

Parental Presence in the Care of Hospitalized Children: Nursing Students' Perspectives and Attitudes

Merve Azak¹ , İrem Cafri² , Emine Ünver³ , Seda Çağlar⁴ 

¹Istanbul University-Cerrahpasa, Florence Nightingale Faculty of Nursing, Department of Pediatric Nursing, Istanbul, Türkiye

²Mehmet Akif Ersoy Thoracic and Cardiovascular Surgery Training Research Hospital, Istanbul, Türkiye

³Bağcılar Training and Research Hospital, Istanbul, Türkiye

⁴Istanbul University-Cerrahpasa, Florence Nightingale Faculty of Nursing, Department of Pediatric Nursing, Istanbul, Türkiye

ORCID ID: M.A. 0000-0003-4299-3322; İ.C. 0000-0003-1107-290X; E.Ü. 0000-0002-7938-6836; S.Ç. 0000-0001-8768-9282

Citation: Azak M, Cafri İ, Ünver E, Çağlar S. Parental presence in the care of hospitalized children: Nursing students' perspectives and attitudes. CURARE - Journal of Nursing 2024;4:27-32. <https://doi.org/10.26650/CURARE.2024.1391588>

ABSTRACT

Objective: The aim of this study was to investigate the perceptions and attitudes of nursing students regarding parental presence in the care of hospitalized children.

Method: This descriptive cross-sectional study was conducted from January to March 2020 with 572 nursing students who volunteered to participate. Data were collected using a Demographic Form and the Parent Participation Attitude Scale (PPAS). Data analysis was performed using means, percentages, and chi-squared tests.

Results: The study participants had a mean age of 20.89±1.53 years; 80.4% (n=460) were female, and 36.75% (n=210) were juniors. Students reported a mean PPAS score of 76.04±7.68. It was found that 63% (n=360) of the students were aware of the family-centered approach to care, with 81.1% (n=292) attributing their knowledge to coursework. Most students believed parents should be involved in care practices within the hospital setting (90.9%; n=520) and in decision-making (93.5%; n=535).

Conclusion: This study reveals a limited awareness among nursing students about parental presence in caring for hospitalized children. Most students believed parents should be actively involved in care practices and decision-making processes in the hospital setting. However, it was observed that they were uncertain about this issue in practice. These results emphasize the importance of awareness and positive attitudes toward family-centered care in nursing education.

Keywords: Pediatric nursing, family-centered care, parental presence, nursing students, nursing education

INTRODUCTION

The concept of “family-centered care (FCC)” is widely recognized as a cornerstone of pediatric nursing, emphasizing the vital connection between parents, children, and healthcare professionals (1–3). FCC embodies a holistic approach to care, encompassing the physical, emotional, intellectual, social, cultural, and spiritual well-being of the child and his/her family (4). It champions the idea that a child's continuity within the family circle is essential and promotes unity between the child and the family at all stages of care (5,6). FCC stands as a model that aligns with the expectations of parents and children, fostering collaboration between healthcare professionals and families (7). At its core, the family takes center stage in care, with pediatric nurses partnering with parents throughout the care and treatment processes, ensuring that the family

primarily supports the child (8). It envisions parents actively participating in care planning, implementation, evaluation, and decision-making for the child's well-being (9).

Within the philosophy of FCC lies the commitment to minimize anxiety for both the child and parents, nurturing trust and open communication among all stakeholders, including the child, the parents, and the nursing staff (1). The practice of FCC has garnered recognition worldwide as the ideal pediatric care system (10). Foster et al. (11) highlight potential barriers, such as time constraints, limited resources for family education, and varying institutional priorities, which may influence individuals' perceptions of FCC. Policy discrepancies exist despite parents' desire to be present during invasive procedures, with institutions like the American Academy of Pediatrics (AAP) supporting parental presence. At the same

Corresponding Author: Seda Çağlar E-mail: sedac@iuc.edu.tr

Submitted: 15.11.2023 • **Revision Requested:** 08.12.2023 • **Last Revision Received:** 21.12.2023 • **Accepted:** 22.12.2023



This work is licensed under Creative Commons Attribution-NonCommercial 4.0 International License.

time, some hospitals maintain restrictive policies (12), (13). An Italian study reported that unlimited visitation policies were only in place in 12% of pediatric intensive care units (14). To enhance the effectiveness of interventions in pediatric hospital care, healthcare systems and hospital policies must be aligned to maintain a child's connection with his/her parents during hospitalization. Pediatric nurses, primarily responsible for children's care in these settings, play a pivotal role in shaping these policies. Some studies have indicated that nurses rely on parents for individual patient care due to workload pressures (15). Nevertheless, the aim should not be to shift the entire care burden to parents but to preserve the parent-child relationship during hospitalization, ensuring the child's physical and social-emotional comfort (1).

Cultural competency and interpersonal skills training in nursing education cannot be overstated, as effective communication is essential in building trust, avoiding conflicts, and fostering positive relationships (16). While cultural knowledge and sensitivity may take time, educational programs can equip nursing students with the skills to provide competent care to pediatric patients (17). Bhana (18) even suggests that educators should encourage students to engage in discussions and create an environment that reflects the patient's and family's culture and preferences before invasive treatments. Future nurses should adopt a holistic perspective when considering their patients and their families, strengthening the patient-family relationship. Nevertheless, it is worth noting that FCC is often underrepresented in nursing education curricula and insufficiently applied in clinical practice (19). To successfully integrate FCC into nursing practice, students need to understand its context comprehensively. Therefore, examining nursing students' perceptions of FCC, identifying their educational needs, and developing effective strategies to address these needs can significantly enhance their nursing skills.

Research Questions

- What are the perceptions of undergraduate nursing students regarding parental presence in the care of hospitalized children?
- What are the attitudes of undergraduate nursing students regarding parental presence in the care of hospitalized children?

MATERIALS AND METHODS

Aim

This descriptive cross-sectional study was conducted to investigate the perceptions and attitudes of nursing students regarding parental presence in the care of hospitalized children.

Study Population

The study population consisted of 713 students in the 2nd, 3rd, and 4th years of the nursing faculty at a university in Istanbul. We tried to reach the whole population without resorting to

sampling. Between January 2020 and March 2020, 572 students who agreed to participate were included in the research. First-year students were not included in the study because they did not know enough about the importance of FCC.

Data Collection Tools

The Demographic Form and PPAS were used in the study.

The Demographic Form developed by the researchers consists of 16 questions asking students for their demographic information and their views on parental presence in care and treatment practices in pediatric clinics.

The Parent Participation Attitude Scale (PPAS) was developed (20) and modified (21) to measure nurses' attitudes toward parental presence. Özbodur-Yıldırım and Elçigil (22) conducted the Turkish version of the scale. The PPAS consists of 24 items, graded on a 5-point Likert-type scale, ranging from strongly agree (5) to strongly disagree (1). Gill reported an alpha coefficient of 0.75 for internal consistency in 1987. The scores can be obtained from the scale range from 24-120. A high score on the scale indicates an accepting attitude toward parental involvement. A total score of 24-36 points on the scale is interpreted as altogether rejecting, 37-60 points as leaving, 61-84 points as undecided, and 85-108 points as accepting (22).

Procedure

Undergraduate nursing students at a state university in Istanbul participated in the study between January 2020 and March 2020. The students who agreed to participate in the study completed the data collection form and the Parent Participation Attitude Scale under the supervision of the researchers in an average of 20 minutes. While the students completed the scale forms we were available to answer any questions they had..

Ethical Considerations

Institutional approval from the nursing faculty of İstanbul University-Cerrahpaşa where the research was conducted, and ethics committee approval (2019/77) from the university ethics committee were obtained for the study. After being informed about the purpose and importance of the research and the data collection forms, nursing students who wished to participate voluntarily signed the informed consent form.

Data Analysis

Data were analyzed using the IBM SPSS 21 program (Armonk, New York: IBM Corp.). Mean (M), standard deviation (SD), and frequencies were used for descriptive statistics. The normality of all continuous factors was tested using the Shapiro-Wilk test. Mann-Whitney U and Kruskal-Wallis tests were used to evaluate nonparametric data between two groups for independent samples for variables that did not conform to the normal distribution in the significance test of the change in measurement times. The level of statistical significance was accepted as $p < 0.05$.

RESULTS

572 nursing students in their 2nd, 3rd, and 4th years participated in the study. Among them, 80.4% (n=460) were female, and 19.6% (n=112) were male. The mean age of the students was 20.89±1.53 years. It was found that 36.7% (n=210) of the students were studying in the 3rd grade, and 49.7% (n=284) were living with their families. 91.6% (n=524) of the students had no chronic diseases, and 65.2% (n=373) had not been hospitalized during their childhood. 54.7% (n=313) of the students had chosen the nursing specialty partially voluntarily, 51.2% (n=293) were taking the pediatric nursing course, and 47.3% (n=271) wanted to take a specialty related to pediatrics (Table 1).

Table 1: Demographic characteristics of nursing students (n=572)

Characteristics	n	Mean±SD
Age	572	20.89±1.53
Gender	Female	460
	Male	112
Grade	2nd	180
	3rd	210
	4th	182
	Do you have a chronic disease?	Yes
	No	524
	Were you hospitalized in your childhood?	Yes
	No	373
	Voluntarily	175
	Did you choose to study nursing...?	Partially voluntarily
	Against your will	84
	Did you take the pediatric nursing course?	Yes
	No	279
	Do you want to work in a department of pediatrics after graduation?	Yes
	No	301

In Table 2, the students' opinions regarding parental involvement were examined. It was found that 90.9% (n=520) of the students believed that parents should be involved in the care of their children in the hospital, 93.5% (n=535) believed that parents should be involved in making decisions about their children, and 57.7% (n=330) believed that parents should be present with their child during procedures. It was found that 73.2% of the students thought that psychological support would be the reason for wanting the parents to be present with their child. 56.8% (n=50) of the students stated that the mother's inability to control her emotions was the reason for not wanting the parents to be present with the child. 79.9% (n=457) of the students were happy for the parents to be present during hospital procedures. It was found that 83.4% (n=477) of the students wanted to be present when procedures were performed on a child from their family, 63% (n=360) had

Table 2. Students' opinions on parental presence (n=572)

Opinions	n	%
Should parents participate in the care of their children in hospital?		
Yes	520	90.9
No	52	9.1
Should parents participate in decisions about their children in hospital?		
Yes	535	93.5
No	37	6.5
Should parents be present with their children during procedures in hospital?		
Yes	330	57.7
No	87	15.2
Undecided	155	27.1
Why should the parent be present with their child during procedures in hospital?		
Helping the nurse	57	17.4
Supporting the child	240	73.2
Distracting the child during the procedures	31	9.4
Why should the parent not be present with their child during the procedures in hospital?		
Mother's inability to control her emotions	50	56.8
The mother is affected by the child's crying	9	10.2
Making the process complicated by parents	29	33
Would you like your parents to be present when you undergo procedures at the hospital?		
Yes	457	79.9
No	115	20.1
Would you like to be present when a child from your family undergoes procedures?		
Yes	477	83.4
No	95	16.6
Have you heard of the family-centered care approach?		
Yes	360	63
No	212	37
Where did you hear of the family-centered care approach?		
Courses	292	81.1
Hospital environment/Internship	41	11.4
Social media	21	5.8
Scientific publications	6	1.7

heard about the FCC approach, and 81.1% (n=292) had heard about it through the courses given in the faculty.

The total mean PPAS score was 76.04±7.68. According to the PPAS evaluation in the study, this score expressed the "undecided" attitude of the sample (Table 3). Table 3 shows no statistically significant difference between the demographics and the mean PPAS score. It was noted that 3% of the students were pediatric clinic residents. The mean PPAS total score of the pediatric clinic residents was statistically higher than that of the others (p=0.046).

DISCUSSION

A positive relationship between parents and healthcare providers is essential for FCC (23). When parents' questions about their child's condition and necessary care procedures are answered, parental satisfaction increases when health professionals are kind and concerned about their children and

Table 3. PPAS Score and comparison of demographic characteristics with PPAS Score (n=572)

PPAS Score and Characteristics		PPAS Score			
				Mean±SD (Min-Max)	
PPAS Score				76.04±7.68 (47-112)	
		n	%	Mean±SD Test	p
Gender	Female	460	80.4	76.14±5.7	p=0.806
	Male	112	19.6	75.63±8.14 *Z=-0.246	
Grade	2nd	180	31.5	76.07±8.75	p=0.513
	3rd	210	36.7	75.85±8.21	
	4th	182	31.8	76.24±7.07 **χ ² =1.337	
Are you an intern at pediatric clinics?	Yes	17	3	78.00±8.93	p=0.046
	No	121	21.2	76.12±6.49 *Z=-1.999	
Do you have a chronic disease?	Yes	48	8.4	76.20±7.91	p=0.693
	No	524	91.6	76.03±7.66 *Z=-0.395	
Were you hospitalized in your childhood?	Yes	199	34.8	76.29±7.68	p=0.406
	No	373	65.2	75.91±7.68 *Z=-0.831	
Would you like your parents to be present when you undergo procedures at hospital?	Yes	457	79.9	75.88±7.36	p=0.906
	No	115	20.1	76.67±8.83 *Z=-0.081	
Would you like to be present when a child from your family undergoes procedures?	Yes	477	83.4	76.03±7.53	p=0.570
	No	95	16.6	76.11±8.40 *Z=-0.568	

*Mann-Whitney U test
** Kruskal Wallis test

themselves (9). It has been concluded that parental presence increases patient satisfaction, contributes to parental skills after discharge, reduces parental stress, and improves self-confidence (7). The studies conducted with parents stated that most parents wanted to be with their children during care, receive information from nurses about their children’s diagnosis and treatment, and participate in the care (24,25). The present study was conducted to assess the perceptions and attitudes of nursing students regarding parental presence in the care of hospitalized children. When reviewing the literature, although many studies examine the views of nurses and parents on FCC in regard to parental presence, few studies explore the opinions of nursing students. Therefore, it is believed that this study will contribute to nursing education.

The current study found that 90.9% of nursing students supported parental presence in caring for their children in the hospital, 93.5% supported parental presence in decisions about their children, and 57.7% believed parents should be with their children during procedures (Table 1). The total mean score of the PPAS of the nursing students was 76.04. According to the scale evaluation, this score expresses the “undecided” attitude of the sample. Although the students have positive opinions about parental presence in care practices and decisions made about their children, the determination to be “undecided” according to the scale score may be related to the difficulties experienced in practicing FCC in the clinical setting and/or the

students’ challenges in reflecting parental presence practices in the clinical setting. Although FCC is essential in nursing, nursing students have difficulty integrating FCC into clinical care. Various factors, such as minimal exposure to family interactions during their clinical practice, lack of experience organizing FCC clinical experiences, access to limited clinical areas, and inadequate supervision from clinical instructors, cause nursing students to have difficulties implementing FCC in clinics (23). Holtslander et al. (19) found that nursing students had problems reflecting on the FCC approach in the clinical setting. Fisher et al. (26) reported that nursing students are concerned about communicating with parents, and innovative methods could teach students to communicate with parents. A study suggested that students do not perceive FCC well due to minimal exposure to family interactions during their clinical practice education (8). Similar to these studies, in the current study, the mean PPAS score of the pediatric clinic residents was statistically higher than that of the residents in the other clinics. It is thought that students who communicate more with parents in pediatric clinics are more moderate on the issue of parental presence. Like the current study, Daneman et al. (27) found that individuals working in specialty units were more supportive of parental presence. Due to limited space, nursing students also face issues such as FCC practice and lack of family experience during clinical practice (19). Evidence-based practice should be attempted in educating nursing students and nurses who

generally have difficulty understanding the needs of parents. Trying to understand parents' emotions through interventions such as simulation provides a foundation for safe FCC and increases students' and nurses' ability to be empathetic (28).

The literature indicates that the presence of parents with their children during painful medical procedures enables the child to cope with pain and anxiety more efficiently (29). Negative societal perceptions of the FCC may hinder the provision of quality care. When the studies with nurses were reviewed in the literature, a range of views regarding the practice of allowing parents to stay with their children during interventions was apparent, some supporting the practice, others not (30). The current study found that most nursing students (57.7%) believed parents should be with their children during procedures, while 15.2% thought the child should not be with them. Consistent with the literature, 73.2% of the students who supported parental presence indicated that they believed the parent would provide psychological support during the procedures. 56.8% of those who did not want the parent to be with the child cited the mother's inability to control her emotions (Table 2). In parallel with the current study, it was reported that most of the students who supported the presence of the parent (36.3%) thought that the parent would support the child psychologically, while the students who did not support the presence of the parent (3.9%) stated that the parent was affected by the child's crying (2). Yayan et al. (31) reported that nurses who support parental presence argued that mutual communication with parents provides trust and that parental decisions are essential in care. Reasons for opinions that do not support parental presence include nurses' concerns about being observed during practice, refraining from parental intervention, performance concerns, parent-child anxiety, nurses' stigma toward parents, and nurses' inability to explain medical procedures to parents (2,30,31). A study with nursing students concluded that parents should be present in the care process. Students reported that parents reduced their stress by supporting children, helping them develop coping skills, and increasing the child's adaptation to the environment (2).

CONCLUSION

The results of this study revealed limited awareness of parental presence in the care of hospitalized children among nursing students. Students were ambivalent about parental presence in the care of hospitalized children. Most students believed parents should be actively involved in nursing practice and decision-making in the hospital setting, but uncertainty was observed in practice. In general, however, students who spent more time in pediatric clinics had more favorable attitudes toward encouraging parental presence during nursing practice. These findings highlight the need to improve nursing education awareness and attitudes towards family-centered care. Nursing students should be exposed to FCC courses throughout their education and encouraged to use this model of care in their clinical practice. In addition, examining nursing students' attitudes and perceptions of parental presence through in-depth interviews will provide an important data source for undergraduate education and future programs.

Ethics Committee Approval: This study was approved by the ethics committee of İstanbul Üniversitesi-Cerrahpaşa, approval no (2019/77).

Informed Consent: Written consent was obtained from the participants.

Peer Review: Externally peer-reviewed.

Author Contributions: Conception/Design of Study- M.A., S.Ç.; Data Acquisition- İ.C., E.Ü.; Data Analysis/Interpretation- M.A., S.Ç.; Drafting Manuscript- M.A., S.Ç.; Critical Revision of Manuscript- M.A., S.Ç.; Final Approval and Accountability- M.A., İ.C., E.Ü., S.Ç.

Conflict of Interest: Authors declared no conflict of interest.

Financial Disclosure: Authors declared no financial support.

REFERENCES

1. Yavaş-Çelik M. Family-centered care in child diseases and nursing. *Sağlık ve Toplum* 2018;28(1):26–31.
2. Boztepe H, Çınar S, Ertug N. An investigation of nursing students' views about the presence of family members and parents during painful procedures and cardiopulmonary resuscitation. *J Educ Res Nurs* 2016;13(3):264–71.
3. Ball JW, Bindler RC, Cowen KJ. *Principles of Pediatric Nursing Caring for Children*. 5th ed. New Jersey: Pearson Education Inc; 2017. p. 231.
4. Törüner E, Büyükgönenc L. Çocuk sağlığı temel hemşirelik yaklaşımları. Ankara: Göktuğ yayıncılık; 2012. p. 22–30.
5. Harrison TM. Family-centered pediatric nursing care: state of the science. *J Pediatr Nurs* 2010;25(5):335–43.
6. Al-Motlaq MA, Shields L. Family-centered care as a western-centric model in developing countries: luxury versus necessity. *Holist Nurs Pract* 2017;31(5):343–7.
7. Azak M, Aksucu G, Çağlar S. The effect of parental presence on pain levels of children during invasive procedures: a systematic review. *Pain Manag Nurs* 2022;23(5):682–8.
8. Brown EA, De Young A, Kimble R, Kenardy J. Review of a parent's influence on pediatric procedural distress and recovery. *Clin Child Fam Psychol Rev* 2018;21(2):224–45.
9. Boztepe H, Kerimoğlu Yıldız G, Çınar S, Ay A. Çocuğu hastanede yatan ebeveynlerin aile merkezli bakım alma durumlarını etkileyen faktörlerin belirlenmesi. *AUHJS* 2019;10(4):748–55.
10. Smith J, Swallow V, Coyne I. Involving parents in managing their child's long-term condition—a concept synthesis of family-centered care and partnership-in-care. *J Pediatr Nurs* 2015;30(1):143–59.
11. Foster M, Whitehead L, Maybee P. The parents', hospitalized child's, and health care providers' perceptions and experiences of family-centered care within a pediatric critical care setting: a synthesis of quantitative research. *J Fam Nurs* 2015;22(1):6–73.
12. AAP. Joint policy statement—guidelines for care of children in the emergency department. *J Emerg Nurs* 2013;39(2):116–31.
13. Egberts MR, de Jong AEE, Hofland HWC, Geenen R, van Loeij NEE. Parental presence or absence during paediatric burn wound care procedures. *Burns* 2018;44(4):850–60.
14. Giannini A, Miccinesi G. Parental presence and visiting policies in Italian pediatric intensive care units: A national survey. *Pediatr Crit Care Med* 2011;12(2):e46-50.
15. Ayyıldız-Kuzlu T, Kalıncı N, Köse-Topan A. Üniversite hastanesinde çocuklara verilen bakımın aile merkezli bakım yönünden incelenmesi. *FSHD* 2011;6(16):1–17.

16. Liang HF, Wu KM, Hung CC, Wang YH, Peng NH. Resilience enhancement among student nurses during clinical practices: A participatory action research study. *Nurse Educ Today* 2019;75:22–7.
17. Dabney K, McClarin L, Romano E, Fitzgerald D, Bayne L, Oceanic P, et al. Cultural competence in pediatrics: Health care provider knowledge, awareness, and skills. *Int J Environ Res Public Health* 2015;13(1):14.
18. Bhana VM. Interpersonal skills development in Generation Y student nurses: A literature review. *Nurse Educ Today* 2014;34:1430–4.
19. Holtslander L, Solar J, Smith NR. The 15-minute family interview as a learning strategy for senior undergraduate nursing students. *J Fam Nurs* 2013;19(2):230–48.
20. Seidl FW, Pillitteri A. Development of an attitude scale on parent participation. *Nurs Res* 1967;16(1):71–3.
21. Gill KM. Nurses' attitudes toward parent participation: Personal and professional characteristics. *Child Health Care* 1987;15(3):149–51.
22. Özbodur-Yıldırım S, Elçigil A. A validity and reliability study of parent participation attitude scale in Turkey. Dokuz Eylül University Institute of Health Sciences, Master's Thesis. 2008.
23. Alabdulaziz H, Cruz JP. Perceptions of female Saudi undergraduate nursing students toward family-centered care. *Nurse Educ Today* 2020;89:104421.
24. Çağlar S, Ar I, Yaşa B, Kurt Ş. Family-centered care in the neonatal intensive care unit: mothers' opinions. *STED* 2019;28(2):120–6.
25. Güdücü-Tüfekci F, Erci B. The opinion of children, parents and health staff about parental presence during painful procedures. *Journal of Nursology* 2010;10(4):52–62.
26. Fisher MJ, Taylor EA, High PL. Parent-nursing student communication practice: Role-play and learning outcomes. *J Nurs Educ* 2012;51(2):115–9.
27. Daneman S, Macaluso J, Guzzetta CE. Healthcare providers' attitudes toward parent participation in the care of the hospitalized child. *J Spec Pediatr Nurs* 2004;8(3):90–8.
28. Zimmermann E, Alfes CM. Simulating the role of the parent: Promoting family-centered nursing care. *Nurs Educ Perspect* 2019;40(2):121–2.
29. Pancekauskaitė G, Jankauskaitė L. Paediatric pain medicine: pain differences, recognition and coping acute procedural pain in paediatric emergency room. *Medicina* 2018;54(6):94.
30. Özkan S, Taş Arslan F. Nurses' views about parent participation in the care of hospitalized children. *J Contemp Med* 2017;7(4):355–64.
31. Yayan EH, Suna Dağ Y, Düken ME. Examination of the effect of the family-centered approach of the empathic trends of children's nurses and student. *Archives of Health Science and Research*. 2018;5(2):179–87.