

## Maternal Versus Pediatric Nurses Attitudes Regarding Mothers' Participation in the Care of Their Hospitalized Children

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**Abstract:** Family-centered care (FCC) emerged as an important concept in health care at a time of increasing awareness of the importance of meeting the psychosocial and developmental needs of children, in addition to stressing the role of families in promoting the health and well-being of their children. This study aimed to identify maternal versus pediatric nurses attitudes regarding mothers' participation in the care of their hospitalized children. The study was conducted on 100 pediatric nurses who are working in three medical units of Children's University Hospital at El-Shatby in Alexandria, and 100 mothers who are accompanying their children in medical units for at least 48 hours. Two tools were used in order to collect the necessary data about the study subjects as following: **Tool I:** Maternal attitude structured interview schedule. **Tool II:** Pediatric nurses attitude questionnaire. The results revealed that the majority of both mothers and pediatric nurses reported positive attitude towards mothers' participation in children's hygienic and feeding care as physical care activities. On the other hand pediatric nurses had less positive attitude towards mothers' participation in: certain nursing care activities, some aspects of child's psychological care activities, child's moral support activities, supporting the child during investigation and management, and spiritual care activities of hospitalized children compared to the majority of the studies mothers who reported more positive attitude regarding their participation in the previous activities.

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### 1. Introduction

Family-centered care (FCC) is a way of caring for children and their families within health services which ensures that care is planned around the whole family. It includes an assessment of the health of an entire family, identification of actual or potential factors that might influence the health of its members and implementation of interventions needed to maintain or improve the health of the whole family. (Smith, 2000 and Jolly, 2009)

Illness and hospitalization are stressful experiences for both children and their parents. For parents, child's illness and hospitalization invariably stirs up intense emotions. Their concern and anxiety will often be mixed with feelings of insecurity, guilt, fear and grief. For children, too, the experience of hospitalization is bound to give rise to feelings of fear, anger and insecurity, which in turn affect their health condition and behavior in hospital. (Bedell and Cleary, 2009)

Paternal participation (pp) in the care of hospitalized children is one aspect of family-centered care. Paternal participation in caring for hospitalized children has become the cornerstone of modern pediatric nursing. It refers to a parents' presence and active involvement with their hospitalized child's physical and psycho-spiritual care. (Randi, 2001)

The aim of PP is to provide optimal care to the

child during hospitalization. Moreover PP in nursing care activities may be beneficial to both the parents and their hospitalized children. For parents, involvement may decrease the reported stress associated with changes or disruptions in the parental care giving role. In addition, involvement may provide an opportunity for parents to maintain or improve their skills of caring for their ill child. As well as it increases their awareness of their child's condition and decreases the inevitable and time-consuming questioning that occurs when they are separated from their hospitalized child. (Kawik, 1996, Hughes, 2002, Roden, 2005, Shields L, 2006 and Nina and Linda, 2008).

For children, parental participation maintains some of the child's routines. Parents can also help their children to express their feelings toward health care providers. Thus, parents assist children to understand and cope with their illness and hospitalization. (Carter and Miles, 2000)

By the 1980, the creation and dissemination of statements regarding the rights of hospitalized children and their families facilitated parents' participation in their hospitalized child's care. Parents were permitted to be involved in some aspects of their children's care such as allowing them to provide varying degrees of physical care ex: bathing, feeding, diapering. Parental participation in improving psychological aspects of their hospitalized children was also enhanced through

many strategies exist: allowing family members including siblings to visit their hospitalized child, allowing hospitalized children to have pictures for their families and encouraging telephone contacts with family and/or peers. Establishing a system of parenting by providing substitutes when parents cannot be present is also facilitated. Parental psychological support was also encouraged through recognizing and respecting the unique coping styles of families, facilitating and supporting each family's coping strategies and managing family and health care system conflicts (Kasper and Nyamathi, 1988, George and Hancock, 1993, Johnson 1993, and Coyne, 1995)

Parents may show either positive or negative attitude towards their participation in caring for their hospitalized children. Positively, parents may feel that their involvement in their child's care is very important and beneficial to their child, the nurses and to themselves. On the other hand, some parent may show negative attitude toward the participation in their child care such as feeling incompetent or overwhelmed because they lacked knowledge or skills to participate effectively in their child's care. (Elander, 1994, Roden, 2005, and Tourigny and Chapados, 2005)

Researches reported that nurses also may have both positive and negative attitude towards PP. They may have positive attitude towards PP when parents performed usual roles of basic physical child's care and providing emotional support. (O'Haire and Blackford, 2005 and Roden, 2005) Nurses may also feel that PP is important because it provides them with the opportunity to train and observe parents during applying care for their children. (Coyne, 1995, and Ygge and Lindholm, 2006). Regarding PP in technical tasks such as administering oral medications, monitoring fluid balance and recording vital signs, many nurses reported less positive attitude toward these aspects. (Maxton, 1997 and Mcaluley and Tugwell, 2000). Nurses also described reservations about parents assuming technical roles because of its potential legal implications, as nurses are accountable for mistakes where parents are not. (Keatings and Glimore, 1996). In addition, some nurses think that many parents may have unrealistic expectations regarding their participation. Parental Participation would result in greater workload for them. (Shields and Pratt, 2000) In most instances, pediatric nurse is the primary person involved in the care of hospitalized children. She spends more time with them than other health care providers. Pediatric nurses are part of a medical team that make decision in the child's best interest, they try to minimize the potential negative effect of hospitalization and to promote positive benefit from this experience. Nurses responsibilities should focus on: eliminating or minimizing the stressors of separation, loss of control, and bodily injury and pain for children. Providing specific supportive strategies for family members, such as fostering parent relationship and providing information is another important nursing responsibility. (Janis, 1990 and Anne, 2010)

The pediatric nurse should also encourage parental participation in their child care. Physical care activities includes: Activities related to child's feeding care :as : Assisting in feeding and serving meals for the child and preparing infant formula, feeding the child through the nasogastric tube and keeping an intake record. Activities related to child's hygienic care:as: Assist in child daily bath, and change diaper and clothing .Activities related to children's certain nursing care activities :as: take the temperature of the child, observe the child during oxygen therapy and monitor the child while receiving intravenous fluids. Psycho-spiritual care activities includes :Activities related to some aspects of children's psychological care:as: Read stories and tales for the child, play with the child .Activities related to mothers' participation in their children's moral support :as : Provide comfort by holding, kissing and talking to child, encourage the child to communicate with other children, encourage relatives to visit the child in hospital .Activities related to supporting their child during investigation and management:as: Accompanying and supporting the child during applying some invasive procedures, attending child's physical examination, and sessions of child's physiotherapy. Activities related to spiritual care of their hospitalized children:as: Encourage the child's spiritually by reading religious stories and encouraging the child to pray.

Encouragement can help the parents to feel more confident in a time of uncertainty. Parents may also need support in some difficult times such as applying painful procedures for their children's. In addition the nurse should assess parents coping abilities and emotional state. Referring parents to a parent support group may be helpful in improving their coping and allowing them to discuss their concerns with other parents in similar circumstances, as well as help them to learn new skills and make critical decisions regarding their children's conditions. (Streiner, 2001) The parents, nurse and health care staff are empowered to provide the most optimal care for the child.

#### **Aim of the study:**

This study aims to identify maternal versus pediatric nurses attitudes regarding mothers' participation in the care of their hospitalized children.

#### **Research question**

What are the differences between mothers' attitudes and nurses' attitudes regarding the participation of mothers in the care of their hospitalized children.

## **2. Materials and Method:**

### **Materials:**

### **Design:**

A descriptive design was used in the study

**Setting:**

This study was conducted at the three medical units of Children's University Hospital at El-Shatby in Alexandria.

**Subjects:**

A convenient sample of 100 pediatric nurses who are working in the previously mentioned settings, and 100 mothers who accompanying their children in medical units for at least 48 hours.

**Tools:**

Two tools were used to collect the required data

**Tool I: Maternal attitude structured interview schedule.**

It was developed by the researcher after reviewing related literature to collect the needed information for mothers' attitude regarding mothers' participation in the care of their hospitalized children. It consisted of two parts:

**Part I: Mother's characteristics:** Such as age, level of education, occupation, marital status and place of residence.

**Part II:** It included items about mothers' participation in physical and psycho-spiritual care activities provided for their hospitalized children.

**Physical care activities includes:**

A-activities related to child's feeding care such as assisting in feeding and serving meals for the child and preparing infant formula, feeding the child through the nasogastric tube and keeping an intake and output record.

B- Activities related to child's hygienic care such as assist in child daily bath, change diaper and clothing .

C- Activities related to mothers' participation in child's certain nursing care activities such as take the temperature of the child, observe the child during oxygen therapy and monitor the child while receiving intravenous fluids.

**Psycho-spiritual care activities includes:**

A- activities related to mothers' participation in some aspects of child's psychological care such as reading stories and playing with the child .

B- Activities related to mothers' participation in their child's moral support such as providing comfort by holding, kissing and talking to child, encouraging the child to communicate with other children, encouraging relatives to visit the child in hospital .

C- Activities related to mothers' participation in supporting their children during investigation and management such as accompanying and supporting the child during applying some

invasive procedures, attending child's physical examination, and sessions of child's physiotherapy.

D- Activities related to mothers' participation in spiritual care of their hospitalized children such as encouraging the child's spiritually by reading religious stories and encouraging the child to pray.

**Tool II Pediatric nurses' attitude questionnaire**

It was developed by the researcher after reviewing related literature to collect the needed information for nurses attitude regarding mothers' participation in the care of their hospitalized children. It consisted of two parts:

**Part I: Nurse Characteristics:** such as age, qualification, position, marital status and years of experiences.

**Part II:** It consisted of the same physical and psycho-spiritual items of tool I

A Likert type-scale of three continuum was used: it consisted of 3 items (agree (2), neutral (1) and disagree (0)) The different care items was classified into two major items, physical care and psycho spiritual care, every items was classified into sub items, physical care was divided into 3 sub items, while the psycho spiritual care was divided into four sub items.

The general attitude toward every sub items was calculated as follows. The mean of agreement answer for each items was considered as a positive attitude while the disagree considered as a negative attitude, and neutral was considered as neutral attitude. For mothers attitude the percent was calculated for the applicable answer only, while the not applicable was excluded. The level of significant was 0.05.

**Method**

1. An official letter was directed from the Faculty of Nursing in Alexandria University to the responsible authorities of the Children's University Hospital at El-Shatby .Accordingly, an official permission was obtained.
2. The study tools were developed by the researcher after reviewing the literature.
3. Validation of the tools was assessed by five experts in pediatric nursing field for content validity.
4. Reliability was applied by testing ten pediatric nurses and ten mothers. The reliability coefficient was calculated ( $\alpha=0.86$ ).
5. Personal communication with the nurses and mothers were carried out to gain their cooperation. The researcher explained the purpose of the research to both the nurses and

mothers'. Informed consent for participation was obtained from the participants; the researcher reassured that their information would be confidential.

6. A Pilot study was carried out on ten mothers and ten pediatric nurses, to test the clarity and feasibility of questions and estimate the time required for the interview. The necessary modifications were done.
7. Collecting the data for the nurses was conducted at the break time in the morning and night shift to prevent work interruption. Each nurse was asked to answer the Questionnaire individually to assure obtaining the unique awareness of every nurse. The time needed for each nurse to answer the Questionnaire sheet ranged from 20-25 minutes.
8. Collecting the data for the mothers was conducted, after medical round, meal distribution and during receiving medication for their children. Each mother was interviewed individually, and was asked to answer the Questionnaire.
9. The time needed for each mother to answer the interview Questionnaire ranged from 25-30 minutes.
10. Data was collected from October to December 2009 (3months).

#### Data analysis:

The Data was collected and entered into the personal computer. Statistical analysis was done using Statistical Package for Social Sciences (SPSS/version 15) software. The statistical tests used are as follows: Description of different studied parameters was tabulated as a number and percent.

Arithmetic mean ( $\bar{x}$ ) was used to measure central tendency in statistical tests of significance. Standard deviation (SD) is in average of the deviations from the mean. It was used to measure the degree of variability in set score. t-test: it is a non parametric test used to compare the differences between more than two medians of abnormally distributed quantitative variable

### 3. Results

Table I: shows the distribution of mothers according to some demographic data. It was found that the mothers' age ranged between 22- 42 years with mean age of  $29 \pm 5$ , most of mothers (79%) were married. In relation to level of education (Table 1) shows that 34% of mothers were either illiterate or able to read and write, 24% of them had preparatory education, 16% had secondary education and 26% had university education. According to occupation,

80% of mothers were housewives. Regarding residence, 59% of mothers were living in an urban area and 41% of them were living in rural ones

Table 2: presents the distribution of studied pediatric nurses according to some demographic data. It is found that the pediatric nurses' ages ranged between 18-56 years with a mean age of  $33 \pm 9.68$ . The highest percent of pediatric nurses (68%) were married. As regards their qualification, it is clear that the majority of the studied pediatric nurses (79%) had secondary school diploma in nursing compared to 21% of them who had bachelor degree of nursing. The majority of the pediatric nurses (80%) work as bed side nurse. Regarding to the years of experience, almost half of pediatric nurses (47%) had  $\geq 10$  years, while 31% of them had experience ranged between 5-10 years and 22% of the nurses had  $\leq 5$  years of experience.

Table 3: shows mothers versus pediatric nurses attitudes towards mothers' participation in their child's hygienic care activities. As clarified in this table the majority of both mothers and nurses reported their agreement about mothers' participation in all items of child's hygienic care.

Table 4: illustrates the mothers versus pediatric nurses attitudes towards mothers' participation in their children's feeding care activities. It is clear from this table that all the mothers and pediatric nurses reported their agreement about mothers' participation to assist in feeding and serving meals for their children. Also, all mothers and 92% of the pediatric nurses agreed about mothers' participation in preparing infant formula and feeding the child. On the other hand, 84.2% of mothers reported their agreement about their participation in feeding the child through the nasogastric tube compared to only 22% of the pediatric nurses who agreed about this item, and a statistically significant difference was observed between mothers and pediatric nurses agreement ( $p = 0.0166$ ). As clarified in the same table there was a statistical significant difference between mothers (92%) and pediatric nurses (78%) concerning their agreement about mothers' participation in keeping an intake record ( $p = 0.021$ ).

Table 5: illustrates the mothers versus pediatric nurses attitudes towards mothers' participation in children's certain nursing care activities. It was observed that all the mothers reported their agreement regarding their participation in collecting child's urine or stool specimens and administering oral medication for their children compared to 81% and 30% respectively of the pediatric nurses who reported their agreement about these items and there were statistically significant differences between mothers and pediatric nurses regarding their agreement about the previously mentioned items of



care ( $p=0.042$ ,  $p=0.0001$  respectively). Table 5 also revealed that more than half of the mothers (56%) reported their agreement regarding the item of mothers' participation in establishing rest and sleep time for their children compared to 28% only of the pediatric nurses who reported their agreement about this item. A statistically significant difference was found ( $p=0.015$ ). It was also observed that 76% of the mothers reported their agreement about their participation in encouraging the child to do breathing exercises compared to only 39% of the pediatric nurses and a statistically significant difference was found ( $p=0.001$ ). Regarding observing the child during oxygen therapy, 82% of the mothers reported their agreement about this item compared to only 30% of the pediatric nurses and there was a statistical significant difference between mothers and pediatric nurses was found ( $p=0.021$ ). In relation to mothers' participation in supporting and monitoring the child during receiving intravenous therapy, Table 5 illustrates that the majority of the mothers (81%, and 100% respectively) reported their agreement compared to only 25% and 35% respectively of the pediatric nurses. Statistically significant difference between mothers and pediatric nurses agreement were shown ( $p=0.0006$ ,  $0.0001$  respectively).

Table 6: reveals that the majority of both mothers and pediatric nurses agreed about the mothers' play with the child (91%, and 90% respectively), and read stories and tales for the child (94%, 66% respectively) as psycho-spiritual care activities, as clarified in Table 6. A statistically significant difference was found between mothers (86.8%) and pediatric nurses (4%) who reported their agreement about mother's participation in providing a calm, safe environment for the child ( $p=0.001$ ).

Table 7: represents the mothers versus pediatric nurses attitudes towards mothers participation in their children's moral support activities. It was observed that about three quarters of the mothers (76%) agreed about their participation in encouraging the child to communicate with other children compared to only 31% of the pediatric nurses and the difference was statistically significant ( $p=0.022$ ). This table also illustrated that the majority of mothers (86%) reported their agreement about the mothers role in encouraging relatives to visit the child in hospital compared to only 54% of the pediatric nurses and the difference was found to be statistically significant ( $p=0.0021$ ). On the other hand, about three quarters of the pediatric nurses (73%) agreed about the mothers role in providing suitable person to substitute them during children's hospitalization compared to only 32% of the mothers. A

statistically significant difference was shown ( $p=0.011$ ).

Table 8: shows Mothers versus pediatric nurses attitudes towards mother's participation in supporting their children's during investigation and management. It is clear from the table that the highest percent of the mothers (85.3%) reported their agreement about accompanying and supporting the child during applying some invasive procedures compared to only 25% of the pediatric nurses and the difference was found to be statistically significant ( $p=0.001$ ). Regarding mother's participation in supporting the child during IV therapy and IM injection, the majority of the mothers (95%) agreed about this item compared to only 49% of the pediatric nurses. A statistically significant difference was found ( $p=0.0012$ ). The table also reveals that the highest percent of the mothers (87.5%) reported their agreement about mother's participation in accompanying the child during applying x-ray compared to only 21% of the pediatric nurses. There was a statistically significant difference between mothers and pediatric nurses agreement ( $p=0.001$ ). On the other hand, all the mothers and the majority of the pediatric nurses reported their agreement about mothers attendance during child's physical examination (100% & 86% respectively).

Table 9: represents mothers versus pediatric attitudes towards mothers' participation in Encouraging the Child's spiritually by reading the religious stories, and encouraging the child to pray as spiritually care activities. It is clear that the highest percent of both mothers (94.3%, 85.7% respectively) and pediatric nurses (85%, 72% respectively), reported their agreement about these items.

**Table 1: Demographic Characteristic of the Studied Mothers.**

Items	Percent
<b>Age of the mother (years)</b>	
< 25	10.0
25 –	29.0
30 –	33.0
35 < 40	19.0
40 or more	9.0
Range	22 - 42
Mean± S.D.	29±5.88
<b>Marital status</b>	
Married	79.0
Divorced	18.0
Widowed	3.0
<b>Level of education</b>	
Illiterate	34.0
Preparatory	24.0
Secondary	16.0
University	26.0
<b>Occupation</b>	
Employee	20.0
Housewife	80.0
<b>Residence</b>	
Rural	41.0
Urban	59.0

**Table 2: Demographic Characteristics of the Studied Pediatric Nurses.**

Items	Percent
Age of the nurses(years)	
< 25	30.0
25 –	11.0
30 –	14.0
35 ≤	16.0
40 or more	29.0
Range	18 - 56
Mean± S.D.	33±9.68
Marital status	
Married	68.0
Single	29.0
Divorced	3.0
Qualifications	
Bachelor of Nursing	21.0
Secondary school Diploma	79.0
Position:	
Head nurse	12.0
Supervisor	8.0
Bedside nurse	80.0
years of experience	
- < 5 years	22.0
- 5 –	31.0
- > 10 years	47.0
Range	1 – 36
Mean± S.D.	11.7±8.95

**Table 3: Mothers versus Pediatric Nurses Attitude towards Mothers' Participation in Their Children's Hygienic Care Activities**

Activities	Mothers (n=100)										Nurses (n=100)						Test of sig. P
	Not applicable		Applicable**		Agree		Disagree		Neutral		Agree		Disagree		Neutral		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Assist in cleaning the face and eyes	0	0	100	100	98	98	0	0	2	2	95	95	0	0	5	5	>0.05
Help child in care of mouth ,nose and ear	0	0	100	100	95	95	0	0	5	5	94	94	0	0	6	6	>0.05
Help child in cleaning the teeth	5	5	95	95	88	92.7	0	0.0	7	7.3	90	90	2	2	8	8	>0.05
Assist in cutting the child's nails	0	0	100	100	89	89	0	0	11	11	85	85	3	3	12	12	>0.05
Assist in child daily bath	0	0	100	100	100	100	0	0	0	0	98	98	0	0	2	2	>0.05
Change diaper and clothing	52	52	48	48	48	48	0	0.0	0	0.0	98	98	0	0	2	2	>0.05

\* P is significant at level 0.05

\*\*Percent in mothers was calculated from applicable mothers only.

**Table 4: Mothers versus Pediatric Nurses Attitude towards Mothers' Participation In Their Children's Feeding Care Activities**

Activities	Mothers (n=100)										Nurses (n=100)						Test of sig. P
	Not applicable		Applicable		Agree		Disagree		Neutral		Agree		Disagree		Neutral		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Assist in feeding and serving meals for the child.	4	4	96	96	96	100	0	0	0	0.0	100	100	0	0	0	0	>0.05
Assist in preparing infant formula and feeding the child.	77	77	23	23	23	100	0	0	0	0.0	92	92	3	3	5	5	>0.05
Assist in feeding the child through the naso gastric tube	43	43	57	57	48	84.2	9	15.8	0	0.0	22	22	60	60	18	18	0.0166*
Keep an intake record	0	0	100	100	92	92	0	0	8	8	78	78	19	19	3	3	0.021*

\* P is significant at level 0.05

\*\*Percent in mothers was calculated from applicable mothers only.

Table 5: Mothers versus Pediatric Nurses Attitude towards Mothers' Participation In Their Children's Certain Nursing Care Activities.

Activities	Mothers (n=100)										Nurses (n=100)						Test of sig. P
	Not applicable		Applicable		Agree		Disagree		Neutral		Agree		Disagree		Neutral		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Keep an output record	0	0	100	100	100	100	0	0	0	0	86	86	11	11	3	3	>0.05
Collecting urine or stool specimens as needed.	0	0	100	100	100	100	0	0	0	0	81	81	8	8	11	11	0.042*
Take the temperature of the Child	0	0	100	100	80	80	5	5	15	15	29	29	65	65	6	6	0.0001*
Apply compresses to the feverish child.	0	0	100	100	100	100	0	0	0	0	98	98	1	1	1	1	>0.05
Observe the health status of children	0	0	100	100	100	100	0	0	0	0	95	95	3	3	2	2	>0.05
Assist in administration of oral medication for children.	0	0	100	100	100	100	0	0	0	0	30	30	60	60	10	10	0.0001*
Establish rest and sleep time for child.	0	0	100	100	56	56	34	34	10	10	28	28	61	61	11	11	0.015*
Changing child position	0	0	100	100	100	100	0	0	0	0	90	90	5	5	5	5	>0.05
Encourage the child to do breathing exercises.	50	50	50	50	38	76.0	7	14.0	5	10.0	39	39	49	49	12	12	0.001*
Observe the child during oxygen therapy.	50	50	50	50	41	82.0	9	18.0	0	0.0	30	30	52	52	18	18	0.021*
Support the child during Intravenous therapy.	0	0	100	100	81	81	19	19	0	0.0	25	25	65	65	10	10	0.0006*
Monitoring the child while receiving intravenous fluids.	12	12	88	88	88	100	0	0	0	0	35	35	50	50	15	15	0.0001*
Give insulin injections for diabetic children	90	90	10	10	6	60.0	4	40.0	0	0.0	37	37	58	58	5	5	0.32*

\*P is significant at level 0.05

\*\*Percent in mothers was calculated from applicable mothers only

Table 6: Mothers versus Pediatric Nurses Attitude towards Mothers' Participation in Some Aspects of Children's Psychological Care Activities

Activities	Mothers (n=100)										Nurses (n=100)						Test of sig. P
	Not applicable		Applicable		Agree		Disagree		Neutral		Agree		Disagree		Neutral		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Provide a calm, safe environment for the child	9	9	91	91	79	86.8	0	0	12	13.2	4	4	60	60	36	36	0.001*
Read stories and tales for the child	33	33	67	67	63	94.0	4	6	0	0.0	66	66	16	16	18	18	>0.05
Play with the child	0	0	100	100	91	91.0	0	0	9	9.0	90	90	0	0	10	10	>0.05

\* P is significant at level 0.05

\*\*Percent in mothers was calculated from applicable mothers only.

**Table 7: Mothers versus Pediatric Nurses Attitude towards Mothers' Participation In Their Children's Moral Support Activities**

Activities	Mothers (n=100)										Nurses (n=100)						Test of sig. P
	Not applicable		Applicable		Agree		Disagree		Neutral		Agree		Disagree		Neutral		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Provide comfort by holding, kissing and talking to child	0	0	100	100	100	100.0	0	0.0	0	0.0	85	85	11	11	4	4	>0.05
Encourage the child to communicate with other children.	33	33	67	67	51	76.1	14	20.9	2	3.0	31	31	60	60	9	9	0.022*
Encourage relatives to visit the child in hospital	0	0	100	100	86	86.0	14	14.0	0	0.0	54	54	29	29	17	17	0.0021*
Provide a suitable person to substitute mothers during child's hospitalization	0	0	100	100	32	32.0	48	48.0	20	20.0	73	73	14	14	13	13	0.011*
Direct and punish child's for some undesirable behaviors	23	23	77	77	63	81.8	12	15.6	2	2.6	70	70	17	17	13	13	>0.05

\* P is significant at level 0.05

\*\*Percent in mothers was calculated from applicable mothers only.

**Table 8: Mothers versus Pediatric Nurses Attitude towards Mothers' Participation in Supporting their Children's During Investigation And Management.**

Activities	Mothers (n=100)										Nurses (n=100)						Test of sig. P
	Not applicable		Applicable		Agree		Disagree		Neutral		Agree		Disagree		Neutral		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Attending child's physical examination	0	0	100	100	100	100	0	0.0	0	0	86	86	8	8	6	6	>0.05
Accompanying and supporting the child during applying some invasive procedures	32	32	68	68	58	85.3	11	14.7	0	0	25	25	63	63	12	12	0.001*
Attending session of child's physiotherapy	95	95	5	5	5	100	0	0.0	0	0	100	100	0	0	0	0	>0.05
Supporting the child during IV therapy and IM injection	0	0	100	100	95	95	5	5.0	0	0	49	49	42	42	9	9	0.0012*
Accompanying the child during x-rays imaging	20	20	80	80	70	87.5	10	12.5	0	0	21	21	72	72	7	7	0.001*

\* P is significant at level 0.05

\*\*Percent in mothers was calculated from applicable mothers only.

**Table 9: Mothers versus Pediatric Nurses Attitude towards Mothers' Participation in Spiritual Care Activities Of Their Hospitalized Children.**

Activities	Mothers (n=100)										Nurses (n=100)						Test of sig. P
	Not applicable		Applicable		Agree		Disagree		Neutral		Agree		Disagree		Neutral		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Encourage the Child's spiritually by reading the religious stories	30	30	70	70	66	94.3	1	1.4	3	4.3	85	85	10	10	5	5	>0.05
Encouraging the child to pray	30	30	70	70	60	85.7	10	14.3	0	0.0	72	72	10	10	18	18	>0.05

\* P is significant at level 0.05

\*\*Percent in mothers was calculated from applicable mothers only.

#### 4. Discussion:

Family-centered care, which has become the cornerstone for pediatric nursing practice in many centuries, is conceptualized as a philosophy that supports the integrity of the family unit and individualizes care to promote patient and

family health. Families are recognized as an essential part of the child's care during an illness and their experiences in caring for the child both in and out of the hospital should be respected (Marino, 2000, Newton, 2000 and Bishop and Woll, 2004) Many researchers reported that maternal involvement in child care is a



desirable component of family-centered pediatric care. So the mothers and nurses attitudes toward mothers' involvement in care of hospitalized child are important aspect. (Casey, 2000 and Knight, 2000)

Generally, the results of the presents study showed that both mothers and pediatric nurses had positive attitudes toward mothers' participation in some aspects of physical and psycho-spiritual care. The findings of the present study showed that the majority of both mothers and pediatric nurses reported positive attitude towards mothers' participation in their children's hygienic and feeding care such as: bathing, diapering and clothing, assist in feeding and serving meals for the child and prepare formula and feeding the infant, (Table 3 - 4). These findings could be due to the fact that the mother is the responsible person who is supposed to do these basic care activities to her child at home and during hospitalization. Similar findings were reported by (McCubbin, 2001). In addition, many authors supported these issues and reported in their studies that mothers are the most participated person in basic care activities for their ill children to continue their parent role during hospitalization. Both mothers and pediatric nurses felt that the children's physical needs are the mothers' task which is routinely practiced at home. (Blower and Morgan, 2000) On the contrary, other study conducted by (Espezel and Canam, 2003) reported that many mothers had negative attitude towards their participation in their hospitalized children's care because they consider it a nursing care activities and is a nursing responsibility. On the other hand, (Maxton, 1997) stated that nurses did not expect mothers to participate in any nursing roles regarding their hospitalized children. The results of the present study also revealed that the pediatric nurses had less positive attitude towards mothers' participation in certain nursing care activities such as: checking children's temperature, assessing in administration of oral medication, encouraging the child to do breathing exercises, observing the child during oxygen therapy, supporting the child during intravenous therapy, monitoring the child while receiving intravenous fluids, and feeding the child through the nasogastric tube (Table 5). These findings are in the same line with many studies which reported a positive nurses attitude towards mothers' participation in child's care during hospitalization with negative attitude only expressed regarding mothers' involvement in some technical nursing roles such as giving medication and feeding the child through the nasogastric tube (O'Haire and Blackford, 2005). In addition, (Daneman and Macaluso 2003) stated that the pediatric nurses often did not expect parents to be present or participate during painful procedures applied for their children. Johnson and Lindschau (1996), added that many pediatric nurses were not comfortable in sharing some nursing care activities with mothers and they refuse parents performance for more medical/technical tasks. On the

contrary Melnyk and Alpert-Gillis (2004) reported that pediatric nurses encourage mothers' involvement in all physical and emotional care of their hospitalized children. The previous findings could be attributed to the nurse's reservation about mother's ability to participate in such therapeutic nursing activities. In addition, many nurses want to deliver the best care to their pediatric patients without any interference of parents especially the mothers with limited level of education. As clarified in the results of the present study, the majority of studied mothers were either read and write or had a preparatory education (Table 1). Other factor that could contribute to these results are that the nurses are over loaded and do not have enough time to observe or direct the mothers while participating in such activities. So, many of them do not prefer mother's participation in such nursing activities. On the other hand, the majority of the studied mothers reported a positive attitude about their participation in the previous nursing care activities (Table 5). This may return to the fact that the mothers were observing the nurses during the implementation of any nursing procedures. Continuous observation helps mothers to be informed and be acquainted with the skills to perform or even assist in such nursing activities. In addition to the inner desire of each mother to assist in her child's care during his hospitalization for his comfort and security. Another study supported these previous findings and stated that many mothers reported the benefits of their active participation in their children's care and their actual desires for nurses' approval on their participation (Tourigny and Chapados, 2005). In addition, Scott, 2007 added that some parents may prefer to provide supportive care for their children especially during potentially painful examinations or procedures, such as IV therapy, blood sampling and lumbar puncture. On the contrary other studies stated that some mothers did not prefer to participate in traditional nursing roles even the non painful procedures such as: taking blood pressure, watching intravenous fluids, tube feeding, observing the child during oxygen therapy, and measuring the temperature of the child. (Hallstrom and Runesson, 2002). The results of the present study also revealed that the studied pediatric nurses had less positive attitude toward mothers' participation in some aspects of children's psychological care, while the majority of both mothers and pediatric nurses reported their agreement regarding mothers' play with their children' and reading stories and tales as aspects of child's psychological care (Table 6). These results could be explained by the fact that both the pediatric nurses and mothers are acknowledged with the important role of the mother in providing such activities for her hospitalized child as a mean of entertainment and psychological support. In addition, the pediatric nurses do not have adequate time to provide such activities for the hospitalized child. Furthermore, the child always accepting their mother's involvement in

such activities more than anyone else. These findings are in accordance with those of Neil, 2007 who reported that the use of play and reading stories during the hospital experience can be effective in reducing the child's anxiety and promoting a sense of mastery. Regarding mothers' participation in providing calm and safe environment for her hospitalized child, the majority of the mothers agreed about this item (86.8%) compared to 4% only of the pediatric nurses who reported their agreement about this item. Pediatric nurses disagreement about this item could be attributed to the difficulty that face the mothers to provide their hospitalized children with such calm environment especially in our crowded hospitals. In addition, many mothers had inadequate knowledge regarding safety issues concerning hospital environment. These findings are congruent with those of Deitz, 1990 who reported positive pediatric nurses attitude towards mothers role in providing a calm and safe environment for their hospitalized children.

The current results also shows a statistically significant difference between mothers and pediatric nurses attitude towards mothers' participation in some aspects of child's moral support activities (Table 7). All the mothers and the majority of the studied pediatric nurses had positive attitude concerning mother's role in providing comfort by holding, kissing and talking to child (Table 7). In addition, the majority of both pediatric nurses and mothers reported their agreement about mothers' participation in directing or punishing the child for undesirable behaviors as moral support activities. Holding and kissing are common affectionate forms that are normally expressed among most of the mothers especially for their hospitalized children. On the other side, punishment for modifying undesirable behaviors is one of the main rearing responsibilities of the mothers towards their children especially to control those undesirable behaviors that may arise during child hospitalization. These findings are in accordance with many studies which reported that the dominant strategies that were commonly used by the mothers to control their children's behaviors during hospitalization were, providing comfort by holding, kissing and talking to the child. (Savendra, 1999). On the other hand the studied pediatric nurses had reported less positive attitude towards mother's participation in encouraging the child to communicate with other children, and encouraging relatives to visit the child in hospital as a moral support activities. (Table 7). Many factors could explain these finding: such as: pediatric nurses desire to minimize and control noise and keep quite atmosphere within hospital wards. In addition, communication between children may expose some of them to hold infection especially in crowded wards. Evagelou and Iordanou, 2003 contradicted these findings and reported positive encouragement among pediatric nursing staff towards communication between hospitalized children. On the contrary, about three quarters of the studied nurses (73%) agreed about

mothers role in providing a suitable person to substitute her during child's hospitalization compared to only 32% of the mothers who agreed about this item. (Table 7). Mothers disagreement about this item could be attributed to the difficulty faced by the mother in leaving her hospitalized child with anyone else. In addition, many hospitalized children especially the young one who are more attached to their mothers may refuse any mother substitute during their hospitalization. Furthermore, mothers are the only person who are supposed to deal with the psychological disturbances associated with children's hospitalization. Dietz, 1990 and Hallstrom and Runesson, 2002, reported a similar finding. while Evagelou E. 2003 contradicted these findings and reported less approval among the pediatric nurses about this item. The study results also revealed less positive attitude among the pediatric nurses towards mothers' participation in supporting and caring their children's during investigation and management. The minority of the pediatric nurses reported their agreement regarding mother's accompanying their child during applying invasive procedures, during applying x ray while almost half of them approved about mothers' role in supporting their children during IV therapy and IM injection (Table 8). These findings could be explained by the fact that many mothers may become more anxious and irritable during applying any procedures for their children especially the painful ones. These fears may be reflected on their children and increase their stress, which in turn interferes with nursing activities. In addition, some mothers may ask many questions and sometimes express their fear through undesirable comments. So, many pediatric nurses did not feel comfortable in providing any care for children in the presence of their mothers. Pediatric nurses rejection for maternal attendance during applying medical procedures for their hospitalized children was supported by many other studies (Evagelou, 2003). On the other hand, Karen, 2007 reported both maternal and children benefits from maternal presence during applying any medical procedure for their hospitalized child. On the other hand, all the mothers and majority of the pediatric nurses expressed their approval for attending physical examination. This result is expected the presence of the mother during child's physical examination will minimize his fears, make him more calm and cooperative so the examination will be facilitated. In addition, mother's attendance during physical examination will give her the opportunity to gain more information about the health status of her child and his current treatment. Jane, 2006 supported the previous issue and stated that most parent prefer to accompany their children during physical examinations or any medical procedures. In addition, Hallstrom and Runesson, 2002 reported shared agreement among both mothers and pediatric nurses about parents ability to help their hospitalized children when they are provided with sufficient nursing instructions and guidance. The

result of the present study also revealed more positive attitude among mothers than pediatric nurses towards mothers' participation in spiritual care activities of their hospitalized children, (Table 9). These findings may be due to the fact that some mothers believed that spiritual support my help sick child to tolerate his sickness, reduce his pain, and may accelerate his recovery. On the other hand, some pediatric nurses did not believe in the concept of spiritual support and mothers role in providing spiritual care activities for their hospitalized child. Chris, 2003 was in agreement with these finding.

### Conclusion

Mothers had more positive attitude than pediatric nurses towards mothers' participation in children's hygienic and feeding care as physical care activities. Pediatric nurses had less positive attitude towards mothers' participation in: certain nursing care activities, some aspects of child's psychological care activities, child's moral support activities, supporting the child during investigation and management, and spiritual care activities of hospitalized children

### Recommendations

Based on the findings of the present study the following recommendations are suggested:

- The concept of family centered care should be included in the nursing curricula.
- Parents should be offered the option to be present with their child during medical procedures and offered support before, during, and after the procedure.
- Pediatric nurses should share information with children and their families in ways that are useful and affirming.
- In service training programs should be provided for all categories of nurses regarding the importance of mother's participation in all aspects of child's care
- Pediatric nurses should provide mothers of hospitalized child with adequate information regarding child diagnosis, treatment and management
- Mothers of hospitalized children should be provided with the opportunities to participate in their children's care especially educated mothers and those who are willing to share
- Communication between children at hospital wards should be encouraged to improve psychological condition of children and their mothers

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