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PARENT PARTICIPATION IN THE CARE OF HOSPITALIZED CHILD IN THAI AND WESTERN CULTURES

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This integrated literature review provides state-of-the-science information regarding parent participation in the care of hospitalized child. The database search revealed only 12 articles on this subject published between 1996–2002. Ganong's (1987) integrative research review process guided this study, and the matrix method of Garrard (1999) was modified to develop the data collection tool. The rules of inference for data analysis and interpretation were identified. Research outcomes were systematically analyzed and reported using a qualitative descriptive approach. Three major themes emerged from the investigation: parents, nurses, and child care interactions. As there were both similar and different findings between Thai and Western cultures, cultural differences regarding parent participation in the care of hospitalized child must be considered in future investigations. Because cultural competence in parent participation has not been well addressed in the literature, further research is needed to delineate the cultural underpinnings of parent participation in the care of hospitalized child.

Western concepts directing the care of hospitalized children have changed significantly over time. Parents who were once excluded from participation in Western cultures now are strongly encouraged to play significant roles in the care of their hospitalized child. In Eastern cultures such as Thailand, parents always have been expected to play a role in the care of

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their hospitalized child. Today, in both societies, parents not only accompany their child into the hospital, but also are encouraged to fully participate in their child's care 24 hours a day.

Results from past studies related to parent participation in the care of hospitalized children support that parents want to participate in their child's care (Balling & McCubbin, 2001; Evans, 1996; Kawik, 1996; Keatinge & Gilmore, 1996; Neill, 1996). Multidisciplinary studies have affirmed the importance of the role of the parent in both physiological and psychosocial health outcomes for children. However, there are many factors influencing child care interactions including attitudes of nurses (Johnson & Lindschau, 1996), communication between parents and nurses (Evans, 1996; Neill, 1996), inadequate information from health care professionals (Kawik, 1996), lack of negotiation (Blower & Morgan, 2000), and adequate availability of nursing staff (Balling & McCubbin, 2001). Whereas practices related to parent participation in the care of hospitalized children within the Western culture have evolved based on increased scientific knowledge and practice outcomes, little is known about parent participation or factors influencing this role in the East.

The increased practice of parent participation in the care of the hospitalized child has resulted in changes in pediatric nursing practices. Nevertheless, there is no consensus in the literature about integration of parent participation in the care of hospitalized child within the health care environment. For example, Johnson and Linschau (1996) reported that parent participation in the care of hospitalized child was positive and evolving. Moreover, results of these investigations have supported changes in health care providers' attitudes and practices. Conversely, de Lima, Rocha, Scochi, and Callery (2001), who studied parent participation in the care of hospitalized child in Brazil, revealed that some difficulties occurred in the integration of the mothers' and nurses' tasks in the care of hospitalized child. These results provided a basis for concern regarding fragmentation of care into manual and intellectual work. Our integrated literature review synthesizes what is known about the state of the science and clarifies what is known about the concept of parent participation in the care of hospitalized child. Recommendations for further research also are provided.

It also is important to recognize that what is known about parent participation in the care of the hospitalized child is based on investigations within the Western culture. As a result, models describing parent participation in such care have been developed based on data from Western populations. In Thailand, expectations about parent roles in the hospital are different from those in the West. Before Western models are globally imposed, research is needed to determine the cultural competence of these

models. This literature review also discusses the applicability of Western models regarding this concept between Thai and Western cultures. The results assist in the development of evidenced-based culturally competent practices.

METHODS

The authors applied Ganong's (1987) method of integrative research review to this integrated literature analysis. Ganong's method consists of:

- Making decisions about what to review.
- Reading and understanding the information that the authors present.
- Evaluating the ideas, research methods, and results of each publication.
- Preparing a synthesis that includes both the content and a critical analysis of these materials.

To aid in the performance of the above steps, we modified the matrix method of Garrard (1999) to design a data collection tool. The following three questions were addressed:

1. What are the perceptions of parents and nurses toward parent participation in the care of hospitalized child?
2. What factors, variables, or child care interactions are significant to parent participation in the care of hospitalized child?
3. Are there differences in the concept of parent participation in the care of hospitalized child between Thai and Western cultures?

SAMPLE

The sample consisted of journal articles published in English from January 1996 through February 2002. Inclusion criteria were:

- Databased articles.
- Articles identified using several computerized databases, including Cumulative Index of Nursing and Allied Health Literature (CINAHL), MEDLINE, PubMed, Academic Search Premier, and Sciencedirect under the linked key terms of *parent participation in the care of hospitalized child* with any type of illness except critical illness and neonatal care.
- Articles identified from review of the references lists of the retrieved articles.

Exclusion criteria were:

- Opinion literature and other nonresearch-based reports or discussions.
- Unpublished manuscripts, books, tapes, or electronic media.
- Articles that did not provide abstracts.
- Articles published outside the designated time frame.

Procedure

The literature review was conducted using the sampling criteria described above. The Parent Participation in the Care of Hospitalized Child Data Analysis Tool was designed for using in this study. The tool consisted of categorical columns where data related to author, purpose of investigation, design, samples, measures, results, and country where study was conducted were coded. Content validity was assured by using the categories identified by Ganong (1987) as essential components for an integrative review. In addition, we identified rules of inference for data analysis and interpretation, and revised the tool when elements arose that could not be included in the initial schema, i.e., country in which investigation was conducted. We analyzed each article in the sample by using the Parent Participation in the Care of Hospitalized Child Tool. Each original research study was treated as a single datum.

Analysis

A qualitative descriptive approach to synthesis of research outcomes was used; common themes and content were identified and analyzed. This process included a series of systematic steps:

1. Each article selected for inclusion was carefully read.
2. Data related to each category listed on the tool was entered into a table containing columns reflecting the categories identified in the procedures section above.
3. Constant comparative analysis was used to identify thematic categories.

Thematic categories that emerged were summarized for further discussion and analysis. Aggregation of outcomes and generation of themes were techniques used in data analysis. The following categories emerged:

1. Parents' feelings.
2. Parents' expectations and perceptions of participation in child care.

3. Parents' availability of participation in child care.
4. Nurses' attitudes toward parent participation in hospitalized child's care.
5. Child care interactions.

RESULTS

The final sample consisted of 12 full text articles published between 1996–2002. The majority of articles (5 articles) were published in 1996. Three each were published in 1999 and 2001, and one was published in 2000. No studies were published in 1997, 1998, and 2002. Of those articles included in the analysis, findings were reported from five countries: the United Kingdom (6 articles), the United States and Australia (2 articles each), and Sweden and Brazil (1 article each).

A variety of methodologies were employed in these studies. de Lima et al. (2001), Evans (1996), Hutchfield (1999), Neill (1996), and Simons, Franck, and Roberson (2001) used a qualitative approach. Balling and McCubbin (2001), Heymann, Toomey, and Furstenberg (1999), Johnson and Linschau (1996), Keatinge and Gilmore (1996), and Kristensson-Hallstrom (1999) used a quantitative approach. Both qualitative and quantitative approaches were used in only two studies (Blower & Morgan, 2000; Kawik, 1996).

Participants consisted of parents, nurses, or staff, or both parents and nurses. Balling and McCubbin (2001), de Lima et al. (2001), Evans (1996), Heymann et al. (1999), Kristensson-Hallstrom (1999), and Neill (1996) elected to study groups of parents. Two reports only included data from nurses or staff (Hutchfield, 1999; Johnson & Linschau, 1996). The remainder of the studies included data from both parents and nurses (Blower & Morgan, 2000; Kawik, 1996; Keatinge & Gilmore, 1996; Simons et al., 2001).

Children with both acute and chronic illnesses were studied. Blower and Morgan (2000), Neill (1996), and Simons et al. (2001) studied children with an acute illness or short stay admission, while Balling and McCubbin (2001), de Lima et al. (2001), and Evans (1996) studied children with chronic illness. Four articles reported studies of children from both groups (Johnson & Linschau, 1996; Kawik, 1996; Keatinge & Gilmore, 1996; Kristensson-Hallstrom, 1999). Two articles lacked identification of types of illnesses (Heymann et al., 1999; Hutchfield, 1999).

A variety of ages of children was studied. Two studies reported results from parents of preschool-age children (0–5 years) (Blower & Morgan, 2000; Neill, 1996). Four studies contained data from children of a wider age range, such as 3–11 years (Evans, 1996), 1 month–12 years (Keatinge & Gilmore, 1996), 10 years or younger (Heymann et al., 1999), and 1–12

years (de Lima et al., 2001). Two teams of investigators studied groups of children of all different ages (Balling & McCubbin, 2001; Kristensson-Hallstrom, 1999). Four contained no identification of the ages of the children (Hutchfield, 1999; Johnson & Linschau, 1996; Kawik, 1996; Simons et al., 2001). These limitations significantly limit the generalizability of the findings.

The findings from the literature reviews are summarized in Table 1. Analysis of these studies revealed three categories of themes: parents, nurses, and child care interactions. Each of these themes is described below.

Parents

Parents' Feelings Regarding Participating in Care of the Hospitalized Child

Parents often report feelings of anxiety, stress (Evans, 1996; Keatinge & Gilmore, 1996), and being out of control because of the disease and/or its treatment (Evans, 1996). In addition, parents felt that home care was better than hospital care (Balling & McCubbin, 2001).

Parents' Expectations and Perceptions

Parents wanted to participate in child care (Kawik, 1996; Neill, 1996). They participated in child care by choice (Neill, 1996), including provision of basic care (Keatinge & Gilmore, 1996), information sharing (Balling & McCubbin, 2001), and technical care or clinical care (Balling & McCubbin, 2001; Evans, 1996). Neill (1996) reported that parents wanted a professional to manage clinical care. Moreover, parents wanted their older children to be able to participate in the care of the hospitalized child (Balling & McCubbin, 2001).

Parents' Availability of Participation

Parents who were more educated were more available to participate in care (Heymann et al., 1999). Additionally, parents who lacked the ability to negotiate with nurses demonstrated decreased participation in the care of their children (Blower & Morgan, 2000). Parents' perceptions about their child's pain level had an impact on their participation in care. If the parents perceived that the child's pain level was decreased, then they increased participation in their child's care (Kristensson-Hallstrom, 1999).

Nurses' Attitudes Toward Parent Participation

Registered nurses had more positive attitudes toward parent participation than other staff members such as student nurses, medical staff, play

Table 1. Research literature on parent participation in the care of the hospitalized child

Author	Purpose	Design/sample	Measurement	Results/country
Evans (1996)	To investigate the feasibility of parental participation in the nursing care of their children (specifically the mothers' ability to correctly administer antibiotics) and to identify the mothers' reactions to participating in their child's care.	A pilot study (descriptive study) involving teaching five mothers of pediatric oncology patients how to administer intravenous (IV) antibiotics to their child was performed.		All mothers in the study were capable of performing the procedure and all were willing to do so. Mothers emphasized the fact that they often feel stressed and out of control because of the impact of disease and treatment, and many important issues were raised in relation to this. Nurses' attitudes toward care by parents requires clarifying and changes need to take place if this concept is to progress. Negotiation to allow mutual understanding between parents and nurses is essential to the successful implementation of such a care approach (U.K.).
Johnson & Lindschau (1996)	To identify staff attitudes toward parent participation in their hospitalized child's care and to assess personal and professional characteristics that could influence these attitudes.	A nonrandom sample of 62 staff who care for children on four pediatric wards at an urban women's and children's hospital in South Australia participated in a study.	Staff attitudes toward parents participating in the care of their child in the hospital and the personal and professional characteristics that may influence these attitudes.	Staff members who were registered nurses, parents, married, or associated with the burns, craniofacial, and general surgery ward or the infectious diseases ward had more positive attitudes toward parent participation than did other staff members who did not possess these characteristics. The main difference in attitude related to professional characteristics: registered nurses scored a higher mean score, reflecting a more accepting attitude than any other professional group participating in the study (Australia).

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Table 1. Research literature on parent participation in the care of the hospitalized child (*Continued*)

Author	Purpose	Design/sample	Measurement	Results/country
Kawik (1996)	To determine whether parents were able to participate in the care of their hospitalized child and work in partnership with the nurses.	A descriptive study that utilized method triangulation and was conducted in two phases. In phase one a postal survey of 65 nurses was undertaken in three children's wards within an NHS trust hospital, while in the second phase, 12 in-depth interviews were completed with parents in their own homes following their child's discharge from hospital.	The quantitative data were analyzed using descriptive statistics and the qualitative data were subjected to content analysis.	Parents were willing to be involved in caring for their hospitalized child yet experienced difficulties as a result of inadequate information and the nurses' reluctance to relinquish control of the nursing care. These findings demonstrated that nurses and parents had different perceptions of their individual roles. Consequently, the nurse/parent relationship was not always conducive to a partnership approach, which has implications for both nurse education and clinical practice (U.K.).
Keatinge & Gilmore (1996)	To describe the planning, implementation, and evaluation of a pilot study of shared care between parents and nurses.	The planning, implementation, and evaluation of a pilot study of shared care between parents and nurses in a New South Wales pediatric unit is described.	Parents' and nurses' attitudes to shared care or parent participation in the care of their hospitalized children. Parents' anxiety by using State Trait Anxiety Inventory scores (Gorsuch et al., 1983).	Nurses' attitudes to shared care were mostly positive. Parents who participated in shared care also responded positively to the initiative, although most had chosen to limit their participation to basic care activities. There were 50% fewer parents who had experienced share care were very anxious at the time their children were discharged than parents whose children were hospitalized prior to the introduction of shared care (Australia).

Neill (1996)	To describe parents' views and experiences of parent participation on an acute pediatric ward.	A qualitative exploratory study was undertaken to examine parents' views and experiences of participation in the care of their child between 2–5 years of age in acute pediatric ward in hospital and to identify factors that inhibit or facilitate participation.		Parents clearly wish to participate in their children's care at a level of their own choosing. However, they preferred professionals to be responsible for their children's clinical care, while they continue to be responsible for the children's normal day-to-day care. Problems were identified in the area of relationships between parents and professionals centered on communication and the continuing paternalistic nature of these relationships. Parents of children who experienced single, short hospital admissions found involvement in their children's care particularly difficult (U.K.).
Heyman et al. (1999)	To examine working conditions that determine whether parents can spend time with and become involved in the care of their children when they are sick.	Survey in mixed-income urban working parents aged 26 to 29 years participating in the Baltimore Parenthood Study with a multivariate analysis of factors influencing parental care of sick children.	Working conditions that influence parental care of sick children.	Only 42% of working parents in our sample cared for their young children when they became sick. Those parents who had either paid sick or vacation leave were 5.2 times as likely to care for their children themselves when they were sick. Of parents with less than a high school education, 17% received paid leave, compared with 57% of parents with a general equivalency diploma, 76% of parents with a high school diploma, and 92% of parents with more than a high school education ($P < .001$) (USA).

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Table 1. Research literature on parent participation in the care of the hospitalized child (*Continued*)

Author	Purpose	Design/sample	Measurement	Results/country
Hutchfield (1999)	To facilitate a dispositional approach to analyzing the concept of family-centered care.	This paper uses a combination of Rodgers' evolutionary model of concept analysis and Schwartz-Barcott and Kim's hybrid model of concept development. Data from a qualitative survey was used in conjunction with data obtained through a questionnaire.		Two alternative models of family-centered care emerged, both of which demonstrate strong associations with the concepts of partnership with parents, parental participation, and care by parents. The tentative proposals for a hierarchy of family-centered care will require exploration, testing, and evaluation by practitioners in the real world of children's nursing (U.K.).
Kristensson-Hallstrom (1999)	To investigate what makes parents of hospitalized children feel secure and factors influencing their level of participation.	A quantitative research was conducted at pediatric surgical and medical wards. Participants were parents whose children were hospitalized.	The questionnaire consisted of demographic variables concerning the parents. The questionnaire also asked for a parental evaluation of the child's sleep and maximum pain during hospitalization as measured with a 10 cm Visual Analogue Scale.	The results indicate a relationship between parental participation and their estimation of their child's pain. The study confirms a pattern, developed in a previous study, in how parents adopt different strategies affecting their participation during their child's hospitalization. Some parents who wanted to participate in more aspects of their child's care seemed to think that their child had less pain than parents who preferred more limited participation (Sweden).

Blower & Morgan (2000)	To compare the views of parents and nurses examining expectations of parental participation in care.	The research sought a qualitative and quantitative approach. Participants were 80 parents and nurses examining expectations of parental participation in care.	The expectations of parental participation in care between parents and nurses. Negotiation between nurses and parents.	A lack of negotiation between parents and nurses with regard to expected roles resulted in parents often feeling unable to express their desired level of participation. Both parties indicated that if parents received greater guidance and support, it would be possible for their expectations to be met more adequately (U.K.).
Balling & McCubbin (2001)	To examine how much participation parents of children with chronic illness desire in the care of their child when the child is hospitalized; parents' perceptions of the valuing of their expertise by various health care professionals; and illness variables, parental control preferences, and valuing of parental expertise.	A retrospective, cross-sectional, descriptive correlational design was used for this study to examine 50 parents who care for a child with a chronic illness.	A modified Family Profile Inventory (McCubbin & McCubbin, 1983) was used to obtain demographic information about parent caregiver, child, and family characteristics. A modified Parental Control Preference Scale (PCPS) (Schepp, 1992) was designed to measure the amount of control that mothers of a child prefer to have over various aspects of care. The Valuing of Parental Expertise Scale (VOPE) (Balling, 1995) was used to measure how parents feel the expertise they had gained while caring for their child at home was valued by various health care professionals.	Participation in information sharing and technical care were areas over which parents wanted the most control. Nurses and attending physicians were rated highest in valuing parental expertise. Parents felt higher quality care was given at home than in the hospital; nurses were too busy or understaffed to provide optimal care in the hospital; and the child's control of care and decision making should increase as the child grew older (USA).

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Table 1. Research literature on parent participation in the care of the hospitalized child (*Continued*)

Author	Purpose	Design/sample	Measurement	Results/country
de Lima et al. (2001)	To examine parental participation during the hospitalizations of their children.	This study used a qualitative design to examine parental participation during the hospitalizations of their children. The study was conducted with 10 mothers whose children were hospitalized in the RPCH pediatric unit.		Some of the difficulties that arise in the integration of the work of mothers and nurses in hospital care of children and the fragmentation of care into "manual" and "intellectual" work. The results are considered within the theoretical framework of the model of technological organization of work (Brazil).
Simons et al. (2001)	To investigate the views of parents and nurses about the involvement of parents in the management of their child's pain during the first 48 hr after surgery.	Using a phenomenological approach, nurses and parents were interviewed about their perceptions of parent involvement in pain management of their child's pain during the first 48 hr after surgery.		Parental involvement in their child's pain management is superficial and limited in nature. Parents described a passive role in relation to their child's pain care and conveyed feelings of frustration. Only a minority of parents expressed satisfaction with their child's pain care. Nurses perceived that there was adequate involvement of parents and adequate pain management for children (U.K.).

leaders, ward clerks, physiotherapists, and social workers (Johnson & Lindschau, 1996). Also, Keatinge and Gilmore (1996) found that nurses' attitudes to shared care were mostly positive.

Child Care Interactions

Many problems were reported in association with child care interactions between parents and nurses. These included communication (Evans, 1996; Neill, 1996), paternalism, increased difficulties during short stay hospitalizations (Neill, 1996), inadequate information (Kawik, 1996), nurses being too busy to provide optimal care in the hospital and understaffing (Balling & McCubbin, 2001), frustration and dissatisfaction with a designated passive role (Simons et al., 2001), fragmentation of care into manual and intellectual work, and difficulty integrating nursing and parent roles (de Lima et al., 2001). Cooperation and partnership between parents and nurses were valued components of the child care interactions (Hutchfield, 1999).

DISCUSSION

Based on the analysis of the literature, we could say that parent participation in the care of hospitalized child is based on the perspectives from Western culture. Three major themes emerged: parents, nurses, and child care interactions. The literature demonstrates that although parents commonly feel anxious, stressed, and out of control, they wanted and were willing to be involved in the care of their hospitalized child. Moreover, parents wanted to participate in their child's care in different ways. These included provision of basic care, technical care, or clinical care, and information sharing. Most parents clearly needed to participate in the child's basic care. However, there was no consensus related to parents' participating in technical care or clinical care as to whom was responsible for the child's care, and how the roles of parents and nurses were balanced in caring for the child. Interestingly, the analysis showed that parents wanted older children to participate in care and felt home care was better than in-hospital care (Balling & McCubbin, 2001).

Many of the studies in the sample were descriptive in nature and provided evidence for factors influencing parent participation in the care of the hospitalized child. These included parents' and nurses' characteristics, child conditions, parents' perception of hospitalized child care, and lack of negotiation between parents and nurses. Nevertheless, the relationship between factors influencing parent participation in the care of hospitalized child and actual performance and comfort with care remains somewhat ambiguous.

Analysis of the data related to child care interactions illustrated that there were both barriers and facilitators associated with child care interactions. The barriers included communication, paternalism, short length of stay, inadequate information from professionals, lack of availability of nurses especially related to understaffing, frustration and dissatisfaction with passive roles, fragmentation of care into manual and intellectual work, and difficulty integrating nursing and parent roles. The facilitators identified were cooperation and partnership between parents and nurses. These outcomes suggest that the additional research regarding parent participation in the care of hospitalized child is needed to address these issues within a framework defined by parent values.

Most research studies used a descriptive methodology to identify problems or factors influencing parent participation in the care of hospitalized child. This methodology was helpful in disclosing factors influencing parent participation. However, further work is needed to delineate the impact of these factors. In addition, most researchers developed their own instruments to collect data, whereas others modified instruments to collect data (Balling & McCubbin, 2001; Johnson & Lindschau, 1996; Keatinge & Gilmore, 1996). Further work is needed to define the psychometric properties of these tools.

Cultural considerations outside the Western culture also must be considered. In a qualitative pilot investigation of parent participation in the care of hospitalized child in Thai culture, six categories related to parent participation in the care of hospitalized children with chronic illnesses emerged (Pongjaturawit, 2001):

1. Child care provided by the parents.
2. Parents' desire to participate in their child's care.
3. Parents' reluctance to participate in some aspects of their child's care.
4. Parents' feelings about participating in their child's care.
5. Parents' feelings when their children were hospitalized.
6. The help or support parents need when participating.

In the pilot, parents described several activities of care that they provided for their hospitalized child. These activities were categorized into four concepts: basic caregiving, technical caregiving, seeking information to help child's care better, and child's emotional nurturance. Parents emphasized that they desired to be with their children during procedures (e.g., being in the treatment room and being present during physical examination or investigation). Parents also indicated that none of the care they provided to their children was undesirable. In other words they felt confident and comfortable with all the care they were providing. Parents'

feelings about participating in their child's care were classified into positive or negative feelings. Positive feelings included being glad, feeling good, feeling dignified, encouraging their children, and feeling that they could help their children recover rapidly. The negative feelings included discomfort, being afraid of making mistakes, being afraid of complaining of nurses, and feeling that nurses could do it better. There were several concepts identified in the category of parents' feelings when their children were hospitalized: being unhappy, anxious, fearful, sad, pitying, concerned, and sympathetic. Parents also reported that they were confused, and that the child was not being taken care of as well as they would have been at home. Finally, parents indicated they needed to have more information about their child's condition, treatments, and care.

When the outcomes of the pilot were compared with the literature review of data from Western cultures, there were both similarities and differences. In regard to parents' feelings about participating in the care of their child in the hospital, parents from both cultures expressed negative feelings regarding participating in the care of their child such as stress, anxiety, and discomfort. However, Thai parents expressed additional concerns, including being afraid of making mistakes, being afraid of complaining about nurses, and feelings of concern that nurses could do a better job.

Although there was a willingness participate in their child's care, Western parents participated by choice, while Thai parents had no choice about participation, as participation is a routine expectation in the Thai culture. Parents from both cultures reported several activities of care they provided for their hospitalized child. Thai parents provided basic care, technical care, seeking information to help improve their child's care, and emotional nurturance. Western parents provided basic care, technical care, and information sharing with health care professionals. This finding suggests that Thai parents lack information from professionals, especially related to their child's conditions, treatments, and care needs. Thai parents, like Western parents, emphasized that they wanted to be with their children during procedures. Cultural differences in regard to parent participation in the care of hospitalized child should be considered in future investigations. Although similarities exist, significant differences related to the cultural context also exist.

This integrated literature review provided state-of-the-science information regarding parent participation in the care of hospitalized children based on Western culture. Most of the studies in this literature review used a descriptive methodology and clarified parents' feelings, expectations, perceptions, and availability. Nurses' attitudes toward parent participation were also explicated. Other studies provided information about factors influencing parent participation in the care of a hospitalized child.

In addition, problems related to the caregiving interaction between nurses and parents were defined. The findings documented a number of problems, including communication issues (Evans, 1996; Neill, 1996) and affirmed the presence of facilitators such as the need for cooperation (Hutchfield, 1999) between nurses and parents. Further explication of the relationships between these factors is needed.

Cultural competence in parent participation has not been well addressed in the literature. When comparing parent participation in the care of hospitalized child between Thai and Western cultures, based on the results of a single pilot investigation, results suggest that Thai parents needed more assistance than Western parents to enhance their relationship and communication with nurses (Pongjaturawit, 2001). In addition, they need more information about their hospitalized child's care. Moreover, Thai parents provided their hospitalized child's care in different ways from parents from the Western culture. Therefore, further research is needed to delineate the cultural underpinnings of parent participation in the care of a hospitalized child. Further research is needed to determine how to empower parents, promote communication between with parents and nurses, and clarify the roles of those involved in the care of hospitalized child. Additional research also is needed to ascertain the psychometric reliability and validity of tools used to assess parent participation in the care of their child. Finally, models describing the strength of relationships between factors associated with parent participation in the care of the hospitalized child must be developed and tested. These models must be evaluated within cultural contexts. Only the successful intervention protocols should be developed.

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