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Research Article

### A COMPARATIVE STUDY OF THE THERAPEUTIC TEAM' ATTITUDES TOWARDS THE PRESENCE OF PARENTS DURING INVASIVE PROCEDURES

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#### Abstract:

**Background:** Often first crises faced by the child is illness and hospitalization. About 30% of children at least once and about 5% several times experience hospitalization in a lifetime.

**Objectives:** This study aims to determine and compare attitudes of therapeutic teams towards the presence of parents during invasive procedures. **Methods:** For the purpose of conducting this descriptive-analytic research, 40 nurses working in pediatric wards, 19 pediatricians, 16 hospital managers, and 100 parents of children hospitalized in pediatric wards of hospitals affiliated to Ahvaz Jundishapur University of Medical Sciences in 2014, participated as the sample. The data were collected through the census survey using a demographic questionnaire and a researcher-made questionnaire containing 22 items for measuring attitudes. Data analysis was also performed using descriptive (mean and standard deviation) and analytic (chi-square test) statistics as well as the SPSS software version 19. **Results:** Based on the results obtained in this study, 65.3% of medical staff and 71% of parents were in favor of the presence of parents at their child's bedside when performing invasive procedures. In addition, the results showed that socio-cultural level, the invasive level of the procedure, doctor's request, and parents' and children's request were among the factors affecting the presence of parents in such situations. Further, lack of parental behavioral control, parental anxiety, interfering in the medical staff working procedures, and causing anxiety by parents among the medical staff are among the barriers to effective presence of parents. **Conclusion:** performing invasive procedures on children, by finding promoting and limiting factors of parents' presence, a comprehensive guideline could be formulated in order to make an effective step towards the rights of hospitalized children and their parents

**Keywords:** Parents, Therapeutic team attitude, invasive procedures

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**INTRODUCTION:**

The illness and hospitalization are often considered as the first crises faced by the child. About 30% of children at least once and about 5% several times experience hospitalization in a lifetime.

Today, children are more frequently hospitalized as compared to the past two decades. Normal stressors due to hospitalization include parental separation, loss of control, physical injury, and pain (1 & 2).

The term "parental presence" was first introduced by Shelton et al. (1987). It was defined as a situation in which parents make physical and eye contact with patients during invasive procedures and therapeutic treatments (3). Various organizations such as the European Association of Rehabilitation, American College of Emergency Physicians, Emergency Nurses Association, and Royal College of Nurses as well as other organizations support parents' presence and have developed applicable guidelines in this regard. Moreover, the America's children academy has also emphasized the presence of parents during painful procedures and regarded it as a necessity in its policies (4).

The results of a great number of studies showed that family presence during performing invasive procedures and rehabilitation operations could be both beneficial and detrimental. Benefits of family presence include all-round improvement of the patient's condition and family-centered care. Moreover, by observing therapeutic measurements, parents may develop a better understanding of the child's condition and emotionally support him (5-9). As another benefit of parental presence, reduced stress and fear in parents and access to desirable care experiences can be mentioned (10). However, despite these benefits, the health care team's fear of arguing with parents and its negative impact on their performance can be noted as the downsides of family presence when performing invasive procedures. Moreover, family presence negatively influences them after observing procedures (11-12).

Results of studies confirm a positive attitude of medical staff towards the right of parents to participate in health care programs for hospitalized children and the usefulness of such participation for children, parents, and families. However, medical staff viewed such participation to be eligible only in the daily affairs and emotional support of the child, and had neutral or negative attitudes towards parent participation in other urgent cases such as their participation in staff specialized activities (13).

In a study by Simons et al., the child pain relief was known as the most important need of parents, and parents stated that they are not sufficiently involved in this regard (14). Furthermore, the results of surveying parents' views revealed that, despite the tendency of parents to attend and care when performing medical procedures and their ability to see and tolerate their child's pain and discomfort, only 11 percent of them were asked about their presence in the ward. Distancing

parents from children and preventing them to contact their children as well as avoiding provision of information were reported to increase suspicion and occurrence of complaints regarding hospital cares (15).

Parental presence in care for hospitalized children is believed as a principle in pediatric nursing (9). However, many studies have shown this issue to be controversial, particularly during performing procedures. In addition, although nurses have thoroughly realized the role of parents in non-pharmaceutical examinations and interventions, in some cases they hold a negative attitude towards the presence of mothers during procedures. According to them, mother's anxiety during procedures causes more intense anxiety and emotional behaviors in children (14).

In Iran, mothers have been providing care for hospitalized children for more than a decade. However, conflicting opinions exist regarding the presence of parents during painful procedures among both families and medical staff. Furthermore, clinical observations by the researcher who have experience of working as a pediatric nurse in such wards indicate that the presence of parents while performing painful procedures was not practically beneficial in most cases and thus, children and their parents have been deprived of this right. This is while the results of extensive credible studies show that parental presence when performing painful procedures on children is a care principle, and is regarded as one of the rights of both parents and children (4). Therefore, the researcher conducted this study with aims:

**Objective**

Determine attitudes of the therapeutic team with regard to the presence of parents while performing invasive procedures.

Compare attitudes of the therapeutic team with regard to the presence of parents while performing invasive procedures.

**METHOD:****Setting**

The sample for this descriptive-analytic study was selected from among physicians (expert physicians, specialists, and residents), pediatric ward nurses, managers (head nurse, pediatric ward head doctor, Hospital matron and educational supervisor) at Golestan, Aboozar, and Imam Khomeini Hospitals, Ahvaz in 2014, as well as parents whose hospitalized children participated in the study using the census survey technique.

**Measures**

A questionnaire was designed by the researcher to collect the data. Content validity was used to assess the validity of the questionnaire. To do so, the questionnaire was distributed among 10 faculty members who were asked to give their opinions and recommendations to be included in the final version. To determine the reliability of the questionnaire, Cronbach's alpha test was used

after 15 initial samples were collected from each group. The Cronbach's alpha coefficient was obtained to be 82% for the parents' questionnaire and 86% for physicians, nurses, and hospital managers' questionnaire. The researcher-made questionnaire had two parts: the first part was related to the demographic information and the second part was related to attitude survey with 22 items developed through the study of books and theses and by using the supervisors and advisors' expert opinions. The questionnaire was likert type (1=strongly agree, 2=agree, 3= undecided, 4=disagree and 5=strongly disagree) with the overall score between 22 and 110. The attitudes were categorized into disagree, undecided, and agree for the scores below 50, 50-75, and above 75, respectively. In this study, both parents and the therapeutic team (physicians, nurses, and hospital managers) were given separate questionnaires.

#### **Analysis method**

The study data were analyzed and managed using descriptive (mean and standard deviation) and analytic (chi-square test) statistics as well as the SPSS software version 19. In this study  $P=0.005$  was considered.

#### **Acknowledgment**

The study was also approved by the Ethics Committee/Ahvaz University of Medical Sciences with the code of 1392.51. All the subjects voluntarily agreed to participate throughout the investigation; moreover, they informed and written consent was given by each subject prior to enrollment. In addition, all the research participants were guaranteed confidentiality either implied or formally.

#### **RESULTS:**

The results showed that in the population of nurses participating in the study, 100% were female, 87.5% were below 40 years old, 52.5% were married, 72.5% had no children, and 62.5% had less than 5 years of service in the pediatric ward. The statistics for the population of physicians were 68.4% female, 89.5% below 40 years old, 87.5% married, 73.7% with no children, and 89.5% with less than 5-year experience of the pediatric ward service. With regard to the nurse supervisors, 87.5% were female, 93.8% were below 40 years old, 87.5% were married, 68.7% had children, and 56.1% had more than 10 years of experience in the pediatric ward. Ultimately, among the parents population enrolling in the study, 100% were female, 58% were between 20-30 years, 10% were less than 20 years, and 36% had only one child, 7% were illiterate, 28% had primary education, and only 12% had university education.

The results also revealed that among the therapeutic team, the hospital managers with 93.8% and the physicians with 10.5% had highest and lowest awareness of the instruction to the rights of the child patient. However, in the both groups, 100% claimed that the instruction had not been issued to them.

Moreover, According to the results, significant differences ( $P=0.024$ ) were observed in the therapeutic team's attitudes towards the fact that parents lose their control by observing medical procedures. Also, 68.4% of the doctors, 80% of the nurses, and 100% of the hospital managers opposed the belief that parental presence depends on high economic status of parents. However, 94.7% of the doctors and 90% of the nurses agreed that parents' lack of knowledge of how the procedure is conducted causes misunderstanding of the medical personnel.

Overall, the results indicated that differences between the medical personnel's attitudes were not statistically significant. Accordingly, the greatest difference between the therapeutic team members' attitudes was related to this issue that the presence of parents during the implementation of procedures depends on the high skill and experience levels of doctors and nurses. In contrast, the greatest agreement among the therapeutic team members was that the presence of parents depends on doctor's will and also that, parents impair the proper implementation of procedures by doctors and nurses.

Regarding the study's results based on the variables relevant to the child patient, a significant difference ( $p=0.005$ ) was observed between the attitudes of the therapeutic team in that whether or not parental presence while performing procedures is dependent on the type and stage of the child's disease. In this regard, the greatest opposition between the nurses and hospital managers was related to the issue that the presence of parents while the implementation of procedures depends on the type and stage of the child disease. However, the doctors were mostly in disagreement with the view that the presence of parents during the implementation of the procedure depends on the invasion level of the child procedure.

The results also showed that 68.4% of the doctors and 70% of the nurses as well as 50% of the hospital managers were in favor of parents' presence when performing invasive procedures for the child. In addition, comparing the attitudes of the therapeutic team using the chi-square test showed that there was no significant difference ( $P=0.346$ ) between the attitudes regarding parental presence at the child's bedside when performing invasive procedures (Table 1

**Table 1: Comparison of the attitudes (of the doctors, nurses and health wards managers) towards the presence of parents at their child's bedside when performing invasive procedures**

Attitude Study samples	Undecided Score (75-50) number (percent)	Agree Score (75 <) number (percent)	p-value
Doctor	6 (31/6)	13 (68/4)	0/346
Nurse	12 (30)	28 (70)	
Nursing managers	8 (50)	8 (50)	

**Table 2: The attitudes of the parents regarding the presence of parents at their child's bedside when performing invasive procedures**

Attitude Study sample	Undecided Score (50-75) Number (percent)	Agree Score (75 <) Number (percent)
Parents	29 (29)	71 (71)

Based on the findings regarding the parents' attitudes, the greatest difference between the parents' attitudes was related to this issue that the presence of parents during the implementation of procedures results in increased level of anxiety among parents. In contrast, the greatest agreement of attitude among the parents was that the presence of parents leads them to peace of mind. Furthermore, the attitudes regarding the dependence of parents' presence on the invasion level of the procedure, as well as the increased psychological support for the child due to parents' presence had the greatest opposition and agreement among the parents, respectively.

Regarding the study's results based on the variables relevant to the medical staff, the greatest difference between the parents' attitudes was related to this issue that the presence of parents during the implementation of procedures depends on the nurse's will, while the greatest agreement of the parents' attitudes was that the presence of parents impairs the medical personnel working procedures.

According to the results, 71% of the parents were in favor of parental presence when performing invasive procedures on the child (Table 2).

The above table shows that 71% of the parents were in favor of parental presence when performing

invasive procedures on the child. A comparison of the views of the medical staff and the parents based on the common items in the questionnaire showed that the presence of parents while the implementation of invasive procedures depends on various factors, including the socio-cultural level of the parents, invasive nature of the procedure, doctor's will, parents' request, and child's request.

With regard to the impact of the socio-cultural level of the parents on parental presence, 82.5% of the nurses agreed to the issue whereas 55% of the parents opposed to it. This is while all the four groups agreed to the influence of the degree of invasiveness of the procedure on parental presence and among them, the physicians with 89.4% had the highest agreement. Moreover, the nurse's will factor was viewed to be influential by all the four groups, among which the nurses mostly agreed to this issue with 85%. Also, 52.7% of the doctors and 65% of the nurses opposed the impact of the parents' request, while 62.5% of the hospital managers as well as 67% of the parents agreed to the impact of this factor. Finally, in terms of the child's request, all the four groups agreed to its impact on parental presence and among them, the parents with 69% expressed the highest agreement in this regard (Table 3).

**Table 3: Comparison of the attitudes of the therapeutic team and the parents based on the common items in each group's questionnaire (affecting factors on parents' presence when performing invasive procedures)**

Attitude		Disagree Number (percent)	Undecided Number (percent)	Agree Number (percent)
Questionnaire Items				
The socio-cultural level	Doctor	6 (31.5)	1 (5.3)	12 (63.2)
	Nurse	5 (12.5)	2 (5)	33 (82.5)
	Manager	5 (31.2)	1 (6.3)	10 (62.5)
	Parents	55 (55)	3(3)	42 (42)
Invasive nature of the procedure	Doctor	1(5.3)	1(5.3)	17(89.4)
	Nurse	4(10)	2(5)	34(85)
	Manager	4(25)	1(6.3)	11(68.7)
	Parents	20 (20)	25 (25)	55 (55)
Doctor's will	Doctor	2 (10.5)	1 (5.3)	16 (84.2)
	Nurse	3 (7.5)	3 (7.5)	34 (85)
	Manager	3 (18.7)	1 (6.3)	12 (75)
	Parents	29 (29)	4 (4)	67 (67)
Parents' request	Doctor	10 (52.7)	2 (10.5)	7(36.8)
	Nurse	26 (65)	3 (7.5)	11 (27.5)
	Manager	5 (31.2)	1 (6.3)	10 (62.5)
	Parents	29 (29)	4 (4)	67 (67)
Child's request	Doctor	7 (36.8)	1(5.3)	11 (57.9)
	Nurse	9 (22.5)	6 (15)	25 (62.5)
	Manager	3 (18.8)	2 (12.5)	11 (68.7)
	Parents	20 (20)	11 (11)	69 (69)

The above table shows that the nurses with 82.5% mostly agreed to the influence of the socio-cultural level of the parents and also, the doctors with 89.4% had the highest agreement towards the impact of the degree of invasiveness of the procedure on the presence of the parents. Further, the nurses had the greatest percentage of agreement (85%) with the impact of the doctor's will on parental presence. The findings on the impact of the parents' request on their presence revealed 62.5% and 67% agreement of the managers and parents with the issue, respectively. Ultimately, in terms of the factor of the child's demand, the parents were the group with highest (69%) agreement with the issue.

Moreover, the results of comparing the attitudes of the therapeutic team and the parents based on the common items in the both groups' questionnaires showed that parental presence depended on various factors, including lack of parental behavioral control,

parental anxiety, interfering in the medical staff working procedures, and causing anxiety by parents among the medical staff.

In terms of the lack of parental behavioral control, all the four groups believed in its impact on parental presence among whom, the nurses and managers with 87.5% had the highest agreement in this regard. Moreover, the doctors, nurses, and managers agreed to the view that the presence of parents causes anxiety among the medical staff, while 65% of the parents opposed to it. All the four groups also believed in the view that the presence of parents impairs the medical staff working procedures and among them, the physicians with 89.4% had the highest agreement in this regard. Finally, all the four groups agreed to the view that parental presence causes anxiety among the medial personnel, and the nurses with 85% had the highest agreement among them (Table 4).

**Table 4: Comparison of the attitudes of the therapeutic staff and the parents based on the common items in the both groups' questionnaires (barriers affecting parents' presence when performing invasive procedures) and issued to all the health care centers (16). In this**

Attitude		Disagree Number (percent)	Undecided Number (percent)	Agree Number (percent)
Questionnaire Items				
lack of parental behavioral control	Doctor	1 (5.3)	2 (10.5)	16 (84.2)
	Nurse	2 (5)	3 (7.5)	35 (87.5)
	Manager	1 (6.3)	1 (6.3)	14 (87.5)
	Parents	38 (38)	2 (2)	60 (60)
parental anxiety	Doctor	4 (21.1)	1 (5.3)	14 (73.6)
	Nurse	3 (7.5))	2 (5)	35 (87.5)
	Manager	2(12.5)	1 (6.3)	13 (81.2)
	Parents	65 (65)	1 (1)	34 (34)
interfering in the medical staff working procedures	Doctor	1 (5.3)	1 (5.3)	17 (89.4)
	Nurse	2 (5)	6 (15)	32 (80)
	Manager	3 (18.7)	2 (12.5)	11 (68.8)
	Parents	12 (12)	2 (2)	86 (86)
causing anxiety by parents among the medical staff	Doctor	4 (21.1)	2 (10.5)	13 (68.4)
	Nurse	3 (7.5)	3 (7.5)	34 (85)
	Manager	3 (18.7)	1 (6.3)	12 (75)
	Parents	36 (36)	4 (4)	60 (60)

The table above shows that all the four groups agreed to the impact of lack of parental behavioral control on the presence of parents, and the nurses and managers with 87.5% had the highest agreement with this issue among them. Moreover, the doctors, nurses, managers, and parents all believed in the presence of parents as causing anxiety among the medical staff. The result also revealed that, the doctors as the most agreed group with 89.4% along with the other three groups believed in the view that the presence of parents impairs the working procedures of the medical personnel.

#### DISCUSSION:

Although the results obtained in this study showed that the majority of the nurses and managers as well as the minority of the physicians and parents were aware of the instruction to the rights of the child patient, all the doctors and managers claimed that the instruction had not been issued to them. However, the nurses mostly stated that they had already been notified of the instruction. This is despite the fact that the Patient Bill of Rights was enacted in Iran in March, 2001 in order to satisfy patients and parents

regard, the results of the study by Dugal *et al.* (2011) showed that lack of family involvement policies and procedures led to misunderstandings and personalized function of the therapeutic team, while implementing such policies and procedures increased the sense of responsibility and attention to the patient (3).

After examining the therapeutic team's attitudes regarding the factors associated with the parents, the majority of the doctors, nurses, and managers were shown to believe that parental presence when performing invasive procedures depends on the parents' socio-cultural level. Moreover, they also believed that parental presence could not be attributed to high levels of economic and education status among the parents. In this regard, the results of this study are consistent with those obtained in the study by Vavarota in 2011, indicating that the parents' socio-cultural level with 36.4% was among the most critical factors associated with the presence of parents (17).

Also in this study, the majority of the nurses believed that their request did not play a role in parental

presence, whereas more than half of the managers agreed to this issue. Given that the majority of people in Ahvaz are from Arab ethnicity and have different cultures, the extent to which the culture of the therapeutic team is aligned with that of the parents should be further discussed.

Generally, the attitudes of the therapeutic team in terms of the presence of parents at their child's bedside when performing invasive procedures revealed that they were mostly in favor of the issue. The results of our study were not consistent with those of several other studies; among them was the research by Kolnatan *et al.* (2002) which demonstrated that 78% of the therapeutic team were opposed to the issue of parental presence (18). In addition, Veselin *et al.*'s study (2006) showed that 63% of the nurses and doctors were opposed to the presence of parents (19).

In another study by Yantorliz *et al.* (2005) in which doctors' attitudes towards the issue of parental presence were examined, it was indicated that only 17% of the doctors were in favor of parental presence (20). The results of Ong's study (2004) also showed that 80% of the doctors as well as 78% of the nurses were opposed to the issue of the presence of parents (21).

Vavarouta (2011) also found that 71.9 percent of the medical staff was strongly opposed to the presence of parents in cardio-pulmonary revival and invasive procedures (17). According to the results of a study carried out by Mian *et al.* (2007), doctors less supported the presence of parents while performing the procedure and they were mainly concerned with how the procedure were adopted; however, they believed that the presence of the family helps patients. The results also suggest that, after holding a training course for 15 doctors, no attitude change was observed for 92 percent of these participants and they still did not let the parents be present (5).

Arguably, the results of Doran's *et al.* (2007) study showed that the medical staff held a positive attitude toward the presence of parents and 95% persons mentioned that parents, after attending the resuscitation procedures, can be present in the same position (22).

According to Rostami *et al.* (2006), a majority of mothers (more than 80%) stated that the nurses allowed them to be present during performing the procedures (23). This is not consistent with the results of other studies. This may be due to medical staff's positive attitudes and their increased awareness of children's rights and parents over time. Furthermore, it may also be caused by internal policy changes of hospitals not to have a barrier to the parents.

According to the results obtained in the present study, although doctors and nurses held positive attitudes towards the right of parents to attend when performing invasive procedures and the usefulness of their presence for parents and children, they regarded it as permitted just for simple procedures. In other cases, such as the presence of parents in specialized procedures, they held negative attitudes. Given these results and regarding the fact that opinions and attitudes affect behavior and performance, the medical team is likely not to support and facilitate the presence of parents and even prevents the presence of parents during invasive procedures through making excuses in cases where they are holding negative or neutral attitudes toward the presence of parents. This may be due to lack of support received from nurses, nurses' work overload and weaknesses in teamwork between doctors and nurses.

Regarding the case that half of the managers held neutral attitudes toward the presence of parents while performing the procedure, it may be claimed that the implementation of the Guidelines on the Rights of the Child and the presence of parents during the implementation of the procedure require time and adequate resources to educate doctors, nurses and parents and closely monitor their performance. They also believed that the presence of parents makes the medical staff angry and panic and causes interference in medical staff affairs taken during the execution of the procedure. On the other hand, the medical staff's attitudes, especially managers', towards the benefits of the presence of parents and its lower risks may depend upon some factors such as membership in professional organizations and qualification licenses. Examining parents' attitudes in terms of parental factors, the results showed that the majority of parents considered their presence during the procedure as a factor assisting them to achieve peace of mind and believed that their presence makes them better tolerate the conditions in the next procedures and satisfy their curiosity about the adopted procedures; however, more than half of parents believed that their presence during the execution of the procedure increases their anxiety.

The results of a study conducted by Doran *et al.* indicated that parents believed that their presence enhances their understanding of the child's medical condition and makes them adopt the best decisions to save the children's lives in critical circumstances (22).

The results showed that socio-cultural level, the invasive level of the procedure, doctor's request, and parents' and children's request were among the factors affecting the presence of parents in such situations. Accordingly, regarding the parents' socio-

cultural level, the highest level of agreement was reported for the nurses and half of parents were opposed to it. In terms of the invasive level of the procedure, all four groups agreed, with doctors having the highest level of agreement. All four groups agreed with the factor doctor's request and the nurses had the highest level of agreement. With regard to parents' request, doctors and nurses were opposed and administrators and parents agreed with it. Furthermore, all four groups agreed with the factor children's request and a majority of parents agreed with this statement. The results showed that some factors including lack of parental behavioral control, parental anxiety, interference in medical staff affairs, and causing anxiety in medical staff by parents are among the barriers to effective presence of parents. Regarding lack of parental behavioral control, all four groups were in agreement, with nurses and managers having the highest level of agreement. In terms of parental anxiety, doctors, nurses and managers confirmed that the presence of parents leads to parental anxiety; however, parents were opposed to it. Regarding interference in medical staff affairs, all four groups confirmed this assumption and doctors obtained the highest level of agreement. All four groups agreed that the presence of parents causes anxiety in medical staff, with nurses having the highest level of agreement.

### CONCLUSION:

Given that the staffs of teaching-therapeutic hospitals have been examined in this research, it seems that the topic parental presence while adopting invasive procedures and execution of further instructions in this regard has been more seriously implemented. Consequently, considering specific circumstances of each hospital, region and population under its coverage and having a special focus on the culture in that specific region would result in identifying affecting factors and barriers to participation and proposing fundamental solutions. Further, since the issue of parental presence while performing invasive procedure has been repeatedly discussed by healthcare teams around the world, data available in articles can be used for dispute resolution in healthcare teams and provide effective strategies to solve conflicts and establish a comprehensive policy regarding the presence of parents. It is recommended that in the line with this study, on the attitudes of the therapeutic team, parents presented when performing invasive procedures for the child. In addition to it is recommend further research with more than population in the country.

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