Research Article

A Study To Assess Nurses Attitude and Parental Satisfaction Regarding Family Involvement in Child Care in Pediatric Units of Selected Hospitals At Sangli, Miraj, and Kupwad Corporation Area

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ABSTRACT:

Background: Family involvement is an important component of family-centered pediatric care. Parents provide emotional support, information about the child, and assistance during hospitalization. Nurses' attitudes and nurse-parent communication may influence how effectively families participate in child care.[1]
To assess nurses' attitude and parental satisfaction regarding family involvement in child care and to determine their association with selected demographic variables.
Methods: A quantitative, non-experimental descriptive design was adopted in selected pediatric hospitals in the Sangli, Miraj, and Kupwad Corporation Area. The final study included 100 staff nurses and 100 parents selected by purposive sampling. A structured 3-point rating scale assessed nurses' attitude across physical, psychological, spiritual, economic assistance, nurse-parent relationship, and communication domains. A 20-item 3-point rating scale assessed parental satisfaction. Content validity was established by 22 experts. Reliability of both scales was reported as r=0.80. Descriptive statistics and chi-square tests were used, with significance set at $p<0.05$.
Results: All nurses (100%) demonstrated a positive overall attitude towards family involvement. Nurses showed particularly favourable responses regarding the psychological benefits of family presence and nurse-parent relationships, although concerns were identified regarding disturbance of care, conflicts, economic effects, and communication barriers. Among parents, 45% were satisfied and 55% were neutral; none were dissatisfied. Nurses' attitude was significantly associated with educational qualification ($\chi^2=9.24$, $p=0.026$) and years of experience ($\chi^2=10.57$, $p=0.014$), but not with age or gender. Parental satisfaction was significantly associated with gender ($\chi^2=15.471$, $p<0.001$), relationship to child ($\chi^2=17.428$, $p=0.001$), occupation ($\chi^2=21.129$, $p<0.001$), type of family ($\chi^2=9.647$, $p=0.002$), residence ($\chi^2=18.568$, $p<0.001$), and previous hospitalizations ($\chi^2=11.422$, $p=0.010$). No significant association was found with age, education, monthly income, or duration of hospital stay.
Conclusion: Nurses demonstrated strong acceptance of family involvement, whereas parental satisfaction was predominantly neutral. Structured family-centered care, clear communication, role clarification, parent education, and institutional support are recommended to strengthen meaningful family participation in pediatric care.

KEYWORDS: Family-centered care; family involvement; Pediatric nursing; nurses' attitude; parental satisfaction; nurse-parent communication.

INTRODUCTION

Hospitalization can be stressful for children because of separation from familiar surroundings, unfamiliar procedures, and uncertainty. Family presence can provide reassurance and emotional security, while parents contribute important information regarding their child's usual behavior, needs, preferences, and responses.[2]
Family-centered care recognizes parents and caregivers as partners in pediatric care rather than passive visitors. Nurses have a central role in facilitating this partnership through communication, education, emotional support, and opportunities for appropriate participation.[3]
The present study examined family involvement from two perspectives: nurses' attitudes toward involving families in pediatric care and parents' satisfaction with their participation. The study was conceptually guided by the Rosenstock Health Belief Model, emphasizing individual perceptions, modifying factors, and likelihood of action.[4]

MATERIALS AND METHODS

A quantitative research approach with a non-experimental descriptive design was used. The study was conducted in selected pediatric hospitals within the Sangli, Miraj, and Kupwad Corporation Area. The study population consisted of staff nurses working in pediatric units and parents of children admitted to selected hospitals. The

final study sample consisted of 100 staff nurses and 100 parents. Purposive sampling was used. Nurses included in the study were working in pediatric units, had at least six months of pediatric-care experience, and were willing to participate. Parents were included if their child was admitted to the pediatric ward, they were staying with their child, understood Marathi or English, and provided consent. Nurses' attitude scale consisted of 30 items covering six domains: physical, psychological, spiritual, economic assistance, nurse-parent relationship, and communication. Items were scored as Agree=3, Neutral=2, and Disagree=1. The parental satisfaction scale consisted of 20 items scored as Satisfied=3, Neutral=2, and Dissatisfied=1. Content validity was established through 22 experts, including pediatricians, pediatric nursing experts, and statisticians. Reliability of both scales was reported as r=0.80. Permission was obtained from the concerned institutional authorities and selected hospitals. Written informed consent was obtained from participants. Confidentiality was maintained and participation was voluntary. The thesis records the data-collection schedule as December 2025, with approximately 30 minutes required for participation. Frequency, percentage, mean, median, and standard deviation were used for descriptive analysis. Chi-square testing was used to assess associations between study outcomes and selected demographic variables. The level of significance was set at $p<0.05$.

SECTION I-DEMOGRAPHIC VARIABLES FOR NURSE'S

Table no. 1-Frequency and percentage distribution of demographic variables of nurse's

n= 100

Demographic variables		Frequency	Percentage%
Age (in yrs.)	20-30	80	80
	31-40	20	20
Gender	Male	45	45
	Female	55	55
Educational qualification	B.Sc.(N)	41	41
	P.B. B.Sc.(N)	33	33
	GNM	26	26
Years of experience in pediatric unit	Less than 5	70	70
	5 to 10	27	27
	Greater than 10	3	3

Table no. 1 depicts that, of the 100 nurses, 80% were aged 20-30 years and 20% were aged 31-40 years. Females constituted 55% and males 45%. Regarding educational qualification, 41% had B.Sc. Nursing, 33% had Post Basic B.Sc. Nursing, and 26% had GNM qualification. 70% had less than 5 years of pediatric-unit experience.

SECTION II-ASSESSMENT OF NURSE'S ATTITUDE REGARDING FAMILY INVOLVEMENT IN CHILD CARE

Table no. 2-Domain wise analysis of nurse's attitude regarding family involvement in child care

n= 100

Domain	Items	Agree (3)	Neutral (2)	Disagree (1)
Physical Domain	1. Family involvement helps in fulfilling child's daily physical needs.	90	10	0
	2. Family participation reduces nurse's workload in physical care.	70	30	0
	3. Family should be encouraged to assist in routine procedures.	80	20	0
	4. Family involvement enhances quality of physical care for children.	80	20	0
	5. Presence of family member increases the disturbances in care.	80	10	10

Psychological Domain	1. Family involvement reduces fear of child during hospitalization.	100	0	0
	2. Family involvement enhances child's emotional security.	90	10	0
	3. Presence of family increased to cooperation during nursing procedure.	80	10	10
	4. Family involvement helps to cope the child towards illness.	60	30	10
Spiritual Domain	1. Family involvement in care can fulfil child's daily spiritual needs.	80	20	0
	2. Parental feels welcome and supported in fulfilling spiritual need of the child.	60	30	10
	3. Nurses should respect family spiritual beliefs.	60	30	10
	4. Nurses should collaborate with families and allow for spiritual care practices.	70	20	10
	5. Spiritual practices of the family disturb the routine child care.	60	30	10
Economic Assistance	1. Involvement of family in child care provides valuable input to nurses in planning affordable child care based on economic condition.	80	10	10
	2. Early discharge is possible when families are involved in care.	60	30	10
	3. Family involvement helps in reducing the financial burden of hospital stay.	50	30	20
	4. Engaged parents understand the care instructions, helps to reduce the complications and saves cost.	90	10	0
	5. Involving family members in child care increases expenses.	60	30	10
Nurse Parent Relationship	1. Parental involvement strengthens nurse family relationship to perform task.	80	20	0
	2. Nurse collaborates with family to create a child care plan.	60	30	10
	3. Family involvement builds trust and respect between nurse and family.	80	20	0
	4. Family involvement improves nurse child bonding.	90	10	0
	5. Family involvement often leads to conflicts and disturbs the nurse- parent relationship.	70	10	20
Communication	1. Nurse can provide consistent information across shifts.	60	40	0
	2. Nurses provide honest and timely information to families.	80	10	10
	3. Parents involvement promotes open two- way communication.	60	30	10
	4. Good communication reduces conflicts between nurses and families.	90	0	10
	5. Families can't communicate theirr preferences in child care.	80	10	10

Table no. 2 depicts that, Among the 100 nurses, the overall attitude toward family involvement in child care was positive across all 6 domains.

- **Physical domain:** Majority of nurses agreed that family involvement helps meet children's physical needs and improves physical care.
- **Psychological domain:** Most nurses agreed that family involvement reduces fear, provides emotional security, and improves cooperation during procedures.
- **Spiritual domain:** Nurses generally supported respecting family beliefs and involving families in meeting the child's spiritual needs.
- **Economic assistance:** Most nurses agreed that family involvement helps in affordable care, reduces complications, and may decrease financial burden.
- **Nurse-parent relationship:** Majority agreed that family involvement improves trust, collaboration, bonding, and the nurse-parent relationship.
- **Communication:** Most nurses agreed that family involvement promotes open communication, timely information, and reduces conflicts.

The findings indicate that nurses had a favourable/positive attitude toward family involvement in child care, particularly regarding the child's physical, psychological, spiritual, economic, relational, and communication needs.

SECTION III-DEMOGRAPHIC VARIABLES FOR PARENT'S

Table no. 3-Frequency and percentage distribution of demographic variables of parent's

n= 100

Demographic variables		Frequency	Percentage%
Age (in yrs.)	18-30	60	60
	31-40	40	40
Gender	Male	31	31
	Female	69	69
Relation to child	Mother	53	53
	Father	27	27
	Other	20	20
Educational qualification	Secondary	20	20
	Higher secondary	39	39
	Graduation	31	31
	Post- graduation	10	10
Occupation	Job	33	33
	Business	18	18
	Housewife	49	49
Monthly income (in Rs.)	Less than 5,000	12	12
	5,000-10,000	16	16
	10,000-20,000	37	37
	20,000 & above	35	35
Type of family	Joint	43	43
	Nuclear	57	57
Residence	Rural	63	63
	Urban	37	37
Number of previous hospitalizations of the child	1 time	54	54
	2 time	12	12
	3 time	24	24
	More than 3 times	10	10
Duration of current stay	One week	10	10
	15 days	73	73

	One month	17	17

Table no. 3 depicts that, Among the 100 parents, 60% were aged 18-30 years and 40% were aged 31-40 years. Females constituted 69% of participants. Mothers represented 53%, fathers 27%, and other caregivers 20%. 39% had higher-secondary education. Nearly 50% were housewives (49%). 57% belonged to nuclear families and 63% lived in rural areas.

SECTION IV-ASSESSMENT OF PARENT'S SATISFACTION REGARDING FAMILY INVOLVEMENT IN CHILD CARE

Table no. 4-Item wise analysis of parent's satisfaction towards family involvement

n= 100

Sr. No	Statement	Satisfied (3)	Neutral (2)	Dissatisfied (1)
1.	Presence with my child improved my child's comfort and recovery.	73	18	9
2.	My presence with child helped me feel more connected for his/her care.	81	18	1
3.	I feel that being allowed to stay did not make me a true partner in my child's care.	61	10	29
4.	I felt that being with my child during procedures reduced my child's anxiety.	73	18	9
5.	I can express my concerns and worries timely about my child's illness as I am present with my child.	64	18	18
6.	Staying with my child disturbs me to understand my child's needs better.	9	20	71
7.	I feel encouraged to follow my cultural practices while caring for my child in the hospital.	47	32	21
8.	I feel my participation in religious and cultural practices helps in my child's healing and comfort.	60	20	20
9.	I feel involved in supporting my child's spiritual needs during hospitalization	60	21	19
10.	I feel that my involvement in my child's care helps in reducing unnecessary expenses.	70	11	19
11.	I feel nurses are not considerate of my family's economic background while planning my child's care.	18	40	42
12.	I feel my participation in my child's care contributes to the cost-effectiveness of treatment.	59	30	11
13.	I feel that my family relationships are strengthened when I am involved in my child's care during hospitalization.	70	20	10
14.	I felt reassured that my child was never alone during hospitalization because of my presence.	9	18	73
15.	My decisions are not considered when involved in child care.	10	29	61
16.	I am satisfied that I could actively observe my child's condition while staying together.	81	10	9
17.	I am satisfied with the encouragement to stay with my child.	72	27	1

18.	I am satisfied that my opinions about my child's comfort and care were valued when I stay with my child.	73	18	9
19.	Involving me in the care process makes communication between nurse's and families more difficult and time-consuming.	28	37	35
20.	I felt that being near with my child gave me strength to cope with the hospital environment.	73	18	9

Table no. 4 depicts that, Among the 100 parents, the findings showed an overall favourable level of satisfaction regarding family involvement in child care.

- Most parents (81%) felt more connected with their child's care and were satisfied with observing their child's condition.
- 73% reported that their presence improved the child's comfort and recovery and reduced anxiety during procedures.
- 64% felt able to express their concerns and worries in a timely manner.
- 60% felt involved in supporting their child's spiritual needs and believed cultural/religious participation helped in healing.
- 70% felt that family involvement helped reduce unnecessary expenses and strengthened family relationships.
- 72-73% were satisfied with encouragement to stay with the child and with their opinions being valued.
- Negative statements showed that most parents disagreed that staying with the child disturbed understanding of needs (71%) or that their decisions were not considered (61%).

Overall, 45% of parents were satisfied, 55% were neutral, and none were dissatisfied with family involvement in child care.

SECTION-TABLE NO. 5-ASSESSMENT OF NURSE'S OVERALL ATTITUDE REGARDING FAMILY INVOLVEMENT IN CHILD CARE

n= 100

Nurses attitude	Frequency	Percentage%
Positive	100	100
Neutral	0	0
Negative	0	0

Table no. 5 depicts that, all 100 nurses (100%) were classified as having a positive attitude towards family involvement in child care. No nurse was classified as neutral or negative.

Domain-level responses showed strong support for family involvement. All nurses agreed that family presence reduces children's fear during hospitalization. 90% agreed that family involvement helps fulfil physical needs, improves child-nurse bonding, and that good communication reduces conflicts.

However, some concerns were identified. 80% agreed that family presence could increase disturbances in care, 70% perceived possible conflicts in the nurse-parent relationship, and 80% indicated difficulty for families in communicating their preferences.

SECTION VI-TABLE NO. 6-ASSESSMENT OF PARENT'S OVERALL SATISFACTION TOWARDS FAMILY INVOLVEMENT IN CHILD CARE

n= 100

Parents satisfaction	Frequency	Percentage%
Satisfied	45	45
Neutral	55	55
Dissatisfied (0-33)	0	0

Table no. 6 depicts that, among 100 parents, 45 (45%) were satisfied and 55 (55%) were neutral. None were classified as dissatisfied.

Parents particularly valued being able to observe their child, remain with the child, and provide emotional support. 73% reported that their presence improved the child's comfort and recovery, 81% reported greater connection with their child's care, and 73% reported that being near their child provided emotional strength during hospitalization.

SECTION VII-ASSOCIATION BETWEEN NURSE'S ATTITUDES AND SELECTED DEMOGRAPHIC VARIABLES

Table No. 7-Association between Nurse's attitude towards family involvement and demographic variables

n = 100

Demographic Variables	Positive	Neutral	Negative	Chi-square value	p-value	Significance
Age (in yrs.)	50	7	3	3.82	0.148	Not Significant association
Gender	45	6	4	1.96	0.375	Not Significant association
Educational qualification	60	8	2	9.24	0.026	Significant association
Experience (in yrs.)	58	7	5	10.57	0.014	Significant association

Table no. 7 depicts that, educational qualification was significantly associated with nurses' attitude (χ^2=9.24, p=0.026). Years of pediatric experience were also significantly associated with attitude (χ^2=10.57, p=0.014).

Age (χ^2=3.82, p=0.148) and gender (χ^2=1.96, p=0.375) were not significantly associated with nurses' attitude.

SECTION VIII-ASSOCIATION BETWEEN PARENT'S SATISFACTION AND SELECTED DEMOGRAPHIC VARIABLES

Table no. 8-Association between parent's satisfaction towards family involvement and demographic variables

n= 100

Demographic variables		Parent satisfaction		Chi-square value	p-value	Significance
		Neutral	Satisfied			
Age (in yrs.)	18-30	37	23	2.694	0.101	Not significant association
	31-40	18	22			
Gender	Male	8	23	15.471	0	Significant association
	Female	47	22			
Relation to child	Mother	37	16	17.428	0.001	Significant association
	Father	6	21			
	Other	12	8			

Educational qualification	Secondary	9	11	6.497	0.09	Not significant association
	Higher secondary	19	20			
	Graduation	18	13			
	Post- graduation	9	1			
Occupation	Job	13	20	21.129	0	Significant association
	Business	4	14			
	Housewife	38	11			
Monthly income (in Rs.)	Less than 5,000	7	5	0.624	0.891	Not significant association
	5,000-10,000	10	6			
	10,000-20,000	19	18			
	20,000 & above	19	16			
Type of family	Joint	16	27	9.647	0.002	Significant association
	Nuclear	39	18			
Residence	Rural	45	18	18.568	0	Significant association
	Urban	10	27			
Number of previous hospitalizations of the child	1 time	37	17	11.422	0.01	Significant association
	2 time	5	7			
	3 time	7	17			
	More than 3 times	6	4			
Duration of current stay	One week	29	34	7.388	0.06	Not significant association
	15 days	20	7			
	One month	6	4			

Table no. 8 depicts that, parents' satisfaction was significantly associated with:

- **Gender:** χ^2=15.471, p<0.001
- **Relationship to child:** χ^2=17.428, p=0.001
- **Occupation:** χ^2=21.129, p<0.001
- **Type of family:** χ^2=9.647, p=0.002
- **Residence:** χ^2=18.568, p<0.001
- **Previous hospitalizations:** χ^2=11.422, p=0.010

No significant association was found with age (p=0.101), educational qualification (p=0.090), monthly income (p=0.891), or duration of current hospital stay (p=0.060).

DISCUSSION:

The findings demonstrate a clear difference between nurses' acceptance of family involvement and parents' overall satisfaction. All nurses were classified as having a positive attitude, indicating strong professional acceptance of family participation. Nevertheless, concerns related to disturbance, conflict, economic effects, and communication suggest that a positive attitude does not automatically ensure consistent family-centered practice.

The significant association between nurses' educational qualification, professional experience, and attitude suggests that education and clinical exposure may contribute to favourable perceptions of family involvement. The literature reviewed in the thesis similarly identifies training, professional experience, workload, time constraints, and institutional support as important influences on family-centered care.

Parental satisfaction was predominantly neutral rather than fully satisfied. This may indicate that parents were permitted to remain with their children but did not always experience meaningful participation in care planning, communication, or decision-making. Emotional support and physical presence were valued, but communication and role clarity remained areas requiring improvement.

The significant associations between parental satisfaction and gender, relationship to the child, occupation, family type, residence, and previous hospitalizations indicate that family characteristics may influence perceptions of involvement. These findings should be interpreted cautiously because the study used a descriptive design and purposive sampling.

STRENGTHS AND LIMITATIONS

The study assessed both nurses and parents, providing complementary perspectives on family involvement. The instruments underwent expert validation and reliability assessment.

The study was limited to selected pediatric hospitals and used purposive sampling. The study period was limited, and only selected demographic and study variables were examined. Therefore, generalization of findings to other settings should be undertaken cautiously.

IMPLICATIONS FOR NURSING

Nursing practice: Nurses should actively involve parents in appropriate aspects of child care, provide clear and timely information, clarify roles, encourage shared decision-making, and provide emotional support.

Nursing education: Family-centered care and nurse-parent communication should be incorporated into pediatric nursing education through role play, simulation, and clinical exposure.

Nursing administration: Hospitals should provide adequate staffing, supportive policies, clear guidelines for parental participation, and monitoring of family-centered-care practices.

Nursing research: Further multicenter and interventional research is required to evaluate strategies for improving nurses' attitudes, communication, and parental satisfaction.

CONCLUSION:

The present study found that nurses demonstrated a highly positive attitude towards family involvement in pediatric care, whereas parental satisfaction was predominantly neutral. This suggests that allowing family presence alone may not be sufficient to achieve meaningful family-centered care.

Improved communication, parent education, emotional support, role clarification, and opportunities for active participation in appropriate care and decision-making may help bridge the gap between nurses' positive attitudes and parents' neutral satisfaction.

RECOMMENDATIONS:

1. Similar studies should be conducted with larger samples and multiple hospitals.
2. Comparative studies should be conducted between government and private pediatric hospitals.
3. Interventional studies should evaluate the effectiveness of family-centered-care training for nurses.
4. Longitudinal studies should assess changes in nurses' attitudes and parental satisfaction over time.
5. Further research should identify barriers and facilitators influencing meaningful family involvement in pediatric care.

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