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PARENTS' PERCEPTIONS OF NURSES' CARING ON A PEDIATRIC UNIT

BY

LORRAINE SHIRLEY WAY

A THESIS
SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH
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The undersigned certify that they have read, and recommend to the faculty of Graduate Studies and Research for acceptance, a thesis entitled **PARENT'S PERCEPTIONS OF NURSES' CARING ON A PEDIATRIC UNIT** submitted by **LORRAINE SHIRLEY WAY** in partial fulfillment of the requirements for the degree of **MASTER OF NURSING.**

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ABSTRACT

The purpose of this study was to describe parents' perceptions of and responses to nurses' caring on a pediatric unit. An exploratory descriptive design was chosen for the study. Data were collected through an unstructured interactive interview with each of 10 parents who had a child hospitalized on a general pediatric unit. The data collected during the interviews were subjected to content analysis with major categories and subcategories of nurses' caring identified. The four major categories of caring that were identified are: Relating, Doing, Being, and Knowing. An underlying theme that was common to all categories of caring is "Time". Parents generally described their personal responses and their child's responses to caring as positive.

Descriptions of parents' perceptions of nurses' caring reported in this study assist in sensitizing nurses to the experiences of parents when their child is hospitalized. It is recommended that further descriptive studies be done in other pediatric settings to compare parents' perceptions of caring.

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I. INTRODUCTION

Statement of the Problem

Caring is fundamental to human experience. Yet for centuries, knowledge concerning caring and the methods that are required to address caring have been largely unexamined as serious academic concern (Chinn, 1991, p. xv). Since the 1800's when Florence Nightingale wrote about the art of nursing, caring has been a dominant feature in the language of nursing. However, only during the past fifteen years has caring been recognized by a number of nursing theorists as an important topic and worthy of scholarly investigation (Leininger, 1988a; Benner & Wrubel, 1988; Watson, 1979; 1985; Roach, 1987). Prior to the mid-1970's, there was virtually no focus on caring as a phenomenon of concern for nurses to study. Since then, there has been a steady increase in the number of nurses who have become interested in investigating the essence, expressions, meanings, and interpretations of caring. This interest in pursuing caring with such rigor seems to be due to the following influences.

The advancements in medical science and technology during the past two decades have contributed to a depersonalized, highly bureaucratic, illness-cure-oriented health care system. These changes threaten humanistic values. A Canadian health leader, Marc Lelonde (1974), stated that health professionals regard the human body as a machine which is kept running by replacing or removing defective parts or clearing clogged lines. As nurses noted this "technological takeover", some became motivated to think about and question the meaning of nursing and to contemplate how nursing differs from medicine in its knowledge base and practice (Leininger, 1988c). Nursing has been challenged to reaffirm the human scope of caring as an

essential concept in nursing and to recognize that research efforts are necessary to explicate the concept of caring.

A second influencing factor which stirred interest among some nurses to study caring was the initiation of the annual National Research Conferences on Caring which began in 1975, and which later became international in 1988. These conferences became a major forum for nursing scholars to share their ideas, theories, research findings, and clinical experiences with one another (Gaut, 1991a). In addition, these conferences awakened nurses to study caring as a unique or special domain of nursing and validated caring as a visible and worthy area of national and international study (Leininger, 1988a; Leininger, 1988c).

A third factor which contributed to increased efforts in the study of caring was that nurse researchers began to value and became educated and experienced in qualitative research methods. Leininger (1988c) believes that caring "is difficult to study as an object to be dissected into parts and measured in a mechanistic way while still retaining its holistic, contextual, and unique features" (p. 19). Qualitative research methodologies provide nurses with mechanisms to study caring from an emic perspective.

Caring has emerged as the essence or core of nursing (Watson, 1985; Leininger, 1988a) and as the moral ideal for nursing (Carper, 1979; Gadow, 1988). Caring, as a moral ideal, entails commitment to a particular end, which is the protection and enhancement of human dignity and the preservation of humanity in a chaotic, rapidly changing health care system (Watson & Ray, 1988). Many nurses, including this researcher, postulate that caring has the potential to influence patient outcomes in a positive way and, that caring is essential for the survival, growth, and development of human beings.

A focus of nursing research to pursue the meaning, structures, and process of caring has been the

identification and descriptions of nurse caring behaviors that communicate caring to clients, the recipients of nursing care. When a child is hospitalized, the recipients of care include, not only the child, but one or more parents. There is documentation that the hospitalization of a child is not only a stressful, and sometimes a crisis, situation for the child, but that parents experience fear, guilt, and separation anxiety, have concerns about relinquishing care of their child to strangers, experience feelings of self-doubt, and question their ability to parent successfully (Thompson, 1985; Graves & Ware, 1990). There are no documented studies investigating parents' perceptions of nursing behaviors that communicate caring to parents of hospitalized children.

Purpose and Rationale

The purpose of this study is to gain an understanding of parents' perceptions of and responses to nurses' caring on a pediatric unit. The findings from this study may assist nurses to comprehend the role of nurses' caring in health, healing, and recovery.

The Research Questions

There are two research questions for this study. The first question is, "What behaviors exhibited by nurses on a pediatric unit are perceived by parents as indicators that nurses are caring of the parents and their child?" The second question is, "How do parents respond when they perceive that nurses care?"

Definition of Terms

The term "caring" is not defined in this study because

the purpose of this study is to understand what parents perceive and experience nurses' caring to be as defined by the parents, themselves.

II. LITERATURE REVIEW

The literature review for this study is divided into four parts. First, literature by authors outside the profession of nursing provides a philosophical basis for caring which has influenced nursing theory development. Second, in the nursing literature there are attempts to define caring and the process of caring. Third, perceptions of caring have been studied and this reported research receives the major attention of the literature review. The last section of the literature review pertains to studies which document patients' responses to nurses' caring.

A. Perceptions of Caring from Outside the Nursing Profession

Psychologists (Fromm, 1965; May, 1969; Gaylin, 1974) and philosophers (Heidegger, 1962; Marcel, 1981; Mayeroff, 1971) have examined the meaning of caring. Fromm explores caring as an indication of love, and implies that caring can be reflected in active concern for the life and growth of persons whom we love. Care and caring behaviors may be associated with responsibility and respect for and knowledge of the person. Caring, like love, is able to preserve wholeness and individuality in the other. May offers a definition of caring: "It is a feeling denoting a relationship of concern, when the other's existence matters to you; a relationship of dedication, taking the ultimate terms, to suffer for the other" (p. 300). Gaylin claims that caring is an essential ingredient for human development and survival and that the adult capacity to care for others is rooted in the adult's experiences of being nurtured, loved, and cared for as a child. Gaylin states:

> As light and visual stimulation are essential for the development of the capacity to see, so to be cared for

> is essential for the capacity to be caring. And to be cared for refers to all aspects of that word: to be taken care of, to be concerned about, to be worried over, to be supervised, to be attended to - to be loved. (p.68)

In other words, Gaylin views caring for others and being cared for as reciprocal.

Heidegger (1962) believes that caring is a universal phenomenon and that it is the most basic way of being human in the world. He speaks of care as the "source of the will", with the will being the driving force of life. According to Heidegger, "to be is to care" and the various ways of "being in the world" are different ways of caring. Marcel (1981) notes that one way to develop a caring attitude is to be truly present with another in thought, word, and deed. This presence of "being with" another is more than just being physically present; it is a way of listening which is a way of giving (p. 26).

Mayeroff (1971) offers the most precise definition of caring and his conceptualizations of caring have been quoted by many writers in the discipline of nursing (Watson, 1985; Leininger, 1980; Gaut, 1983; Carper, 1979; Roach, 1987). Mayeroff defines caring as, "helping another grow and actualize himself, a process, a way of relating to someone that involves development" (p. 1). He views caring as more than just an interest in or concern for another person, but he believes that caring qualifies our relationship with another and involves letting the other develop and self-actualize himself or herself. Mayeroff recognizes and describes eight major ingredients of caring:

(1) Knowing the self and the other and understanding the other's needs both generally and specifically,

(2) Alternating the rhythm of help between a narrower and wider framework to maintain or modify one's own behavior, determined by judgement,

(3) Patience to allow the other to find oneself in one's own time,
(4) Honesty with oneself, responding to the other's changing needs,
(5) Trust in the other's independent existence and growth,
(6) Humility in terms of learning about and from the other,
(7) Hope in experiencing the richness and the sense of the possible in the present,
(8) Courage regarding a willingness to go into the unknown.

It is important to note that these ingredients of caring have emerged from Mayeroff's own experiences and reflections, not from research.

In summary, from psychological and philosophical points of view, caring is called forth and necessitated by our very natural state of being human. Caring is considered to be an essential ingredient for human development and existence. The capacity to care for and about others is embedded in past experiences with caring. Caring involves a concern for the other and involves a way of being in the world. To be is to care.

B. Conceptualizations of Caring from the Nursing Perspective

One of the foremost contributors to theory development of caring in the nursing literature is Madeline Leininger. Leininger (1988b) believes that caring is the essence and the "central unifying domain for the body of knowledge and practices in nursing" (p. 3). She states that "there is no discipline that is so directly and intimately involved with caring needs and behaviors than the discipline of nursing" (Leininger, 1978, p. 13). Leininger has explored caring from an anthropological perspective and has developed a

taxonomy of caring which consists of 28 constructs. She believes that caring behaviors of nurses are primarily ones that are helpful and enabling for clients, and caring actions are always culturally defined. Consequently, Leininger urges nurses to use qualitative research methods such as ethnography, ethnoscience, and phenomenology to study caring. She argues that caring is difficult to study as an "object" to be "dissected into parts and measured in a mechanistic way while retaining its holistic, contextual, and unique features" (Leininger, 1988c, p. 19).

Jean Watson is well known in the nursing literature for her approach to caring. Watson (1979; 1985) identifies caring with what she calls the "core" of nursing and recognizes that caring is an intentional process that can only be practiced interpersonally. Watson (1985) describes caring as the "moral ideal of nursing"; a moral commitment toward the protection, enhancement and preservation of human dignity (p. 29). Watson emphasizes the importance of the patient experiencing a sense of his or her unique being in the process of care.

Watson (1979, p. 2) states that the discipline of nursing encompasses an area of knowledge within the behavioral, biophysical, and social sciences and the humanities. Watson (1988b) believes that nursing can best be described as a science of caring because nursing is both scientific and humanistic. Science, generally neutral with respect to human values, has the capacity for methodological procedures, comprehensive generalizations, and accurate predictions. Science is not concerned with human goals and values nor with individual experiences. Conversely, humanities address the understanding and evaluation of human goals and experiences, look for individual differences and uniqueness, and seek diversity and quality of human experiences. However, the humanities are limited in providing predictable solutions to the

problems of human nature nor do the humanities contribute to the hard data that comprise the tested content for nursing practice. Consequently, Watson (1988b) proposes that a science of caring would provide the knowledge base for professional nursing practice. She believes that a science of caring seeks to understand how health and illness problems relate to human behavior and how human behavior influence health-illness outcomes. A science of caring provides nurses with an understanding and appreciation of how people cope under conditions of health and illness (p. 61).

Watson (1979) identifies 10 "carative" factors that combine to make up the caring process through which the patient is assisted to attain health or die a peaceful death. These "carative" factors have been developed "from a humanistic philosophy that is central to caring for another human being and that is founded on a steady growing scientific basis" (p. 7). These "carative" factors are:

(1) The formulation of a humanistic-altruistic system of values,
(2) The instillation of faith-hope,
(3) The cultivation of sensitivity to one's self and to others,
(4) The development of a helping-trust relationship,
(5) The promotion and acceptance of the expression of positive and negative feelings,
(6) The systematic use of the scientific-problem-solving method for decision making,
(7) The promotion of interpersonal teaching-learning,
(8) The provision for a supportive, protective, and(or) corrective mental, physical, sociocultural, and spiritual environment,
(9) Assistance with the gratification of human needs,
(10) The allowance for existential-phenomenological forces (pp. 9-10).

Roach (1991; 1987), drawing from the philosophical and theological perspectives, defines caring as "the human mode of being" (1987, p.47). She states further that caring is responsivity, a response to someone who matters; a response to value the other as important for him or her self (1987, p. 47). Roach (1991) affirms that caring is not unique to nursing in that it distinguishes nursing from other professions, but rather, caring is unique in nursing as the concept which subsumes all the attributes that describe nursing as a discipline. Nursing is described by Roach as the professionalization of the human capacity to care "through the acquisition and application of the knowledge, attitudes, and skills appropriate to nursing's prescribed roles" (1991, p. 9). She believes that caring should be the locus for rules, norms, and principals guiding both professional nursing practice and one's own personal life.

Roach (1987; 1991) believes that caring is expressed at specific moments in concrete behaviors. To answer the question, "What is a nurse doing when she or he is caring?", Roach identifies what she terms, the "FIVE C's" or attributes, of professional nurse caring: Compassion, Competence, Conscience, Confidence, and Commitment. Roach defines compassion as participation in the experience of another while being fully immersed in the condition of being human. Competence is described as "the state of having the knowledge, judgement, skills, energy, experience, and motivation required to respond adequately to the demands of one's professional responsibilities" (Roach, 1987, p. 61). These competencies are humanized by compassion. Conscience is understood as a state of moral awareness by which a nurse directs his or her behavior toward the "moral fitness of things" (Roach, 1987, p. 64). Conscience grows out of the experience of valuing self and other. Roach characterizes confidence as the quality that fosters a trusting relationship which is characterized by

independence, honesty, and respect. Commitment is a convergence between a nurse's desires and the nurse's obligations that shows itself in devoted and positive action. Roach does not propose that the "FIVE C's" of caring are an exhaustive list of possible attributes of caring. She provides the "FIVE C's" as a broad framework for suggesting categories of human behavior within which professional caring may be expressed.

Parse (1988), from a human science perspective, offers the following definition of caring: "Caring is risking being with someone towards a moment of joy" (p. 130). Parse proposes that connectedness between the nurse and patient occur and moments of joy are experienced by both the nurse and patient in nurse-patient relationships that are authentic and open. When a moment of joy is experienced, a patient experiences healing through caring. In this way healing emerges from caring.

Philosophical analysis and reflection on one's experiences have been used by some nursing theorists to examine caring and to develop theoretically adequate descriptions of caring (Gaut, 1983; 1988; Griffin, 1983; Ray, 1988; Bevis, 1988; Pollack-Latham, 1991). Griffin and Gaut (1983) describe two dimensions of caring: "caring for" in the sense of being responsible, protecting, and providing for; and "caring about" meaning an attachment, fondness, and valuing of another. These dimensions of caring seem analogous to the two categories identified by Brown (1986), Larson (1987), Mayer (1986), Benner (1984), and Watson (1979). The first category of caring behaviors is referred to as "task" or "instrumental" nursing behaviors or "what the nurse does." The second category includes the "affective" or "expressive behaviors" or "what nurses say."

Gaut (1988) considers that caring "is an action one engages in or is occupied in doing, and as such the action

is directed toward a goal" (p. 33). Gaut believes that one is caring for the other only if five conditions are present: (1) awareness of the need for care in the other, (2) knowledge about things to do to improve the situation, (3) intention to do something for the other, (4) choosing and implementing an action for bringing about a positive change in the other, and (5) judging whether the positive change is good for the welfare of the other as an individual in a specific situation.

Ray (1988) suggests that caring is a form of loving (other-directed love) and being truly present with the "other" in a human encounter where growth is fostered through effective dialogue. She proposes the following concepts as representing love and presence in nursing: authenticity, availability, attendance, and communication which includes interest, acceptance, touch, and empathy. Bevis (1988) believes that caring is a process and an art. She states that caring, as an art, requires the following elements: "commitment to caring as an important aspect of life, lifelong study of the theory and philosophy of caring, and continual practice of caring for and about people, events and the progress of society" (pp. 49-50). Bevis defines caring as "a feeling of dedication to another to the extent that it motivates and energizes action to influence life constructively and positively by increasing intimacy and mutual self-actualization" (p. 50). She proposes that caring has four stages, namely: attachment, assiduity, intimacy, and confirmation. Ray and Bevis agree that self-actualization, growth, and development are primary goals of caring.

Pollack-Latham (1991), through concept analysis, identified five critical attributes of the caring process: (1) caregiver's accurate perception of the entire situation and the whole person, including the recipient of care and oneself, (2) to know the other person through the use of

facilitative methods such as creating an open relationship, having a positive feeling toward the other, and being truly present with the other, (3) methods to demonstrate caring which include both instrumental and expressive behaviors, (4) validation and evaluation of caring completed with the recipient, and (5) potential outcomes of caring which are directed to growth in both the caregiver and the recipient of caring. She recognizes that, while many of the terms (i.e., concern, comforting, nurturing) used to describe caring may have positive outcomes, they do not require an in-depth knowledge of the other or contribute to potential growth in the caregiver.

Some nurse scholars hold the position that caring is a moral ideal that adheres to the commitment of maintaining the dignity and the preciousness of the human being (Gadow, 1988; Fry, 1988; Roach, 1987; Watson, 1985; Carper, 1979). These authors agree that caring, as a professional and personal value, is of central importance and the basis for all nursing actions. In addition, these nursing theorists believe that environments in which nurses and nursing students practice and learn must facilitate and support caring. Fry warns that nursing shortages, financial cutbacks, and unsafe staffing patterns threaten the realization of an ethic of caring in nursing.

As identified, many theorists envision caring to be a crucial and vital component of nursing and caring seems analogous with nursing. However, there are some that argue that, while caring is important, it is not the essence of nursing and have suggested that "comfort" may be the umbrella concept for nursing (Morse, 1983; Morse, Solberg, Neander, Bottorf, and Johnson, 1990). Morse (1983) states, "whereas 'caring' provides motivation for the nurse to nurse and to provide maintenance, restorative, and preventative actions to promote health, 'comforting' is the major instrument for care in the clinical setting" (p. 6).

Morse et al. examined the concept of caring in the nursing literature and concluded that there is no consensus concerning the definitions, process, or components of caring. However, it is demonstrated in this literature review that nursing has learned a great deal about caring. There is consensus that caring is of central importance to nursing and there has been considerable scholarly work to explicate the concept of caring (Boykin & Schoenhoffer, 1990). At this time, it seems premature to arrive at a single definition or description of caring that would hold true for all patient care situations as caring appears to be a complex phenomenon that requires more research using multidimensional approaches in different patient contexts.

In summary, a review of nursing literature reveals that caring is the central component of professional nursing. Various conceptualizations of caring are proposed and, although these models of caring provide an arena for dialogue about caring, they are limited in that there are few definitions or descriptions of caring at the behavioral level. Many nurse scholars advocate that research is needed to identify the constructs and process of caring and to clearly define and describe caring behaviors of nurses in different kinds of contexts (e.g. Leininger, 1980; Benner & Wrubel, 1989).

C. Perceptions of Caring

Nurse researchers have endeavored to identify and describe behaviors of nurses that communicate caring to patients. Warren (1988) reviewed the nursing literature to identify the studies that were designed to describe, define, or document caring behaviors of nurses. She noted that the first study was conducted by Henry in 1975 (cited in Warren). During the past fifteen years there has been a steady increase in the number of nursing researchers

investigating nurse caring behaviors. Some researchers have attempted to arrive at a description of nurse caring behaviors by asking patients for their perceptions or experiences of nurses' caring (Brown, 1986; Cronin & Harrison, 1988; Pasternoster, 1988; Rieman, 1986a; 1986b; Swanson-Kauffman, 1986; Sherwood, 1991), while other investigators have undertaken to identify nurse caring behaviors by seeking nurses' perceptions and experiences of caring (Forrest, 1989; Kahn & Steeves, 1988; Wolf, 1986; Ford, 1990; Green-Hernandez, 1991). In addition, other nurse researchers have identified perceptions of both nurses and patients for the purposes of comparing and contrasting these perceptions (Keanne, Chastin, & Rudisill, 1987; Larson, 1987; Mayer, 1986; Watson, Burchardt, Brown, Block, & Nester, 1979). Only one published study was located that included family members' perceptions of nurse caring behaviors (Mayer, 1986).

Patients' Perceptions of Nurses' Caring

A number of nurse researchers have used qualitative research methods to investigate patients' perceptions of nurse caring behaviors (Brown, 1986; Pasternoster, 1988; Rieman, 1986a; 1986b; Swanson-Kauffman, 1986; Sherwood, 1991). Brown interviewed 50 patients who were hospitalized for acute medical or surgical conditions. She asked these patients to describe an experience in which they felt cared for by a nurse. Eight care themes emerged in the patients' descriptions of the critical incidents of nurses' caring: recognition of individual qualities and needs, reassuring presence, provision of information, demonstration of professional knowledge and skill, assistance with pain, amount of time spent, promotion of autonomy, and surveillance (p. 58). In addition, Brown discovered that when a patient experienced an immediate threat to his or

her physical well being, a patient felt cared for when a knowledgeable, competent nurse recognized the situation, intervened quickly, and continued to watch over the patient. When there was no threat to physical self, a patient felt cared for when the nurse-patient interactions focused on recognizing the patient's individual qualities and needs and facilitating patients' autonomy. Receiving more time than what patients thought necessary, emerged as an underlying theme in the majority of incidents and was an important factor in patients feeling cared for.

Using a phenomenological approach, Pasternoster (1988), Rieman (1986a; 1986b), Swanson-Kauffman (1986) and Sherwood, (1991) undertook to describe patients' perceptions of nurse caring behaviors. Pasternoster studied the affective or "care about" dimensions of nurse caring behaviors. She interviewed 12 randomly selected, hospitalized patients and asked each patient to describe an experience of "feeling cared about" with a nurse. Pasternoster discovered that patients perceived caring nurses as concerned, dependable, aware of and giving attention to patient's comfort needs, and possessing a positive affect and a willing acceptance of the caring relationship.

Rieman (1986a; 1986b), in her study, interviewed 10 nonhospitalized adults who had prior interactions with registered nurses. She asked these individuals to describe personal interactions with nurses who were caring and noncaring. From these descriptions Rieman observed that from a client's view of a caring interaction, the nurse's existential presence was sensed by the client as more than just a physical presence, but as the nurse giving voluntarily of herself. During a caring interaction the nurse was perceived as sitting down and really listening well and responding to the unique concerns of the individual. Rieman (1986b) reported that clients

experienced, both mentally and physically, relaxation, comfort, and security as a result of the clients' stated and unstated needs being heard and responded to by nurses in caring interactions. In comparison, a noncaring nurse was described as "being in a hurry and efficient, just being there to do a job, being rough and belittling patients, nonresponsive, and treating patients as objects" (Rieman, 1986a, pp.32-33). Consequently, clients identified that they experienced negative feelings such as frustration, fear, depression, anger, and anxiety during a noncaring interaction.

Swanson-Kauffman (1986) interviewed 20 hospitalized women who suffered miscarriages prior to 16 weeks gestation. The purpose of her study was to describe the human experience of miscarriage and the caring needs of women who miscarried. Swanson-Kauffamn described the caring conveyed to these women by using the following caring categories: knowing, being with, doing for, enabling, and maintaining belief. "Knowing" includes an understanding of the personal meaning of the loss for the woman. Care that was based on knowing was perceived as personalized, comforting, supportive, and healing. "Nonknowing" individuals were perceived by these women as mechanical, impersonal and cruel. The second category, "being with", goes beyond knowing to actually feeling with the woman who miscarried - not as deeply as she, but "with" the woman. The third category, "doing for" describes the women's need to have others do things for her during her time of grief. This help included doing for the woman what she would do if she had the necessary knowledge and emotional and physical strengths. The fourth category, "enabling", is caring that facilitates the woman's capacity to grieve and get through the loss and includes encouraging the women to express their feelings. The final category, "maintaining belief" focuses on the woman's need to have others believe in her

capacity to get through the loss and to ultimately give birth.

Sherwood's (1991) major question for her phenomenological study was, "What do patients perceive as demonstration of nurses' caring?" She identified five themes that emerged as essential to patients perceiving nurses as caring: (1) assessing needs, (2) planning care, (3)intervening, (4) validating, and (5) interacting. One will recognize that these themes are essentially the same terms used to describe the nursing process.

Twenty-two patients who suffered a myocardial infarction and were in a coronary unit were the subjects in Cronin and Harrison's (1988) study. The researchers asked these patients to identify nurse caring behaviors through the use of open-ended questions and the Caring Behavior Assessment (CBA) instrument. The (CBA) instrument, developed by the researchers and based on Watson's (1979) "carative" factors, lists 61 nursing behaviors ordered in seven subscales. The CBA requires that patients rank on a five-point, Likert-type scale the degree to which, each of the 61 listed caring behaviors of nurses, communicates caring to them. The researchers reported that the face and content validity of the CBA was established by a panel of four content specialists familiar with Watson's "carative" factors and the reliability coefficients for the CBA subscales were .66 to .90 (p. 377).

In Cronin and Harrison's (1988) analysis of the relative importance of each identified nursing behavior it was reported that the two most important nursing behaviors were "make me feel someone is here if I need them" and "know what they are doing" (mean of 4.86) to the least important nursing behavior of "visit me when I move to another hospital unit" (mean of 2.36). The highest ranked subscale was "assistance with gratification of human needs" (mean of 4.60) and included such items as "know how to

handle the equipment" and "check my condition very closely". Patients consistently identified nursing actions that focused on physical care and monitoring of patients as the most important indicators of caring, whereas individualized aspects of care were viewed as least important. These findings are similar to those reported by Brown (1986), Larson (1987), and Mayer (1986). Given the serious nature of these patients' physical conditions of recovering from a myocardial infarction, it is not surprising that the participants valued close attention and competent physical care.

Nurses' Perceptions of Caring

Some investigators have attempted to describe caring by eliciting perceptions of nurses (Forrest, 1989; Kahn & Steeves, 1988; Wolf, 1986; Ford, 1990; Green-Hernandez, 1991). In Forrest's phenomenological study, 17 practicing registered nurses were asked to answer the guiding question, "As a nurse, what is caring for you?" (p. 817). The participants were encouraged to recall and describe as fully and deeply as possible their experiences of caring in their practice. They described caring as being involved with patients (having a deep feeling for patients' experiences) and interacting in a sensitive way that anticipates and responds to patients' needs. Forrest reported that the nurses in her study believed that caring and nursing were synonymous.

Kahn and Steeves (1988) interviewed 25 nursing students in a master's degree program and asked these nurses to describe experiences, drawn from clinical practice, that illustrated caring and caring relationships. Four major themes emerged revealing the overall structure of caring: ideological context, liking as the basis of caring, praxis and attributions for caring. Central to the

theme of "ideological context" was the notion that caring is essential to the identity of the nurse and that caring is part of everything that a nurse does. The second theme, "liking as the basis for caring", included different degrees of affection between the nurse and the patient. In the theme "praxis", practices of nurses, including both physical and nonphysical interventions, were associated with caring. Nonphysical interventions included activities such as counseling and crisis intervention, while physical interventions were comprised of such behaviors as making a patient feel more comfortable (i.e., cleaner) or sitting at the bedside holding a patient's hand. The fourth theme, "attributions for caring", concerned the reasons nurses were able or unable to establish caring relationships. Nurses reported that they were drawn to patients who were seriously ill, had multiple problems, and were alert, outgoing and personable. The nurses stated they could not establish rapport with their patients because of their own limitations or because of certain characteristics of the patients. A nurse's limitations to care for a patient included a nurse being physically tired or having too many patients assigned to the nurse. Characteristics of patients that did not incite caring in these nurses included patients described as "demanding, dirty, cool, withdrawn and having low self-esteem." The nurses identified also that it takes time to build a caring relationship.

To study caring, Wolf (1986) used the Caring Behavior Inventory (CBI) with a convenience sample of 97 nurses working in a variety of health care and academic settings. The CBI, as developed by Wolf, lists 75 words or phrases that Wolf identified as caring in the literature. Wolf does not report validity or reliability measures for the CBI. Using the CBI, nurses were asked to rank the importance of these words or phrases using four-point, Likert-like scale. These nurses ranked the affective domains of caring as

being most important. The ten caring behaviors ranked highest in descending order were: attentive listening, comforting, honesty, patience, responsibility, providing information so that the patient can make informed decisions, touch, sensitivity, respect, and calling the patient by name.

Ford (1990) interviewed six nurses about their experiences of caring when working with cardiac patients. Using phenomenological thematic analysis of these unstructured interviews, Ford discovered six themes emerging from the nurses' experiences of caring: "sensing the patients' vulnerability, beyond the call of duty, being in tune with the patient's world, being attentively present, centering on the patient, and being comfortable with the patient" (p. 157). Ford concluded that "'caring for' is a way of doing while 'caring' is a way of being...and that the experience of caring does not happen in every encounter" (p. 162).

Green-Hernandez (1991) used a phenomenological research design to discover the differences and similarities of professional nurse caring and natural caring (caring outside of nursing) as lived by nurses. She interviewed 12 nurses and asked them to describe their lived experiences of caring in both situations. She concluded that professional nurse caring integrates the lived experiences of natural caring with the expression of professional caring. The main difference between natural and professional caring is that professional caring uses intentional actions derived from experience and from both formal and informal education with the outcome being therapeutic for the recipient of caring.

Comparison of Nurses' and Patients' Perceptions of Caring

In some of the nursing studies investigators obtained

and compared the perceptions of both nurses and patients. Watson et al. (1979) conducted a study with nurses, nursing students, and clients and observed that patients identified nurse caring behaviors in the categories of comfort, safety and security, while nursing students and nurses identified concern and empathy as indicators of caring.

Larson (1984; 1986; 1987) selected 57 nurses and 57 patients from three oncology units to determine nurses' and patients' perceptions of important nurse caring behaviors. To obtain perceptions of caring, Larson developed the Caring Assessment Instrument (CARE-Q) which employs the Q method. The CARE-Q consists of 50 nurse caring behavioral items ordered in six subscales: anticipates, comforts, trusting relationship, explains and facilitates, monitors and follows through. Each nurse caring behavior is printed on a card and the participants are required to sort these cards in order of the participants' perceptions of important nurse caring behaviors. Larson (1986; 1987) reported that the reliability of the CARE-Q was between 63% and 79% for the five least important and five most important items. Content validity was reported as being established by using two panels of nurses and patients.

The univariate F statistic demonstrated a strong difference between patient and nurse sample groups on three of the CARE-Q subscales: monitoring, comforting, and trusting relationship (Larson, 1987). Patients valued significantly more than nurses the items under the "monitors and follows through" subscale ($F[1,112]=30.25$; $p \leq 0.0001$. This subscale includes such nursing behaviors as "gives good physical care", "knows how to give shots", and "manages the equipment". Nurses valued significantly more than patients the items categorized under the "comforts" subscale ($F[1,112]=33.39; p \leq 0.0001$). Some of the nursing behaviors categorized in this subscale are "listens", "talks", and "touches". Nurses also valued significantly

more than patients the nursing behaviors under the category "trusting relationship" ($F[1,112]=5.80; p \leq 0.0177$). Some of the nursing behaviors in this subscale are: "allows expression of feelings", "gets to know the patients as an individual", and "puts the patient first" (Larson, 1987, p.190-191)). There was only one item, "puts the patient first, no matter what else happens", that was given a high priority by both groups of participants (20% of the nurses; 15% of the patients) (p.192).

Mayer (1986) replicated Larson's (1984) study using a different group of cancer patients and oncology nurses and included the perceptions of families. Her findings supported Larson's results in that patients valued the instrumental, technical caring skills more than nurses, while nurses ranked the expressive behaviors higher than patients. Mayer discovered that family members valued behaviors that related to nurses being available, honest, and direct, keeping family members informed, and providing comfort to patients. Family members preferred least nursing behaviors related to nurses excluding family members, discouraging family to express feelings, and crying with the family. Mayer does not report the sample size or the statistical findings. It is also unclear from her report how family member's perceptions were obtained.

Keanne et al. (1987) also used the CARE-Q instrument with 26 nurses and 27 patients in a rehabilitation hospital. Unlike Larson (1987) and Mayer (1986), Keanne et al. found higher agreement between nurses and patients with Spearman's correlation coefficient for ranked data of the two groups being +0.94 (p. 184). Keanne et al. reported that both patients and nurses ranked nurse caring behaviors included in the "monitoring and following through" and "is accessible" as being most important in contributing to patients feeling cared for. Patients and nurses were in agreement that the most important item was "knows when to

call the doctor" and the second ranked item was "puts patient first, no matter what" (p.183). It is also interesting to note that in this study nurses ranked self care practices and patients' active participation over affective behaviors. Perhaps this latter observation is reflective of rehabilitation philosophy.

Other Nursing Studies on Perceptions of Caring

There are three other nursing studies that contribute to the knowledge on caring, namely the studies conducted by Weiss (1988), Swanson (1990), and Clayton, Murray, Horner, and Greene (1991). Weiss conducted a study to determine which nursing behaviors were perceived as caring by male and female subjects who were neither patients nor nurses. Using a 2X2X2X2 factorial experimental design, Weiss had 240 undergraduate students (excluding nursing students) view videotaped nurse-patient interactions. The behaviors in these scripts included verbal caring and verbal uncaring communication patterns, nonverbal caring and uncaring behaviors, and technical nursing competency and technical nursing incompetency skill levels. Both male and female participant in the study preferred nurse behaviors that portrayed verbal caring, nonverbal caring and technical competency, and they all rejected uncaring and incompetent nursing behaviors. Weiss discovered that there was a difference between the male and female subjects in that males tended to place greater emphasis on the technical skill competency when judging nurses' behaviors, while the female subjects had a preference for verbal and nonverbal caring behaviors.

Swanson (1990) studied the experience of providing care in the neonatal intensive care unit (NICU) by using phenomenology as the research method. She interviewed four physicians, five primary nurses and seven parents (five

mothers and two fathers), a nurse administrator, a social worker, and a biomedical ethicist. Each of the informants were interviewed from one to three times. Swanson observed that caring emerged as one of the processes of providing care in the NICU. Swanson noted caring consisted of five attributes: knowing, being with, doing for, enabling, and maintaining belief. These are the same caring categories that she identified in her earlier study (Swanson-Kauffman, 1986). As compared to her earlier study, in this study Swanson described categories of caring as more generic (i.e., not just related to women who suffered miscarriage) and included experiences of providing care for another.

Clayton et al. (1991) conducted a content analysis of 70 nomination packets which were submitted for an award for excellence in oncology nursing. Each nomination packet included a form completed by the nominator and letters written by patients, families and nurse and physician colleagues of the nurse being nominated. These researchers concluded that connecting was the social-psychological basis or the precursor for the development of a nurse-client caring relationship. Connecting was defined as the transpersonal experiences and feelings that lead to the sense of connection, attachment, or bonding between a nurse and a patient.

D. Responses to Caring

There were only two studies located which explored patients' responses to nurses' caring and these studies were described earlier in this literature review. Both of these studies investigated also perceptions of nurse caring behaviors. Pasternoster (1988), in her study, asked patients how they felt when they knew that a nurse cared about them. She reported that patients felt "good, secure, connected and validated" (p. 19). When Rieman (1986b)

analyzed patients' descriptions of caring interactions with nurses, she noticed that a consequence of these interactions for clients is that they felt "comfortable, secure, at peace, and relaxed" (p. 100).

In summary, there is some evidence in the research reports describing perceptions of nurse caring behaviors that nurses identify expressive or affective behaviors as indicators of caring, while patients identify the instrumental or task behaviors evidence of caring. It appears that if a patient perceives a threat to his or her physical integrity, the instrumental caring behaviors of nurses become important for the patient. However, there is some evidence that when researchers used qualitative designs, and particularly phenomenology, the results of these studies demonstrated that neither patients nor nurses identify the instrumental nurse caring behaviors as being most important. In these studies patients reported that other dimensions of nurses' caring become equally critical such as a nurse being truly present, or a nurse relating and being involved with patients.

SUMMARY

The literature reviewed offers insights into the nature and processes of caring. There is some agreement about the essence of caring and there exists a consensus that caring is an important concept for nurses to investigate. The instruments that have been developed to measure caring are limited in that they have been developed for a specific population (i.e., cancer patients and oncology nurses). There is some question of whether caring can be studied using quantitative research methods, for in attempting to measure caring, the essence of it may be lost. The current state of research on caring suggests that the caring process is context specific, its universal

meaning is still emerging, and caring, itself, may be best studied by qualitative research methods (Leininger, 1988c; Dunlop, 1986).

Some theorists have described possible outcomes of nurses' caring such as improved patient health and personal growth (Watson, 1985; Parse, 1988; Pollack-Latham, 1991). There have been only two studies documented in the literature describing patients' responses when they perceive nurses to be caring. No studies were located which explored nurses' caring as perceived and experienced by parents while their child is hospitalized.

III. METHODS

The purpose of this chapter is to describe the methods that were used to answer the two research questions: "What behaviors exhibited by nurses on a pediatric unit are perceived by parents as indicators that nurses are caring of the parents and their child?" and, "How do parents respond when they perceive that nurses care?" In this chapter the study design chosen for this research project is described. The setting, sample, data collection, and data analysis are described and explained. As reliability and validity are issues of concern for any research project, these issues are addressed. Finally, the ethical considerations for this study are presented.

Study Design

In conducting research, the method employed is determined by the research question, the amount of theory or prior research of the phenomena under study, and the purpose of the study (Field & Morse, 1985; Leininger, 1985, Brink & Wood, 1989; Wilson, 1989). The purpose of this study was to develop an understanding of parents' perceptions and responses to nurses' caring on a pediatric unit. A qualitative research design was chosen to address the questions posed in this study.

Qualitative research is an inductive approach used to develop understanding and knowledge from the emic perspective which is knowledge derived from the subject's view and understanding of the experience. The purpose of qualitative research is to understand and describe human phenomena (Omery, 1983). Utilizing the Brink and Wood (1989) classification of research designs, it was determined that a Level I research design was appropriate for this study because of the nature of the research

questions and because there is a lack of research reported in the literature regarding parents' perceptions of and responses to nurses' caring. According to Brink and Wood, an exploratory descriptive study is a Level I inquiry. An exploratory descriptive design is an appropriate method when there is little known about a phenomenon and there is a need to describe more clearly that phenomenon. Exploratory descriptive studies are vital for further nursing theory development. (Seaman, 1987; Parse et al., 1985; Wilson, 1989).

Data were collected through unstructured, interactive interviews. An inductive content analysis of the parents' descriptions of and responses to nurses caring was done to identify broad categories of nurse caring behaviors and parents' responses. This means that the categories were developed from the data rather than finding cases in the data that fit predetermined categories identified in the literature (Schatzman & Strauss, 1973, p.110). According to Swanson (1986, p. 121) broad categories derived from field data such as interviews are needed as building blocks to generate hypotheses that can lead to the eventual linking and generation of grounded theory.

Sample

In qualitative research it is important to select key informants who have knowledge of, and/or, experience with the phenomenon of interest, who are receptive and willing to participate, and who are able to reflect on and articulate their experiences. With informants who meet the criteria just described, rich data are provided which allows the researcher to describe fully the phenomenon (Field & Morse, 1985; Morse, 1986;). Statistical sampling techniques were not appropriate for the goals of this research.

The unit nursing coordinator, in consultation with the researcher, identified the parents who would be good informants. Subjects for the study were selected by non-probability, convenience, opportunistic, and purposive sampling methods (Field & Morse, 1985, pp. 94-95; Wilson, 1989, pp. 260-262). Initially, the subjects were selected because they were able to illuminate the phenomenon being studied, but the continued selection was related to making the descriptions of nurses' caring more complete. For example, after the first four interviews, the nursing coordinator was requested to approach and invite a parent of a child who had surgery to participate in the study, and following the eighth interview, parents of older children and fathers were asked to be in the research project. The nursing coordinator asked a total of twelve parents if they wished to participate in the study. Two fathers stated that they did not wish to be interviewed because they did not think they knew anything about nurses' caring.

It was the goal of the researcher to obtain rich qualitative data which were comprehensive, relevant, and detailed rather than having a large sample size. In qualitative research, it is common for a small sample to be used to make the data manageable (Morse, 1986; Sandelowski, 1986; Brink & Wood, 1989). Ten parents were interviewed in this study. The study was limited to ten parents because the data were judged to be adequate (Morse, 1989, p. 123), meaning that similar descriptions of nurses' caring were being heard rather than new material. A second influencing factor in confining the sample size to ten pertained to the practical goal of completing a master's thesis.

Parents who participated in this study met the following subject criterion:

1. The parent of a child who was hospitalized for 48 hours or longer on the pediatric unit of the selected hospital.

2. Was rooming-in with the child or spent at least 8 hours a day with the child while the child was hospitalized.
3. Able to speak and read English fluently.
4. Able and willing to give informed consent.

Only parents who roomed in or stayed for extended periods of time with their child, who was hospitalized for at least 48 hours, were included in the study. It was considered that these parents would have greater opportunities to have more intense contacts with nursing staff, thus formulating perceptions about nurse caring behaviors. While the pediatric patients in the selected setting can range anywhere from a few days old to 16 years of age, it was decided not to limit the participation of parents in the study because of their child's age. While this is a fairly broad age range, it is believed that the parental role, although undergoing many changes during the course of a child's development, involves responsibility for the care, nurturance, and emotional support of the child (Rennick, 1986; Brooks, 1981).

Table I is a summary of the characteristics of the parents and their children. There were 9 mothers and one father interviewed and all the parents were Caucasian. Seven of the parents did not live in the city where the hospital is located.

Setting

This study was conducted on a 25-bed general pediatric unit in a 390-bed regional hospital located in a small city in Western Canada. Children from infancy to 16 years of age who have a wide variety of medical and surgical conditions are admitted to the pediatric unit.

The nursing personnel consist of a nurse manager (who is also responsible for the special-care nursery), a

TABLE I

CHARACTERISTICS OF SAMPLE

	PARENT				**CHILD**		
INT. NO.	AGE IN YRS.	EDUCATION	OCCUPATION	MARITAL STATUS	AGE	DIAGNOSIS	STAY AT TIME OF INTER.
1	26	Gr. 12	Homemaker	M.	15 mo.	Meningitis	8 days
2	33	Gr. 12	Homemaker	M.	2 mo.	Bronchiolitis	4 days
3	26	College Cert.	Homemaker	M.	2 yr.	Nephrotic Syndrome	8 days
4	29	Gr. 12	Homemaker	M.	3 yr.	Multiple Trauma	21 days
5	29	Univ. Degree	Homemaker	M.	13 mo.	Ureteral Reimplants	5 days
6	32	Gr. 12	Homemaker	D.	4 yr.	Ureteral Reimplants	4 days
7	29	College Diploma	Laboratory Technician	M.	4 yr.	Fracture of Femur	7 days
8	28	Tech. Cert.	Geological Technician	S.	4 mo.	Repair of Cleft Lip	3 days
9	35	Gr. 10 Trade Sc.	Laborer	D.	9 yr.	Asthma	4 days
10	35	Gr. 10	Homemaker	D.	14 yr.	Malignant Brain Tumor	14 days

mo.= month; yr.= year; M.= Married; D.= Divorced/Separated; S.= Single

nursing coordinator (charge nurse on the day shift), and 25 staff nurses who occupy 17 Full-Time Equivalent Positions. Only one staff nurse works full-time with the rest of the nurses working 2/3 of full-time or less, and all nursing staff work eight hours or less per shift. According to the unit manager, there is very little turn-over of nursing staff and she estimated the turnover to be less than 10% per year. Many of the nurses have worked on the pediatric unit for a number of years.

The new pediatric unit was opened approximately one year before this study commenced. Prior to this, the old pediatric unit, which was located in another area of the hospital, was small, crowded, and did not have many physical structures to encourage children's play or privacy for parents. Considerable effort was put into the design of the new unit to ensure that the facilities would enhance the care given by nurses and parents. The whole look of the environment is "friendly" and "fun" with bright, colorful, and familiar scenes such as, life-sized stuffed toy animals, murals of children's favorite characters, and push buttons which set colored lights in motion. The new unit design incorporates play opportunities in every possible way. To encourage opportunities for parent and family involvement in providing care, a self-contained parent's suite (2 two-bed bedrooms, bathroom, kitchenette, dinning area, and a quiet room), a large family room, and a day kitchen are located on the unit. In addition, there are cots available for the parents to stay with their child at the bedside. It is considered to be the "state of the art" in design for a pediatric hospital unit (personal communication with the unit manager)

Data Collection

For this study, data were collected through audiotaped

interviews with parents. In addition, immediately following the interviews, notes were made which included the following information: nonverbal communication during the interviews, context and length of the interviews, demographic data about the parents and their hospitalized children, parents' home telephone number, and subjective hunches and impressions about the major themes of nurses' caring that seemed to prevail throughout the interviews. All the interviews were conducted by the primary investigator. The interviews with the informants were unstructured in order to elicit parents' perceptions and experiences. The interviews began with an open-ended question such as, "Describe a time when you thought that a nurse cared about your child?" Every attempt was made to keep the interviews open with the researcher using such probing questions as, "Tell me more about that?", "What was that like for you?", or "Give me an example of..." Clarification and validation of parents' thoughts and feelings were sought during the interviews.

The advantage of the unstructured interview is that the researcher attempts to obtain the subject's perceptions and meanings of the phenomenon of interest, rather than introducing the investigator's conception of it (Wilson, 1989, p. 439). Although the interviews were unstructured, in that there were no specific questions asked, the interviews were focused. During each interview parents were encouraged to describe incidents when they perceived nurses to be caring of the children and/or parents. These incidents, as they arose during the interviews, were explored as fully as possible with the parents to elicit what the nurses said or did that communicated caring. The parents were then invited to reveal what these nurse caring experiences were like for them. In addition, all parents' perceptions of their child's responses to a caring nurse were sought.

If a parent had difficulty recalling a specific incident of a nurse being caring, the parent was encouraged to describe some of the parent's experiences during his or her child's hospitalization. As parents related these experiences, specific incidents of nurses caring did surface during the interviews and the parents, themselves, spontaneously identified these as caring incidents. During the interviews, the parents were assisted to describe their experiences with caring nurses as deeply and fully as possible. If a parent used generalizations, the parent was encouraged to be more specific. For example, one parent identified a specific nurse as caring because "she makes you feel comfortable." The researcher responded with, "Can you tell me about a time when she made you feel comfortable?" and the parent was able to do so. Parents shared incidents of when they thought that nurses were not caring. During the initial interviews, parents spontaneously identified and described noncaring behaviors of nurses. Because these descriptions were rich and informative, parents perceptions of noncaring, as well as caring, were sought during the latter interviews. At the end of each interview, parents were asked if there was anything else they would like to share about their child's stay in hospital. This was an attempt to ensure that all of the parent's story had been told.

All the interviews were conducted at a time convenient to the parents. The interviews took place in a quiet, private room (counselling room) on the unit. Every attempt was made to guarantee that the interviews would not be interrupted such as, placing a sign on the door requesting not to be disturbed and assisting the parents to pick a time when their child may be sleeping or playing in the playroom.

The interviews lasted between 35 minutes and one hour, with an average length of 43 minutes. All parents were

interviewed only once. At the end of the interview, parents were invited to telephone the researcher if they thought of anything else about nurses' caring that they wished to share. Only one parent stopped the researcher on the unit on the day following her interview to relate an incident of when a nurse was caring.

The interviews took place over a 2 1/2 month time period. The interviews were audiotaped and then transcribed verbatim. The typed transcripts were checked against the audiotapes for accuracy. Three copies of the typed transcripts were made and secured.

Data Analysis

The purpose of the data analysis was to code the data so that categories could be recognized, analyzed, and described and to develop a filing system for retrieving the data (Field & Morse, 1985). As soon as possible following each interview, the tape was played and listened to carefully for the questions that were posed to the parents, the parents' responses to these questions as well as the tone of their responses, and the general themes of the interviews.

Once the interview was transcribed, checked for accuracy, and copies made, the tape was listened to at least twice more and notes were made in the margin of the transcription. These notes consisted of the following: possible categories of nurses' caring that were described by the parent, parent's and child's responses to nurses' caring, and notations of when the interviewer did not use facilitative communication skills. For example, on the fourth interview a mother stated that she thought that nurses who were parents were more caring than nurses who were not. It was noted that this thought was not explored with the mother, but instead, another topic was introduced.

The first three interviews were reviewed again and it was observed that a similar pattern occurred during the first interview when a mother had verbalized the same belief. A note was made to be alert for this and when another mother conveyed this same perception during the eighth interview, the researcher pursued this in more depth with the mother.

As a new category was identified in an interview, the previous interviews were re-examined to verify if this category was present in the earlier interviews. There was a constant comparison with the data from the most recent interview with previous interviews.

Once it was decided that the data were adequate, in that there was similar information being collected and the information given was repetitive, it was decided to stop interviewing. The transcriptions were coded using highlighting pens of different colors for each interview before the significant excerpts were cut out and glued onto a 4X6 inch card. Then these cards were placed in a file that represented each category. Having each interview identified with a color code facilitated the researcher later in identifying passages from the interview and referring to the complete transcript to verify the context of a subject's statement.

At this stage of the data analysis, there were many categories of nurse caring behaviors identified. These categories were then closely examined to identify if there was any overlapping of the parents' descriptions. For example, patient teaching, providing explanations, and giving information were all separate categories before it was decided to collapse them into one category. Then broad major categories were identified and named with the above identified categories becoming subcategories. These categories and subcategories are reported and described in detail in Chapter IV.

According to Schatzman and Strauss (1973) description

can be done in one of two ways. The first method, referred to as straight description, involves the researcher identifying categories in the literature and then finding examples in the data that fit the categories. Analytic description is the second method of doing description. The researcher identifies or labels the categories as they appear to arise from the data. The latter is the method that was used during the data analysis of this study.

Pilot Study

It was decided that the first interview would be a pilot study to provide an opportunity for the researcher to operate the tape recorder and practice her interviewing skills. Following a self-evaluation of the interview, it was decided to include this pilot interview in the study as data were very rich.

Reliability and Validity

The issues of reliability and validity are as important in qualitative research as other types of research (Field & Morse, 1985; Brink, 1989) for the quality of a study and its findings are determined by the reliability and validity of the study. A qualitative study will have different questions of concern regarding reliability and validity than those raised for a quantitative study because subject selection, data gathering, and data analysis are conducted in different ways and for different purposes.

Reliability is concerned with consistency, stability, and repeatability of the informants' accounts as well as the investigator's ability to collect and record information accurately (Brink, 1989, p. 161). Auditability is one criterion related to consistency in qualitative

studies (Sandelowski, 1986). Auditability is achieved when other investigators can follow clearly the trail of decisions used by the investigator. Auditability was enhanced in this study through the following methods. Members of the thesis committee were conferred with during the planning stage of the study. There was consultation with the thesis chairperson during data collection and analysis. A graduate nursing student, who has studied caring and has experiences with interviewing and coding qualitative data, reviewed five of the transcribed interviews with the findings. She concluded that, from her perception, the categories of caring described in the findings were consistent with the data. She also provided feedback that the researcher used broad, open, and probing questions to facilitate parents in sharing their experiences. There is careful documentation of the methods and findings in this report. The raw data of the tape recorded interviews and the transcriptions of the interviews have been preserved so that the findings can be verified and confirmed by other researchers.

Validity refers to the extent to which research findings represent reality (Field & Morse, 1985) and is comprised of internal and external reality. Internal reality is the degree to which researchers are actually observing what they believe they are observing. Guba and Lincoln (1981) refer to internal validity as the "truth value" or "credibility" of the findings. In qualitative research, data are obtained directly from the informants, therefore data are grounded in the experiences as lived and reflected upon by the subjects, rather than using some instrument or scale that is researcher oriented, defined, and developed (Sandelowski, 1986). The unstructured interview permitted thorough exploration of a parent's perceptions of and responses to nurses caring. "A qualitative study is credible when it presents such

faithful descriptions or interpretations of human experiences that the people having the experiences would immediately recognize these descriptions or interpretations as their own" (Sandelowski, p.30). Guba (1981) recommends that the findings be taken back to the subjects to determine if the findings are "truthful" and accurately reflect the subjects' views and experiences. Four parents who were in the study read the findings and confirmed that they were consistent with their personal experiences.

External validity refers to the generalizability of the study's findings to the larger population. In qualitative research designs, generalizability of data is minimal because the purposes of qualitative research methods are to understand, interpret, describe, and develop theory of a phenomenon (Field & Morse, 1985). According to Sandelowski (1986) and Guba and Lincoln (1981) fittingness or transferability should be the criterion of generalizability or applicability in qualitative studies. Fittingness is achieved in the following ways: when a study's findings can "fit" into situations outside the study setting; when the audience views the study's findings as meaningful and applicable in terms of their own experiences; and when the findings fit the data from which they were derived. The fittingness was determined, in part, by having three parents who were not in the study, but whose children had spent extensive time in hospitals, read the findings. These parents stated that the categories and descriptions of caring were very similar to their experiences. Swanson (1991, p. 71) states, "the validity of the findings [of a study] must be assessed by its reception. If those who have lived the phenomenon can see their own reality in the descriptions, then the validity of the findings is supported."

The applicability of this study was promoted further by consultation with the Thesis Supervisor regarding the

categories that emerged during data analysis. In addition, members of the Thesis Committee were asked to verify that the conclusions flowed in a logical progression. Finally, the extensive use of parents' quotations in the presentation of the findings serve to substantiate the analysis of the data.

Ethical Considerations

Ethical clearance for this study was provided by the Nursing Ethics Review Committee at the University of Alberta. Permission was granted for the study to be conducted on the selected pediatric unit by the Senior Nursing Administrator at the chosen hospital. The pediatricians were provided with a copy of the proposal and invited to discuss any concerns with the researcher, but none were expressed. The researcher met with the nursing staff of the pediatric unit during a staff meeting to explain the purpose of the study and to make available a copy of the research proposal.

Upon identifying good informants, the nursing coordinator provided the parents with a letter explaining the study (Appendix B). Once the nursing coordinator informed the researcher of the parents who were willing to participate in the study, the researcher approached the parents to discuss the research project in general and to explain the participation involved. If a parent desired to participate in the study, a written, informed consent was obtained (Appendix A).

The audiotapes and transcriptions are kept by the researcher in a secure place. These tapes and transcriptions will be retained by the researcher for five years and at that time the tapes will be destroyed, with the transcriptions being kept for an indefinite period of time. All information in the data that could identify the

participants has been erased or removed. These transcripts may be used in the future for education, publication and research purposes. This final report does not contain information that could distinguish the personal identities of the parents, their children, the nurses, or the hospital where the study was conducted.

Summary

The methods that were used to investigate the research questions of the study have been described and discussed. The design which was chosen has been identified and described, and the setting, sample, data analysis, and data collection have been explained. The methods that were used to establish reliability and validity or the "trustworthiness" of the findings have been presented. Finally, measures that were used to ensure that the study was conducted in an ethical manner have been related.

IV. FINDINGS

The parents of hospitalized children who took part in this study were interviewed and asked to recall experiences with nurses whom they perceived to be caring. The parents were asked to describe incidents when they thought that nurses cared about the children and about them, the parents. In addition, the parents were asked how they responded and how they thought their child responded when nurses were caring.

Some parents would identify immediately a specific nurse and state, "[The nurse's name] is really caring", but then had some difficulty describing what the nurse actually did or said that communicated caring. When this occurred the researcher would then ask these parents to recollect the encounters they had with the identified nurse and this seemed to assist the parents in verbalizing nurse caring behaviors. However, some parents could readily identify specific incidents when they thought that a nurse was caring and they could articulate very clearly what the nurse did or said. When the researcher asked the parents how they and their child responded to caring nurses, all the parents could verbalize spontaneously and with certainty how they responded.

The findings from the data analysis of the transcribed interviews with the parents are reported in this chapter. The findings are divided into three sections. Part I includes parents' descriptions of nurses' caring. This section addresses the first question of this study; "What behaviors exhibited by nurses on a pediatric unit are perceived by parents as indicators that the nurses are caring of the parents and their child?" The parents' responses and their perceptions of their children's responses to nurses' caring are reported in Part II. This portion of the findings is related to the second question

of this research project; "How do parents respond when they perceive that a nurse cares?" Other findings, not directly related to the two research questions, but of interest, are identified in Part III of this chapter.

Part I: Parents' Descriptions of Nurses' Caring

The parents' descriptions of their perceptions of nurses' caring have been described under four broad categories: Relating, Doing, Being, and Knowing. Within each category, subcategories of nurses' caring are described and illustrated with excerpts from the interviews with the parents. One theme that seem to weave throughout the four categories was "Time" and this theme is described as well. Some of the parents reported incidents of when nurses were noncaring or not as caring as those nurses whom the parents believed to be caring. Although the purpose of this study was not to describe nurses' noncaring, these descriptions are reported throughout the findings. One can come to better understand a phenomenon by knowing what it is not.

A. Relating

A broad category of nurses' caring is identified as "Relating". Within this category, four subcategories have been developed and described. They are: (1) Listening, (2) Providing information and explanations, (3) Touching, and (4) Nurse sharing personal life experiences.

Listening

One parent stated, "When a nurse listens to you, then it's caring." Some parents believed that when a nurse listened to their concerns or opinions, she conveyed that

she cared about the parents and her patients. One mother related how her husband was worried that he may have brought home the meningitis bacteria from work because he worked at a large hog operation. The nurse communicated his concern to the doctor and sought more information for the parents. The mother stated:

> I appreciated that. She obviously listened to us and knew that there was a concern there... in those few moments...she already knew that they were looking for meningitis...she already knew who we were, what kind of work my husband did and why he was so concerned about this meningitis.

This same mother said that caring nurses "were just willing to listen to any concerns that I had about him (her son)."

One mother compared noncaring and caring by contrasting how the different nurses responded to her concerns about her son's reddened wounds when she revealed the following:

> Like you ask some of them (nurses) about what they think about the wounds getting all red and inflamed and some of them say, "It's just the way it's healing." And the next nurse will come and you ask her about the wounds and she'll say, "Oh yes. We have to make sure the doctor sees that." It does make a difference (if the nurse listens to the parent).

Another mother identified that when nurses listened to and acknowledged the importance of the concerns to the parent, nurses communicated caring to the parent.

> If a parent has a concern (the nurse should) not just brush it off but actually say, okay, that is a concern; let's look at it or explain why there is no need for it (concern), but not just say, "Oh don't worry about it" and leave (the patient's room).

One mother told how she asked to be in the room when

her one-year-old son was having an intravenous infusion started. The nurse had initially advised that the mother not stay in the room because the procedure could be very upsetting to the mother, but when the mother stated that she wished to remain in the room, the nurse agreed to the mother staying with the child. When this mother reflected on the incident, she stated, "The nurse listened to me and didn't say, 'Mom, you're going'...I appreciated that the nurse didn't shun my opinion."

One parent related how her Christian faith was very important to her. She told a nurse that there were many people praying for her son's recovery and the nurse was "willing to listen to that."

Some of the parents portrayed nurses' caring as listening to the children. One mother verbalized caring in the following way: "I think it's important when the nurse asks him (her son) where does it hurt and if it's hurting, listens to him...listens to what he has to say...listens to his opinions." Another mother stated, "...when a nurse takes time to talk to a child...listens to what the child wants...that's caring." A mother described the actions of a caring nurse as:

> Whenever she comes on (duty), she comes right into [my daughter's] room and says, "Hi, how are you? How are you doing?" She (the nurse) checks on her; really listens to how she feels and what she has got to say.

One parent identified that when a nurse communicated and listened to her daughter, this contributed to her daughter feeling cared about. She stated:

> She (caring nurse) talks to her (daughter), asks her how she feels,...even if she (daughter) has something that hurts, then (the nurse) says to her, "That's not very nice, is it?...to get a needle?" Then the nurse tells her why (she needed an injection). (The nurse) talks to her...(the nurse) is really up front with

her.

Another mother thought when nurses communicated to her son this brought about in her son a feeling of being cared about. "I think communicating with him is important...talk to him and get an honest response from him...to be able to get down to his level...(so he can) get a feeling of closeness or caring."

Providing Information and Explanations

Eight parents thought that nurses were caring when nurses provided information and explanations to parents. One mother stated, "I think communication is a really big thing...to tell you exactly what's going on." Another parent thought one nurse was particularly caring and described the way she provided explanations to the mother.

> If I have any questions, she will answer them for me...she is very clear with her answers...if I didn't understand something she would repeat herself in different ways, you know trying to clarify my questions...she doesn't make me feel like a dummy for asking.

For this mother, the experience of a nurse's caring was not only the words of explanations which the nurse provided but in addition, the nurse conveyed to the mother that the questions were important.

One mother spoke of how she wanted complete and thorough explanations of her child's condition and progress. She related how the nurse who was assigned to her son on the night he was admitted demonstrated caring.

> I wanted to be told. I wanted to know what was happening...we (she and her husband) didn't want to be pampered and not be told things or not be told of the ugliness of what could happen...we wanted to know what was happening to him then and what was going to happen

> to him the next day...what they would be watching for in the next 24 hours ...Meningitis! We thought "brain damage". We wanted to know if we were going to be going home with the same baby that we came with. The nurse told us what she knew and if she didn't know she would say, "Well I'm not quite sure about this but I'll find out"...she left the floor really open...once the nurse knew that there were no other procedures for the night (of admission) she informed us so we were not sitting there waiting and waiting and waiting.

This mother recognized that the nurse may not have had all the information, but the mother appreciated the nurse's efforts in seeking out answers to the parent's questions. Keeping the parents updated, so the parents are not left waiting and wondering, communicated caring to this mother.

It was important, not only what information was provided to a mother, but how the nurse communicated the information. One mother related an incident when she thought that a nurse cared about her and her husband. The doctor had just informed the parents of their daughter's diagnosis and course of treatment. The nurse, who was present during the doctor's explanation, returned to the parents to ask if they had any questions following the doctor's explanations. The mother shared the following:

> When [the nurse] sat down and explained absolutely everything to us that we needed to know...took the time out and gave us time to think about what we wanted to ask. It wasn't like, "Do you have any questions? Okay." and then leave. [The nurse] sat down; it was a relaxed situation when [the nurse] sat down and said, "Do you have any questions on what's happening?" [The nurse] elaborated on some of the things that we knew just a little about...[the nurse] helped a lot...took the medical terms and put them into normal terms so we could understand what it meant.

This mother perceived that the nurse was unhurried and she allowed time for the parents to formulate their questions. The nurse communicated this in part by sitting down in the patient's room and inviting the parents to ask questions.

One mother identified that a nurse communicated caring when she explained to the mother the reason for her son's behavior. "[Her son] would slap me and the nurse would say, 'He thinks it (the pain) is your fault, and you have to understand that'...she was really good." This same mother thought that nurses were caring when they kept her informed about her son's progress and this seemed to give the mother hope.

> ...they (caring nurses) tell you the good parts of it all. You know the things he'll be doing eventually ...it's hard to believe...they tell you the things to look forward to when he will start to get better...they tell you little things that make it easier for me."

This child was hospitalized for several weeks in traction and the mother found this length of time to be stressful. For this mother, when nurses offered her hope that things would be better in the future, the mother thought these nurses were caring.

Some parents believed that nurses were caring when they explained to the parents the various treatments and monitors. One mother verbalized, "They (nurses) communicate caring to me by telling me that [my daughter] can't have salt...or telling me what's best for her diet." Another mother said, "I don't know anything about body casts and she (caring nurse) was the one who sat there and explained it all." One parent stated, "She (nurse) said that the baby is flushed from the anesthetic; that's quite common...she tells you what's happening...it's comforting."

All the monitoring equipment was frightening to one mother, "You think, good grief! What is all this? Why do

they need to do all this?" She identified that the nurse who admitted her child was noncaring when the nurse "didn't explain the equipment...she just said, 'Don't let all these bells and whistles get to you.' She didn't really go into it." On the following morning there was another nurse assigned to her daughter.

> There was a young girl (nurse) and we got talking and I thought that I'm going to darn well ask. So I asked her and she explained everything...she even wrote it on a paper towel...what the normal heart beat was for a baby of this age...and what the oxygen level should be...So once I had that explained to me it made it a whole lot easier for me to see all this stuff in the room, to understand, not to get panicky.

This mother had two different experiences with two nurses in the ways they provided information to the mother. The mother described the noncaring nurse as, "officious... her whole mannerism was cold...I didn't get good vibes from her at all...I didn't feel any sort of compassion from her ...she had a really cold look." Because the mother perceived the nurse as noncaring it seemed as if she was unable or hesitant to ask the questions she needed to ask in order for her to get the information that she wanted. In contrast, the mother was able to communicate her need for information to the nurse on the day shift and the nurse responded.

One mother related that caring nurses reinforced the fact that her daughter was terminally ill. Her daughter was dying of a brain tumor and the mother related how she needed the nurses to help her face up to this reality. She shared the following:

> [My daughter] knows that she is going to die but yet she still talks about living forever and I don't think that part of it should be taken away from her...there is that little bit of hope that keeps her fighting as

> long as she can...have those hopes and dreams...just because she is going home, doesn't mean that she is going to get better. I know that, but I don't want to accept it but I have to have it reinforced mostly by the nursing staff more than the doctors because we don't see the doctors enough. I have to have the nurses reinforce that in whatever way they can...[The caring nurse] reinforces the fact that we are in a terminal situation...that [my daughter] is not getting better...(she) reminds me that I have to talk.

This mother believed that a nurse cared when she recognized the mother's need to have an accurate perception of her daughter's condition and the nurse encouraged the mother to express how she felt.

Some of the parents thought that nurses were caring when they provided explanations to their children. One mother described how a nurse gave her four-year-old daughter an injection. "[The caring nurse] said, 'I'm going to give you a needle and it's going to sting a little bit'; not try to take her by surprise...she forewarns her (daughter) and tries to talk to her." A parent described nurses as caring about her son when they, "talked to him before (the dressing changes)...so he knows what he's prepared for...he's awful little to understand all of this." Another mother thought that nurses were caring when they answered her daughter's many questions about an operative procedure. "She (daughter) had questions about every last detail...what the nurses knew they answered her, and if they couldn't answer her then, they found out for her and gave her an answer."

Nurses who were perceived to be caring were seen by parents as approachable and unhurried. It seemed as if caring nurses were able to sense or identify the unspoken need of parents for information. The nurses who were caring were able to translate and interpret to the parents the

medical condition of the child, medical diagnosis and therapies, child's progress, and the bureaucratic health care system in a manner that the parents could understand.

Touching

Nurses' touching was perceived by some parents as a way of relating and communicating caring to parents and their children. One mother described a caring touch in the following way; "When we came in (to the hospital), the nurses seemed quite caring right away, just the way they held him (son)...I noticed how she (the nurse) was holding him and he was snuggled into her." One mother stated she knew that a nurse cared about her daughter by the nurse, "stroking her hair, talking to her, telling her she's going to be okay, reassuring her about what she's doing...just the gentleness of her touch." When the researcher asked this mother how a caring touch was different from another kind of touch, the mother responded, "I think the eyes show it...and the smiles. The eyes are soft and they are kind of sparkily...the touches are just gentle and slow."

"Gentleness" was used by a number of parents in describing a caring touch. Two mothers described how caring nurses handled their children immediately post-operatively. One mother stated:

> When she (daughter) came back from surgery, the nurse that was on then, she was very gentle with the way she was moving her, knowing that she had just been opened (during surgery). She was quite cautious in how she was turning her over.

Another mother described caring nurses as, "They handle her gently with care...by the way they move her and change her bed." This same mother thought that one particular nurse was very caring because she, "smiles a lot, she touches her (daughter's) hair."

When the researcher asked a mother what she meant by the "gentleness of a nurses' touch", the mother said:

> I see a lot of the nurses with even the other kids (other than her daughter) in the playroom. They'll pick them up or they'll sit down beside them and talk to them. There's hugs and there's little taps, like a little pat on the head.

"Gentleness" was used also by one mother in describing the way that a nurse spoke to her son, "She talked gently to him...as a mother would talk...just spoke softly and used kind little love words and called him sweetheart and honey."

One mother identified that caring nurses used touch to comfort her son while he was in traction. "They (caring nurses) would come in at night and just take time to rub his legs...to try to stop the spasms."

Two mothers recalled experiences when nurses communicated that they cared about the mothers by touching the mothers. One mother believed that one nurse was very caring. "She (caring nurse) sat there and she said, 'Yes I can see you're running out of patience.' She rubbed the back of my shoulders and neck. I said, 'Good I needed that'." One mother described a time when a nurse came and put her arm around the mother and asked her how she was doing. The mother described this touching as:

> Making you feel that you're really important...just by showing genuine concern...it's like she understands what you're going through...it's like she really cares...and what more can she do?...you remember it and feel right away that there's a warm person. That's a person that you would feel comfortable with.

She thought that for a touch to be caring that it needed to be genuine. She described the difference between a caring touch and a touch that was not caring:

> When it (caring touch) is genuine...it has got to be

> natural...it's got to be something that comes naturally to that person...if it's genuine, I think it is soft and might be rubbing...looking in your eyes, not necessarily always depending on what the parent is doing. As a parent, you might be looking at your baby...then how can a nurse look you in your eyes. But you can feel it...If it is phony, it would seem that maybe they're doing it because they've heard that it is the right thing to do, but if it's not genuinely coming from within their soul, then it's not (caring) and I'm sensitive enough that I can pick that up.

Although this mother was able to articulate some of the differences between a caring touch that was genuine (ie. soft, rubbing, eye contact) from a touch that was not genuine, genuineness seemed to be communicated beyond the specific nurse's behaviors. It is as if the mother could sense if the nurse was truly present with the mother in her touch.

Nurse Sharing Personal Life Experiences

Some parents thought that when nurses shared some of their personal lives with the parents, this facilitated the relationship between a parent and a nurse. A nurse sharing her personal self begins when a nurse introduces herself to the parents. One parent commented, "This (nurses introducing themselves) is something that I've noticed with each of the nurses. When we get a new nurse, they each immediately come in and tell us their name right away...that's breaking down a personal barrier right there." One parent thought that when a nurse "recognized [his son]...and asked him if he went to such and such school...and if he knew her daughter," that she got "more one to one with [his son]."

One mother believed when a nurse shared her personal

life experiences of being a parent, a relationship was established between the mother and the nurse.

> What was really special is when you can relate personal experiences, you know, with breast feeding...I've picked up a few things about breast feeding from her...I found out that, because we got talking about our kids, that one of her little guys had eczema and [my son] has eczema too...so it was really neat how we talked about our families...I thought, she thinks enough of me because I don't just share my life with everybody...you know this is something obviously very important to her...I already know her. I feel like I already had a better relationship with her than any other nurse.

One mother identified that when a nurse shared some of her ...nces as a parent, the mother found it easier to ask ... about the monitoring equipment. The mother

> We could relate because she (nurse) had a child too. She started telling me a little bit about what she went through when her little kid had been sick, so that kind of helped (to ask about the monitoring equipment).

Up until this time the mother felt intimidated to ask about all the monitoring equipment that was in her baby's room.

One mother described an incident of when she overheard a nurse singing "Jesus Loves Me" to her son while the nurse bathed him. The nurse singing this particular hymn was very significant to the mother because she had a strong Christian faith. She related the following:

> I asked her, 'Are you a Christian girl?' She said, 'Yes, I am.'..she was probably in a position that had she sang that to any other child, she may not be able to share her faith with any other mom because of her professionalism. But once the mom (herself) was able

> to let down the barriers and introduce the topic, then she was willing (to share her faith). It builds a whole new relationship, and I was just that much more willing in trusting my child to her, because that relationship had been built.

This mother perceived that she had contributed to the nurse sharing her faith by the mother directly asking the nurse about her faith. The mother believed that the openness displayed by the nurse and the sharing of a mutual faith contributed to a trusting relationship.

B. Doing

Parents described nurses' caring as nurses "doing" some kind of activity. These activities have been categorized as: (1) Following through with parents' concerns, (2) Meeting comfort needs of parents, (3) Including and involving parents, (4) Making child more comfortable, (5) Going beyond the call of duty, and (6) Monitoring child's care. Each of these activities will be described and discussed.

Following Through With Parents' Concerns

Some parents perceived nurses to be caring when the nurses, not only listened, but followed through or acted upon the expressed concerns of the parents. One mother described a caring nurse:

> She's a very conscientious nurse. Any concern I had that maybe something wasn't quite right, she would check it out completely. She wouldn't just say, "Well maybe we'll just watch it."...I was nervous about any little thing...[my daughter] is not even a year (old). She can't tell me, so I'm looking for every little thing...she called the doctor because I was concerned

> that one (drainage) bag was filling up and the other one (drainage bag) wasn't...(she) put my mind at ease.

This mother thought the nurse was caring when she called the doctor to convey the mother's concerns.

Another mother stated that when a nurse communicated a parent's concern to the doctor, the mother thought the nurse was caring. She stated:

> She (nurse) had several bits of information that she had already taken in and she didn't leave it alone...my husband was so very concerned (that he had passed the meningitis virus to his son)...she went and did something about it for us.

This mother thought that the nurse was caring when she recognized the husband's concern and sought additional information (concerning the transmission of the meningitis virus) for the purpose of alleviating her husband's concern.

One mother described a time when her son would not eat his supper and the mother asked if he could have some yogurt. The nurse "wrote a thing out and told me where I could go and get him some...that shows caring. She said she was going to do it and she did it promptly." This mother identified another time when a nurse followed through with a concern that the mother had. Her son was reluctant to use his call bell and as the mother was leaving the unit for the night, she informed the nurse on the evening shift of her son's hesitancy. "She (nurse) indicated that she would let the rest of the nurses know so they could check on him a little bit more regularly through the night...I think that's probably following through."

There were times that nurses followed through with concerns by assisting or enabling parents to ask for a second medical opinion. One mother described an incident when a nurse assisted her when the mother had concerns about whether the physician was prescribing the correct treatment.

> The nurse told me to maybe ask for a second opinion. She said it may ease your mind. She said there was no problem in doing it whether the doctors liked it or not...she told me how to go about it...it helped a lot.

Another mother stated, "She (caring nurse) made a comment to me, 'If you don't feel happy about what you've been told by one doctor, don't feel bad about going to somebody else. It's your right to get a second opinion'." These parents perceived nurses to be caring when they heard the parents' doubts about the medical care, informed the parents of their right to ask for another opinion and assisted the parents in this task.

One mother identified that a nurse was caring when she spoke to the doctor on behalf of the mother. According to this mother, the doctor had stated that her daughter would go home on day and overnight passes before he discharged her daughter. One morning a nurse informed the mother that the doctor had discharged her daughter for the following morning. The mother stated, "I expressed that (concern of her daughter not having the trial passes at home before discharge) to [the nurse] and she took my concerns to [the doctor]...I felt that was caring...she knew how I felt."

For these parents, they perceived nurses as caring when nurses listened to and validated their concerns and then followed through with the concerns. At times it seemed to the researcher that the parents felt powerless in the bureaucratic health care system and that parents perceived nurses to be caring when the nurses assisted the parents to find answers within this complex system.

Meeting Comfort Needs of Parents

Many parents thought nurses were caring when they recognized parents' basic comfort needs for sleep, rest,

and nourishment and assisted the parents in meeting these needs. One mother related how a nurse was caring on the night when her son was admitted.

> Once [my son] was comfortable, she (the nurse) brought in a big reclining chair for me and a pillow...she brought in a pillow for him (her husband) as well. She made sure we were comfortable...that we weren't just sitting in hard chairs...she asked us if we needed anything to drink...immediately that first night she cared that we were comfortable.

Another parent identified that a nurse was caring when she assisted the mother in meeting her need for rest and sleep. When the child was admitted, all the parents' cots were being used, so the mother was provided with a playroom mat upon which to sleep. This mother described the actions of a caring nurse on the following morning.

> It seemed like it was quite a concern for her that I had slept on the floor mat; she didn't approve of that too much at all. She brought me in the cot right away, and a pillow and blankets. That showed caring...My rest is important for me to be with [my daughter] the next day.

This mother believed that when a nurse assisted her in meeting her need for rest, the nurse was indirectly helping the child. The mother found that she could be more patient with her child if she was rested. One mother stated that nurses were caring when, after her son was sleeping better through the nights, the nurses had encouraged her to sleep in the parent's suite rather than at the child's bedside so she could "get some rest and sleep."

Meeting the parent's need for rest included the nurses suggesting that parents take a break. One mother stated, "They (caring nurses) tell you to take time to get yourself a coffee...they give you time for yourself and they will keep him (her son) busy and occupied while I am gone." One mother described a caring nurse:

> She was always concerned that I was okay. If I needed to go for a break, she would make sure that she was there for [my daughter]. She was concerned if I was getting enough time away or if I knew that I could take [my daughter] in a stroller and go for a walk around the hospital. She had suggestions like that to actually get me out of the room.

These parents perceived nurses to be caring when nurses recognized parents' need for rest and sleep and assisted parents in meeting this need by doing very concrete activities such as providing a bed for parents. It seemed that nurses also assisted parents by conveying a message that it was all right for parents to take a break and offered suggestions of how parents might do that.

Some parents thought that nurses were caring when they offered nourishment to parents. One mother described an interaction that she had with a nurse at the time of her baby's admission and the intravenous infusion was being started.

> I could hear them trying to put the I.V. in her and that really upset me because she was just screaming. A nurse came along and I think she picked up on that, she put her arm on my shoulder and she said, "Can I get you a cup of coffee?" She went and got it...Like I think that she knew somehow or another that might be comforting...maybe it's a diversion.

Another mother recalled an incident when, during one night, a nurse brought a glass of juice for the mother as well as for the child. The mother understood that the juices in the unit refrigerator were only for the pediatric patients. The mother stated, "I thought that was really nice that she was pushing aside a few hospital rules...that she wasn't just worried about the child's welfare but for mine as well." One mother stated that one nurse cared about the mother when the nurse concerned "that I needed to go have lunch or if I was getting enough nourishment."

Parents perceived that nurses cared about the parents when nurses assisted parents in meeting their basic comfort needs. It seemed that nurses were able to recognize parents' needs for rest, sleep, and nourishment before parents were able to do so. Parents were so focused and concerned about their ill children that they either forgot about their own needs or at times it seemed that parents almost needed permission to tend to their own needs. Caring nurses recognized when this occurred and provided assistance to the parents to meet their needs either directly, such as providing a bed, or indirectly, such as making suggestions that parents take breaks.

Including and Involving Parents

Seven of the parents thought that nurses were caring when they included and involved parents in the children's care. A mother stated how she felt with a nurse whom she thought was very caring. "You feel like a team; you feel like you're both working for the same goal - that the child is getting better." This mother could sense the team relationship that she had with the nurse in that both of them desired and worked together so that the child could get well.

One mother related her experience at the time of admission:

> They (nurses) didn't eliminate the parents from the caring end of it. Like they didn't just take the baby away and say, "Okay we're going to look after the child now. Move aside." They included the parents very much...It was obvious that we had to let them be in charge of the medical end of it, but they didn't take him away from us and say, "Okay, we're in charge." They really made us a part of it.

This mother remembered how the nurse handled her son when

he had to go for a lumbar puncture. "When he went for his spinal tap, she didn't just grab him from me. She let me give him to her." This mother felt very included and in control of her son's care, and she did not feel that she was relinquishing her responsibilities of being a parent.

One parent, who has a daughter with a long-term illness, stated:

> Letting the parents be really involved is caring because the parents are the ones who have to take them home to care for them, and the more they (parents) know what they're doing, the easier it is when they take them home.

This parent had experienced frequent hospitalizations with her daughter and she thought the more involved she was with her daughter's care in the hospital, the more she felt capable and confident in managing her daughter's treatments at home. She thought nurses were caring when they let her be involved.

Including and involving parents incorporates the idea of a nurse keeping a child and a parent together, rather than separating them. One mother related how she thought a nurse cared about the mother when the nurse offered her the option of rooming-in with the child rather than staying in the parent's suite.

> I liked it when I came in (to the unit) and she said, "Would you like to stay in the room?" and I said,"Oh yes!" I looked at where she (daughter) was staying and I knew where the parent's suite was and I thought that's an awful long ways away...I wanted to stay as close as I could...giving me the option from the very beginning...(the nurse) setting up the room so that I could stay there and be quite comfortable in that room.

The nurse not only gave the mother the option of rooming-in at the child's bedside, but the nurse also assisted i

providing an environment that was conducive for the mother to stay in the child's room (ie, getting a cot and bedding).

Parents wanted to be present when their child was having procedures done that were uncomfortable or frightening for the child. One parent thought that a nurse was caring because she let the mother stay with her infant while an intravenous infusion was started. "I wanted to help [my son] through the hurt. I wanted to take some of the hurt from him; maybe by me just being there." One mother wanted to be present when her son had his dressing changed twice a day "to hold onto his hands and talk to him; to get him through it." She thought that nurses were caring when they would "wait until I got back from coffee" and when nurses would "readjust the schedules" so she could be present for the procedure. In contrast, this mother believed nurses to be noncaring when they conveyed the message that they didn't want her to be present when her son's dressings were changed. She said, "(Noncaring nurses) will go ahead without me being there and act like I shouldn't be there...they think that they will get it done faster if I'm not there." Another mother thought that a nurse was caring when "she (nurse) let me hold him and comfort him before he got his needle." One mother thought nurses were caring when "they didn't push me away from being involved in any of the vital signs (procedures)...to hold him and soothe him and to sing to him when they were checking his temperature."

Parents wanted to be involved with the daily care activities of their children. One parent stated, "I like to be involved in his care...like bed changes...he feels more comfortable with me doing it than somebody else...that's going to help his recovery...they (nurses) don't stand in my way." Another parent identified that being involved with her child's care benefited her as well as her child. "The

nurses try to involve you here in the program...[my daughter] likes Mom there...wants Mom to do it...it feels good to involve Mom too...they let me participate."

Parents thought that nurses were caring when the nurses acknowledged the amount of time spent and care that parents provided. One mother said, "They appreciated a mom being there so that the baby was calmer." A parent appreciated when nurses observed and commented on the amount of time he spent with his son. "(The nurse) said, 'It's been a long day for you' because I was here from ten o'clock to five o'clock at night."

One parent thought that nurses were caring when they made her son's visitors feel welcome. She sated, "My visitors feel welcome and that's important." This mother could not be with her son for one day so friends stayed with her son for that day and the mother thought "that they (visitors) had the same impression (that they were welcome)."

Some parents identified that nurses were noncaring when they did not involve or include the parents. Parents described nurses as noncaring if they separated the parents and child when the parents thought it was not necessary to do so. One mother recalls her experience when her infant was admitted to the pediatric unit:

> When we (mother and baby) came onto Pediatrics, I felt tears welling up in my eyes...I was just scared...I was kind of upset already because they (laboratory personnel) took blood from his heel and that hurt him...I told them (nurses) who we were and we went down to the room (admitting room)...they had to undress him and weigh him... he started to cry when the nurse was undressing him and she said, "You go off with the other nurse and I'll do this. He's going to be upset anyways. You might as well go."...that really wasn't done in a caring way. The other nurse took me

> to the (interview room) to get some information...I think it was rushed. Like we just walked in here; we really didn't have a chance to get used to the place and he was just taken from me.

One parent related his experience in the emergency unit with a nurse whom he thought was noncaring. "I came into emergency and I told a nurse who I was and she said, 'Well, go sit down.' I really didn't get off on that. I thought, why don't you take me to my son?"

One mother described what it was like for her when she waited outside of the recovery room waiting for her baby.

> I was (in the waiting room) and he was in the recovery room and I could hear him crying and I couldn't go in there and that upset me a lot...I went and stood near the recovery room doors because when they opened I could hear better and I was trying to see...and a nurse told me basically to get out of the way.

While the mother knew that the nurse was "sensible", the mother responded by feeling "mad, really mad."

One mother thought that a nurse was noncaring when she didn't consult the mother about feeding her baby. When this mother was awakened by a nurse in the middle of the night to breast feed her baby, the mother felt totally exhausted because the child had been nursing every one to two hours. The mother asked the nurse to feed her baby one bottle because as the mother told the nurse, "I need some sleep...if I don't get some sleep, I'm not going to have any milk." The mother stated, "what bugged me was that she didn't give her one bottle, but she filled her up and never consulted me about that...that didn't feel very caring to me."

Making Child More Comfortable

Nurses were perceived by parents as caring when nurses

made attempts to make the child more comfortable and less anxious. Parents thought nurses cared about the children when the nurses involved the child in procedures and tried to make the procedures a game for the child. As one mother identified, "When the nurse would take her blood pressure, she would let [her daughter] push the buttons. It's more of a game then for her than just having her blood pressure taken." Another mother said one nurse, "Lets him put the stethoscope on and gets him right into it helping and tells him that he's going to make a good doctor...instead of making him scared." One mother described how nurses were caring in the manner in which they obtained her young son's vital signs. "It was important to me that whenever they took his vital signs, that they didn't just hold him down and just get his vital signs...they made sure he was in a good mood and that he was comfortable."

Applying special children's band-aides was seen as caring. "When they took her blood, the nurse put a Snoopy band-aide on her and it made a world of difference." One mother stated how the caring nurse "always has a sticker for him or puts a special band-aide on his dressings."

One mother described an incident when she thought that a nurse cared about her child.

> The nurse brought in tub toys tonight for her bath. She put a little bell box inside of a pail and said, "There's a surprise. You can look in there when you're in the tub." So it was just a little thing that [my daughter] could look foreword to...I think that shows caring.

Parents thought that nurses were caring when they found ways for the child to occupy his or her time. A mother stated, "They (caring nurses) suggest ideas like bringing in toys and asking if she would like to watch a movie on the video." Another mother said, "(Caring nurses) bring in the VCR...the nurses try to make the kids feel at home and comfortable."

When nurses found ways to make a procedure less painful for a child, parents perceived that these nurses cared about their children. One mother identified that one nurse had phoned the doctor to see if a medication could be given orally instead of by injection as he had ordered. The mother stated, "She asked the doctor if she could give it orally now...she could have just kept giving her needles...she went out of her way and asked to have the order changed...to save her that kind of discomfort." A mother thought that nurses were caring when the nurses were slow and careful so as to cause the least amount of discomfort when changing her son's dressings. She thought nurses were noncaring when they would "rip the bandages off without soaking them. Like I have to tell them, 'Put water on it and soak it off first like most of them do'."

One parent described how her son did not like taking liquid medications but preferred medications in pill form. One evening her son refused to take a liquid medication despite the mother's coaxing. She described how the nurse responded to her son. " [The nurse] said, 'Don't upset him. We'll both try to figure out something.' She brought Tylenol in the pill form which he took and she talked to [the doctor] about getting Colace in the pill form too."

These parents thought nurses were caring when they did the "extra little things" to make a child more comfortable or less anxious, or to make the child's stay more pleasant by providing activities for the child. The parents thought caring nurses were doing more than what was normally expected, and that these nurses did "extra little things" because they really cared about their patients.

Going Beyond the Call of Duty

Some parents used the term "goes beyond the call of duty" to describe the caring actions of nurses. One mother

described how a nurse went beyond the call of duty with her terminally ill daughter when the nurse volunteered to assist her daughter at her graduation. The nurse was going to be in attendance because her son was graduating.

> (The nurse) asked her (daughter) if she wanted to go and she would look after her if she went. She (nurse) would be there and she would take the time and look after her if [my daughter] had a problem. She would be off duty at that point and I thought that was a really caring thing to do because she wouldn't have had to do this. It went beyond her call of duty to check on [my daughter] while she was off with her family...she showed a very caring attitude.

The mother explained how the rest of the nursing staff showed that they cared about her daughter.

> The whole nursing staff got together and sent her downstairs (to the beauty shop) on graduation day and paid for her hair (to be) done for graduation...I thought that was way beyond the call of duty...they showed her that they cared about her.

This mother shed some tears as she shared these incidents with the researcher.

Another mother thought that a nurse went beyond the call of duty when a nurse approached the mother in the hospital cafeteria. This nurse had cared for her daughter the week previously when she was admitted and was very ill. The nurse was in the cafeteria prior to the commencement of her shift after she had been off for a few days. The mother stated:

> She (nurse) came over and asked about [my daughter] in the cafeteria. She really didn't have to come up to me in the cafeteria and ask how [my daughter] was doing. She could have just looked at her records or come to see her (when she came on duty). She was so excited about [my daughter's] progress.

This mother thought that the nurse really cared about her daughter because she had taken personal time to come and talk to the mother and inquire about her daughter.

One mother believed that nurses were caring when they showed concern for patients other than those to whom the nurses were assigned. She related the following:

> I think caring is not pointed to just one particular patient but to any patient that is alone or in need of somebody...like if one child bumped his head, and it wasn't a nurse's patient but she still went and picked him up and gave him a little rub. I think that shows caring...that it isn't directed to just the patients that she is assigned to. It can be anybody that needs her at the time.

This mother thought that a nurse was caring when she attended to or comforted patients other than those for whom she was responsible.

For one mother a nurse's caring meant more than a nurse just "doing her job." She thought that nurses showed caring when they continued to demonstrate a genuine interest in her daughter after they were no longer assigned to care for her. "They will come and ask [my daughter] how she is...that shows a lot of caring.. they do care about their patients; it's not just a job to them," In contrast she described a noncaring nurse as:

> She just comes in, does her job and leaves and doesn't really spend time with the patient or parent. Just, "I'm here to do my job. I do your vitals. I do whatever has to be done and then I'm gone." No friendliness at all.

Another mother described noncaring nurses very similarly. "They kind of do their own thing...do whatever care is necessary. Like the official sort of things like checking their vitals."

These parent believed that a "nurse's duty" related to

the tasks that nurses had to do (such as prescribed treatments, procedures and charting) for their assigned patients during the time that nurses were scheduled to work. Nurses who were caring did more than their "duty" and nursing was for them "more than just a paid job" but a commitment and a dedication to their patients.

Monitoring Child's Care

Parents thought nurses were caring when they monitored closely the child's care and physical condition. One mother stated:

> They administer her medication regularly, when she (her daughter) is supposed to have it. That shows caring. That they aren't three hours late or two hours early. That her medication is always given to her at the right time. That her temperature and blood pressure and everything is kept on record and that it's important to them that it's done when it's done.

This mother believed that a nurse was caring when she was punctual with medications, accurate in nursing procedures, and thorough in her assessments of the child.

When a nurse made frequent and astute observations of a child, parents perceived the nurse to be caring. One mother described a caring nurse as:

> She was in quite often to make sure she (her daughter) was okay...taking her blood pressure and temperature...I'm sure she was in every half hour just to see if I needed anything...if [my daughter] was in any pain, just to take a look at her...making sure that she's comfortable, that there isn't anything wrong.

This mother identified that this same nurse phoned pharmacy to find out if two medications could be mixed together and the mother thought the nurse "takes extra care to make sure

everything is all right." One parent thought that a nurse was caring when she noticed that his asthmatic son was not sitting in a position that would facilitate breathing. He stated, "She (caring nurse) was the only one that I saw do that (correct the child's position)...paying attention, taking that extra bit of time." Another mother said, "I know that they (nurses) care when they come to me and say, 'How much (urine) output today?'...I don't have to run after them. They come to me. That shows me they care."

Only one parent commented on a nurse's ability in operating the equipment as an indicator of nurses' caring. He observed a nurse with his son during his breathing exercises. He said, "I don't know if she knew more about it (spirometer) - doing it the right way or wrong way, but she put a little more effort into it to make sure it was done properly." One parent described a caring nurse as, "Just the way she came across...what would the word be? Confident. Confident in her medical (knowledge)..and that made me feel better."

Some parents gave examples of nursing behaviors that parents perceived to be noncaring. One mother thought that a nurse was noncaring if she did not seem to know what she was doing. She related an experience that she had with a noncaring nurse.

> She came in and was ready to change his leg (dressings) and she was grabbing his knee and holding it and I said, "Don't be holding it there. That's the broken one and it's all cut there." She (noncaring nurse) said, "Oh well, I haven't had time to look at the charts or anything to find out what's the matter with it." I think, "What are you doing here? Why do you have to make everything so much harder on him than it already is?" But she just didn't have a clue. She didn't take the time to even look at the chart; let alone ask him what happened or what's the matter with him.

This mother believed this nurse to be noncaring not only because she did not know, but also because she did not make an effort to find out the information that she required to provide competent care.

One mother thought that a nurse did not care about her daughter because the nurse was not monitoring the temperature of her child who had a "low-grade" fever post-operatively. The mother stated, "She should have just come in quickly and taken her temperature...just to know that the temperature was coming down...I think this one doesn't really care. The fever could be getting worse."

Parents identified that when nurses closely monitored their child's care and condition, nurses demonstrated that they were caring. These parents described nurses as being caring when nurses: were punctual with medication administrations, provided close observations and assessments of their child's physical condition, had the necessary knowledge and information to provide safe physical care and knew how to accurately operate the equipment. It is important to note that neither nursing technical competency (including nurses' skills related to procedures) nor the children's physical care were major themes or concerns for any parent during the interviews.

C. Being

When parents were asked to recall incidents of when they thought that nurses were caring, parents described the nurses as having a presence or a way of "being" with the parents and or their children. These descriptions of nurses' caring have been categorized as: (1) Nurse's personality, (2) Being emotionally involved, and (3) Being available.

Nurse's Personality

One parent stated, "There's something about [name of nurse] that really appeals to me, I don't know; I think it's her personality...she's bubbly...she's got a real pleasant personality." The words "warm" and friendly" were used by a number of parents to describe nurses who were caring. One parent described a caring nurse as, "She's really warm; she's really friendly." When the researcher asked this parent what she meant by the nurse being friendly, the parent responded, "She's very pleasant, she's warm; she makes you feel very comfortable. When one mother was asked what she meant when she described a caring nurse as warm, she said, "I don't know. Her actions and the smiles on her face."

Parents described noncaring nurses using opposite terms. One parent characterized a noncaring nurse as having a "really cold sort of look." Another parent revealed the following about a nurse:

> She was a nice girl, but in a way almost stiff, but maybe that's her. That's her personality...She didn't strike me as the type of nurse that could probably come and put her arm around you, even though she's a nice enough girl.

She was comparing this nurse with another nurse whom she thought was very caring. It was not that she thought that this nurse was not caring, it's just that she was not as caring as the other nurse.

A mother thought that one nurse was particularly caring. She portrayed this nurse in the following way. "I can tell when she's on because she just lights up the place...she's just really good with kids... seems to have a knack with kids."

One parent characterized one caring nurse in the following way:

> She's not pushy, you know, (not) overpowering. I think he (her son) seems to like her and I think if I weren't there (at the bedside) and he needed somebody, I think he would feel quite comfortable with her

One mother used the words "upbeat and positive" to describe a caring nurse.

Some of the parents thought that there were certain characteristics of nurses which enabled them to be caring of pediatric patients and their parents. One parent believed the following to be true about caring nurses. "There is some of them that are just cut out for it (nursing)...it takes a special person...somebody that really cares about people." One mother believed also that caring nurses were special people when she related the following:

> I think that caring has got to be in a nurse's heart...I think not all nurses should be nurses because I don't think some of them are caring ...(caring nurses) are special people. They have to be special people to deal with the pain that they see everyday.

These parents believed that for nurses to be caring in patient care situations, nurses had to be caring persons.

Some of the parents thought that if nurses were parents themselves, they were able to be more caring about the children and the parents. When a mother described a caring nurse, she said, "She (caring nurse) must have kids of her own...She's good around kids...knows how to talk to them." Another mother commented that she found the nurses who are parents to be more caring. She stated;

> I found the more mature women to be a bit more caring than the younger ones...maybe because they have kids themselves...I think (a nurse) being a parent makes the biggest difference in the world on this ward...Because I know when I became a parent...it

changed me...a nurse who is a parent is more likely to feel for a parent.

Some parents found that when nurses shared some of their experiences of being a parent (ie. breast feeding, having an ill child) parents felt that they could relate more easily with these nurses.

One parent stated that she could not always remember or describe what nurses actually did or said that communicated caring, but she knew when a nurse was caring and verbalized the following:

> The nurse clicks with the child or you click with that nurse. I don't know, but there's something. There's respect. Like you respect that nurse; there's mutual respect; you feel she respects you...you just click together...you don't feel that with all nurses, but this nurse (caring nurse) I do. She makes the child feel good and you feel good. I couldn't describe it."

This mother could not really articulate how the nurse communicated that she cared about the child and mother, but the mother was very definite that this individual nurse was very caring.

It is worthy to note that parents identified different nurses as caring. For example, one parent would identify a particular nurse as outstanding in the ways she was caring, and yet, another parent, who had this same nurse assigned to care for his or her child, would identify another nurse as very caring. It is important to clarify that the parents were not requested to give the identity of the nurses, but the nurses' names were mentioned by the parents during their descriptions.

Being Emotionally Involved

Some parents thought that nurses were caring when parents perceived the nurses to be emotionally involved.

One mother described an incident when a nurse cried with the mother.

> When [the nurse] cried with me, it made me feel that she was human too. She knew that I was hurting and she hurt with me. She kind of shared the hurt with me. It helped to know that someone else could hurt. It's almost like sharing a cookie. She shared some of my hurt and took a little bit of it away from me...it almost felt like she took half of my pain so I only had to cry half as much.

The mother was asked how she felt when the nurse cried with her. The mother responded:

> It just made me think that she must truly have feelings and care about children and she knew what kind of pain we (her and her husband) were in to see our baby like this. Right away, I felt that she was very caring. Then I felt confident in her - that I could trust her.

When the nurse cried with this mother, there was "a sharing of an emotion" that seemed to create a bond between the nurse and the parent

Some parents thought nurses were caring when they seemed genuinely pleased with a patient's progress. One parent stated, "She (caring nurse) was just as excited about [my daughter] getting better as I was - that made me feel good." Another mother thought that a nurse was caring when she "hoped that this little one's doing better." In contrast, when a nurse did not check a child's temperature as frequently as the mother thought, the mother said, "She didn't care too much about what was happening (to my child); she wasn't too concerned."

A parent stated, "Caring communicates warmth" and when he was asked what "warmth" was he stated, "Opening up your heart to somebody, then you're being warm; you're being vulnerable; you're letting this person into your heart."

Another parent stated that she "didn't blame them (for nurses not becoming emotionally involved)" because "it could affect their work...and maybe their home life." These parents sensed that there was a certain vulnerability for nurses when they became emotionally involved with their patients. It did not seem so much that parents expected nurses to become emotionally involved, but when they did parents perceived these nurses to be very caring

Being Available

When nurses were available to parents and their pediatric patients, parents perceived this as caring. A nurse being available included the nurse being both physically and emotionally present. A parent thought that one nurse was caring because, "She was there." One mother described an incident when she thought that a nurse was very caring.

> I think that I'd been pushed to my peak and I went to the bathroom (in the child' room) and I sat on the tub and cried. The nurse came in and just sat beside me and held me and didn't really say anything for a few minutes. Then she asked if there was any difference in her (daughter's) diagnosis and I said, "No." [illegible] she said, "You've just come to your breaking point and you need to release it." I said, "Yes." She just sat there and had her arm around me. Just kind of gently held me. That was soothing and just that she was there. It wasn't [my daughter's] nurse. I don't even know which one it was because I never looked at her. I had my head down. I was crying too hard. But she came in and sat there anyways. She cared. She cared that I was hurting.

This incident has some similarities to nurses' caring described earlier in the subcategories of touching and

being emotionally involved. However, what really communicated caring to this parent was that the nurse was emotionally available and there for, and with, the parent during this difficult time.

One mother described that when a nurse is physically present, she communicates caring. This mother stated, "She's (caring nurse) always around...she's there when you need her." She further said, "They (caring nurses) tell you where they are at if you need them. They let you know that they are teaching a class or whatever so you don't feel deserted." In comparison, this mother had experienced noncaring as a nurse not being available for her son. She stated, "There's some of them (nurses) who come on their shifts and you don't even see them once." She described one of these incidents.

> There was one time that I couldn't find her (nurse) for a couple of hours...he (her son) was in some pain and I almost ran across the street (to the drugstore) to get some Tylenol. She wasn't here. We looked all over for her and the one at the desk kept saying, "We'll try to page her."

This mother perceived nurses to be caring when they were available to the mother and her son when they needed a nurse.

One parent described a caring nurse as "She's available...she doesn't seem to be running off every two seconds. If I have to talk, she will talk to me...I seem to find her around more often." When this mother was asked if she thought that this nurse was around more because she has fewer patients to care for, the mother responded, "I don't think so. I think that maybe she just likes to be around."

One parent identified how a nurse communicated that she cared about his son.

> She would walk into the room and either walk up to the side of the bed or at the end of the bed and would

> tell [his son] why she was there. There would never be anybody between her and him...her concern when she came into the room was [my son]...she came in there to be with him..to let him know that she was there to talk...[my son] came first.

This nurse expressed nonverbally that she was there for her patient by ensuring that there was no one between her and her patient when she wanted to talk to him. The parent sensed that this nurse focused all of her attention on her patient.

One mother, who has a daughter in the terminal stages of cancer, thought one nurse was very caring. She said that this nurse, "Will reinforce the fact that she's always there to listen, to talk to me, to talk about how I am feeling. (She reinforces) that I need to talk about how I feel." She further described caring nurses as:

> They are available to listen which is very difficult I realize because they are so short staffed and sometimes these four nurses are just running. But when they do have time, they just make themselves available. That's a way of showing that they care.

Then this mother was asked how the nurses communicated to her that they had time to listen to her. The mother responded:

> I guess by a nurse coming to me and saying, "I'm not busy now; do you have any concerns?" Then that's an opening for the parent...or if a nurse is in the room and she's not busy, she let's you know that she has a few minutes to listen...or she says, "Do you have any questions?"

This mother thought that a nurse communicated that she was available to talk by inviting questions or concerns from the parents.

D. Knowing

According to some parents in this study, nurses were caring when they knew and understood the parents and their children. The two subcategories of "Knowing" that are described and discussed include: (1) Knowing the parents and (2) Knowing the child.

Knowing the Parents

Knowing the parents begins with the nurse knowing the parents' names and calling them by their names. One mother stated, "She referred to us by our first names, that makes a relationship right there." This same mother recalled how important it was to her that a nurse had remembered her husband's name.

> (The nurse) had worked for a couple of nights and then she was off for a couple of nights...yesterday she came and asked me a few questions and then referred to my husband by his first name...I thought, "Oh! She remembered his first name." That was really significant to me because I thought that she really did remember and she really did care.

A nurse was perceived as caring if the nurse knew who the significant others of the parent and child were at home. One parent related, "They (nurses) care when they ask questions about your whole family." One mother said, "When my family came in, the nurses already knew my little girl's name...they right away said, 'Oh, you must be [daughter's name]...you must miss your little brother'." Another mother thought nurses were caring when they inquired about the other children in the family who were at home; "They (caring nurses) noticed that I have a picture of my other kids in the room and say, 'What a nice looking family'."

One parent thought that a nurse was caring because she acknowledged the stress the mother was experiencing driving daily to and from the hospital and her home. The round trip took about two hours to drive. The mother stated that the caring nurse, "Asked me how I was doing. She said, 'It's a long drive and you've got a little one at home'." Another mother thought nurses were caring when "they came in and said, 'How are you doing?' They've expressed concern about me." One mother stated, "They (caring nurses) care about how we feel."

Nurses were perceived to be caring when they knew the parents as individuals. One mother had a strong Christian faith and thought that nurses were caring when they recognized the importance of this faith in the mother's life. The mother stated, "They (nurses) don't practice any faith...but they just don't ignore it ...they recognize that it is important to me. One parent thought that nurses were caring when, "they seem to get to know what parents like...she (nurse) said, 'I heard you like Dallas (television program).' She told me to take [my son] and go and watch it."

Nurses who knew and were sensitive to how parents feel were perceived by some parents as caring. One mother said, "They (caring nurses) know how we (parents) feel." Another mother stated that a caring nurse, "Was sensitive to how I felt by going and talking to the doctor for me...she was sensitive to what my needs were. A single mother thought that a nurse was caring when the nurse acknowledged the importance of a supportive friend for the mother on the day of her child's surgery. The mother stated:

> It's nice for me to have a friend; someone to talk to when going through this. The nurse said she was really happy that my friend Mary could be here with me...The nurse perceived the situation. She understands. She's thinking about me.

Nurses' noncaring was perceived by some parents as nurses not knowing nor understanding what the parents were feeling or experiencing during the hospitalization of their child. One mother described an encounter that she had with a nurse whom she perceived to be noncaring.

> I felt that she wasn't sensitive to me... because that one night I was so tired...she came to get me to breastfeed my baby...I kind of indicated to her how tired I was and I didn't feel that she picked up on that or consoled me or anything. The fact of the matter was, my baby was awake and she needed to be fed, so there you go.

These parents thought that nurses were caring when they knew the parents. Knowing the parents included: knowing and remembering the names of the parents and other family members, recognizing the likes and dislikes of the parents, understanding the feelings and stress that parents experienced while their child was ill and hospitalized, and knowing what was really important to the parents.

Knowing the Child

Some parents described situations of nurses' caring when nurses knew their children. One mother described caring as, "I think it's nurses wanting to spend time with him (Son) and getting to know him." This mother clarified further what she meant by a nurse "getting to know her son."

> She (caring nurse) asks him what are his favorite movies? Or she'll come in and say, "I've got a minute so I'll have to watch this movie with you (son)." She says that she likes to get to know the kids. She's always in there (son's room) and she gets right down at the side of the bed and talks to him...I know that she cares.

One mother thought that nurses were caring when they viewed the children as individuals and not just as patients:

> To me, she (nurse) cared about her (daughter) as a person, not only as a patient, because they are people and they do have concerns of their own. If they're an older child, they have a lot of questions of their own...I felt that she (nurse) was so caring to think of [my daughter] as more than a patient, but as a person.

A mother described a time when a nurse noticed that her son was calmed when the nurse sang to him. The nurse mentioned this to the mother. When the mother reflected on this interaction with the nurse, the mother stated, "It (the child responding to music) was something that I noticed in him but to have someone else notice it in him is special."

Some parents thought nurses were caring when they knew what contributed to a child feeling more comfortable and made the necessary adjustments in their nursing care. One mother identified that a nurse was caring when she, "learned that whenever his blood pressure was taken, that it was better if I was nursing him or if I was holding him over my shoulder so he was calmer." Another mother considered nurses to be caring when they know that she (daughter) is not a morning person and they let her sleep. That shows that they care about her." One mother believed a caring nurse "gets to know the child before she dives in and tries to do something to him."

One mother said that a caring nurse "is sensitive about [my daughter's] feelings. When something is bothering her (daughter) the nurses try to find out what it is." A mother described opposite behaviors when nurses were noncaring. She described noncaring nurses as not being sensitive to how her son felt.

> They come in and start unwrapping (tensor bandages) and taking things apart and he'll scream and say, "I

> want my mom!" And ' ` say, "Oh, it doesn't hurt. You should be used is by now." But there is no way a kid can go thro that much ' thout having it hurt a little bit...or be scared.

Parents believed nurses demonstrated caring when nurses made efforts to know their children as individuals with their likes and dislikes and were sensitive to the children's feelings. In addition, when nurses knew what made the child more comfortable, caring nurses would incorporate this information in planning and to make the necessary alterations in their nursing care.

E. Time

Virtually all parents used the word "time" during the interviews to describe a caring nurse. Phrases such as, "spends that extra time, "takes the time," and "was not rushed" were used by parents to depict nurses who care. Even within the parents' descriptions of nurses' caring categorized as relating, doing, being and knowing, the theme of "time" was integral throughout.

One mother described a caring nurse with her baby immediately post-operatively as:

> She wasn't in a hurry. She had to get [my daughter] on her back to make sure she wasn't bleeding (at the operative site), but she didn't just flip her over and take a look. She talked to her; she rubbed her back a little bit and then she gently rolled her over, slowly. She took that bit of extra time to make sure that she didn't hurt anything. She was gentle and always talking to her.

The mother noticed that the nurse was gentle, made the child more comfortable, and touched the child because she took "that extra bit of time." This mother described

further this caring nurse as, "She always stops. She doesn't just take the blood pressure and off she runs. She will talk a bit to [my daughter]...just to take a few extra moments." This mother recognized that a caring nurse took the time to relate to the child.

The mother was asked if she thought that the caring nurse was not as busy as the other nurses, and therefore she had more time. The mother replied:

> I think she is just as busy as the other nurses. She is busy! Like she doesn't have any less patients. She just uses time a little different than the others ...moves a little quicker between rooms...I'm sure she doesn't take as many - as long breaks that she is entitled to.

There was the sense that the nurse makes time and gives up personal time so that she can spend more time with her patients.

One mother was able to leave her child for the first time in five days only after she "knew that the nurse was going to have time for [her child]...be there and spend time with the little one." She was able to leave one evening for dinner because a nursing student was assigned to her son and the mother thought the nursing student had more time than the staff nurses. The mother stated, "He (son) had a student nurse and I knew that she had a little bit more time and her time was more flexible than the regular R.N.'s time."

Parents noticed also that nurses had more time during the evening or night shifts. As one mother said, "It's a little more personal in the evening when the rush for the day has settled down." Another mother stated, "The nights are kind of quiet, and when I'm up in the middle of the night with the baby, they (nurses) sometimes have a few more minutes to talk."

One mother thought that a caring nurse took and made

time to be available to talk to the mother. The mother said, "She takes the time to talk to me. I could ask her any question any time and she would make the time to talk to me."

One parent believed a nurse to be caring when she took the time to encourage his son to do correctly the breathing exercises for his asthma. He recalled that the nurse "took the time to care...took the time to try and get him to do his best." One mother thought that a nurse cared about her son because she took the time to make the dressing changes more fun for her son. The mother stated, "She has a Mickey Mouse watch. She always gives him the watch and lets him play with it before she starts with his leg dressings...she takes her time."

A nurse was perceived to be caring when she took time to talk to the children. One mother described how a nurse was caring when she spent time talking to her daughter who has a terminal illness.

> She would come on (duty) and just spend time with her, talking to her about her school, just talking to her as a person; talking to her about what she (daughter) would like to do with the time she has left. It was just taking time. Maybe she could have been spending it elsewhere...she just came in and spent the extra time with her.

This mother believed that a caring nurse made a choice to spend time with her daughter. When the mother was asked how long she thought this nurse actually spent with her daughter, the mother replied, "I would say fifteen minutes...maybe a little longer." Therefore, the mother was not talking about this nurse spending a long time with her daughter, but in fact the mother was actually identifying that just a few minutes of a nurse's time were very significant to her.

When nurses appeared unhurried, one parent thought

nurses were caring. The parent stated, "When they sit down to talk, it's like they have time for you. Or they want to take the time out for you and help you understand what's going on." According to this mother, when a nurse is standing over me, it almost feels like she's in too much of a hurry. I hold back the questions."

Some parents described noncaring nurses as: "being in a hurry," "being rushed," and "not taking their time." One mother described how she felt with a noncaring nurse. "She just does her job...she doesn't really give you the feeling that she has very much time to stop and even talk." Another mother said that noncaring nurses, "are just in a hurry and don't take their time" to make the dressing changes for her son as least painful as possible. A mother said that noncaring nurses "go quite quickly...there's no extra little care."

All of the categories of nurses' caring inlucluded the idea that nurses had, or made, or took time. Many of the incidents in which parents described nurses as being noncaring included the nurses appearing rushed or not spending time with the parents or children.

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Part II: Parents' Responses to Nurses' Caring

Parents were asked to describe what it was like for them when they perceived that nurses cared about their children and/or themselves, as parents. The parents' responses have been divided into two sections: (A) The parents' personal responses and (B) The parents' perceptions of the child's responses to nurses' caring.

A. Parents' Personal Responses to Nurses' Caring

Parents were unanimous in identifying that nurses caring was a positive experience for them and they responded with such comments as, "it was very good" or "nice", and "I liked it". More specific responses were also identified and described by parents and these responses have been categorized as: (1) Felt trust in the nurses and (2) Were less anxious about their child's hospital experience.

Trust in the Nurses

Some parents felt that they could trust caring nurses and had more confidence in the nursing care that was being provided. One parent stated, "I think that caring leads to trust and confidence in your nurse." A mother reported, "I have more trust in them" (caring nurses). Another mother stated, "you trust them (nurses) when they explain to you what's going on." One mother thought, because a nurse cared about her son, that "...he's in good hands...everything is being done for him." One parent believed that "if a nurse cares for him (her son) you know that there's more total care...he gets rocked or walked or not just ignored until he makes a noise." Another parent described her response to a nurse whom she perceived to be caring as:

> I feel more confident in her; that she's going to do the best that she can do. If she sees anything that isn't right that she will rectify the problem. She'll double check things or if she sees something in her chart that she thinks isn't quite right...I'd feel comfortable that she would look into it cause she cares about [my daughter]. She is concerned about [my daughter's] well being, not just her paycheque...I think the physical care is going to be better.

The word "safe" was used by one parent in describing how she felt when she thought a nurse cared about her son. "...safe kind of comes to mind...I felt safe that everything was being done." "Secure" and "reassuring" were the words used by another mother in describing her response to a caring nurse. "...I just had a more secure feeling of the care that he was getting... it's just very reassuring to the parent." This same mother related how she felt leaving her child for an hour.

> ...so when it came time later that evening to go out with my family for supper...I felt more comfortable in leaving him in somebody else's care...because in my mind she (the nurse) had already proved herself (that she cared about my son)...I was quite comfortable in leaving him with her.

In contrast, a mother stated that when she thought nurses were noncaring, she was "unsure because you never know what they will do (to him)." Six of the ten parents related that when they believed that a nurse cared about their child, they trusted the nurse to be more diligent in her nursing observations of the child and to provide better nursing care.

Less Anxious

Five parents commented that they felt more relaxed, calmer, or comfortable when they believed that a nurse cared about their child. A mother related the following experience when her one-year-old daughter returned from surgery:

> I was really glad it was her (caring nurse) when [my daughter] came back, because knowing how much she cared about [my daughter] kind of put my mind at ease. I was thinking I don't have to worry so much because she's in good hands. You can kind of relax a bit; you're not as nervous that anything can happen because you know that your nurse is right there and is very caring and is going to take really good care of her. It really puts your mind at rest.

Another parent stated, "I felt very warm, I felt very reassured...I felt very calm...relaxed to see that the nurse is so caring." One mother experienced an opposite feeling in the emergency department when she perceived that nurses were noncaring:

> ...it (left waiting for two hours) made us (her and her husband) angry and I think [our daughter] was feeling the stress that we were feeling...there was no nurse around...and it just seemed very cold...that whole environment seemed cold.

When one mother was asked what it was like for her when she thought that a nurse cared about her son, the mother replied, "Totally relieved!...I don't mind if I take a break and go and sit and watch a (television) show or something." Another mother used the word "relief" to describe how she felt with a caring nurse. "Relief was the biggest one (feeling)... she (caring nurse) puts your mind at rest and you know that she really cares."

One mother related that she felt "more relaxed; there is not as much fear that something might happen; that your nurse won't be there because you know she will. She is always there; you feel so much better." When a parent concluded that a nurse cared about her son, she stated, "I just felt comfortable."

When parents perceived nurses as noncaring, parents felt anxious and angry. One mother recalled that her child was running a "low grade" fever on the second post-operative day and the nurse on the day shift was checking the temperature "about every hour...to check on how it (the fever) was doing." According to this mother, the evening nurse had not checked the temperature for two hours and when she asked this nurse to check the temperature, the nurse said she was busy and would return later. It was another hour before she returned to take the child's temperature. This mother thought that the evening nurse was noncaring and she felt the following:

> ...you get really anxious...what happens if something goes wrong and this nurse isn't around and she's missed this (elevated temperature)...you get a little angry...your child is so precious...you don't want anything to go wrong and this nurse doesn't seem to care about that. You get a little angry that she's not taking that time to make sure that there is nothing wrong, you know, that everything's fine. There's anger.

Parents were asked to describe how they felt when they thought that a nurse cared about them. When one parent was asked what difference she thought it made to her if she perceived that a nurse cared about her, she replied:

> I don't know...I've never thought about that ...if the nurse cares about (the child); that's what's important because that's the person that has to have the care.

> As for whether the nurse (cares about me), I guess it would make me feel more comfortable.

Parents experienced discomfort when they perceived nurses as not caring. One parent commented that when her baby was admitted during the night she found the nurse to be cold and as a result she felt "uncomfortable just like that... (I was feeling) pretty lousy at the time and her attitude didn't help at all."

Another parent stated she felt "...more at ease if you feel that the nurse cares." One mother said, "..it's just a lot of weight off your shoulders...it sure does give you a lot more comfort." A mother recounted what it was like for her when she thought that a nurse cared about her:

> I think it was easier for me to relax because a mom can become very tired and exhausted in the first couple of nights...I mean you just live on nerves. After that, you get so exhausted and when you know that a nurse cares about you, then you're able to relax.

For one parent, when a nurse talked to the parent on a personal level and kept the parent fully informed, this communicated caring to the parent. In turn, the mother felt more comfortable on the pediatric unit and felt less intimidated.

> (When) I go to another place, I'm always a little intimidated by it...you feel like you're the little man and everyone else is kind of the big people and you're just kind of told what to do and where to go...but when (the nurse) can come down and talk to you personally, it makes you feel like you're a part of it too... I just felt comfortable being there (at the child's bedside)... Like you know I didn't feel out of place.

This same parent perceived time as going by faster when she felt comfortable on the unit. She reported:

> ...if you feel that you're in a strange place it's going to feel like you're here forever; whereas if you know that there's friends here and people who care about you, it's not going to seem like it's such a long time.

When parents perceived nurses to be caring about their child and/or themselves, all parents felt either trust and confidence in the nurses and their nursing care and/or were less anxious and more relaxed, and felt comfortable on the pediatric unit. There was also the sense that because the nurse cared about the child, the nurse would provide better nursing care and therefore the parent did not have to worry so much about the child's care and recovery. In contrast, when parents perceived that nurses did not care, parents felt anxious and angry, and had a lack of confidence in the nursing care that was being provided for their child.

B. Parents' Perceptions of Child's Responses to Nurses'Caring

During the interviews parents were asked what difference they thought it made to their child's stay in hospital if nurses cared about their child. Their responses indicated that they believed the children were: (1) Less fearful and more comfortable, (2) More cooperative and less fussy during procedures, (3) Related more to the caring nurses and that (4) The children actually healed or returned to health quicker.

Less Fearful and More Comfortable

Five parents' responses signified that they thought their children were less fearful during their hospitalizations when nurses cared about their children. One mother related how her child responded to caring

nurses.

> I think it (nurses caring) takes a lot of the anxiety away, the fear away. It makes [my daughter] feel more comfortable, more relaxed...she's never been in a hospital and it's scary. When the nurses are warm and take into consideration her thoughts and demands, I think it is far better for the child's recovery and self-confidence...so the child feels better about the hospitalization, less fearful.

One mother spoke of the frequent, lengthy hospitalizations that her daughter, who has a terminal illness, requires:

> If [my daughter] feels that nurses care I think it makes it a more pleasant stay to be in the hospital ...she feels more at ease. In [my daughter's] situation having to come back isn't such an unpleasant situation...she doesn't put up such a fuss because she has to come back to the hospital when the nurses care...you have a feeling that the nurses care.

Another mother identified that her son was more comfortable in the hospital if nurses care. "...it was a pretty scary experience for him being in a strange place (hospital). I think it (a nurse caring) probably made him feel more comfortable."

One mother thought that her 3 1/2 month old baby could sense the caring of a nurse by the way a nurse touched her baby. "I think a baby knows...they're little people...they can tell if (a nurse) is just going to hold him... like he's a nothing (or if she is) making sure he's comfortable." When one mother was asked how a nurse's caring made a difference, the mother believed that, because the mother felt more relaxed when she thought a nurse cared, her baby was more relaxed. "...if I am a little tense...or uncomfortable she (daughter) picks up on it right away, and if I'm relaxed...or at ease she seems to relax right along with me...kids know. They can tell." The

mother considered that there was a relationship between her own anxiety and the child's anxiety.

Interacts More With The Nurses

Some of the parents observed that their children interacted more with the nurses who cared about their children. One parent related the following:

> If he feels that [a nurse] cares about him, he's going to feel more comfortable. If something is bothering him, he's more likely to say something...if she (nurse) takes the time to be close to him, then he's going to be able to feel that she's a friend. Then he can talk to her.

This parent thought that the opposite was true. "...if a nurse is cold to her patient then the patient doesn't want to bother the nurse...the patient won't talk."

One mother identified that her son invited caring nurses into his room. "He'll know their (caring nurses) names; they will walk by and he'll holler their names out. (He will say), 'Come here, I got something to show you'...it makes a big difference." A mother stated, "She (the nurse) cares about [my daughter] and [my daughter] knows that. [My daughter] will stand up (in the crib) and give her lovies... and a hug when she (nurse) comes in (the room)." One mother observed her one-year-old son responding to caring nurses in the following way:

> He is more willing to have a relationship with nurses...who take the time to say hello...or give him a little kiss on the cheek, or wave to him...and he'll chatter and wave back, because they are doing something special other than just taking his temperature."

This same mother said that when nurses talked gently to her child that "...his little personality is soothed ...his little spirit is calmed."

Noncaring was reported as causing the child to feel less comfortable. A mother stated that when the nurses only pop in "now and again...(my son) wants me there. You know that he's not comfortable."

More Cooperative During Procedures

Some of the parents noticed that their children were more cooperative and less fussy during procedures such as having vital signs taken or dressing changed if nurses were caring. It seemed as if the children trusted these nurses more. One mother thought that nurses were caring when they were gentle and took their time changing her son's dressings When this mother spoke of her son's responses to these caring nurses she said, "I think he trusts them, it's hard for him when there are new nurses doing his dressing...but the ones that he knows does it really well (gently), well he has no problem with that (dressing change)." In contrast, this mother stated that when nurses were not gentle, "like when they just rip it (dressing) off with all that scab and they just keep pulling and pulling...he just hollers and screams 'get out of here'...he can just be miserable." This mother also believed that caring helped her son "to cope with this place (hospital)...from one nurse to the next he can be just miserable."

Another mother said that her one-year-old daughter did not fuss as much during her dressing changes when the nurse, whom she identified as caring, did the procedure. "I thought for sure she was going to scream...she never cried...she kept looking at the nurse (during the dressing change)...she was quite contented." When a new nurse was assigned to the child the mother noted, "she was fussier" during the dressing change.

Often, parents reported that taking vital signs was

stressful for children. If a nurse took her time, made the procedure a game, and allowed the child to get to know the nurse, parents reported that children fussed less. One mother stated:

> He responds so much more readily...quickly to the student nurses who had time to sing...and play with him. He responded differently when they took his vital signs...it was easier for him...when other nurses came in that had a little bit more time and weren't thinking that they had to rush right away, he responded much more quickly.

Heals Faster

Some parents believed that there was a relationship between nurses' caring and the speed with which a child healed or returned to health. One mother spoke of the relationships among caring, warmth, and healing.

> I think a nurse could do all that (nursing procedures) and be very cold...I think caring has to be warm...there is warmth with caring. (Warmth) is the love and friendliness and the smiles. Just the whole environment needs to be bright and cheerful and loving for them to get better...A child who's depressed and miserable, I don't think would get as well as fast as a child who's surrounded with love and friendliness and warmth.

One mother believed that "...when the nurses are caring towards [her daughter]...that [her daughter] is a little happier and this helps her heal."

Because a mother thought that her daughter was more content with a caring nurse; she noted that her daughter laid quieter immediately post-operatively.

> She was more content...I guess if she is more contented she will lay stiller and not have that

> chance of disturbing the (surgical site). In that way it (nurse caring) has a bearing on her (healing).

When parents perceived that nurses cared about and were caring of their children, parents observed their children to be less fearful and more comfortable during their hospitalization. Parents noted also that their children were less fussy during such procedures as having vital signs taken or dressings changed by caring nurses. In addition, parents observed that the children seemed more willing to interact or to have a relationship with caring nurses. Finally, some parents believed that nurses' caring contributed to how quickly the children healed or became well again.

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Part III: Additional Findings

Other findings emerged during the data analysis that, while not directly related to the two research questions, are of interest to report. These findings are discussed in two sections; (A) The environment of the pediatric unit and (B) Satisfaction with nursing care.

A. Environment of the Pediatric Unit

Many parents identified that the physical environment of the pediatric unit was very pleasant and contributed to the parents and their children feeling more comfortable on the unit. One mother stated, "Staying in the parent's suite, I'm really very, very grateful for that...that we're able to do that." Another parent said, "The unit is very nice with the play area that they have...it's quite comfortable...there's so much for the kids to do there." A parent declared, "It's a super place! Like all these extra things around the walls for the kids to push...the radio booth...the soft floor in the play area for the kids to play on."

One mother thought the environment contributed to children's healing when she related the following:

> I think that it's (unit) great. I think they (children) need that...instead of being put in a room. If they're put in gloomy circumstances, they're not going to recover that quickly. You put them in happy circumstances, they're going to heal a lot faster... when they've got their minds occupied with activities that they can participate in, I think they get better quicker...My daughter said when she first came in this place, "Oh Mommy, I really like this place."

This mother believed that the facilities and decor contributed to making a happy environment and consequently,

she believed that a child recovered more quickly in a happy environment.

Some of the support staff in the environment, and specifically the recreation therapists, were perceived by parents as contributing to a child's stay being a more pleasant experience. One mother stated:

> I think the staff in the play area are just fantastic with the kids. They all have time for the kids. There is not one (child) that is neglected. They're all being looked after in the play area.

A number of parents identified that the recreation therapists found activities for their children when they were confined to bed. One mother described the actions of the recreation therapists with her son as, "making him (son) laugh... comes in and talks to him."

B. Parents' Satisfaction With Nursing Care

While parents were not asked about their satisfaction with the nursing care that their children were receiving, all parents expressed that they were generally pleased with the nursing care. One mother stated:

> They (nurses) have been great; that's all I can say. Like they've really looked after me so well. They've taken time with her (daughter). They've gone way beyond the call of duty to care - to show that they do care about her...they've just done so much for her - like spend time with her. When I'm not here, they just talk to her about her interests and her needs. If she is really upset or if she has pain, they don't take it lightly. They get a doctor in to look at her, whether it's during the night or during the day. They have just been great.

Another parent stated, "I've never really ran into a nurse here that didn't care."

One parent said, "I just think that I'm very happy, very pleased with the attention and the way my little girl has been looked after by the nurses." One parent described the nurses in the following way:

> I brag to everybody that I see. The nurses here are extraordinary! Just great! I have no complaints at all. They're super! I asked today if the nurses here were just nurses for pediatrics or if they had to go to each unit? Like switch around. Because I thought they were just great and if I was sick, I'd like to be here.

Even though some parents did give accounts of experiences when they perceived nurses to be noncaring or not as caring as some of the other nurses, the incidents of nurses being noncaring were far fewer than the number of examples that parents gave of nurses being caring. Overall, the parents' descriptions implied that their children were receiving competent nursing care.

Summary

The findings from the data analysis have been presented. Parents' descriptions of nurses' caring were described under four broad categories which were derived from the data. These categories are: Relating, Doing, Being, and Knowing. Within each broad category, subcategories of caring were identified, described, discussed, and supported through the use of excerpts from the interviews with the parents. The theme of "Time" was common in many of the parents' descriptions of caring and this theme has also been explored. A summary of the categories and subcategories of caring including a description of the meaning of each subcategory is presented in Table II.

Parents' responses to caring have been presented. As parents recalled and shared their own personal responses to nurses' caring, they described as well their child's responses. Both perspectives have been described and discussed. These responses to nurses' caring are summarized in Table III. Additional findings peripheral to the research questions have been also reported.

Table II

SUMMARY OF PARENTS' PERCEPTIONS OF NURSES' CARING

CATEGORY	SUBCATEGORY	PARENTS' DESCRIPTIONS
Relating	Listening	Listens to and acknowledges parents' concerns. Listens to child.
	Providing Information and Explanations	Answers parents' and children's questions; seeks out information for parent; explains meaning of child's behavior; interprets medical diagnosis & treatments; explains child's progress; reinforces accurate perception of child's condition and prognosis; invites questions from parents; explains the health care system; patient teaching; explains procedures to child; sits down to give explanations.
	Touching	Gentle touching of child and parent; soothes child by touching; genuine touching; touches parent to communicate understanding of parent's feelings; eye contact during touching; parent senses nurse is truly present during touching.
	Sharing Personal Life Experiences	Shares experiences of being a parent and/or having an ill child; shares aspects of personal life; introduces self to parent and child.
Doing	Followng Through With Parents' Concerns	Follows through or acts upon parents concerns; communicates concern to physician; is prompt with following through; assists parents in getting a second medical opinion; validates parents' concerns as N.B.; communicates concern to other nurses.

Table II (Continued)

SUMMARY OF PARENTS' PERCEPTIONS OF NURSES' CARING

CATEGORY	SUBCATEGORY	PARENTS' DESCRIPTIONS
Doing (cont'd)	Meeting Comfort Needs of Parents	Suggests parents take breaks; provides a bed (cot) for parent to room-in with child; recognzes parent's need for nourishment and sleep and rest; offers fluids to parents; assists parents to meet basic needs by making suggestions or giving permission to parents to tend to their needs.
	Including and Involving Parents	Involves parents in child's care, i.e. bathing, changing bedding; involves parents in treatments that will continue after discharge; does not separate child and parent - gives parent option of rooming-in at child's bedside; invites parent to be present with child during painful or frightening procedures; nurse will adjust her plan so parents can be present for these procedures; consults parents about child's needs or usual routines.
	Making Child More Comfortable	Tries to make procedures a game for child; makes sure child is in good mood before taking vital signs; applies special children's band-aides; finds ways for child to occupy time; gives child "children's stickers" following procedures; makes procedures less painful i.e., changes drug order from parental to oral route; is slow and gentle during dressing changes.
	Going Beyond Call of Duty	Offering to take child to special function when off duty; attends to children other than those assigned; spends personal money on child;

Table II (continued)

SUMMARY OF PARENTS' PERCEPTIONS OF NURSES' CARING

CATEGORY	SUBCATEGORY	PARENTS' DESCRIPTIONS
	Going Beyond Call of Duty (continued)	takes personal time to talk to child and parent; does more than "just her duty"; "nursing is more than just a paid job."
	Monitoring Child's Care	Punctual with medications and and treatments; observes closely and assesses accurately child's physical condition; has necessary knowledge and information to provide safe care; knows how to operate equipment.
Being	Nurses' personality	Is warm, friendly, bubbly; smiles; "good with kids"; "upbeat and positive"; "not pushy or overpowering;" is a caring person outside of nursing; is a parent; "clicks" with child and parent.
	Being Emotionally Involved	Genuinely excited about child's progress; cries with parents; "shares an emotion with parent";
	Being Available	Includes both the nurse's physical and emotional presence; lets parent know where nurse is; "there for her patients"; focuses all attention on child when in room; communicates availability by inviting questions and conversation from parents and child.
Knowing	Knowing the Parents	Knows and calls parents by name; knows parents as individuals with their interests; knows and is sensitive to what the parents are experiencing and feeling; sensitive to parent's needs; knows family.

Table II (continued)

SUMMARY OF PARENTS' PERCEPTIONS OF NURSES' CARING

CATEGORY	SUBCATEGORY	PARENTS' DESCRIPTIONS
	Knowing the Child	Knows child's likes and dislikes; views children as individuals; sees child as more than a patient but as an individual person; knows what contributes to making a child feel more comfortable and incorporates this information in planning and making the necessary alterations in nursing care; is sensitive to child's feelings.
Time		Nurses communicating that they had time to spend with the children and their parents is critical for parents to perceive nurses as caring; "Spends that extra time"; is not rushed; "makes" or "takes" time to relate, to know, and be with children and their parents; takes time to provide nursing care in a conscientious manner. It is not the length of time that is important but it vital that the nurse communicates that the patients have the nurse's undivided attention when the nurse is with the patients.

Table III

SUMMARY OF RESPONSES TO NURSES' CARING

RECIPIENT OF CARING	CATEGORY	PARENTS' DESCRIPTIONS
Parent	Trust in the Nurses	Has more confidence in the nursing care provided to child; "Child is in good hands"; believes that nurses will do their best; felt safe and reassured; able to leave child for a few hours.
	Less Anxious	Felt more relaxed, calm and comfortable; felt "totally relieved"; knows nurse will be there when needed; felt "more at ease".
Child	Less Fearful and More Comfortable	Child is not afraid to return to the hospital; more comfortable; more relaxed if parent is relaxed.
	Interacts More With the Nurses	Interacted more with the nurses; invited caring nurses into room; not afraid to ask nurses for help; "more willing to have a relationship with caring nurses"; more likely to tell a nurse if something is bothering child.
	More Cooperative During Procedures	More cooperative and less fussy during procedures such as having vital signs taken or dressings changed; helps child cope with hospitalization.
	Heals Faster	"Child heals faster when there are warm and caring nurses providing care" for the child; laid quieter immediately post-operatively.

V. DISCUSSION

The purpose of this chapter is to discuss the findings of the study. The discussion is presented in four sections. The limitations of the research methods of the study are examined in the first section. The findings, with reference to the relevant literature, are presented in the second section. The third section encompasses some possible recommendations and implications for nursing practice, education, and research which may be considered in light of the findings. The summary and conclusions are contained in the fourth section.

A. Methods

Design

As a qualitative research design was chosen for this study, the findings cannot be generalized to parents who were not subjects in the study. However, the purpose of qualitative research is not to produce findings that are generalizable, but rather, to yield new insights and understanding about a phenomenon from subjects' points of view. "As a sensitizing device, qualitative findings are important in and of themselves, since it is the richness and detail of the data that give the reader an understanding of the subject's social world" (Knafl & Howard, 1986, p. 267). In the previous chapter many descriptions by parents of nurses' caring are very vivid and at times, both heart-rending and heart-warming. It is anticipated that readers of these findings will be sensitized to the perspectives and experiences of the parents in the study.

Even though the findings can not be generalized to other parents of hospitalized children, it was gratifying

to discover that parents not participating in this study but who previously had a child hospitalized, found the descriptions of nurses' caring to be accurate from their experiences and perspectives. As one mother, who had a fifteen year old son die following heart surgery, after she read the findings, stated, "What you (researcher) have described (about nurses' caring) was so true when [her son] was in the hospital. It really rang true for me."

Unstructured interactive interviews, which were audiotaped and transcribed, provided the method used for data collection, with the researcher interviewing all the subjects. The identity of the researcher, as a nurse, was always made known to the parents. Thus, parents may have been reluctant to provide information about nurses' caring which criticized nurses or, on the other hand, they may have selected information that nurses wanted to hear. Every effort was made to reassure the parents that their perceptions and experiences were worthy and important to share with a receptive, non-judgemental listener. As identified earlier in this report, the interviewing skills of the researcher were assessed by an external auditor to be satisfactory in eliciting parents' descriptions that were rich and complete. It was also important to guarantee to parents that their comments would be kept confidential and their personal identity unrevealed to others. These were the strategies that were used to assist and encourage parents to share openly and honestly their perceptions and experiences of nurses' caring. However, even with these strategies there is still the possibility that the parents may have been self-conscious about being tape-recorded and may have desired social acceptability. Thus, it is possible that parents edited comments that they would have made on an anonymous questionnaire.

Sample

Non-probability, convenience, opportunistic, and purposive sampling methods were employed for this study. Whenever nonrandom sampling methods are used, there is a chance that the researcher may bias the selection of the subjects. In this study, there was also the opportunity for the nursing coordinator to select parents in a biased way. When it was noted after the fifth interview that the parents were so positive about the nursing care that their children were receiving, a discussion was held with the nursing coordinator to inquire whether she was selecting parents whom she knew were satisfied with the nursing care. The nursing coordinator stated that she really did not know how the parents felt about the care and that she was using the sample selection criteria that was provided to her. Caution in generalizing findings beyond the sample is important.

There were only ten parents in the study sample. Although it was decided that data saturation had been reached, there exists still the possibility that new data may have been collected if more subjects were included in the sample. There was only one father in the sample and this is a limitation of the study. If more fathers had been included in the study, there is the prospect that their perceptions of nurses' caring may have been different.

Seven of the nine mothers were full-time homemakers, with only one mother working full-time outside the home. This could be due in part to the characteristics of the population from which the sample was selected. The hospital is located in a small city with many children being referred from rural areas which offer women fewer opportunities to be employed outside the home. In addition, the criteria for subject selection which required a parent to be rooming-in or staying for extended periods of time

with their child may have decreased the chance for mothers, who have careers outside of the home and were unable to be absent from work, to be included in the study. Women who have careers outside of the home may have different perceptions of caring that would have added to the data. The age of the parents ranged from 26 years to 35 years with the average age being 30.2 years. As there were no parents under the age of 26 years, younger parents' perspectives on nurses' caring may have contributed to the findings.

Setting

A limitation of this study is that all subjects came from one setting. There may have been factors in the setting which contributed to the ways that parents perceived and responded to nurses' caring. As identified earlier, many parents commented on the physical environment being so pleasant, convenient, and comfortable for both the children and themselves. This environment may have had an influence on their perceptions and experiences. One may wonder if there is a relationship between the parents' satisfaction with nursing care and the staffing patterns of the setting, such as eight-hour shifts with almost all nurses working part-time. In their study, Kahn and Steeves (1988) reported that when nurses felt exhausted they had difficulty establishing caring relationships with patients. One needs to be cognizant that the setting may have influenced the data and therefore, the findings.

B. Relevance of Findings to the Literature

Each of the major categories of caring that emerged during the data analysis will be discussed with reference to the relevant literature on nurses' caring. In addition,

responses to nurses' caring as identified in the literature will be compared to the parents' responses to caring.

Relating

Parents' descriptions of nurses' caring in the "relating" category bear strong resemblances to the findings reported by Brown (1986), Rieman (1986b), and Swanson-Kauffman (1986). Brown identified that the "provision of information" was one of the eight care themes which emerged from patients' accounts of incidents when they felt cared for by a nurse. Rieman reported that "really listening" was essential to a caring nurse-patient relationship. Swanson-Kauffamn identified a category of caring that she labelled, "enabling". "Enabling" is characterized by Swanson-Kauffamn as facilitating the women who had suffered miscarriages to grieve and get through their loss. Providing information, which confirmed that the women's grief responses were normal, was one of the nursing activities that these women described as enabling them to get through their grief

When investigators asked nurses to describe caring from their practice, nurses often identified aspects of relating that are consistent with the findings of this study. Forrest (1989) reported that nurses thought touching and teaching were important aspects to their lived experience of caring. Wolf (1986), in her study, discovered that nurses ranked highly listening, providing information, and touching. The nurses in Larson's (1987) study determined that touching, listening and talking were indicators that a nurse was caring. In Mayer's study (1988) family members stated that providing clear explanations about the patient's condition and treatments were helpful nurse caring behaviors.

While listening, providing information, and touching

have been identified in previous studies as behaviors of nurses that communicate caring, a nurse sharing life experiences with the patient and the patient's family has not been reported in the literature as being important to patients' perceptions of nurses' caring. In Forrest's study (1989), nurses thought that their own experiences of being a patient and having personal experiences with illness positively affected their ability to be caring with patients. In the present study, a nurse sharing life experiences, and in particular, a nurse revealing incidents or experiences of being a parent and having an ill child, were perceived by some parents as caring and facilitative in establishing a relationship between the nurse and the parent.

Doing

In earlier studies, patients and nurses described the following behaviors of nurses as caring: monitoring, including technical nursing competency (Brown, 1986; Larson, 1984; Cronin & Harrison, 1988), following through (Larson, 1984; Rieman, 1986), and providing comfort measures (Pasternoster, 1988; Mayer, 1986; Wolf, 1986). These categories of caring are similar to the parents' descriptions of nurses' caring in this study. The subcategories of "including and involving parents" or family and "going beyond the call of duty" have not been identified previously by patients as nurse caring behaviors. In Mayer's study family members thought that their separation from the bedside of a sick relative was not a helpful nurse caring behavior. Nurses were viewed as noncaring when they unnecessarily separated parents from their child.

Ford (1991) used the term, "beyond the call of duty", to depict nurses' caring. Ford described the term "beyond

the call of duty" as nurses being emotionally and personally involved with their patients. Parents in the present study described "beyond the call of duty" somewhat differently. Parents thought nurses were caring or "going beyond the call of duty" when they performed certain activities which parents thought were more than what would be normally expected of nurses.

In a number of studies it is reported that technical skill competencies, close surveillance, and safe physical care are what patients perceive to be the most important indicators of nurses' caring. While in this study there was no attempt to measure the relative importance of the various behaviors of nurses that communicate caring to parents, parents did not express major concerns about the p ysical care or safety of their children.

Being

Patients from previous studies have provided descriptions of "being" similar to the parents of this study (Brown, 1986; Pasternoster, 1988; Rieman, 1986b; Swanson-Kauffman, 1986; Cronin & Harrison, 1988; Keanne et al., 1987). When Brown analyzed patients' descriptions of incidents when they felt cared for by a nurse, one theme that was found in these descriptions was "reassuring presence". Pasternoster, in her study, reported that patients described caring nurses as "dependable" which meant that "nurses are there when you need them" (p. 19). One of the theme clusters that Rieman discovered when she scrutinized patients' descriptions of nurse caring interactions, was "nurse's existential presence." Rieman depicts "nurses' existential presence" as the nurse being physically present, but also equally important, the nurse being mentally present. It was also important for the patients in Rieman's study that they did not have to always

solicit a nurse's presence, but rather, the nurse knew when a patient needed her and was there for the patient. In other studies (Keanne et al.; Cronin & Harrison) patients identified that they perceived nurses to be caring when they were available and accessible by their physical presence. The findings from these five studies are consistent with the subcategry of "being available" as described in this study.

According to Swanson-Kauffman (1986), the women in her study identified "being with" as a caring category. She characterized "being with" as "feeling with - not as deeply as she, but with the woman" who has suffered an unexpected pregnancy loss (p. 41). Forrest (1989), in her study, reported that nurses described caring as being involved with their patients. Nurses believed that being involved with their patients included the nurse "being there", both physically and emotionally, and "feeling with and for" their patients. Ford (1990) interviewed six nurses and these nurses described that "being attentively present" with a patient was integral to a caring encounter. The categories of caring that have been identified in these studies are similar to the subcategories of both "being emotionally involved" and "being available" that were described by parents as indicators that nurses were caring. It is interesting to note that in Mayer's study (1986) family members did not perceive a nurse crying with the family as an important caring behavior. However, one mother in this study identified that when a nurse cried with her and her husband this was very significant to her. She thought that the nurse really knew how much the parents were hurting and that the nurse must genuinely care.

There was only one study in which patients reported that a nurse's affect influenced a patient's perception of a nurse being caring (Pasternoster, 1988). These patients described caring nurses as "cheerful, friendly, and

smiling" (p. 19). Parents in this study identified that caring nurses were "positive, warm, friendly, smiling and pleasant." This subcategory has been labelled as "nurse's personality."

Knowing

There are reports in several studies that nurses knowing their patients is a way that nurses communicate caring to patients (Brown, 1986; Swanson-Kauffamn, 1986; Ford, 1990). Brown described one theme of nurses' caring as "recognition of individual qualities and needs" of patients (p. 58). The women in Swanson-Kauffman's study desired nurses to know or to understand the personal meaning of a pregnancy loss to the women's lives. Care that was based on knowing was perceived by the women as personalized. The nurses whom Ford interviewed thought that during a caring encounter they sensed a patient's vulnerability and were "in tune with the patient's world" (p. 159). "Being in tune with the patient's world" means that a nurse knows and understands the patient as someone in his own right. These categories of caring are comparable to the category of knowing which emerged during the data analysis of this study. Parents thought nurses were truly caring when they knew and understood the experiences of parents and their children as unique and individual.

Time

Brown (1986) discovered that the "time spent" was an underlying theme in the majority of incidents that patients described as nurses being caring. When the patients in Brown's study thought that nurses spent more time than what they thought necessary to provide a service, patients felt cared for. Brown's finding is congruent with a finding of this study. The nurse spending time was integral to most of

the parents' descriptions of nurses' caring. When nurses spent time relating to parents and their children, took time doing nursing interventions or actions in a conscientious manner, made time for the purpose of knowing both the parents and their child with all their humanness, and had time for being with and for the parents and the children, parents perceived these nurses as caring.

Responses to Caring

There are only two studies identified in the literature that included patients' responses to nurses' caring (Pasternoster, 1988; Rieman, 1986b). Pasternoster reported that patients felt "good, secure, connected, and validated" when they believed that a nurse cared about them. Rieman related that patients felt "comfortable, relaxed, and secure" as a result of caring interactions with nurses. The findings from the two studies are consistent with the parents' responses that are reported in this study. However, findings of the present study unreported previously are the following: some parents (1) observed their child relating more, (2) thought their child was more cooperative during procedures and, (3) believed their child healed more quickly when a nurse was caring. Several nurses (Watson, 1979; Parse, 1988; Gaut, 1991b) have hypothesized that nurses' caring affects healing, and it is of note that some parents in this study identified healing as a consequence of nurses being caring. Some parents reported that their level of anxiety was determined in part by their perception of how much a nurse cared about their child. These parents also thought that their level of anxiety or comfort was sensed by their child and reflected in the amount of anxiety a child felt.

Implications and Recommendations

As previously mentioned, findings of this study cannot be generalized to the patient population at large for the reasons identified earlier. However, one may speculate on some possible recommendations and implications for nursing practice, education and research as a result of the findings.

Nursing Practice

An important indicator of nurses caring for the parents in this study, was that nurses spent time and appeared unhurried during nurse-parent and nurse-child interactions. Although the actual time was not very long, it was important that nurses were able to communicate to the parents that they had time to be with, and time for, the parents and their child. Deciding on how much time to spend with patients presents nurses with some practical dilemmas. Due to fiscal restraints and escalating costs of the present health care system, nurses are often required to work with fewer nursing staff than what is needed to provide quality nursing care. Based upon personal observations and experiences of this researcher, it seems that nurses are socialized in a system that values efficiency, meaning speed, and high technological advancements. Nurses appear to be affirmed and evaluated on the number of patients they care for or the number of complex technical skills they perform. Based on the nature of the caring categories that were derived from the data, one might suggest that nurses need time to practice nursing in all its dimensions (not just technical skills). In addition, as there is some indication in this study that nurses' caring makes a difference to patients, nursing must not fall victim to values of other professionals in the

health care system, but rather, nursing needs to acknowledge, support and validate nurses for interventions that transmit professional caring to patients.

It has been suggested that there may have been factors in the setting which contributed to the positive experiences that parents had with the majority of the nurses. One might question if the eight hour shifts with the majority of nurses working part-time influence the ability of the nurses to be caring. One might hypothesize if a nurse's ability to be caring is related to the nurse's level of energy or fatigue? It was reported that parents and children found the physical environment to be comfortable, pleasant, conducive to parents being involved with their child's care, and nonthreatening for children. As new pediatric units are designed and remodeled, some of these factors need further consideration.

Nursing Education

In a specific way, findings from this study may help sensitize nursing students to the behaviors of nurses that communicate caring to parents of hospitalized children as well as to the effects that nurses' caring have on parents and their children. However, in the more general sense, the findings from this study raise questions of relevance to nursing education. Some questions for consideration are: What effects do different conceptual frameworks of nursing education have on a nursing student's ability to be caring and to communicate that caring? What educational processes encourage nursing students to adopt caring as a core value for their professional practice? If a sense of being cared for is essential for a person to care for others, what provisions are there for students in nursing education programs to feel cared for? Should and can caring be taught, or is caring largely an intuitive gift, and what

implications then exist in terms of admission criteria of nursing education programs? Nurse educators are presently grappling with some of these important issues regarding caring for nursing education curricula (Bevis & Watson, 1989; Leininger & Watson, 1990; Tanner, 1990).

Nursing Research

Some of the findings that are reported in this study require further study. Parents identified that they believed their child healed faster when nurses were caring. This observation needs to be investigated. Further research is needed to determine if there is a relationship between healing and nurses' caring. In the literature it has been identified that there is a lack of reported research regarding parents' perceptions of nurses' caring in pediatric settings. As this study had a small sample size and was conducted on one pediatric unit, further studies are needed with other parents of hospitalized children in different settings to better understand what constitutes nurses' caring. One can ponder, do parents in different settings value the same or different components of caring?

Noddings (1984) states that caring can only occur when it is mutually seen by the caregiver and the recipient of care as caring. Congruence between the meaning of caring for pediatric nurses and the meaning for parents merits further exploration.

Exploratory studies are vital for nursing theory development. This study contributes to the understanding of caring as perceived by the recipients of nursing care. The broad categories of caring that were identified in this study are building blocks that can lead to the eventual linking and generation of grounded theory.

Summary and Conclusions

The purpose of this study was to gain an understanding of parents' perceptions of, and responses to, nurses' caring on a pediatric unit. It is anticipated that this study may assist nurses comprehending the role of their caring in health, healing and recovery. Existing research with parents to determine their perceptions of nurses' caring was absent in the literature and this study is a contribution to the literature of caring.

Ten parents who had a child hospitalized on a pediatric unit were interviewed to obtain their perspectives and experiences of nurses' caring. The data collected through the interviews were subjected to content analysis. Categories and subcategories of nurses' caring were established and described. Four major categories of caring were identified and explored: Relating, Doing, Being, and Knowing. These categories of nurses' caring are similar to categories that have been identified and described by patients in previous studies. Specifically, the categories of caring as portrayed by the parents in this study bear a strong resemblance to the caring categories that were reported in the studies by Swanson (1991; Swanson-Kauffman, 1986). Swanson suggests that the categories of caring that she describes as knowing, being with, doing for, enabling, and maintaining belief may be generic. There is some support in this study for her proposition.

Within each major category of caring, subcategories of nurses' caring were developed and described. Some of these subcategories have been reported in previous research. However, the subcategories that have not been identified in former research reports are as follows: nurse sharing life experiences, including and involving parents (family), and going beyond the call of duty. A nurse

spending time with a parent and the child was pivotal for a parent to perceive a nurse as caring. This theme has been identified only in one other study. Parents' responses to nurses' caring that have not been reported previously by patients are: the child heals faster, is more cooperative, and is more willing to form a relationship with a nurse.

The original questions that guided this research were: "What behaviors exhibited by nurses on a pediatric unit are perceived by parents as indicators that nurses are caring of the parents and their child?", and "How do parents respond when they perceive that nurses care?" The answers to these question have been discussed throughout this thesis.

In spite of its limitations, this study is important, in that parents' perceptions of and responses to nurses' caring has not been previously reported in the literature. As suggested, the findings have relevance for nursing practice, education and research. While answers have been found for the two questions that were posed at the commencement of the research project, more questions have arisen which merit exploration.

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Appendix A

INFORMED CONSENT FORM

Project Title: Parents' Perceptions of Nurses' Caring on a Pediatric Unit

Investigator: Lorraine Way, BScN.
Graduate Student
Faculty of Nursing
University of Alberta
Office Phone: 342-3367
Home Phone: 782-2881

Advisor: Dr. Darle Forrest
Associate Professor
Faculty of Nursing
University of Alberta
Office Phone: 492-5924

Purpose of the Study

The purpose of this study is to develop an understanding of nurses' caring as viewed by parents while their child is hospitalized. Another purpose is to find out the reactions of parents when they think that nurses care about the parents and their child.

Procedure

You will be interviewed and the interview will take approximately one hour. A second interview may be arranged if the researcher needs more information about your experiences during your child's hospitalization. The interview will take place at a private place in the hospital and at a time that is convenient to you. The interview will be tape recorded and then typed word for word so the information that you give the researcher can be reviewed later.

During the study, if the researcher becomes aware of problems about your child's care, it will be necessary to inform the appropriate people. The researcher will speak with you first before she speaks with any one else.

Risks

There will be no risk to you or to your child by you participating in this study, nor will you or your child benefit directly from this study. Results from this study may help nurses to understand what parents believe nurses' caring to be. This in turn may help improve the care that nurses give to children and their parents.

Voluntary Participation

You do not have to be in this study if you do not want to be. If you choose to be in the study, you may still drop out at any time by telling the researcher or your child's nurse. You will not have to tell anyone why you decided to drop out. You do not have to answer any questions or discuss any subject in the interview if you do not want to. Taking part in this study or dropping out of this study will not affect your child's care in hospital.

Confidentiality

Neither your name nor your child's name will appear in this study. The tapes of the interviews belong to the researcher, and the researcher will erase your name and any other identifying material. The tapes, typed interviews, notes, and this form will be kept in a locked cabinet. The tapes will be destroyed in five years after the study is completed. The typed interviews and notes will be kept in a locked file indefinitely and may be used for education and research purposes providing the researcher receives approval from the appropriate ethical review committees.

The tapes will not be shared with nurses on this unit, but may be shared with Lorraine Way's research committee from the University of Alberta. The information and findings of this study may be published or presented at conferences but your name or any material that may identify you will not be used.

If you have questions or concerns about this study at any time, you may call the researcher, Lorraine Way, or her advisor, Dr. Darle Forrest.

Consent

I, ______________________________, have read this information and agree to be in the study called "Parents' Perceptions of Nurses' Caring on a Pediatric Unit". I have had a chance to ask whatever questions I have about this study and my part in it and they have been answered to my satisfaction. I have crossed out any part of this form to which I do not agree. I have been given a copy of this form.

______________________ ______________________

Signature of Participant Date

______________________ ______________________

Signature of Researcher Date

- -

If you wish to receive a summary of the study when it is finished, please complete the next section:

Name: ______________________________

Address: ______________________________

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Appendix B

LETTER OF EXPLANATION TO PARENTS

Project Title: Parents' Perceptions of Nurses' Caring on a Pediatric Unit

Investigator: Lorraine Way, BScN.
Graduate Student
Faculty of Nursing
University of Alberta
Office Phone: 342-3367
Home Phone: 782-2881

Advisor: Dr. Darle Forrest
Associate Professor
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University of Alberta
Office Phone: 492-5924

I would like to invite you to participate in a research study of nurses' caring on a pediatric unit. The purpose of this study is to develop an understanding of nurses' caring from the view of parents who have a child in the hospital. This research is important in assisting nurses to be more aware of and sensitive to parents' experiences while their child is hospitalized.

I am a nurse, but I have returned recently to university for further education. If you are interested in participating in this study or would like more information about the study, please let the nurse in charge know. I will be available to answer any questions that you may have about this important research study. Thank-you very much for your consideration of participating and assisting in this study.

Yours Sincerely,

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