University Medical Center | 6.66              |

| <u>Type of Nursing</u>        |      |
|-------------------------------|------|
| General Pediatrics            | 7.06 |
| Pediatric Intensive Care Unit | 6.80 |

Total years in pediatrics: 0-25 years

| <u>Type of Hospital</u>   | <u>Mean Years</u> |
|---------------------------|-------------------|
| Community Hospital        | 4.44              |
| University Medical Center | 5.40              |

| <u>Type of Nursing</u>        |      |
|-------------------------------|------|
| General Pediatrics            | 4.84 |
| Pediatric Intensive Care Unit | 6.13 |

**APPENDIX D**

## **INFORMED CONSENT**

Principle investigator: Kathleen M. Cesafsky, R.N.

Project Title: Pediatric Nurses' Attitudes Toward Parental Participation in the Care of the Hospitalized Child.

### **Nurse Information**

The purpose of this study is to discover what pediatric nurses' attitudes are toward parents' participation in the care of their hospitalized child. "Parent Participation" refers to a parent's or parents' presence and active involvement in the care of their hospitalized child. You will be asked to fill out a questionnaire consisting of 24 items and 12 demographic questions.

### **Consent**

I, \_\_\_\_\_, voluntarily agree to participate in a research study, the purpose of which is to discover nursing attitudes toward parental participation in the care of the hospitalized child.

Answering the 24-item questionnaire and 12 demographic questions takes approximately 15 minutes of your time at a

group inservice. Answering the questionnaire involves no risks or discomforts. Since no names appear on the questionnaires, no one will know except yourself how you have answered the questions.

Kathleen Cesafsky has not made or represented any guarantee to me as to the results that I may expect from participation in the study.

I have been advised that Kathleen Cesafsky will answer any questions I may have regarding this research study, and that I am free to withdraw my consent and discontinue participation at any time.

---

Signature nurse

---

Date

**INFORMED CONSENT**

Nurse's Name \_\_\_\_\_ Date \_\_\_\_\_

Project Title: Pediatric Nurses' Attitudes Toward Parent  
Participation in the Care of the Hospital-  
ized ChildNurse Information

The purpose of this study is to discover what pediatric nurses' attitudes are toward parents' participation in the care of their hospitalized child. "Parent Participation" refers to a parent's or parents' presence and active involvement in the care of their hospitalized child. Much has been written on this subject in the various journals. Frequently, these articles are not in agreement. I thought it might be a good idea to find out what nurses think. You will be asked to fill out a questionnaire consisting of 24 items.

Answering the questionnaire involves no risks or discomforts. Since no names are to appear on the questionnaires, no one will know except yourself how you have answered the questions.

You can help in the study by passing on your own ideas. Be frank and give your personal views regardless of what others may think. There are no right or wrong answers.

It is not expected that you will benefit from participation in this study at this time; however, I hope that ideas for further research will be generated. Eventually, hospitalized children and their parents will benefit and the nurse-patient relationship enhanced. The alternative is non-participation in the study.

The cost of the testing will be assumed by the investigator. There will be no financial cost to you regarding the testing at all.

### Consent

I have fully explained to \_\_\_\_\_  
the nature and the purpose of the above-described procedure and the risks that are involved in its performance. I have answered and will answer all questions to the best of my ability.

\_\_\_\_\_

I have been fully informed of the above-described procedure with its possible benefits and risks. I give permission for my participation in this study. I know that Kathleen Cesafsky will be available to answer any questions I may have. If, at any time, I feel my questions have not been adequately answered, I may request to speak with a



member of the Loyola University Lake Shore Institutional Review Board. I understand that I am free to withdraw this consent and discontinue participation in this project at any time without prejudice to me. I will receive a copy of this informed consent, if I so desire one.

I agree to allow my name to be available to other nurses and researchers for the purposes of evaluating the results of the study. I consent to the publication of any data which may result from these investigations for the purpose of advancing medical knowledge, providing my name or any other identifying information (initials, social security numbers, etc.) is not used in conjunction with such publication. All precautions to maintain confidentiality of the questionnaire results will be taken.

---

Signature: Nurse

---

Signature: Witness to Signature

**APPROVAL SHEET**

The thesis submitted by Kathleen M. Cesafsky has been read and approved by the following committee:

Dr. Patricia Ryan, PhD., Director  
Associate Professor, Mental-Health Nursing  
Loyola University of Chicago

Dr. Claudette Varricchio, D.S.N.  
Assistant Professor, Medical-Surgical Nursing  
Loyola University of Chicago

Barbara Velsor-Friedrich, M.S.N.  
Assistant Professor, Maternal-Child Nursing  
Loyola University of Chicago

The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Science in Nursing.

December 6, 1985

*Patricia Ryan R.N., PhD*  
Director's Signature