

Pediatric Nurses' and Parents' Attitudes Regarding the Importance of Families' Involvement in Care given for their Children

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Abstract

Background: Contribution of families in child care is considered necessary for meeting children's needs and for the well-being of the whole family. This **study aimed** to assess pediatric nurses' and parents' attitudes regarding the importance of families' involvement in care given for their children. **Descriptive correlation research design** was utilized in this study. **Convenience sampling** composed of 100 pediatric nurses and 100 parents accompanied their children at inpatient pediatric departments from January to February 2017. **Two tools** were used to collect data as mothers' attitude scale and families' importance in nursing care–nurses' attitudes scale. **Results:** Pediatric nurses and parents' showed neutral attitude (77% & 43 % respectively) and the rest of them were between negative and positive attitude. Highly statistical significant difference were found between pediatric nurses and parent's attitudes ($p < 0.001^{**}$) concerning the importance of families' involvement in nursing care **Conclusion:** The present study concluded that, more than three fourths of pediatric nurses and nearly half of parents showed neutral attitude and highly statistical significance differences were found between pediatric nurses' and parents' socio demographic and their attitude regarding the importance of families involvement in care given for their children. Most of parents reported that they prefer the presence beside their children in any of the nursing procedures otherwise painful procedures. **Recommendation:** In service training programs should be provided for all categories of pediatric nurses regarding the importance of involving families in nursing care.

Key words: *Pediatric nurses, Parents, Attitudes, Family involvement, Care given & Children.*

Introduction

Hospitalization can be an intimidating and stressful experience for children because they are unaccustomed with the environment and medical procedures and ignorant of the reasons for hospitalization. It can result in children's anger, vagueness, anxiety and feelings of helplessness. Anxiety hinders children's efficacy in coping with medical treatment and increases their uncooperative behavior and negative feelings towards healthcare professionals (Chung et al., 2016) Mothers of the hospitalized children hoped to be respected by the pediatric nurses, to participate in the nursing of their children, and to receive enough information to work together with pediatric nurses, but felt that they were not respected by the pediatric nurses or did not obtain enough information (Kim & Cho, 2017).

The child profits greatly from mother or caregiver existence and participation and experiences less emotional distress and anxiety. If the mother-child attachment remnants uninterrupted, the child experiences less behavioral maladjustment as a result of hospitalization. Mothers often need to support their child before, during and immediately after medical or nursing procedures and their presence proposals reassurance and easiness to the child. During invasive procedures, mothers can be educated to support the child by provided that gentle touch, talking, singing,

giving reassurance, or demonstrating stress decrease techniques (Ball, et al., 2012).

The family generally has a wish to be a part of the health care, also a need of good communication and a close cooperation with pediatric nurses to gain a better understanding about their family member's state (Holmgren, et al., 2014) It is necessary that health care professionals should unite parents into their strategic practices in order to strengthen the involvement and participation of parents in care delivery, according to the needs of each child and family, sharing knowledge, promoting healthiness, and contributing to humanized and quality healthcare (Pinheiro de Melo et al., 2014).

Pediatric nurses in approximately all health care environment meet families in their daily work. The quality of these meetings is influenced by pediatric nurses' attitudes about the importance of comprising families in nursing care (Benzein et al., 2008). The attendance of families in the health care environment is an essential stimulus to activates pediatric nurses' attitude towards them, and their attitudes are based on feelings and emotions (affective element), thoughts and beliefs (cognitive component), and reaction tendencies (behavioral component) (Oliveira et al., 2011) Pediatric nurses would not see the presence of the hospitalized child's family as a load, but rather have a flexible attitude so that they can reverence

them as spouses in cooperation (Saveman et al., 2011).

One indicator used to assess the quality of the relationship between health professionals and family members is to assess the attitudes towards the participation of families in care (Bell and Wright, 2011).

Significance of the study

It is nowadays well-accepted that pediatric care should be provided within the context of families, with parents who are considered necessary partners in their children's care. Pediatric health care has shifted to family centered-care that is based on close and incessant involvement of the child's family members (Mohammed et al., 2013). Family-centered care practices proliferation retrieval the sense of control lost in child care, reinforcement communication between parents and health care personnel (Dur et al., 2016), positively affect mother-child mental health and rise parents' satisfaction (Atay et al., 2011).

Aim of the study

The aim of this study was to assess pediatric nurses' and parents' attitudes regarding the importance of families' involvement in care given for their children

Research questions

- 1- What are the pediatric nurses' and parents' attitudes regarding importance of families' involvement in care given for their children?
- 2- What are the relation between parents' attitudes and pediatric nurses' attitudes regarding importance of families' involvement in care given for their children?

Subjects & Method

Research design

A descriptive correlation research design was used to fit the aim of this study.

Setting

The study was conducted at four pediatric nursing departments (medical, surgical, rehydration, and emergency) in Assuit University Children Hospital.

Sample

A convenience sample composed of 100 pediatric nurses (33 medical, 26 surgical, 17 rehydration, and 24 emergency) and 100 parents (25 parents in each department) who are attending the pediatric departments with their children through the data collection period, all of them were called to participate in the study.

Data Collection Tools

Two tools were used for collecting the essential data as the following:

Tool I: Mothers' attitude scale: It was developed by

Mohammed et al., (2013) to collect the needed data which translated into the Arabic form by the researchers. It consisted of two parts:

Part I: Socio-demographic Characteristics of Parents, such as age, level, of education, marital status, number of children and residence. It involved data about children as, child's age, gender, birth order, diagnosis, and history of previous hospitalization.

Part II: This part composed of 18 questions related mothers' attitudes used to assess the mothers' attitudes regarding importance of families' involvement in care given for their children.

Scoring system of tool I: consisted of three point's likert scale items: agree, neutral and disagree.

Each statement was scored as agree answers (2), neutral answers (1) and answers disagree (0). The total attitude was calculated as follows. The mean of total score for all items of agreement answer was considered as a positive attitude (more than 70%), while, disagree considered as a negative attitude (less than 60%), and neutral was considered as neutral attitude (from 60% to 70%).

Tool II: Families' Importance in Nursing Care– Pediatric nurses' Attitudes (FINC-NA). This tool has been developed and psychometrically tested by Benzein et al., (2008) which translated into the Arabic form by the researchers. It consisted of two parts:

Part I: Socio-demographic Characteristics of the Pediatric Nurses such as: age, qualification, job title, marital status, years of experiences and training courses related to family involvement in care and parent participation in the care of hospitalized children.

Part II: Families' Importance in Nursing Care– Pediatric Nurses' Attitudes (FINC-NA) tool to measures pediatric nurses' attitudes about the importance of including families in nursing care. The FINC-NA consists of 26 items, and the responses alternatives are constructed as a four-point Likert scale (strongly agree, agree, disagree, and strongly disagree).

Scoring system of tool II

The score ranges from 1 to 4 for each item and ranges from 26 to 104 for the whole tool. Strongly agree (4), agree (3), disagree (2), and strongly disagree (1).

The scale classified into the following subscales:

Family as a resource in nursing care (Fam-RNC) (containing 10 items with a possible score range of 1-40); family as a conversational partner (Fam-CP) (encompassing 8 items with a possible score range of 1-32); family as a burden (Fam-B) (comprising 4 items with a possible score range of 1-16); and lastly family as its own resource (Fam-OR) (including 4 items with a possible range of 1-16).

The levels of parents and pediatric nurses general attitudes were divided into three categories as negative attitude (less than 60%), neutral attitude (from 60% to 70%) and positive attitude (more than 70%).

Pilot Study: was carried out on 10% of participants (10 mothers) and (10 nurses), to test the transparency and feasibility of questions and for time estimation required for the interview and added to the total sample.

Validity and Reliability: As the two tools translated into Arabic form, the internal consistency estimated with cronbach's alpha:

The reliability for tool I (Parents' attitude) was 0.690 and its validity was 83% (No .item 18).

The reliability for tool II (Pediatric nurses' attitude) was 0.702 and its validity was 0.84% (No of items 26).

Data Collection Procedure

1. An official letter to carry out the study was directed from the Faculty of Nursing, Assiut University to the hospital administrative authorities in order to obtain their acceptance to collect necessary data from the previous settings. Then, the permission was obtained from the hospital administrative authority.
2. Data were collected in a period of two months (from the beginning of January to the end of February 2017).
3. In order to increase the compliance, explanation about the nature of the study, its aim and benefits.
4. Written consent was achieved from all parents and pediatric nurses from the previous departments to participate in the study.
5. After receiving permission from the parents and pediatric nurses, the designed questionnaire sheets was distributed to one hundred parents and one hundred pediatric nurses to assess their attitudes concerning the importance of family presence in pediatric nursing care.
6. Collecting the data from the pediatric nurses was conducted individually at the morning and afternoon shifts to prevent work interruption.
7. Each pediatric nurse was asked to fill the data collection tools individually. The time needed for each pediatric nurse ranged from 20-25 minutes.
8. Collecting the data from the parents was conducted, at the same time when the researchers present at study setting. Each parent was interviewed individually. The time needed for each parent to answer the sheet ranged from 30-35 minutes.

Ethical considerations

All parents and pediatric nurses were knowledgeable about the aim of study in order to attain their acceptance to participate in the current study. The

researchers explained to them benefits of the current study. The researchers informed the parents and pediatric nurses that all data collected during the study were considered confidential. The researchers also informed the participants about their rights to withdraw from the study at any time without giving any reason.

Statistical Analysis

The data were tested for normality using the Anderson-Darling test and for homogeneity variances prior to further statistical analysis. Categorical variables were described by number and percent (N, %), where continuous variables described by mean and standard deviation (Mean, SD). Chi-square test and fisher exact test used to compare between categorical variables where compare. A two-tailed $p < 0.05$ was considered statistically significant. All analyses were performed with the IBM SPSS 20.0 software.

Results

Table (1): Percentage distribution of pediatric nurses related to socio- demographic data (n=100).

Item	No.	%
Age in years:		
20 < 30	81	81.0
30 < 40	9	9.0
≥ 40 Years	10	10.0
Sex		
Female	75	75.0
Male	25	25.0
Level of education:		
Bachelor of nursing	33	33.0
Secondary school diploma	34	34.0
Diploma of technical institute	33	33.0
Clinical position:		
Head pediatric nurse	26	26.0
Supervisor	70	70.0
Bedside pediatric nurse	4	4.0
Years of experience:		
< 5 years	52	52.0
5 < 10 years	19	19.0
≥ 10 Year or more	29	29.0
Training course of about family involvement in care:		
Yes	65	65.0
No	35	35.0

Table 2: Percentage distribution of parents' and their children related to socio-demographic characteristic(n=100)

Item	No.	%
Age (mothers and fathers):		
<30 years	65	65.0
≥30 years	35	35.0
Sex		
Fathers	3	3.0
Mothers	97	97.0
Level of education		
Secondary	73	73.0
Technical qualification	16	16.0
University degree	11	11.0
Residence		
Urban	32	32.0
Rural	68	68.0
Child been in hospital before		
Yes	52	52.0
No	48	48.0
Previous experience of hospitalization		
Yes	31	31.0
No	69	69.0
child's age		
1 < 6 years	89	89.0
6 < 12 years	6	6.0

Item	No.	%
12 to 18 years	5	5.0
Gender of the child		
Male	67	67.0
Female	33	33.0
Child's birth order		
The first	30	30.0
Second	24	24.0
Third	25	25.0
Fourth	16	16.0
Fifth or more	5	5.0

Table 3: Percentage distribution of pediatric nurses' attitude regarding the importance presence of family in nursing care (n=100)

Items	Strongly agree		Agree		Disagree		Strongly disagree	
	No.	%	No.	%	No.	%	No.	%
I- Family as a resource in nursing care (Fam-RNC)								
The presence of family members eases my workload	43	43.0	32	32.0	21	21.0	4	4.0
The presence of family members gives me a feeling of security	33	33.0	33	33.0	30	30.0	4	4.0
The presence of family members is important to me as a pediatric nurse	18	18.0	56	56.0	22	22.0	4	4.0
Family members should be invited to actively take part in the patient's nursing care	22	22.0	27	27.0	42	42.0	9	9.0
Family members should be invited to actively take part in planning patient care	17	17.0	46	46.0	23	23.0	14	14.0
A good relationship with family members gives me job satisfaction	24	24.0	44	44.0	23	23.0	9	9.0
Getting involved with families gives me a feeling of being useful	0	0.0	31	31.0	65	65.0	4	4.0
I gain a lot of worthwhile knowledge from families which I can use in my work	8	8.0	73	73.0	15	15.0	4	4.0
The presence of family members is important for the family members themselves	32	32.0	40	40.0	28	28.0	0	0.0
It is important to spend time with families	4	4.0	42	42.0	45	45.0	9	9.0
II- Family as a burden (Fam-B)								
The presence of family members makes me feel that they are checking up on me	18	18.0	44	44.0	23	23.0	15	15.0
The presence of family members makes me feel stressed	33	33.0	49	49.0	13	13.0	5	5.0
The presence of family members holds me back in my work	29	29.0	29	29.0	37	37.0	5	5.0
I don't have time to take care of families	49	49.0	28	28.0	23	23.0	0	0.0

Table (3): Continue, percentage distribution of pediatric nurses' attitude regarding the importance presence of family in nursing care (n=100).

Items	Strongly agree		Agree		Disagree		Strongly disagree	
	No	%	No	%	No	%	No	%
III- Family as a conversational partner (Fam-CP)								
I invite family members to have a conversation at the end of the care period	19	19.0	58	58.0	14	14.0	9	9.0
I ask family members to take part in discussions from the very first contact,	29	29.0	52	52.0	19	19.0	0	0.0
when a patient comes into my care	18	18.0	54	54.0	28	28.0	0	0.0
I always find out what family members a patient has	27	27.0	50	50.0	15	15.0	8	8.0
I invite family members to speak about changes in the patient's condition	23	23.0	50	50.0	14	14.0	13	13.0
I invite family members to speak when planning care	32	32.0	46	46.0	22	22.0	0	0.0
It is important to find out what family members a patient has	23	23.0	69	69.0	8	8.0	0	0.0
I invite family members to actively take part in the patient's care	34	34.0	33	33.0	33	33.0	0	0.0
IV- Family as own resource (Fam-OR)								
I encourage families to use their own resources so that they have the optimal possibilities to cope with situations by themselves	34	34.0	48	48.0	18	18.0	0	0.0
I see myself as a resource for families so that they can cope as well as possible with their situation	28	28.0	49	49.0	23	23.0	0	0.0
I consider family members as co-operating partners	14	14.0	78	78.0	8	8.0	0	0.0
I ask families how I can support them	13	13.0	67	67.0	20	20.0	0	0.0

Table (4): Mean \pm SD of the general pediatric nurses' attitude as regards FINC-NA scale and the mean of its subscale (n=100)

Items	No.	Score	Range	Mean \pm SD
General pediatric nurses' attitude	26	78	29-64	49.6 \pm 6.96
Subscale: Family as a resource in nursing care (Fam-RNC)	10	30	4-23	17.65 \pm 4.43
Subscale: Family as a burden (Fam-B)	8	24	9-21	15.92 \pm 3.4
Subscale: Family as a conversational partner (Fam-CP)	4	12	4-11	7.83 \pm 2.02
Subscale: Family as own resource (Fam-OR)	4	12	5-10	8.2 \pm 1.51

Table (5): Percentage distribution of parents' attitude regarding the importance of family in pediatric nursing care (n=100).

Items	Agree		Disagree		Neutral	
	No.	%	No.	%	No.	%
I prefer presence next to my child in any of the nursing procedures.	95	95	2	2	3	3
I prefer presence next to my child during invasive procedures.	58	58	37	37	5	5
I think that there is no need for my presence during invasive painful procedures.	75	75	15	15	10	10
I cannot see my child in pain during nursing procedures.	63	63	26	26	11	11
My child cries more in my presence during the painful nursing procedures.	38	38	51	51	11	11
My child usually restless during my stay.	24	24	70	70	6	6
I'm confident that the pediatric nurse doing what I'm doing to reassure my child.	51	51	34	34	15	15

The pediatric nurse cannot be replaces the mother during painful procedures.	61	61	24	24	15	15
The pediatric nurse can performed some painful procedures and the child in his mother's lap.	53	53	22	22	25	25
The pediatric nurse works to relieve pain by play during procedures instead of a mother.	46	46	23	23	31	31
The pediatric nurse works to relieve pain by play during the painful procedures only.	50	50	27	27	23	23
The pediatric nurse prepares the mothers to support their children during all nursing procedures.	71	71	17	17	12	12
The pediatric nurse prepares the mothers to support their children during nursing procedures only.	36	36	44	44	20	20
The hospital administration makes preparation for children and mothers at the beginning of hospitalization.	40	40	34	34	26	26
Some pediatric nurses do not prefer the presence of the mother during any of the nursing procedures.	39	39	39	39	22	22
All pediatric nurses do not prefer the presence of the mother during any of the nursing procedures.	20	20	63	63	17	17
Some pediatric nurses do not prefer the presence of the mother during invasive nursing procedures.	32	32	50	50	18	18
All pediatric nurses do not prefer the presence of the mother during invasive nursing proceed	25	25	45	45	30	30

Table (6): Parents versus Pediatric nurses' general attitude regarding the importance of family presence in nursing care with children.

General attitude	Parents' attitude (N=100)		Pediatric nurses' attitude (N=100)		X ²	P
	No.	%	No.	%		
Negative	23	23.0	9	9.0	24.09	<0.001**
Neutral	43	43.0	77	77.0		
Positive	34	34.0	14	14.0		

Table (7): Relationship between pediatric nurses' socio demographic data and their attitudes regarding the importance of family presence in nursing care (n= 100).

Socio demographic data	Negative		Neutral		Positive		P. value
	No	%	No	%	No	%	
Age							
20 < 30	9	100.0	63	81.8	9	64.3	<0.001**
30 < 40	0	0.0	9	11.7	0	0.0	
40 years and more	0	0.0	5	6.5	5	35.7	
Sex							
Female	5	55.6	56	72.7	14	100.0	0.035*
Male	4	44.4	21	27.3	0	0.0	
Level of education							
Bachelor of nursing	9	100.0	20	26.0	4	28.6	<0.001**
Secondary school diploma	0	0.0	29	37.7	5	35.7	
Diploma of technical institute	0	0.0	28	36.4	5	35.7	
Clinical position:							
Head pediatric nurse	0	0.0	22	28.6	4	28.6	<0.001**
Supervisor	5	55.6	55	71.4	10	71.4	
Bedside pediatric nurse	4	44.4	0	0.0	0	0.0	
Years of experience							

Socio demographic data	Negative		Neutral		Positive		P. value
	No	%	No	%	No	%	
< 5 Years	4	44.4	44	57.1	4	28.6	<0.001**
5 < 10 Years	0	0.0	19	24.7	0	0.0	
≥ 10 Years	5	55.6	14	18.2	10	71.4	
Obtaining Training courses							
Yes	5	55.6	56	72.7	4	28.6	<0.001**
No	4	44.4	21	27.3	10	71.4	

Chi-square test, * statistically significant difference ($p < 0.05$), ** highly statistically significant difference ($p < 0.01$)

Table (8): Relationship between parents' and their children socio-demographic data and their attitudes regarding the importance of family presence in nursing care

Socio demographic data	Negative		Neutral		Positive		P. value
	No	%	No	%	No	%	
Age							
≤ 30 years	20	87.0	21	48.8	24	70.6	<0.001**
31-45 Years	3	13.0	22	51.2	10	29.4	
Gender							
Fathers	0	0.0	3	7.0	0	0.0	0.129
Mothers	23	100.0	40	93.0	34	100.0	
Level of education							
Secondary	20	87.0	32	74.4	21	61.8	0.214
Technical qualification	3	13.0	6	14.0	7	20.6	
University degree	0	0.0	5	11.6	6	17.6	
Residence							
Urban	6	26.1	16	37.2	10	29.4	0.603
Rural	17	73.9	27	62.8	24	70.6	
Child been in hospital before							
Yes	14	60.9	24	55.8	14	41.2	0.276
No	9	39.1	19	44.2	20	58.8	
Previous experience of hospitalization							
Yes	0	0.0	19	44.2	12	35.3	<0.001**
No	23	100.0	24	55.8	22	64.7	
Child's age							
< 5 years	23	100.0	32	74.4	34	100.0	<0.001**
5-10 Years	0	0.0	6	14.0	0	0.0	
10 Year or more	0	0.0	5	11.6	0	0.0	
Gender of the child							
Male	18	78.3	24	55.8	25	73.5	0.110
Female	5	21.7	19	44.2	9	26.5	
child's birth order							
The first	9	39.1	10	23.3	11	32.4	0.079
Second	8	34.8	11	25.6	5	14.7	
Third	6	26.1	13	30.2	6	17.6	
Fourth	0	0.0	6	14.0	10	29.4	
Fifth or more	0	0.0	3	7.0	2	5.9	

Chi-square test, * statistically significant difference ($p < 0.05$), ** highly statistically significant difference ($p < 0.01$)

Table (1): Three fourths (75%) of the pediatric nurses in this study were females and their ages divided into three different groups, the majority of them (81%) were from 20 < 30 years. Regarding

level of education, more than one fourth of pediatric nurses were secondary school diploma. More than two thirds (70%) were supervisor in their clinical

position, and more than half of the pediatric nurses (52%) their years of experience were < 5 years

Table (2): Regarding the socio demographic data of parents, majority of parents (97%) were mothers and only 3% were fathers, near two thirds of them (65%) their ages were 30 years or less, near three fourth of them (73%) were secondary level of education, more than two thirds of parents (68%) were from the rural area, more than half of them (52%) their children were hospitalized before, 67% of their children were males and the majority (89%) was aged from 1-5 years.

Table (3): presented percentage distribution of pediatric nurses' attitude regarding the importance of family in pediatric nursing care. *In the subscale:* Family as a resource in nursing care, nearly three fourths of pediatric nurses (73%) agree with item I gain a lot of worthwhile knowledge from families which I can use in my work, while 65% of them disagree with item getting involved with families gives me a feeling of being useful, and more than half of pediatric nurses (56%) agree with item the presence of family members is important to me as a pediatric nurse. *In the subscale:* Family as a burden, 49% of pediatric nurses agree that the presence of family members makes me feel stressed, and 49% strongly agree with the item of I don't have time to take care of families.

In the subscale: Family as a conversational partner, more than two thirds of pediatric nurses (69%) agree with item it is important to find out what family members a patient has, and more than half of them (58%) agree with item I invite family members to have a conversation at the end of the care period. *In the subscale:* Family as own resource, more than three fourth of pediatric nurses (78%) agree with item it I consider family members as co-operating partners and more than two thirds of them (67%) agree with item I ask families how I can support them (**Table 3**).

Table (4): Displayed the mean score of the general pediatric nurses' attitude as regards FINC-NA scale and the mean of its subscale. The mean score of the general pediatric nurses' attitude was 49.6 ± 6.96 . The mean score for subscale family as resources in nursing care was 17.65 ± 4.43 . In the subscale family: burden the total mean score was 15.92 ± 3.4 , in the subscale family as a conversational partner the mean score was 7.83 ± 2.02 and the mean score of the subscale family as own resource was 8.2 ± 1.51 .

Table (5): Showed percentage distribution of parents' attitudes regarding the importance of family in pediatric nursing care. Most of parents (95%) prefer the presence next to their children in any of the nursing procedures, but three fourth of them (75%) reported that they think that there is no need for their presence during invasive painful procedures, also

nearly two thirds of parents (63%) said they cannot see their children in pain during nursing procedures more than two thirds of parents (71%) reported that, the pediatric nurse prepares the mothers to support their children during all nursing procedures.

Table (6): Displayed parents versus pediatric nurses' general attitude regarding the importance of family in pediatric nursing care. Highly statistical significant difference were found between pediatric nurses and parent's attitudes ($p < 0.001^{**}$).

Table (7): Illustrated relationship between pediatric nurses' socio demographic data and their attitudes regarding the importance of presence the family in pediatric nursing care. Highly statistical significance differences were found between pediatric nurses' socio demographic data such as age, education level, clinical position, year of their experience in pediatric clinics and their attitude regarding the importance of presence the family in pediatric nursing care ($P < 0.001^{**}$).

Table (8): Revealed relationship between parents' socio demographic data and their attitudes regarding the importance of presence the family in pediatric nursing care. Highly statistical significance differences were found between parents' socio demographic data as regard to their age, age of the child and their attitude regarding the importance of families involvement in care given for their children ($P < 0.001^{**}$). But no statistical significance differences were found as regard to parents' gender, level of education, residence, and if the child hospitalized before.

Discussion

Parents are the natural caregivers for their children. During their child's critical illness, much of the care giving role of parents is transferred to health professionals, because of the complex care required. This alteration of parental role has been recognized as the highest source of stress among parents. Parents need to be recognized as important to their child's recovery and contribute in their child's care (**MacDonald et al., 2012**) While pediatric nurses start to take care of the child in the hospital, parents lose their sense of control. At this point, concept of family centered care appears and pediatric nurses contribute the care of child with their families (**Tufekci et al., 2015**) So, the current study aimed to assess pediatric nurses' versus parents' attitudes regarding the importance of families' involvement in care given for their children.

In our study, three fourths of the pediatric nurses were females, more than one fourth of them were secondary school diploma and more than half of them their experience were less than five years. These results were in agreement with other study conducted

by **Mohammed et al., 2013** who stated that, 66% of them were graduated from secondary school of nursing. The mean of the nurses' years of experience in caring for pediatric patients was 11.31 ± 8.46 . More than half (56%) of them were staff bedside nurses.

Regarding the socio demographic data for parents, the result of this study revealed most of parents were mothers, this may be related to the mothers are usually present with their children in hospital for caring them, while fathers are stay at home with other siblings and continuing to work, near two thirds of them their ages were 30 years or less. Nearly three fourths of them were secondary level of education. These results were agreed with the results of **Pinheiro de Melo et al., (2014)** who stated that, the caregiver sample was composed of mothers (82%), fathers (17%) with only 1% consisting of other persons. The average age was 33 years old, with complete prime school or incomplete middle school (63%).

In the present study, more than half of parents reported that their children were hospitalized before, and they had previous inpatient experience with another child. These results were in agreement with another study conducted by **Gill et al., (2014)** who found that, most parents reported their hospitalized child had at least one previous admission to the hospital, and most of them reporting a previous experience in hospital with another child.

Related to the parents' attitude regarding the importance of family in pediatric nursing care, three fourth of parents reported that, they think that there is no need for their presence during invasive painful procedures, also nearly two thirds of them said they cannot see their children in pain during nursing procedures, while most of them reported that they prefer the presence beside their children in any of the nursing procedures otherwise painful procedures. *In our opinion* these results may related to parents when participate in any nursing procedures that cause pain to their children, this gives them a painful feeling because they feel grief when their children are exposed to this painful situation.

In the present study, highly statistical significance differences were found between pediatric nurses' socio demographic data such as age, education level, clinical position, year of their experience in pediatric clinics and their attitudes regarding the importance of family involvement in pediatric nursing care. These results were agreed with results of another study showed by **Rostami et al., (2015)** who stated that, there were no significant relationship among the pediatric nurses' socio-demographic characteristics and their attitudes. But these results were discrepant the results of **Kurtulus et al., (2018)** who found no

effect of pediatric nurses' demographic factors on their parent participation attitudes.

Results obtained showed that more experienced pediatric nurses had higher scores on the FINC-NA scale, which indicate positive attitudes regarding the importance of family presence in pediatric nursing care. This result is matched with other studies, which revealed that more experienced pediatric nurses are valued family care more highly than younger and less experienced pediatric nurses (**Sveinbjarnardottir et al., 2011**) In my view this is may be related to more experienced pediatric nurses had more previous experience with mothers' presence which reflect more accepting of the presence of mothers in pediatric procedures.

More than three fourths of pediatric nurses in this study showed neutral attitude regarding the importance of involving families in nursing care. As regard to parent's attitudes nearly half of them were also neutral attitude. **Al-Mutair, et al., (2012)** reported in his study negative attitudes of health care workers including pediatric nurses toward family presence. While the same results were found in a study that used the same scale by **Rostami et al., (2015)** who stated that, most of pediatric nurses had neutral attitudes toward family participation in their children's care. But these findings are in contrast to other studies conducted by **Angelo et al., (2014)** & **Fernandes et al., (2015)** who found that, most participating pediatric nurses showed a supportive attitude concerning the importance of including families in nursing care.

From the researchers' point of view, these results were not fully desired as we would like about nurses and parents' attitude to be more positive, these results may be related to lack in their awareness about the significance of including families in child nursing care. So the researchers saw that both nurses and parents need in-service training programs regarding the importance of involving families in child nursing care.

Highly statistically significant differences were found between pediatric nurses and parent's attitudes. This result was agreed with the result of **Abdulbaki et al., (2011)** who indicated that, a statistically significant difference among mothers and pediatric nurses' attitude towards mothers' participation in some aspects of child's moral support activities. But these results were opposed the result found in other study of **Mohammed et al., (2013)** who stated that, there was no statistically significant difference was detected between mothers and pediatric nurses' general attitude.

In this study the mean score of the general pediatric nurses' attitude as regards FINC-NA scale indicated that pediatric nurses had a neutral attitude regarding

the importance of families' involvement in nursing care. This result was opposed the result found by **Benzein et al., (2008)** who stated that the mean score of the total FINC-NA scale indicated that pediatric nurses who worked in the place had a supportive attitude regarding the importance of families in nursing care.

In the current study, the mean score for subscale family as resources in nursing care was 17.6. In the subscale family as a conversational partner, the mean score was 7.8. In the subscale family as a burden, the total mean score was 15.9. In the subscale family as own resource the mean score was 8.2. These results were approved with another study conducted by **Benzein et al., (2008)** who found that, the median score for the subscale Family as a resource in nursing care was 36, the median score for the subscale family as a conversational partner was 27, the median score for the subscale family as a burden was 13, and the median score for the subscale family as own resource was 13.

In our study, fewer of pediatric nurses and more than one third of parents' attitude were had positive attitude and there was highly statistically significant difference between the attitude of the pediatric nurse and the parents' attitude regarding the importance of families' involvement in nursing care. These results was in opposite of the study results which conducted by **Mohamed et al., (2013)** who showed that, the mothers had less positive attitude than pediatric nurses and there was no statistically significant difference between the mothers and pediatric nurses' attitude in relation to the presence of mothers with their hospitalized children.

Conclusion

The present study concluded that, more than three fourths of pediatric nurses and nearly half of parents showed neutral attitude regarding the importance of families involvement in care given for their children. Most of parents reported that they prefer the presence beside their children in any of the nursing procedures otherwise painful procedures. There was no statistically significant difference between the parents' and pediatric nurses' attitude in relation to the presence of them with their hospitalized children.

Recommendations

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

- 1- In service training programs should be provided for all categories of pediatric nurses regarding the importance of involving families in nursing care.
- 2- Parents of hospitalized children should be provided that with the chances to participate in their children's care.

- 3- The study must be replicated to conduct on a larger sample including other pediatric hospitals are needed for generality of the reached results.

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