PERCEPTION OF THE ROLE OF THE NURSE BY 5-YEAR-OLD CHILDREN

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DEDICATION

This study is dedicated to children who have to experience hospitalization in the hope that their experiences will not be traumatic ones.

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TABLE OF CONTENTS

TABLE OF CONTENTS (Continued)

Chapter

LIST OF TABLES

CHAPTER 1

INTRODUCTION

Since children of all ages are subjected to some type of physical and/or emotional trauma when hospitalized, hospitalization for the child can be a very devastating experience. Consequently, health care professionals are trying to find better ways of making the "hospital experience" for the child as nontraumatic as possible.

If pediatric nurses could view themselves through the eyes of hospitalized children, they might have a better understanding of themselves and how they affect the children for whom they provide care. If nurses could gain insight into how children perceive the role of the nurse, they might be better able to understand and support children during hospitalization or in ambulatory health care settings.

The nurse's actions and behaviors are observed by the child each day. How does the child perceive the role of the pediatric nurse? How does the child perceive the role of the nurse after he has experienced hospitalization? Does hospitalization change the child's viewpoint? To

date there has been limited research done on children's perceptions of nurses' roles.

Problem of Study

The main problem of the study was:

Is there a difference in the perception of the nature of the nurses' actions between 5-year-old children who are hospitalized and 5-year-old children who have never been hospitalized?

In addition, the perception of the implied intent of the nurses' actions was determined.

Justification of Problem

This ex-post facto descriptive study was designed to explore the concept of perception of nurses' roles as identified by 5-year-old children as well as to investigate if the perception of a hospitalized child differs from the perception of a child who has never been hospitalized. By acquisition of these data, it was anticipated that this study would assist nurses to better understand the relationship between the influence of the nurses' actions and the child's perception of nurses' roles.

There has been little experimental study devoted to the development of perception and understanding of the

environment in children. However, there has been extensive research done on the reflex and conditioned responses to isolated sensory stimuli, on the perception of simple shapes, and on the formation of such concepts as shape and number. Vernon (1966) suggested that in order to adapt appropriately to the environment, the child requires much more than the capacity to perceive and react to such relatively isolated and abstract stimuli. The child must acquire some understanding of the nature of objects in the environment by recognizing and identifying objects from their appearance and behavior and knowing what he can do with them. To understand this concept requires knowledge which must be acquired by experience and then remembered. Therefore, acquisition is dependent on the cognitive processes of learning and memory, supplemented increasingly by reasoning about the physical environment and the forces which operate in it. If this knowledge were stored in a random and heterogeneous manner, it could not be utilized rapidly and effectively.

According to Vernon (1966), the processes of perceptual learning and the development of schemes are vital to the young child if he is to be able to adapt himself to his environment. Certain perceptions may be innate, for instance, perceptions of light, shade, color

and form. Other types of perceptual responses may develop as the child matures, for example, the specific response of smiling at a smiling human face. It cannot be assumed that there is an innate capacity to perceive, comprehend, and utilize all the objects which confront the child; such knowledge must be learned. Though in recent years there has been considerable study and discussion of perceptual learning, these studies have been devoted largely to the perceptual learning of adults. Yet children must acquire general and organized knowledge about the nature of the environment as a whole. Children must also develop the capacity to attend and select and to perceive rapidly and accurately, dependent in part on maturation but also assisted by learning. This learning is guided and reinforced by the consequences of actions stimulated by perception. In other words, if children find that actions based upon what they have perceived are successful, then the perceptions are stabilized in that form; but if not, these actions are repeated and corrected.

If 5-year-old children could perceive the role of the nurse by learning what that role entails while they were hospitalized, they would have a better overall understanding of what nurses really do. This understanding

would then decrease the child's anxiety to some extent whenever he was re-hospitalized. Thus children would understand that nurses do more than inflict pain, such as giving shots.

Theoretical Framework

Piaget, as cited by Phillips (1975), described the child from 2 to 7 years of age as being in the Preoperational period of cognitive development. The Preoperational period is characterized by increasing internalization of representational actions and increasing differentiation of signifiers, such as words or images, from significates, which are internalized representations of earlier experiences to which the words or images may refer.

The Preoperational child can reflect upon his own behavior--i.e., on the organization of his behavior as it relates to the goal rather than merely on the goal itself. Another characteristic of the Preoperational child is his access to a comprehensive representation of reality that can include past, present, and future and can occur in an exceedingly short period of time. Piaget conceived that the result of this extension in scope and shift of interest from action to explanation is the development of a system of codified symbols that can be manipulated and communicated to others.

There are certain limitations of Preoperational thought as described by Phillips (1975) in reviewing Piaget's work. These limitations are classified under the headings of concreteness, irreversibility, egocentrism, centering, states vs. transformations, and transductive reasoning. Concreteness means that the Preoperational child is relatively independent of momentary sensory inputs. When he is compared to an adolescent or adult, the child is still very concrete-minded. Phillips (1975) further stated that instead of the adult pattern of analyzing and synthesizing, the Preoperational child simply runs through the symbols for events as though he were actually participating in the events themselves.

"Reversible" means "capable of being returned to its point of origin" (Phillips, 1975, p. 60). This is not a characteristic of the thought of the Preoperational child. Instead the child's thinking is irreversible. The Preoperational child makes errors even in simple transpositions that occur within his field of vision. He does so mainly because his thinking is not reversible. The term "egocentric" is used to refer to the Preoperational child's inability to take another person's point of view. When the child speaks to an adult using words that are unrelated to any logical structure, he is

surprised when he fails to communicate. He is surprised because he cannot understand how someone else cannot see the relationship as he sees it. Through social interactions with the physical world, the child will acquire the ability to take the view of the other and the social norm of logical consistency.

Centering, as described by Phillips (1975), refers to the Preoperational child's tendency to center his attention on one detail of an event which leads to his inability to process information from other aspects of the situation. Another limitation on the child's thinking is states vs. transformations. The Preoperational child has a tendency to focus on the successive states of a display rather than on the transformations by which one state is changed into another. The final limitation on the child's thinking is transductive reasoning. Instead of proceeding from the general to the particular or deductive reasoning, the Preoperational child proceeds from particular to particular or transductive reasoning.

Ginsburg and Opper (1979), in reviewing Piaget's work, stated that typically the young child is characterized as intellectually incompetent since he cannot conserve, cannot use reversibility, and cannot decenter. Piaget proposed that the Preoperational child possesses a

number of important intellectual strengths which must not be overlooked such as the young child's capability of identity and functional relations.

While unable to conserve, the young child nevertheless appreciates certain basic identities. For example, in the standard conservation problem, the young child recognizes that the same liquid is transferred from one beaker to another even though one looks quite different from the other. He sees that the basic substance does not change, even though its appearance is altered and even though he falsely believes that the amount of liquid has changed. He appreciates identity but fails to conserve quantity. According to Ginsburg and Opper (1979), Piaget also concluded from his experiments that the notion of identity derives from the child's perception of his own body's growth and later is generalized to the world of objects.

Piaget, as cited by Vernon (1966), postulated that perceptions, memories of perceptions and of reactions to them become coordinated in "schemes" with which similar memories are organized, together with the relevant knowledge which has been acquired in relation to these percepts. Whenever a perceptual situation is encountered, especially if it is difficult to perceive or understand,

the child will refer to a previous relevant scheme. The perceiver is able to explain the situation, recognize its significant features, and react in an appropriate manner. In general, the more frequently a particular situation is encountered, the greater the expectation of its recurrence, and the easier and more rapid the operation of the appropriate scheme and the recognition and subsequent reaction.

Vernon (1966) suggested that there appear to be two main characteristics of perception in infancy and early childhood: (a) the child's perception is vague and diffuse, lacking in accurate observation of detail and selection of what to adults may seem to be the significant aspects of the situation and (b) the child is relatively unable to make inferences from his immediate sensory perceptions of the nature of objects and environment because he lacks the knowledge to guide him. These two characteristics are interdependent. On the one hand, there is a close relationship between the inability to perceive accurately and discriminately and to direct attention appropriately. While on the other hand, there is a partial and incomplete knowledge which the child has obtained from his environment. Thus the child's inability to direct attention appropriately to the significant

features of the environment is caused at least in part by the child's incapacity to understand the nature of the situation and to perceive its significant features.

The 5-year-old child who is in the Preoperational period of cognitive development, according to Phillips (1975), has started to develop his own perceptions of the world around him. He does this by first identifying his own perception of his body's growth. He is able to perceive functional relationships, in which two factors are positively related. Some 5-year-old children may perceive that nurses and shots are always related, never thinking of the nurse in a different role except inflicting pain. Nurses need to realize the impact they can make on a young child and how vital they are in developing a child's perception of how nurses function in their role. Therefore, children with hospitalization experience might be able to perceive the nurse in a broader role because of their first-hand experience with nurses as opposed to children who have never been hospitalized.

Assumptions

The assumptions of this study were:

1. The processes of perceptual learning and of the development of schemes are vital to the young child if he is able to adapt himself to his environment (Vernon, 1966).

2. There is not an innate capacity to perceive, comprehend, and utilize all the objects which confront the child; such knowledge must be learned (Vernon, 1966).

3. Perceptions of roles and events differ with the type of experience individuals have.

4. The Ten Ambiguous Picture Test (TAPT) measures the child's perception of the role of the nurse (see Appendix A).

Hypothesis

The hypothesis for this study was:

There will be no significant difference in the perception of the nature of the nurses' action between 5-year-old children who are hospitalized and 5-year-old children who have never been hospitalized.

Definition of Terms

The definition of terms for this study were:

1. Perception of the nature of the nurses' action--the way in which the child views or interprets the nature of the actions of the nurse as measured by his response to the pictures of the TAPT.

   a. Clinical actions--this category encompasses all responses by subjects "that describe actions of a professional nature; that is, actions either

reflecting or requiring the use of specialized knowledge or skill" (Rumfelt, 1975, p. 36). The subjects' responses were classified in this category as determined by two out of three judges. The frequency scores in this category were the sum total of each of the subject's responses to the 10 pictures.

b. Nonclinical actions--this category encompasses all responses by subjects "that describe actions of a general nature; that is, actions not reflecting or requiring the use of specialized knowledge or skill" (Rumfelt, 1975, p. 37). The subjects' responses were classified in this category as determined by two out of three judges. The frequency scores in this category were the sum total of each of the subject's responses to the 10 pictures.

2. Perception of the implied intent of the nurses' actions--the way in which the child views or interprets the implied intent of the nurses' action as measured by his response to the pictures of the TAPT. The subjects' responses were classified into categories of punitive/aggressive, separative, supportive, coercive, directional, nurturant, and neutral actions of the nurse as determined by two out of three judges. The frequency scores in these

categories were the sum total of each of the subject's responses to the 10 pictures.

3. Hospitalized children--children ranging in age from 5 years through 5 years 11 months hospitalized for at least 2 days.

4. Nonhospitalized children--children ranging in age from 5 years through 5 years 11 months who had never been hospitalized based on reports by the parents.

Limitations

The limitations of this study were:

1. Previous hospitalizations of the hospitalized group of children.

2. Previous prehospitalization preparation by parents or significant others.

3. Previous experiences with nurses in the nonhospitalized group of children.

4. Convenience, nonrandomized sampling.

5. Impact of the media on both groups of children.

6. Significant others who are employed in hospitals.

7. Significant others who have been hospitalized.

8. The effect of socioeconomic status, cultural background, sex, or ethnic group.

9. No reliability score for the TAPT.

10. Training of the three raters for scoring the responses.

Summary

This study was designed to explore the concept of perception of nurses' roles as identified by 5-year-old children as well as to investigate if the perception of a hospitalized child differs from the perception of a child who has never been hospitalized. The theory of cognitive development as postulated by Piaget and the theory of perceptual learning were used as the theoretical framework for this study. The assumptions for this study were made, and hypothesis stated. Limitations were identified, and the necessary terms were theoretically and operationally defined.

CHAPTER 2

REVIEW OF LITERATURE

The purpose of this study was to investigate how 5-year-old children perceive the role of the nurse. This selected review of the literature is related to four major areas: (a) the preschool child, (b) perceptual learning in children, (c) the pediatric nursing role, and (d) perception of the nursing role by children.

The Preschool Child

Marlow (1973) described the preschool child as imaginative and creative. Since he cannot participate in the adult world, he pretends he can. The simplest equipment may represent articles used in real life. The child learns quickly that different materials are suited to specific purposes. He understands language well enough to communicate through speech. This increases his ability to learn from the experiences of others and to understand much that he has not personally experienced. He questions others almost constantly, asking about the world, its people, and their activities. He may become loud and persistent in his questioning and at times annoying. He is searching for explanations of the

phenomena in his environment, which to him are problems of causation and function which must be solved in order to do what he wants and get what he wants without adult help.

Erikson (1968) stated that the preschool child must find out what kind of person he may become at this stage. Three developments support this stage, while also serving to bring about its crisis:

> 1. The child learns to move around more freely and more violently and therefore establishes a wider and, to him, unlimited radius of goals;
> 2. His sense of language becomes perfected to the point where he understands and can ask incessantly about innumerable things, often hearing just enough to misunderstand them thoroughly; and
> 3. Both language and locomotion permit him to expand his imagination to so many roles that he cannot avoid frightening himself with what he himself has dreamed and thought up. (Erikson, 1968, p. 115)

Nevertheless, out of all of this the child must emerge with a sense of initiative as a basis for a realistic sense of ambition and purpose. "There is in every child at every stage a new miracle of vigorous unfolding which constitutes a new hope and a new responsibility for all" (Erikson, 1963, p. 255).

In Erikson's stage of initiative vs. guilt (Erikson, 1963, 1968; Marlow, 1973; Schwartz & Schwartz, 1972;

Smart & Smart, 1973), the preschool child is an explorer, curious, and active. He seeks new experiences for the sheer pleasure of sensing and knowing. If the child's seeking is successful, then he finds a wide variety of things he can do, make, and create with the approval of his family.

Because the central problem for the preschool child is to learn about the world and other people, he must also learn to assert his own will in such a way that he will not feel guilty. If he has the knowledge and the ability to solve this problem, he will develop a sense of initiative comfortably controlled by conscience. If he fails to solve this problem, he will emerge from this period feeling overwhelmed and with a sense of guilt.

Preschool children may feel guilty because of plans they want to carry out but may not because of parental disapproval or because of thoughts or fantansies of which conscience disapproves. Marlow (1973) suggested that if the child is to develop a sense of initiative and a healthy personality, his parents and other adults in his environment must encourage his plans and the use of his imagination.

Erikson (1963) stated, in view of the dangerous potentials of man's long childhood, that it is well to

look back at the blueprint of the life-stages and to the possibilities of guiding the young of the race while they are young. According to the wisdom of the ground plan, the child is at no time more ready to learn quickly and avidly, to become bigger in the sense of sharing obligation and performance than during this period of development. He is eager and able to make things cooperatively, to combine with other children for the purpose of constructing and planning, and to profit from teachers and to emulate ideal prototypes. He remains, of course, identified with the parent of the same sex, but for the present he looks for opportunities where work-identification seems to promise a field of initiative without too much infantile conflict or oedipal guilt and a more realistic identification based on a spirit of equality experienced in doing things together. At any rate, the "oedipal" stage results not only in the oppressive establishment of a moral sense restricting the horizon of the permissible but it also sets the direction toward the possible and the tangible which permits the dreams of early childhood to be attached to the goals of an active adult life.

Perceptual Learning in Children

The pervasiveness of perception is attested throughout every textbook on perception. Each of an individual's reactions is preceded by perception. Kidd (1966) stated that no one can fear, hate, love, learn, or recognize anything or anybody unless he first involves himself in seeing, hearing, touching, tasting, or smelling.

According to Dember (1960) the definition of perception is difficult for two reasons. First, the definition depends on the role that perception plays in one's general system of psychology. Secondly, perception is not a simple scientific concept but is, instead, a complicated construct, whose main function is to help organize knowledge and thereby facilitate communication.

Bower (1977) stated that perception ordinarily refers to any process by which persons gain immediate awareness of what is happening outside themselves. The key word is "immediate." Individuals can only gain information about the part of the world that directly impinges on their senses. The world they perceive is the world they see, hear, smell, taste, and touch.

Gibson and Gibson (1955) suggested that "perceptual learning" means different things to different psychologists. To some, human perception is, in a large part,

learned. Individuals learn to see depth, form, or meaningful objects. In that case the theoretical issue involved is how much of perception is learned with the corresponding controversy being that of nativism or empiricism. To others, perceptual learning implies that human learning is in whole or part a matter of perception. In other words, learning depends on comprehension, expectation, or insight and that the learning process is to be found in a central process of cognition rather than in a motor of performance. In this second case, the theoretical issue involved is whether or not one has to study a man's perceptions before one can understand his behavior. The controversy is one of long standing, having begun with behaviorism.

Gibson (1969) referred to perceptual learning as an increase in the ability to extract information from the environment as a result of experience and practice with stimulation. Since man has evolved in the world and constantly interacts with it, a reasonable expectation should be in the direction of getting better information. An adaptive modification of perception should result in better correlation with the events and objects that are the sources of stimulation as well as an increase in the capacity to utilize potential stimulation.

Sheppard and Willoughby (1975) contended that knowledge of sensory and perceptual development is essential to understanding children's learning as well as their social and cognitive behaviors. To learn, one must be sensitive to the stimuli present in the world and have some ability to arrange the stimuli into a meaningful pattern. Without these fundamental sensory and perceptual skills, no individual--infant, child, or adult--could respond appropriately to the demands of the environment. Being able to sense a stimulus--to see, hear, touch, taste, or smell it--is the first step in the learning process. Without this ability the child would not be able to experience pleasure or pain, to tell familiar objects from unfamiliar ones, or even to communicate with others. Without these fundamental skills a sense of instability would pervade the child's every encounter with the world. Any semblance of order or regularity would be absent. Memory for events to come would be impossible. Indeed, considering behavior change requires some amount of sensory and perceptual integration.

Brown and Murphy (1975) discussed visual perception in preschool children. They stated that a child during this period of development begins with a global somewhat gestalt-like way of perceiving visual stimuli. Later his

perception becomes more precise and differentiated. The child concentrates on details in a somewhat analytic manner. Finally, he returns to a more holistic perception, but this time notices specific, articulated details.

One of the areas of perception in which this is particularly evident is in the perception of the whole-part relationship. Brown and Murphy (1975) stated that a test illustrating this phenomenon used a picture in which a clown was composed of various types of fruits. The younger children saw only the fruit, not realizing that the pieces of fruit, viewed as a whole, constituted a clown. Older children saw only the clown, while the oldest in the group saw both clown and fruit. A similar progression has been observed in children's responses to Rorschach inkblot.

The perception of people has been viewed as a cognitive process by Allport (1961), Blumer (1962), and Bruner and his colleagues (Bruner, 1958; Bruner & Postman, 1949; Bruner & Tagiuri, 1954). Blumer (1962) stated that when interacting

> . . . human beings interpret or "define" each other's actions instead of merely reacting to each other's actions. Their "response" is not made directly to the actions of one another but instead is based on the meaning which they attach to such actions. (p. 180)

Allport, as cited by Hymovich (1974), viewed the process of perception as the basis of cognition. For the

most part this author saw one's perceptions and knowledge as true and verifiable and at the same time very personal. Allport attributed a great deal of the selectivity of perception to one's own self-esteem. He suggested that no individual can completely understand another person because no two people share directly each other's motives, thoughts, and feelings. Factors suggested by Allport (1961) which influence one's ability to judge others include (a) experience which requires maturity; (b) similarity of characteristics, such as age, sex, and cultural backgrounds; (c) intelligence; (d) cognitive complexity (generally people cannot comprehend others more complex than they); (e) self-insight; (f) social skill and adjustment; (g) detachment; (h) esthetic attitude; and (i) intraceptiveness.

Flapan (1968) claimed that results from a study with 22 children, ages 6, 9, and 12 years, indicated that in making inferences, children "apparently infer thoughts and/or intentions before feelings and infer feelings before they infer interpersonal perceptions" (p. 57). Hymovich (1974) viewed person perception and role-taking as cognitive activities. Perceptions are individual and selective; they are affected by age, cognitive complexity, physiological states, goals, values, and

environmental opportunities. Theorists and researchers indicate a developmental pattern in person perception and role-taking abilities. These activities are closely related to one's ability to communicate.

Combs and Snygg (1959) suggested that events acquire their meaning from the relations people perceive between themselves and their phenomenal selves. The perceptions people hold about self determine the meaning of their experiences. Generally speaking, the more closely related an experience is perceived to the phenomenal self, the greater will be the experience's effect upon behavior. The concept of self held by the individual determines the perceptions he will have of any particular event. Out of all the perceptions possible at any moment only those which are appropriate and consistent with the phenomenal self are available to him.

In a study on person perception in lower socio-economic children, Yarrow and Campbell (1963) concluded that children's perceptions are generally not unrelated congeries of elements but rather syntheses of varied and sometimes desperate characteristics about the other person. Children appraise others in interactional terms, along lines of personal significance. The sizable variations found in children's cognitive reports, both

in content and level of organization, present a dimension of individual differences about which there is relatively little understanding as to its significance for interpersonal relations. Older children and the more active and friendly children were somewhat more likely to give complex person perceptions. Differences in content of descriptions by boys as contrasted with girls were consistent with the differences in the experiences of childhood for the two sexes.

Kohn and Fielder (1961) studied high school and college males and females' perception of persons. The study showed that persons belonging to the different age and sex groups which were sampled differed in their descriptions of themselves and of significant others. Sex differences appeared to have a rather consistent effect upon interpersonal perception, while age differences apparently influenced only perceptions of self, younger siblings, and differences between significant young individuals differentiate less among people than do older persons. The evidence further indicated that females perceived significant persons in their environment in a less differentiated and more favorable manner than did males.

Elkind and Scott (1962), in a study in which 126 nursery and elementary school children were tested with a set of seven ambiguous pictures, concluded that success in perceiving ambiguous pictures increased significantly with age, with the articulation of the pictures, and with I.Q. controls for test-content familiarity. Test attitude, order of presentation, and sex were also factors in the study. The results were discussed in relation to the developmental theory of Piaget and the satiation theory of Kohler and Wallach. These researchers concluded that Piaget's theory gave the most consistent and economical account of the obtained results.

Pediatric Nursing Role

Robischon and Scott (1969) defined role as the pattern of wants and goals, beliefs, feelings, attitudes, values, and actions which members of a community expect should characterize the typical occupant of a position. Roles prescribe the behavior expected of people in standard situations. Additionally, roles specify what the individual must do, to whom he has obligations, and upon whom he has a rightful claim. Roles also encompass the duties and obligations, as well as the rights, of the specified position.

"Being a nurse indicates a role. The professional level underlying that role is determined by the extent of the sophistication upon which practice is based" (Robischon & Scott, 1969, p. 57). This idea has subrole ramifications which are mother surrogate, teacher, counselor, technician, and manager.

Robischon and Scott (1969) further suggested that in caring for individuals and families, nurses observe and analyze role behaviors including their own. Since maturation processes, external stressors, developing families, evolving societies, and the emergence of the individual's personality all press for role adaptation and change, roles are never static.

According to Skipper (1965), the nurse functions not so much to cure the patient as to maintain the necessary motivational balance while the patient is undergoing the technical processes designed to return him to health. The nurse does this through explanations, willingness to listen and understand, keeping the physical surroundings pleasant, and providing comforting care.

The nurse's role, as defined by Eyres (1972), pertains to who the nurse is and what the nurse has to offer to patients and their families. Nurses must learn to "create" their roles as they enter into each new

experience in a relationship with a patient. Nurses need to identify those cues, provided by the uniqueness of each patient and/or family, that allow them to create the role that is most therapeutic for each patient and/or family.

Fagin (1966) suggested an important aspect of the pediatric nursing role is supporting the parents so that they in turn will be able to prepare and support the child through the crisis of hospitalization. This author further stated that the nurse's educative role encompasses being a role-model for the mother as well as direct teaching. The nurse is the mother's resource person. In addition, the nurse's observations of the mother-child interaction should be a valuable source of data for research and/or interaction in preventing physical and emotional illness.

Brown (1965) contended that almost everyone in our society holds expectations or prescriptions for some roles such as mother, father, doctor, and dentist. Likewise, nursing is a role where many components, particularly those that are highly visible, are familiar to most persons. This common body of knowledge may be ascertained by watching television programs or from visiting outpatient clinics or private doctor's offices. Most often this common body of knowledge about the nurse's role seems to

be comprised of external attributes such as a white uniform and clinical tasks such as measuring body temperatures. People, in general, are less well-acquainted with the caring and supportive components of the nursing role which are emphasized in the nursing literature.

Ford and Berlinger (1971) identified caring as the foundation of pediatric nursing and thus a major faction of the nurse's role. They defined caring as

> the personal expression of concern for and about another in a meaningful way. It is the giving of oneself in such a way that the person receiving the care knows that the one giving the care is concerned about him and what happens to him. (p. 94)

This caring implies that the nurse has empathy and involvement with the child and his family.

Blake, Wright, and Waechter (1970) indicated that nursing care of children entails an understanding of the child as a developing person with unique ways of feeling and thinking and with his own individual methods of coping with his environment. Empathy for patients will be fostered to the degree which the pediatric nurse learns to understand and accept personal attitudes, feelings, and problem solving. With such self-understanding the nurse will be able to recognize and make explicit the origin and meaning of the behavior

observed in hospitalized patients. Backed by theoretical knowledge and skill in its application, the nurse will then be able to intervene in a constructive manner.

Marlow (1973) revealed that the needs of the ill child are similar to those of the well child; however, the nurse has a responsibility for meeting part of the child's needs when he is hospitalized. The child needs to trust those persons responsible for his care. Since he is not able to judge the competencies of the members of the health and nursing teams, he must rely only on his perception of their relations with him. The child must feel that the adults around him know who he is, understand him, and like him as a person different from other children. Since a child needs to continue to grow and develop while he is a patient, he needs a nurse who is aware of his pattern of behavior at home and can follow it to some degree in the hospital.

Marlow (1973) further stated that nurses perceive their role very much as the child perceives it because they have defined their role to meet the child's needs. Some negligent nurses do not live up to the professional role of the nurse and their influence is soon reflected in a change in the child's definition of the nurse-child relationship. His idea that nurses are good to little

children may change. He may think that nurses whose role is an authoritative, punitive one, are mean in spite of the good physical care they give him. But to his limited concept of their relationship, the nurse may add much that the child does not realize.

Blake (1954) stated that neither the child nor the adult is an independent being. Yet a child is often expected to behave as an independent person. The child needs assurance that there is someone who will take care of him and meet his basic needs when his mother is not able to be with him. This is the nurse's role. The child needs to have the nurse's role interpreted for him not only in words but also in actions that provide him with experiences which suggest to him that he is not alone and without the care which he requires to keep him comfortable, physically and psychologically. The child knows he needs help in controlling his inner drives and in meeting what is to come in a new situation. Unless he has someone to help him, mastery of himself and his environment will be an insurmountable task.

Perception of the Nursing Role by Children

Bowlby (1973) and Robertson (1970) revealed that much of the traumatic effect of hospitalization on preschoolers

can be attributed to separation anxiety. Many mothers cannot stay with their child while they are hospitalized because of other commitments to family and work. Thus separation seems inevitable for many hospitalized preschoolers. Some children who are accustomed to being away from their mothers for short periods of time visiting relatives, attending nursery school, or staying with a babysitter, may find their mother's absence more tolerable. They have learned that she does return. The child's perception of the role of the nurse will certainly be influenced by the response to his needs while he is separated from his parents.

Preparation of the child for hospitalization is another factor that may influence how the child feels about nurses. Parents who attempt to give their child simple honest information about what he can expect are helping the child develop realistic and positive feelings about hospitalization; such feelings will probably extend to the nurse (Geist, 1965; Griffin & Aufhauser, 1973; Kunzman, 1972; Marlow, 1973; Petrillo & Sanger, 1972). Rumfelt (1975) suggested that those children who are given very little information about hospitalization will use their sense of imagination and fantasize to

substitute for knowledge. This fantasizing can create unrealistic fears about the hospital and nurses.

The young child's perception of the nurse will be influenced by his parents' view. Marlow (1973) stated that if the parents are distrustful or hostile toward the nurse, the child will perceive these feelings and have difficulty in his interactions with the nurse. If the parents show a trusting communicative attitude toward the nurse which is reciprocated, the child will also sense this and be more trusting of the nurse. Therefore, the nurse needs to be supportive of the child's parents if the child is to develop a positive attitude toward the nurse.

Bergman (1965) suggested that some children view illness and hospitalization as punishment for misdeeds. Some children believe they are ill because they have disobeyed their parents in thought or action. Consequently the child may view his caretakers as punishers. Marlow (1973) contended that a preschooler's lack of knowledge of time sequence may make him believe that he will be ill forever. This might cause him to regard the hospital as a jail and the nurse as his jailkeeper.

Rumfelt (1975) indicated that the strange and new environment of the hospital may arouse fear that new

dangers are imminent. The nurse's attitude in helping the child to adjust to the environment will greatly influence whether he perceives the nurse as protector, supporter, or punisher. Schwartz and Schwartz (1972) examined the fact that hospitalization is not only a time of stress but also an opportunity for learning. Consequently, this facet of hospitalization could make it possible for the child to perceive the nurse as a teacher.

Schwartz and Schwartz (1972) further stated that children who are sick or suffer disabilities are often deprived of their normal autonomy. They are told when to get up, when to eat, when to eliminate urine, and when to sleep. They do not have control of the situation and feel as though they are being managed by the nurses.

Freud (1965) proposed that children are not happy to be taken care of by others. They may find the nurse overbearing and feel as if the nurse is treating them like babies and not expressing any confidence in them. Immobility can prevent a child from getting around at will and make him dependent on others to change his environment. Consequently, the child may view the nurse as an authoritative person who is very restrictive in regard to the child's behavior.

Erikson (1950) described preschoolers as being dominated by the intrusive mode and found that they react strongly to experiences which are intrusive in nature. Children may show severe reactions to procedures such as rectal temperatures, enemas, injections, and nasogastric tubes. In the hospital, the nurse usually prepares the child for the intrusive procedure, carries it out or assists the doctor in carrying it out, and comforts the child following it. The child may find this very confusing.

Kunzman (1972) claimed that play is a resource that is available to the staff in helping the child toward mastery of the hospital experience. In the present-day context, play is the young child's work and toys are his tools. Play is an important mode of nonverbal communication and the means by which he learns and spends many of his waking hours. Through play, a child may deal with feelings he may not know he has or cannot put into words.

Rumfelt (1975) stated that play, then, is a most important factor that would seemingly influence the child's perception of the nurse. When the nurse provides the child an opportunity to play, the nurse acknowledges that the child's need for play is important. This acknowledgement shows friendliness and consideration.

Play permits the child to make decisions, cope with his feelings, and thus feel a sense of power and control. The nurse who allows the child to use play as an emotional outlet for feelings of anger and hostility will certainly broaden the child's perception of the role of the nurse.

There has been limited research done on the child's perception of the role of the nurse. Erickson (1958) reported a study in which preschool hospitalized children were given an opportunity to play with clinical equipment and other related toys such as doctor and nurse dolls. The majority of children studied indicated in their play that they perceived no protective intent of the nurse behind intrusive procedures, but instead they often interpreted such procedures as hostile actions.

In an article written by his mother, Downey (1974), a 5-year-old male, recalled his experiences in the hospital and stated that he loved nurses and that they always talked to him and tried to make him feel better. He also stated that some nurses were "grouchie" to everybody, even mothers and fathers. They would make his friends go home and would not let him see his brothers and sisters. To him that was a mean thing. He thought doctors and nurses should tell everyone what is the matter and what they are doing to make you better. That

way you would know why they have to hurt you and then you can be good. He also stated that if he were a doctor or a nurse, he would be nice and kind and have a kind face. He would lend things to children. He would talk nice and tell people if he had to hurt them and why.

Turcotte (1975) interviewed children in grades one through five to evaluate their feelings toward nurses. Some of these responses were:

> Nurses are nice, like mothers, because they help people who are sick. They are smart, happy, and well educated. They give big needles, take and give things to doctors, make people feel better, and try to make the patient happy so he can forget about the soreness. They feel a bad nurse is one who does not treat people the way they should be treated, who is mean and leaves all the jobs for the doctor to do, who gives you dirty needles and the wrong medicine, and who does not help the dying. Their childhood wishes are: you should not have to pull your pants down for a needle, the nurse should not awaken you in the middle of the night to go to the washroom, and visiting time should be all the time with the parents sleeping in the hospital with you. (pp. 41-42)

Hymovich (1974) conducted a study using 4- to 8-year-old children and hospital nurses' perceptions of the pediatric nursing role. She concluded that her two groups perceive the pediatric nursing role as more instrumental (performance of tasks such as administering medicines, giving treatments, and bathing patients) than expressive (performance of emotionally supportive

behaviors, such as listening, talking to, and playing with child patients). Children between 4 and 7 years of age and nurses have similar perceptions of the nursing role while children between 7 and 8 years of age perceive the nursing role as more instrumental than do nurses and younger children. A higher percentage of nursing personnel than children perceive the nurse as simultaneously performing an expressive activity and an instrumental task. There were no significant differences between the perceptions of surgical and nonsurgical child patients. Hospitalized 4- to 8-year-old children are unable to take the perspective of nursing personnel in perceiving the nursing role.

Rumfelt (1975) conducted a study of 5-year-old children's perception of the nurse's role. She interviewed hospitalized and nonhospitalized children. She concluded that the children described the nurse as nurturant and made statements such as "The nurse is helping the child to get better" and "The nurse is taking care of her." The study revealed a lack of awareness that provision of opportunities for play is an integral aspect of the nurse's role. The subjects with hospital experience more frequently attributed actions of a nonclinical nature to the nurse, suggesting that their experience either

broadened their knowledge of the role functions of the nurse or allowed them to attach more significance to nonclinical activities. The response of some 5-year-old children indicated that they realized the nurse's professional role was only a portion of her life and not a role assumed 24-hours-a-day.

McCain (1978) studied school-age children's perceptions of the nursing role. She identified four components of the nursing role: counseling, direct care, medical-administrative functions, and teaching. The respondents perceived the nurse's role to include medical-administrative activities and direct care functions related to comfort and maintenance (such as bathing or feeding). The children did not perceive the nurse's role to include play, teaching, or counseling behavior.

Summary

This chapter included a review of literature related to the psychosocial development of the preschool child as well as the way in which children acquire perceptual learning. In addition, this literature review addressed the role of the pediatric nurse. Lastly, this chapter included previous research studies on the perception of the nursing role by children.

CHAPTER 3

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

This chapter describes the setting, sample, protection of human subjects, instruments, method of data collection, and treatment of the data. This ex-post facto descriptive study was intended to investigate 5-year-old children's perceptions of the role of the nurse.

Setting

There were three different settings for this study. The hospitalized children were from a children's hospital in a large metropolitan area of the southwestern portion of the United States. This hospital is a 121-bed acute and chronic care institution staffed by interns, residents, and fellows from a medical school in the same area. It is a regional referral center for both acute and chronic patients. The subjects were interviewed in their hospital rooms by the investigator.

The nonhospitalized children were taken from two different parochial schools in the same city. Each school offers day care facilities in addition to an educational

program. The schools are used primarily by middle-class parents who are employed during the day. Each subject was interviewed in a room with only the investigator and child present.

Population and Sample

Two groups of children ranging in age from 5 years through 5 years 11 months served as subjects. The children in the first group were hospitalized children from the hospital setting. To serve as subjects in this group, these children had to be hospitalized for at least 2 days. They were admitted with any disease or condition. Using convenience sampling, 20 children were interviewed and used for the sample.

The second group was the same aged children who were from the two school settings and had never been hospitalized based on reports by the parents. Using convenience sampling, 20 children were interviewed and used for the sample.

In eliciting subjects for both groups, there was no selection or rejection of subjects from the study on the basis of an individual's socioeconomic status, cultural background, sex, or ethnic group. Volunteers who met the criteria were used for the study.

Protection of Human Subjects

The rights of the subjects were protected by first submitting the study proposal to the Human Rights Committee of Texas Woman's University, who did an objective critique of the study in order to consider the protection of the rights and welfare of the subjects (see Appendix B). The agencies involved in the study gave written permission for the study to be conducted in their facility after the investigator gave an oral presentation of the study and the prospectus to the administrative official at each institution (see Appendix C). Each parent and child were given the option to volunteer or refuse to participate in the study in both groups. The parents of the children in the hospitalized group received an oral presentation of the study from the investigator (see Appendix D). Then the parents were presented with a consent form to read and sign if they were willing for their child to participate (see Appendix D). Each child in the nonhospitalized group took home a letter for their parents introducing the study (see Appendix E), an explanation of the study (see Appendix E), and a consent form to read and sign if they were willing for their child to participate (see Appendix E). The child returned the consent form to his/her school.

Each subject's right to privacy was respected by providing complete anonymity in the presentation of the study's results. The researcher only knew the child's name during the interview, and then each child was given a code number. Each Data Collection Form (see Appendix F) was coded to provide for complete anonymity among the raters. Each parent and child were informed that they could withdraw from the study at any time.

If the child felt uncomfortable in answering the question or became frightened with the ideas he/she perceived from each picture, the investigator supported and comforted the child. If the child did not want to continue, he/she could do so without any effect on his/her care.

Instruments

The first tool was developed by Rumfelt (1975) for her master's thesis. Permission was obtained to utilize the TAPT in the present study (see Appendix G).

Yarrow (1960) suggested that in order to establish rapport with the child and stimulate him to talk, the interviewer should ask the child to tell about some product he has created, such as a picture he has drawn or painted. Yarrow also advised that the use of props with preschool children is more effective than a

straight-forward question-and-answer approach. He suggested that if one is interested in a broad characterization of a relationship, such as between the nurse and the child, the less structured approach is more desirable because the child has more freedom in his response. The open framework for questions such as "What will the nurse do?" does not make any suggestions to the child and thus avoids biasing the interview.

The original investigator (Rumfelt, 1975), who developed this tool, reviewed several methods of eliciting information from children. This review of methodology and advice of other researchers led that investigator to make the following decisions in regard to her interview techniques: (a) begin each interview by asking the child to show and tell the nurse about a picture that he/she had drawn, (b) develop an instrument consisting of pictures which would convey ambiguous activities and relationships and would allow for an open response framework, and (c) structure responses by asking about the activity of only one person in the picture.

This instrument consisted of a set of 10 pictures which depicted various scenes of children with nurses. The pictures were black-and-white drawings on 8 x 11 inch paper. All of the pictures contained female nurses

except one which contained a male nurse as recommended by the original author. In addition to children and nurses, one of the pictures contained an adult female and another picture contained both an adult female and an adult male. All of the pictures were constructed to convey ambiguity in terms of feelings, activities, and relationships of the human figures. Copies of the pictures, descriptions of the content of each of the 10 pictures, as well as the types of responses the original investigator expected the subjects to give regarding the nurse's actions, are given in Appendix A.

Content validity was established by the original author by reviewing the literature and also by conducting a pilot study. The children's responses in the pilot study were so diverse that they verified the ambiguity of the pictures. Reliability of the instrument was not determined.

The second tool was a Subject Information Sheet (see Appendix H) that contained demographic data on both groups. The Subject Information Sheet included a code number for each child, sex, race, and date of birth. It also included diagnosis and number of hospital admissions for the hospitalized group. The investigator

collected the above information to describe the sample in the results of the study.

Data Collection

The investigator, a graduate nursing student at Texas Woman's University, collected the data for this study. Agency permission was obtained (Appendix C) from the three different settings. All parents or guardians received an oral or written explanation of the study from the investigator (see Appendixes D and E). Written consent for their child to participate was given (see Appendixes D and E).

The investigator wore street clothes, as opposed to wearing a nurses' uniform, to avoid biasing the results and making the child feel threatened and not give a true response to each picture. The researcher wore the same attire for both groups of children. The researcher introduced herself to each child and gave him an oral explanation of the study (see Appendix I). In order for the child to become comfortable with the investigator, each child was given the opportunity to first draw a picture and talk about it with the investigator.

The technique for using the TAPT was structured in the following manner (Rumfelt, 1975):

1. The child was shown the pictures one at a time.
2. As the investigator revealed each picture she stated, "Look at this picture. What do you think the nurse will do?"
3. If the subject did not respond, the investigator described the content of the picture and then asked again, "What will the nurse do?"
4. The investigator recorded the subject's response to each picture exactly as it was stated. (p. 27)

The investigator used the above technique for this study. If more than one response was given for each picture, the investigator used the first response. A Data Collection Form (see Appendix F) was used to record the subject's response to each of the 10 pictures of the TAPT.

The hospitalized children were interviewed in their hospital room, either sitting in their bed or chair. The patients sharing the same room were allowed to stay; however, parents were asked to leave the room in order not to bias the responses of the child. Interviews with the nonhospitalized children were privately conducted at the school in a room with the investigator and subject sitting at a table. Both groups were asked to draw a picture and describe it before the TAPT was administered.

Treatment of Data

The analysis of data from the TAPT was accomplished in two parts. The investigator utilized three master's prepared individuals, one in child development and two in pediatric nursing, to classify the responses the children gave for each picture. These were classified according to the nature of described action, which are clinical and nonclinical, and the implied intent of the described action, which are punitive/aggressive, separative, coercive, directional, nurturant, supportive, and neutral (see Appendix J). The three raters were used in order to avoid investigator bias. The raters used a tally sheet to categorize the responses of the children (see Appendix K).

In order to test the hypothesis, the raters were asked to classify the responses according to the nature of the described action either clinical or nonclinical. A category of unclassified statements was also used. Explanation of clinical and nonclinical actions is given in Appendix J. Two out of the three raters had to agree on the responses the children gave to each picture as either clinical, nonclinical, or unclassified. Frequency of responses by category was used to describe the findings. The chi-square test was used to determine

if there was any significant difference beyond the .05 level between the two groups.

Secondly, the raters were asked to classify the children's responses to the TAPT according to the implied intent of the described action. Explanation of these categories is given in Appendix J. Two out of the three raters had to agree on which response went in a specified category for each response given by each child. If they did not agree two out of three, the response was classified as no agreement. Frequency of responses and percentages by category were used to describe the findings.

CHAPTER 4

ANALYSIS OF DATA

The description of the sample for this ex-post facto descriptive study is discussed in this chapter. The findings of this study related to the nature of the described action are presented. Additionally, data are presented describing the implied intent of the actions. Examples of some of the subjects' statements are included.

Description of Sample

A total of 40 children was interviewed for this study. The hospitalized group and the nonhospitalized group each included 20 children. There were 14 males and 6 females in the hospitalized group and 9 males and 11 females in the nonhospitalized group. In the hospitalized group there were 16 Whites, 2 Blacks, 1 Mexican-American, and 1 Vietnamese subjects. In the nonhospitalized group there were 19 Whites and 1 Vietnamese subjects. The distribution of the subjects according to sex and ethnic group is summarized in Table 1.

The 5-year-old children in the hospitalized group were admitted for a variety of conditions. Of these children, 14 were admitted for surgical procedures and

Table 1

Distribution of Subjects According to Sex and Ethnic Group

Race	Hospitalized			Nonhospitalized		
	Male	Female	Total	Male	Female	Total
White	10	6	16	8	11	19
Black	2	0	2	0	0	0
Mexican-American	1	0	1	0	0	0
Vietnamese	1	0	1	1	0	1
Total	14	6	20	9	11	20

6 for medical problems. All of the children had been hospitalized between 2 and 6 days at the time they served as subjects.

Sixteen of the hospitalized subjects, or 80%, had previous admissions to the hospital. The distribution of the hospitalized group of subjects according to the number of admissions to the hospital was four subjects for the first time, three for the second time, two for the third time, seven for the fourth time, and four for the fifth time or more.

The 5-year-old children in the nonhospitalized group were from the two parochial school settings.

According to their parents, these children had never been hospitalized.

Findings

The hypothesis for this study was: there will be no significant difference in the perception of the nature of the nurses' action between 5-year-old children who are hospitalized and 5-year-old children who have never been hospitalized. The chi-square test was used to test for significance with the level of significance being .05. The responses to the TAPT by the hospitalized and nonhospitalized group of subjects were classified independently by three raters according to the nature of the described action. These responses were either clinical, nonclinical, or unclassified statements. The total number of responses in each group was 200. Based on a two out of three agreement by the raters, the hospitalized subjects' responses were 86 clinical, 108 nonclinical, and 6 unclassified. The nonhospitalized subjects' responses were 89 clinical, 91 nonclinical, and 20 unclassified. The distribution of the hospitalized and nonhospitalized subjects' responses according to the nature of the described action is given in Table 2. The chi-square value for this difference between the two

Table 2

Distribution of the Subjects' Responses According to the Nature of the Described Action

	Hospitalized	Nonhospitalized
Clinical	86	89
Nonclinical	108	91
Unclassified	6	20
Total	200	200

groups, using two degrees of freedom, was 9.06, which was significant beyond the .02 level. Therefore, the null hypothesis was rejected.

Additional Findings

The responses to the TAPT by the hospitalized and nonhospitalized group of subjects were also classified independently by three raters according to the implied intent of the described action. The categories of implied intent were punitive/aggressive, separative, coercive, directional, nurturant, supportive, and neutral actions. There were also categories for unclassified statements and no agreement by the raters. There were a total of 200 responses from each group. Due to the large number of categories and small sample size, only descriptive statistics were used. Subjects in both

groups identified themselves with the children in the pictures. One child, who stated "the nurse is going to fix her leg," told the investigator that she had a broken leg and had to wear a cast. Most of the children saw the children in the pictures as the same sex as themselves.

There were no responses scored in the punitive/aggressive category. Only one rater scored some responses in this category.

Ten responses (three hospitalized and seven nonhospitalized), or 2.5%, were classified as separative actions. Three examples of these responses were "take her to the office," "take her to the operating room," and "take him out of the room."

There was only one coercive response, or .25%, which came from the hospitalized group. The response was "the nurse was going to make her eat something."

Eight responses (four hospitalized and four nonhospitalized), or 2%, were classified as directional. Some examples of these responses included "tell the boy to get in bed," "tell them they are going to leave," and "tell the mother if the baby can walk or not."

There were 109 responses (60 hospitalized and 49 nonhospitalized), or 27.25%, classified as nurturant. Examples of these responses were "hold him," "help him

walk," "read him a book," "she's going to play with him," "hug him," "take care of him," and "give her something to eat."

Nineteen responses (9 hospitalized and 10 nonhospitalized), or 4.75%, were scored as supportive actions toward the parents. All of the supportive responses pertained to the nurse talking with the mother.

There were 200 responses (107 hospitalized and 93 nonhospitalized), or 50%, given that were classified as neutral actions. These were responses that did not imply any particular intent on the part of the nurse in carrying out an action. Responses in this category included "give him a shot," "give him medicine," "check her blood," "check her heart," "put on a cast," and "put him on the x-ray."

There were 32 responses (9 hospitalized and 23 nonhospitalized), or 8%, that did not meet the definition of a response; these were scored as unclassified statements. Some of these were "I don't know," "put her leg over," "put him on a board," and "spell her name."

When two out of the three raters did not agree, the response was classified as no agreement. There were 21 responses (7 hospitalized and 14 nonhospitalized), or 5.25%, scored as no agreement. The distribution of the

hospitalized and nonhospitalized subjects' responses according to implied intent of the described action is presented in Table 3.

Table 3

Distribution of the Subjects' Responses According to the Implied Intent of the Described Action

	Group A	Group B	Total
Punitive/aggressive	0	0	0
Separative	3	7	10
Coercive	1	0	1
Directional	4	4	8
Nurturant	60	49	109
Supportive	9	10	19
Neutral	107	93	200
Unclassified	9	23	32
No agreement	7	14	21
Total	200	200	200

Summary of Findings

There were 20 children in each group of hospitalized and nonhospitalized subjects. The hospitalized group of subjects was admitted for a variety of conditions, and 80% of these subjects had previous admissions to the

hospital. The nonhospitalized group of subjects had never been hospitalized.

In testing the hypothesis, the difference in the responses of the hospitalized and nonhospitalized group of subjects, according to the nature of the described action, was significant beyond the .02 level. The hospitalized group of subjects saw the nurse in a nonclinical role more often than the nonhospitalized group of subjects.

Under additional findings, 27.25% of the responses were classified as nurturant and 50% were classified as neutral from both groups. There were no responses classified as punitive/aggressive actions. The remaining responses were classified as directional, coercive, separative, and supportive actions. The raters scored the nonhospitalized group of subjects as having more unclassified and no agreement statements as opposed to the hospitalized group of subjects.

CHAPTER 5

SUMMARY OF THE STUDY

This chapter presents a summary of the study and a discussion of the findings. Conclusions from the study are presented, and implications for nursing practice are discussed. Recommendations for further study are also included.

Summary

This ex-post facto descriptive research study was designed to investigate the perception of the role of the nurse by 5-year-old children. Two groups of 20 children each who were all 5 years old served as subjects. At the time of the study, one group was hospitalized and the other group had never been hospitalized. Sixteen out of the 20 hospitalized subjects had a previous admission to the hospital. The subjects were interviewed using the TAPT. Three raters independently scored the responses the subjects gave to the TAPT and placed these responses into one of three categories indicating the nature of the described action as being clinical, nonclinical, or unclassified. In addition, the raters classified the

responses according to the implied intent of the described action.

The hypothesis for this study was: there will be no significant difference in the perception of the nature of the nurses' action between 5-year-old children who are hospitalized and 5-year-old children who have never been hospitalized. The chi-square value for the difference between the two groups according to the nature of the described action was 9.06, which was significant beyond the .02 level.

The hospitalized group of subjects perceived the nurse as having more nonclinical actions than the nonhospitalized group of subjects. Ten percent of the nonhospitalized subjects' responses were scored as unclassified statements as opposed to only 3% in the hospitalized group of subjects.

Additional findings were also presented in relation to the implied intent of the described action. Fifty percent of the total responses were classified as neutral actions, and 27.25% of the total responses were classified as nurturant actions. The remaining responses were classified as supportive, separative, coercive, directional, unclassified, and no agreement. There were no responses classified as punitive/aggressive actions.

Only 2.5% of the hospitalized subjects' responses were scored as unclassified as opposed to 5.7% of the nonhospitalized group of subjects. The responses classified as no agreement by the raters were 1.7% in the hospitalized group and 3.5% in the nonhospitalized group.

Discussion of Findings

The hypothesis for this study was: there will be no significant difference in the perception of the nature of the nurses' actions between 5-year-old children who are hospitalized and 5-year-old children who have never been hospitalized. The chi-square value for this difference was significant beyond the .02 level. Therefore, the null hypothesis was not accepted.

One of the reasons the hypothesis was not accepted might have been that the hospitalized group of subjects had a broader perspective of the role of the nurse. This group viewed the nurse in a nonclinical role more often than the nonhospitalized group. This difference might have been attributed to the hospitalized subjects' having a total view of the role of the nurse, which comes with the experience of hospitalization. Also, 80% of the hospitalized subjects had a previous admission to the

hospital, which could have been an influencing factor in the results.

Another factor that might have influenced the rejection of the hypothesis was the number of unclassified statements by the nonhospitalized group of subjects. The nonhospitalized group of subjects with 20 unclassified responses may have been unable to perceive a clear picture of the clinical and nonclinical actions of the nurse. Some examples of these unclassified responses were "I don't know," "the baby will go back," and "she's going home." Most of the unclassified responses were "I don't know." Possibly the hospitalized group was able to more clearly describe the nurse's action since this group had only six unclassified responses identified by the raters.

The findings of this study support the findings of Rumfelt's (1980) study of 5-year-old hospitalized and nonhospitalized children's perceptions of nurses. Rumfelt concluded that subjects with hospitalization experience attributed significantly more actions of a nonclinical nature to the nurse than did subjects without hospitalization experience. She suggested that the hospitalized children's experiences either broadened their knowledge

of the role functions of the nurse or allowed them to attach more significance to nonclinical activities.

The scores of the hospitalized and nonhospitalized group of subjects also varied in the category of the implied intent of the described action. Fifty percent of the responses from both groups were scored as neutral, which meant the raters perceived the response as not implying any particular intent on the part of the nurse in carrying out an action. The response "the nurse is going to give him a shot" was classified as a neutral response by the same two raters every time. Therefore, no responses were scored as punitive/aggressive in either group even though the other rater consistently scored "the nurse is going to give him a shot" as a punitive/aggressive action. The investigator expected that this particular response would have been classified under punitive/aggressive because of the definition given for punitive/aggressive. A punitive/aggressive action implied that the nurse was intending to harm an individual by inflicting pain or discomfort purposefully. The investigator had not taken into consideration how many ways the word "purposefully" might be interpreted.

Nine percent of the responses from both groups were made in reference to the nurse giving a shot with most of

the responses coming from the hospitalized group who probably only receive a shot when they go to the doctor's office. Another reason for this small number of references to shots may suggest that the subjects attached more importance to other roles of the nurse or repressed their feelings about shots.

There were many combined references made to shots, operations, and physical punishment. This finding would tend to support Erikson's (1950) notion that the 5-year-old child is concerned about body intactness and the intrusive mode of intervention.

The total responses classified as nurturant actions were 27.25%. This category included all responses that implied that the nurse's action was intended to nourish a child and/or promote his development. The number of responses in this category may indicate that the subjects were aware of the nurse's role as someone who is caring and brings one food. Most of the nurturant responses were in reference to bringing food or drink and helping and caring for the child. Ford and Berlinger (1971) had earlier identified caring as the foundation of pediatric nursing and thus a major faction of the nurse's role. Ford and Berlinger defined caring as

> the personal expression of concern for and about another in a meaningful way. It is the giving of oneself in such a way that the person receiving the care knows that the one giving the care is concerned about him and what happens to him. (p. 94)

Thus, caring implies that the nurse has empathy and involvement with the child and his family. This present study likewise suggested that caring is an important aspect of pediatric nursing.

The subjects did not perceive the nurse as being supportive to the parents since only 2.5% of the total responses were classified in this category. This finding differs from previous discussions on the role of the pediatric nurse. Fagin (1966) suggested that an important aspect of the pediatric nursing role is to support the parents so that they, in turn, will be able to prepare and support the child through the crisis of hospitalization. Marlow (1973) stated that if the parents are distrustful or hostile toward the nurse, the child will perceive these feelings and have difficulty in his interactions with the nurse. If the parents show a trusting communicative attitude toward the nurse which is reciprocated, the child will also sense this and be more trusting of the nurse.

Only 2.5% of the total responses were related to the nurse separating the child from his parents. The subjects

apparently did not place great emphasis on separation even though fear of abandonment and separation are still present in the preschool child. There were more separative responses made by the nonhospitalized group of subjects. Separation from parents might not have been as threatening to the hospitalized subjects because many hospitals encourage the parents to stay with the child. Additionally, 80% of this group had had previous experience with hospitalization and separation from significant others. According to Bowlby (1973) and Robertson (1970), the child's perception of the role of the nurse will certainly be influenced by the response to his needs while he is separated from his parents. Since the hospitalized subjects' responses were less than the nonhospitalized subjects' responses in regard to separation, the hospitalization experience may have provided the child with the opportunity to perceive the nurse as being supportive to the child when separated from his parents.

There were also some specific responses made by both groups of subjects which showed that nurses do not just inflict pain or discomfort and do physical procedures. Some examples of these were "read him a book," "play with him," "give her something to draw," and "give

her some coloring books." Play is a very important aspect of the preschooler's life. Kunzman (1972) claimed that play is a resource that is available to the staff in helping the child toward mastery of the hospital experience. According to the findings of this study, the subjects did not perceive the nurse as allowing opportunities for play as the responses given were minimal.

There were more responses scored as unclassified and no agreement in the nonhospitalized group than in the hospitalized group of subjects. The responses from the hospitalized group of subjects might have been clearer to the raters as was mentioned previously in the category of the nature of the described action.

The findings from this study support the earlier studies which considered the implied intent of the nurses' action. Rumfelt (1975), in her study of 5-year-old children's perceptions of nurses, concluded that concerns over physical threats to body intactness were quite evident in the responses she received. Nurturance was attributed to the nurse's role more than twice as often as authoritarianism was attributed to the role. Only a few subjects perceived the nurse as one who separates children from their parents and not supporting the parents.

The findings of a study by Hymovich (1974), examining 4- to 5-year-old children's perceptions of the pediatric nursing role, are also supported by the findings of this study. Hymovich concluded that children perceive the pediatric nursing role as more instrumental (performance of tasks such as administering medicines, giving treatments, and bathing patients) than expressive (performance of emotionally supportive behaviors, such as listening, talking to, and playing with child patients).

Additionally, the results of this study concur with those of McCain (1978), who studied school-age children's perceptions of the nursing role. The subjects perceived the nurse's role to include medical-administrative activities and direct care functions related to comfort and maintenance (such as bathing and feeding). The children did not perceive the nurse's role to include play, teaching, or counseling behavior.

Piaget, as cited by Phillips (1975), stated that when a perceptional situation is encountered, the child refers to a previous relevant scheme. The more frequently a particular situation is encountered, the greater the expectation of its recurrence and the easier and more rapid the operation of the appropriate scheme and the recognition and subsequent reaction. This present study supports

Piaget's theory in that the children who had a hospitalization experience were better able to perceive the nurse in a broader role. This group had first-hand experiences with nurses while they were hospitalized and were able to relate experiences repeatedly with nurses while hospitalized.

The nurses depicted in the ambiguous pictures were wearing nurse's caps. Nurses in most pediatric hospitals do not wear caps, so these pictures may not represent what the child sees. Also, identification of the nurse may be difficult for the child in today's hospitals because other health care professionals also wear uniforms, such as lab technicians, dietitians, and radiology technicians. The child would have a difficult time perceiving the nurse's role if he could not determine who was the nurse. If the child knows who the nurse is, he should be better able to identify the role performed by that individual.

Conclusions and Implications

In analyzing the findings of this study, the following conclusion was made:

The experience of hospitalization is a significant factor in developing a broader view of the role of the nurse by 5-year-old children.

This study suggests several implications for nursing practice. Since hospitalization and the concomitant exposure to nurses provide for a broader perception of the nurse's role, the nurse can broaden the perception of the nonhospitalized child by becoming more visible in the community. The nurse can familiarize the child in the school setting with the different functions of the nurse. The nurse can also plan for children to tour a hospital setting.

Nurses in a clinical setting can offer continual support to the parents by spending more time with them and helping them prepare their child for various procedures and admission to the hospital. Additionally, nurses can be supportive of the child by recognizing the importance of play in the preschooler's life and by providing opportunities for and encouraging the child's participation in play.

The results presented in this study should help nurses realize the importance of their role in influencing the child's perception of nurses. Nurses are a key factor not only in altering the child's perception of the nurse but also in broadening their perception of nurses.

Recommendations for Further Study

Recommendations for further study include:

1. Defining operationally the categories used to classify the responses in this study in order to remove ambiguity.

2. A study on the perception of the role of the nurse between children who are hospitalized with acute and chronic illness.

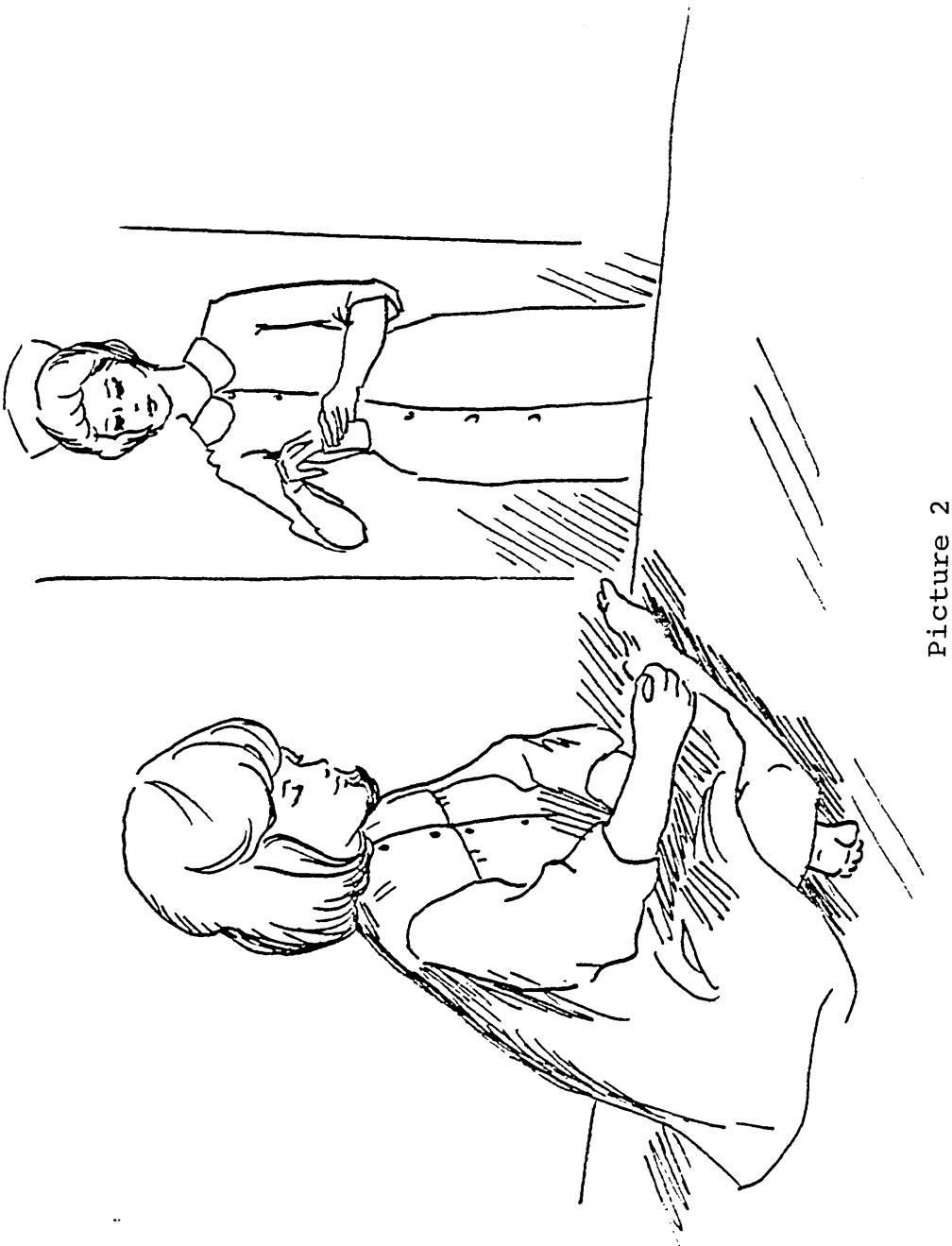
3. A study on the perception of the role of the nurse using children from a random sample and controlling for socioeconomic status and ethnic group.

4. A study on the perception of the role of the nurse between children who are hospitalized and children who have had a day surgery experience.

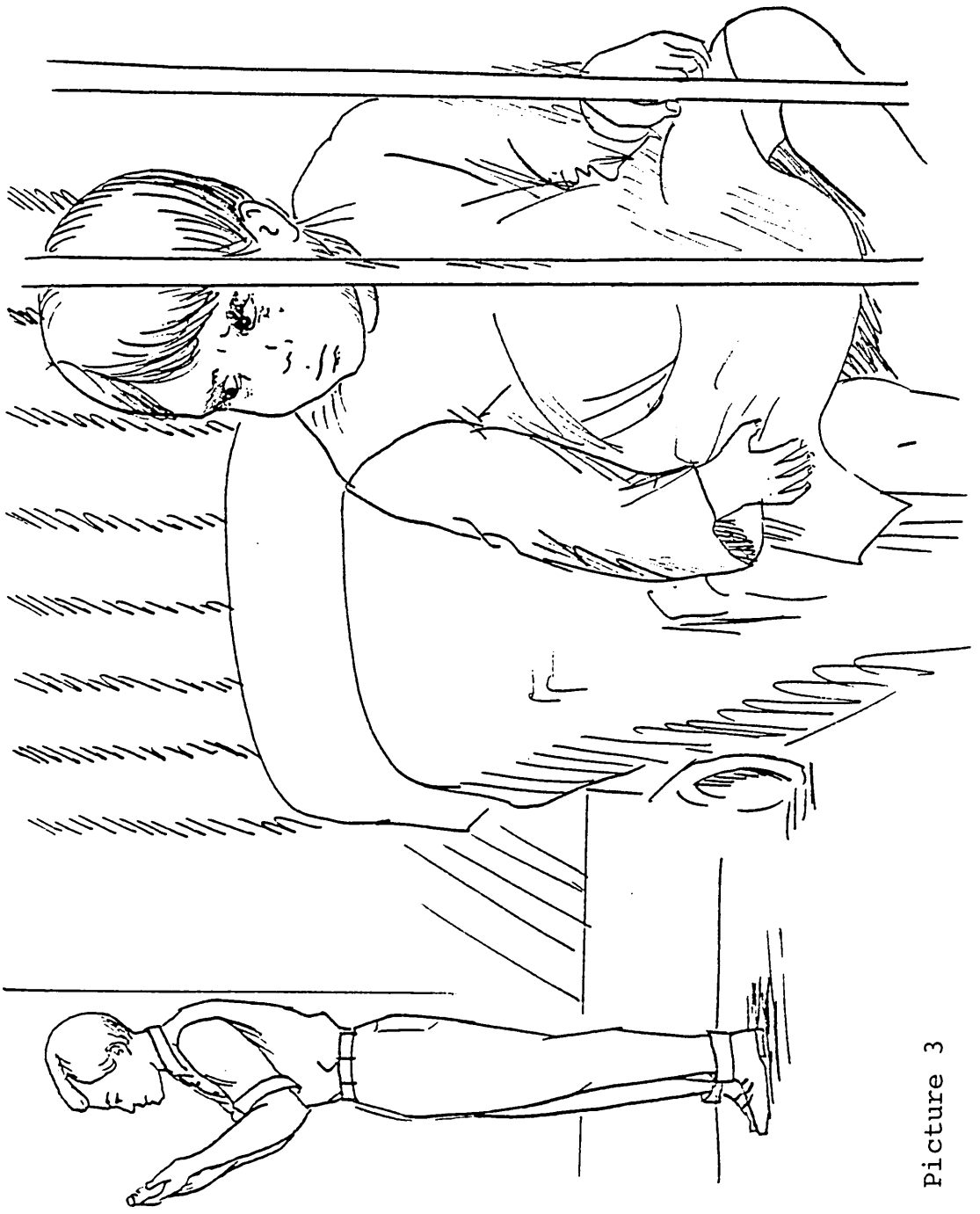
5. A study on the perception of the role of the nurse using one of Hymovich's (1974) tools.

APPENDIX A

Picture 1

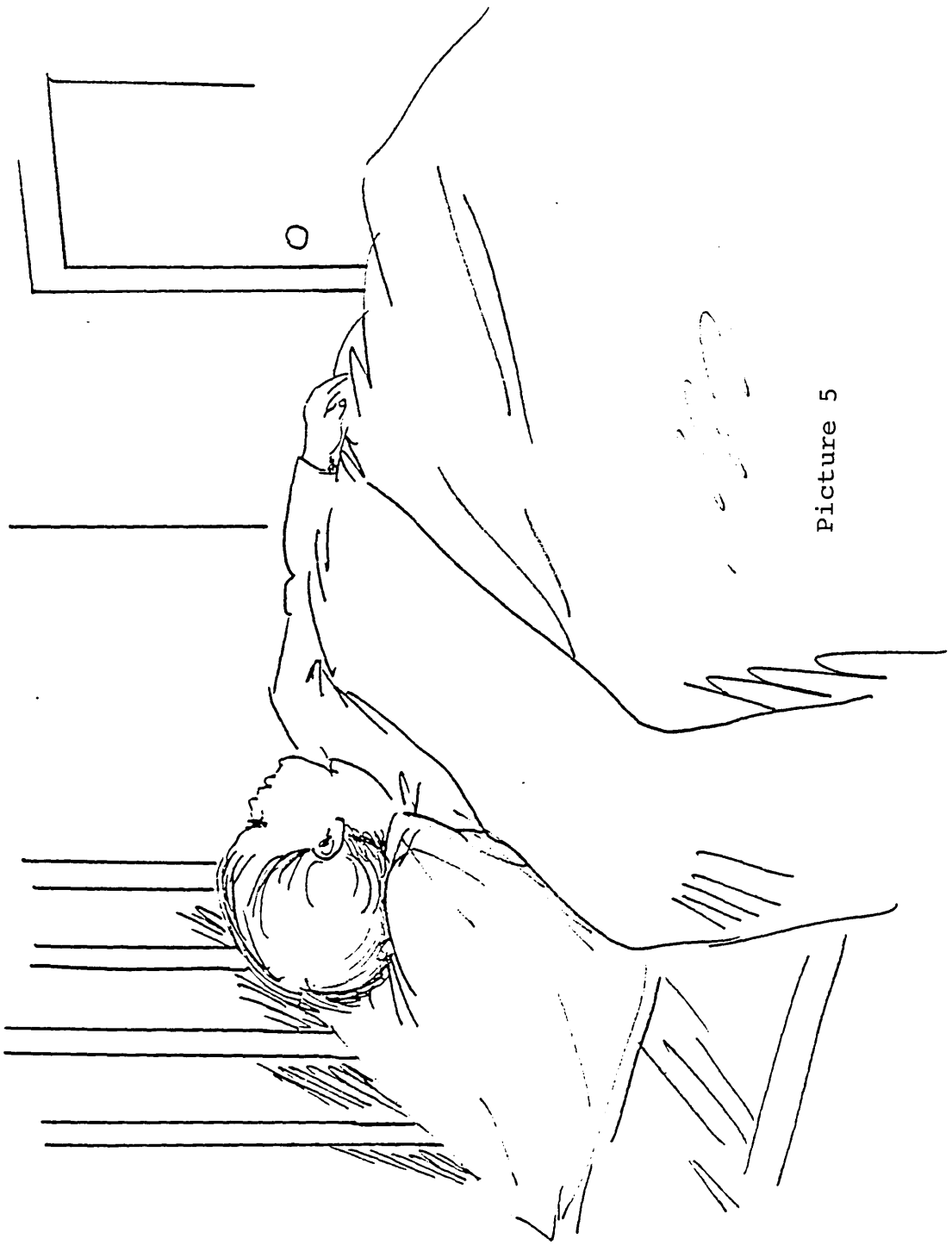


Picture 2

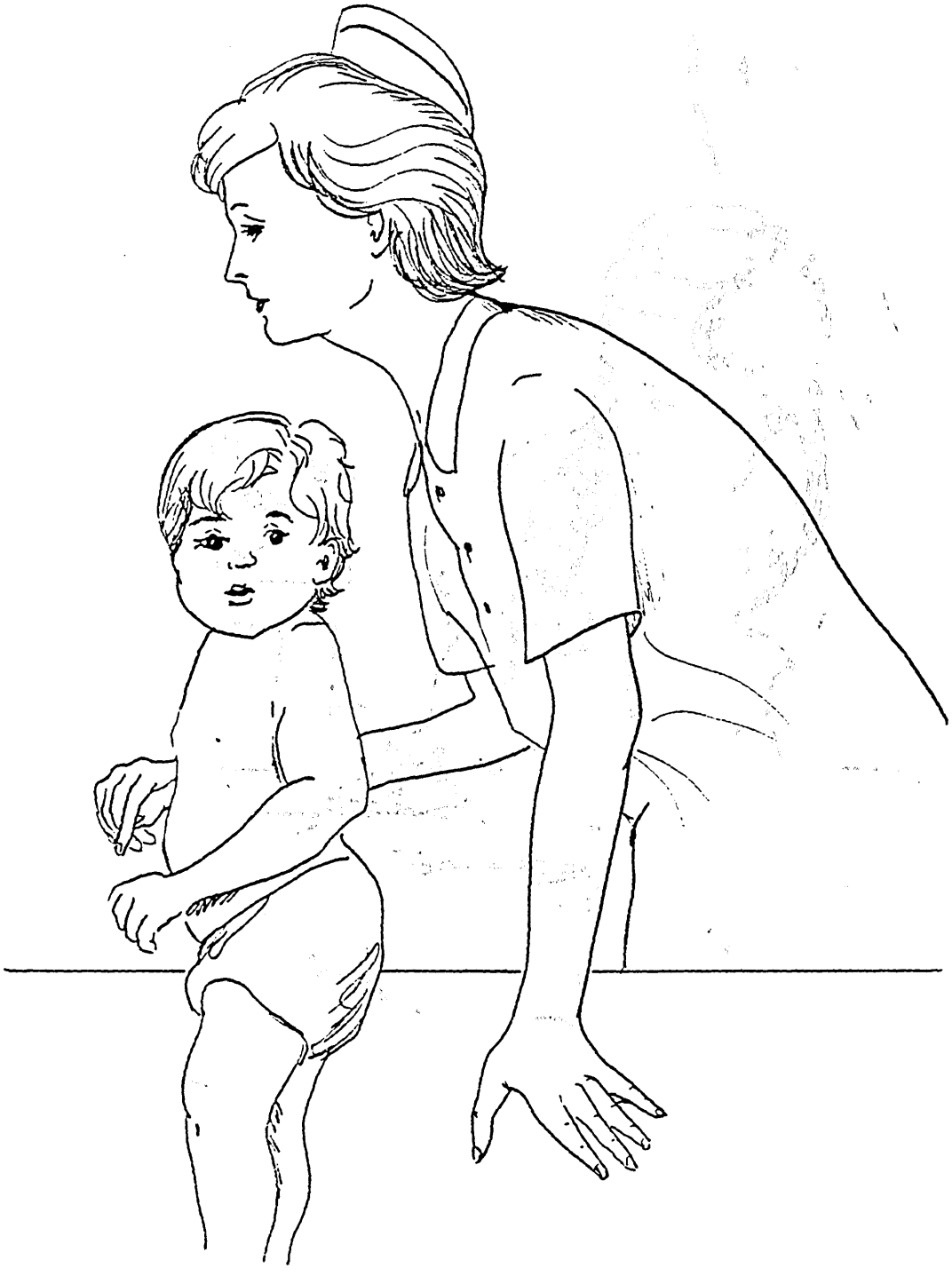


Picture 3

Picture 4

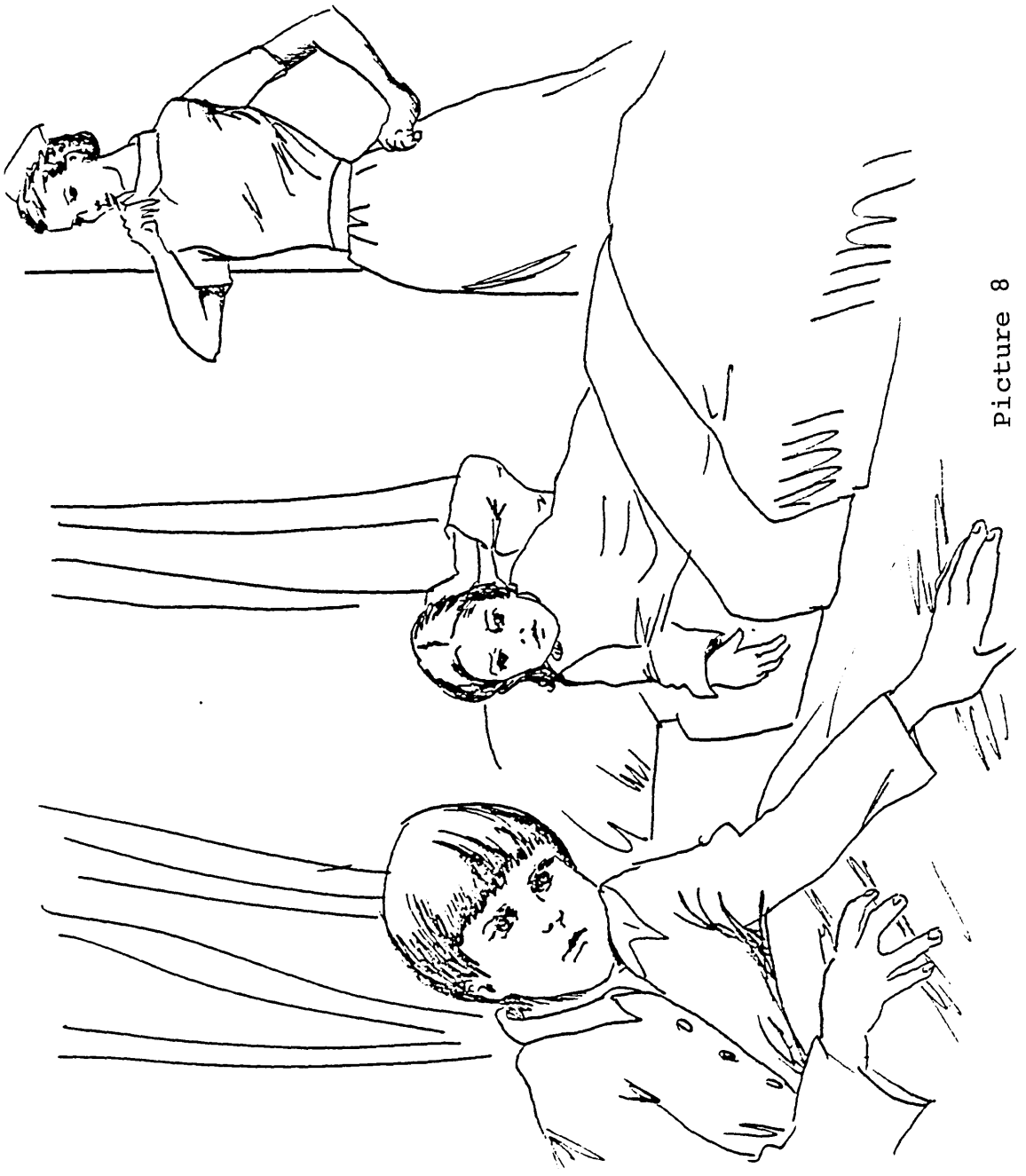


Picture 5

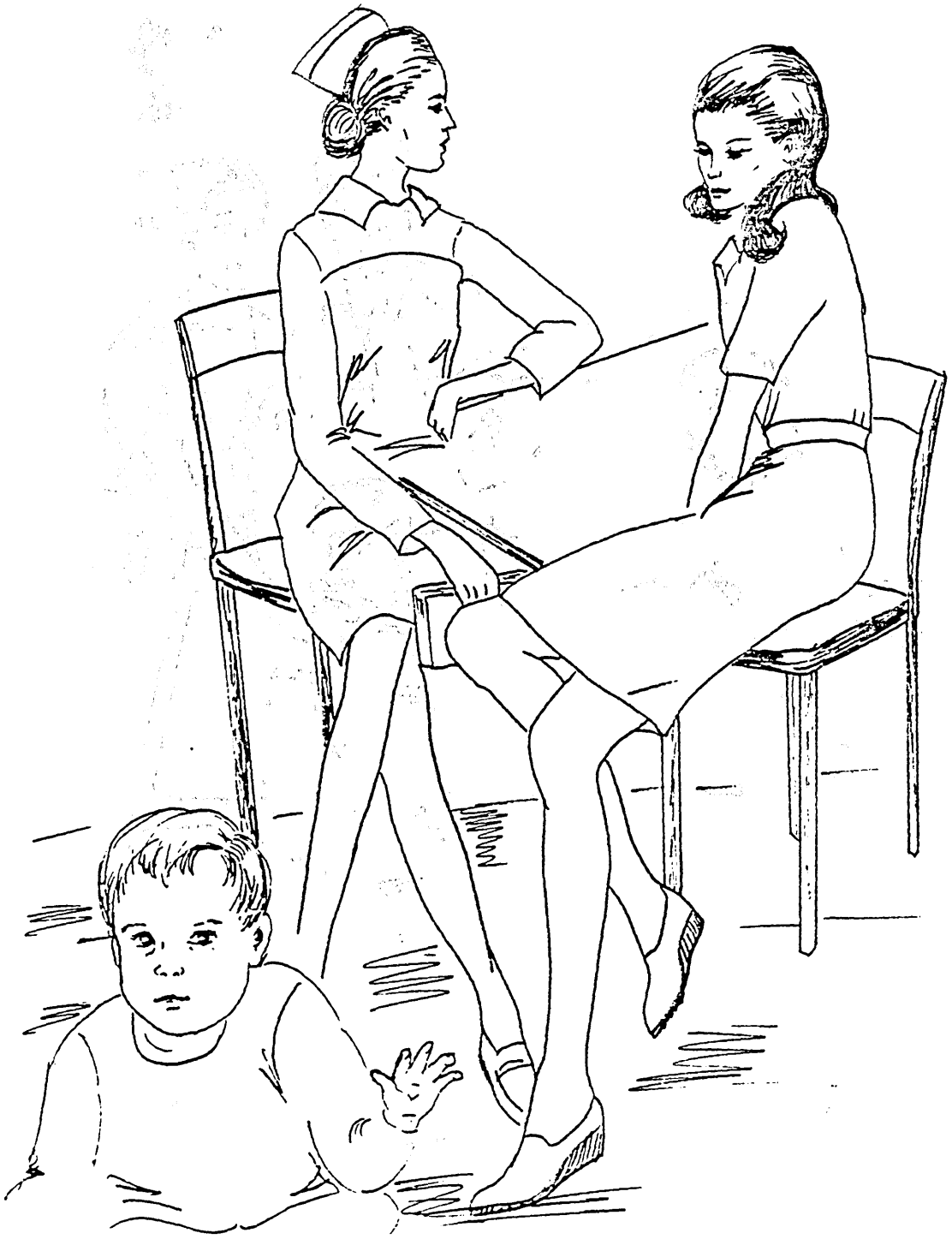


Picture 6

Picture 7



Picture 8



Picture 9

Picture 10

EXPLANATION OF THE TAPT PICTURES

The following list describes the contents of each of the 10 pictures, as well as the types of responses the original investigator expected the subjects to give in regard to the nurse's actions. All of the pictures depicted situations that are commonly seen in a pediatric hospital setting.

Picture 1 depicts an infant lying on his tummy in bed. The nurse is standing beside him. A child might suggest that the nurse is changing his diaper, giving him an injection, measuring his temperature, or preparing to give him an enema.

Picture 2 depicts a seemingly female child sitting cross-legged on the bed. The nurse is standing at the doorway with an object in her hand. A child might interpret that the nurse is coming, leaving, or bringing medicine, juice, or play equipment to the child in the picture.

Picture 3 depicts a short-haired child with a smudge beneath his left eye. He is sitting in a crib with the bedside rail down. The nurse is standing with his back to him at the side of his room. A child could suggest that the nurse is preparing medicine, looking in a cabinet, or talking to another child.

Picture 4 depicts the nurse holding an infant. A child's projection of the nurse's activity could include feeding, burping, or caressing the infant, making him go to sleep, or taking him away from his mother.

Picture 5 depicts a child who is alone in his room and lying in his bed. His head is turned toward the ceiling or closed door. A child might suggest that the nurse is ignoring the child in the picture, making him stay in bed, making him take a nap, or coming in to play with him.

Picture 6 depicts a young child dressed only in a diaper standing beside the nurse. A child might suggest that the nurse is getting ready to bathe, dress, or spank the child in the picture. The nurse could also be helping him learn to walk or playing with him.

Picture 7 depicts a school-age female child with long hair sitting in her bed with her arms resting on an overbed table. The nurse appears to be walking toward the child with some object in her hands and a towel over one arm. A child might suggest that the nurse is going to give the girl a bath or have the girl take her own bath. The nurse could also be bringing a food tray, a medicine tray, flowers, a scale, or some other item into the room.

Picture 8 depicts two children in their beds and a nurse standing at the door of their room. A child might suggest that the nurse is scolding the children in the picture, telling them it was time to go to the playroom, or telling them their doctor wanted to see them in the treatment room.

Picture 9 depicts a nurse sitting on a chair next to an adult female who is also sitting on a chair. A toddler is sitting on the floor at their feet, and the nurse has a book in her hand. A child might indicate that the nurse is talking to the toddler's mother about his behavior, about taking him home, or about leaving him at the hospital with the nurse.

Picture 10 depicts an adult female and an adult male who are dressed in street clothes and standing next to each other. The female has her hands on the shoulders of a child who is also dressed in street clothes. The nurse is either sitting at or leaning against a counter as she writes in a notebook. A child might suggest that the nurse is engaged in admitting, discharging, or teaching activities, or that she is going to separate the child from his family. (Rumfelt, 1975, pp. 24-26)

APPENDIX B

TEXAS WOMAN'S UNIVERSITY
Box 23717, TWU Station
Denton, Texas 76204

1810 Inwood Road
Dallas Inwood Campus

HUMAN SUBJECTS REVIEW COMMITTEE

Name of Investigator: Donna Linthicum Center: Dallas

Address: 6203 Bordeaux, #203 Date: 4/1/81

Dallas, Texas 75209

Dear Ms. Linthicum:

Your study entitled Perception of the Role of the Nurse by Five-Year Old Children

has been reviewed by a committee of the Human Subjects Review Committee and it appears to meet our requirements in regard to protection of the individual's rights.

Please be reminded that both the University and the Department of Health, Education, and Welfare regulations typically require that signatures indicating informed consent be obtained from all human subjects in your studies. These are to be filed with the Human Subjects Review Committee. Any exception to this requirement is noted below. Furthermore, according to DHEW regulations, another review by the Committee is required if your project changes.

Any special provisions pertaining to your study are noted below:

____ Add to informed consent form: No medical service or compensation is provided to subjects by the University as a result of injury from participation in research.

____ Add to informed consent form: I UNDERSTAND THAT THE RETURN OF MY QUESTIONNAIRE CONSTITUTES MY INFORMED CONSENT TO ACT AS A SUBJECT IN THIS RESEARCH.

_____ The filing of signatures of subjects with the Human Subjects Review Committee is not required.

_____ Other:

__X__ No special provisions apply.

Dissertation/Theses signature page is here.

To protect individuals we have covered their signatures.

APPENDIX C

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE CHILDREN'S MEDICAL CENTER OF DALLAS

GRANTS TO DONNA LINTHICUM, R.N., BSN
a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem.

I am conducting a study on how five-year old children perceive the role of the nurse. I will obtain this information by showing each child ten pictures which convey ambiguity in terms of feelings, activities, and relationships of the human figures in each picture. The results of this study may provide nurses with a better understanding of what children think about them and thus they can improve their experience during hospitalization and make it less traumatic for them.

The conditions mutually agreed upon are as follows:

1. The agency (may) (~~may not~~) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (~~may~~) (may not) be identified in the final report.
3. The agency (wants) (~~does not want~~) a conference with the student when the report is completed.
4. The agency is (willing) (~~unwilling~~) to allow the completed report to be circulated through interlibrary loan.
5. Other

Dissertation/Theses signature page is here.

To protect individuals we have covered their signatures.

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE HIGHLAND PARK UNITED METHODIST CHURCH DAY CARE AND SCHOOL

GRANTS TO DONNA LINTHICUM, R.N., BSN
a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem.

I am conducting a study on how five-year old children perceive the role of the nurse. I will obtain this information by showing each child ten pictures which convey ambiguity in terms of feelings, activities, and relationships of the human figures in each picture. The results of this study may provide nurses with a better understanding of what children think about them and thus they can improve their experience during hospitalization and make it less traumatic for them.

The conditions mutually agreed upon are as follows:

1. The agency (may) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (may not) be identified in the final report.
3. The agency (wants) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (unwilling) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

_____

Dissertation/Theses signature page is here.

To protect individuals we have covered their signatures.

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE BETHEL LUTHERAN CHURCH DAY CARE AND SCHOOL

GRANTS TO DONNA LINTHICUM, R.N., BSN
a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem.

I am conducting a study on how five-year-old children perceive the role of the nurse. I will obtain this information by showing each child ten pictures which convey ambiguity in terms of feelings, activities, and relationships of the human figures in each picture. The results of this study may provide nurses with a better understanding of what children think about them and thus they can improve their experience during hospitalization and make it less traumatic for them.

The conditions mutually agreed upon are as follows:

1. The agency (may) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (may not) be identified in the final report.
3. The agency (wants) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (unwilling) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

_____

Dissertation/Theses signature page is here.

To protect individuals we have covered their signatures.

APPENDIX D

ORAL PRESENTATION OF THE STUDY TO HOSPITALIZED GROUP

My name is Donna Linthicum, and I am a nurse presently enrolled in the graduate program at Texas Woman's University. I am presently writing my master's thesis on "The Perception of the Role of the Nurse by 5-Year-Old Children." The results of this study may provide nurses with a better understanding of what children think about them, and thus, nurses can improve the experience of children during hospitalization and make it less traumatic for them.

I would like for your child to participate in my study. If you choose for your child to participate in this study, the child will be interviewed and shown 10 black-and-white pictures of children and nurses in hospitals. The pictures were constructed to convey ambiguity in terms of feelings, activities, and relationships of the human figures. In addition to the children and nurses, one of the pictures contains an adult female and another picture contains an adult female and an adult male. I will ask your child what the nurse will do in each picture. Your child's response will be recorded on paper and compared with other children's responses. Your child's name will not be used in the final results

and he/she will remain anonymous. Each child in the study will be given a code number.

In signing the consent for your child to participate, you understand that participation is voluntary, that you or your child may withdraw at any time, that whether or not your child participates in this study will not affect the way he/she is treated in this agency, and the child's name will not be revealed in the results of this study.

If your child feels uncomfortable or becomes frightened by the ideas he/she perceives from each picture, I will offer support and comfort him/her. If the child does not want to continue with the interview, he/she may do so. Thank you very much for your assistance and time.

Consent Form
TEXAS WOMAN'S UNIVERSITY
HUMAN SUBJECTS REVIEW COMMITTEE

Title of Project: "Perception of the Role of the Nurse by 5-Year-Old Children"

Consent to Act as a Subject for Research and Investigation:

I have received an oral description of this study, including a fair explanation of the procedures and their purpose, any associated discomforts or risks, and a description of the possible benefits. An offer has been made to me to answer all questions about the study. I understand that my name will not be used in any release of the data and that I am free to withdraw at any time. I further understand that no medical service or compensation is provided to subjects by the university as a result of injury from participation in research.

Signature _____ Date _____

Witness _____ Date _____

Certification by Person Explaining the Study:

This is to certify that I have fully informed and explained to the above-named person a description of the listed elements of informed consent.

Signature _____ Date _____

Position _____

Witness _____ Date _____

APPENDIX E

LETTER TO PARENT OR LEGAL GUARDIAN OF

NONHOSPITALIZED GROUP

March 22, 1981

Dear Parent or Legal Guardian,

I am a nurse enrolled in the graduate program at Texas Woman's University. I am presently writing my master's thesis on "The Perception of the Role of the Nurse by 5-Year-Old Children."

I would like for your child to participate in this study only if he/she has never been hospitalized. Please read the explanation of the study which is attached. If you are in agreement for your child to participate, please sign your name on the consent form and place it in the envelope. Please write your child's name on the outside of this envelope so that I can match your child with the right consent form at the time of the interview. After the interview is completed, the envelope will be thrown away. Your child will then be given a code number and will remain anonymous. Please have your child return the envelope to school if you wish for him/her to participate.

Thank you very much for your time. Your assistance is greatly appreciated.

Sincerely,

Donna Linthicum, R.N., B.S.N.

Enclosure

WRITTEN EXPLANATION OF THE STUDY TO NONHOSPITALIZED GROUP

Title of the Study: "The Perception of the Role of the Nurse by 5-Year-Old Children"

Investigator: Donna Linthicum, R.N., B.S.N.

The purpose of this study is to investigate how 5-year-old children perceive the role of the nurse. The results of this study may provide nurses with a better understanding of what children think about them, and thus nurses can improve the experience of children during hospitalization and make it less traumatic for them.

If you choose for your child to participate in this study, the child will be interviewed and shown 10 black-and-white pictures of children and nurses in hospitals. The pictures were constructed to convey ambiguity in terms of feelings, activities, and relationships of the human figures. In addition to the children and nurses, one of the pictures contains an adult female and another picture contains an adult female and male. The investigator will ask the child what the nurse will do in each picture. Your child's response will be recorded on paper and compared with other children's responses. Your child's name will not be used in the final results and he/she will remain anonymous.

In signing the consent for your child to participate, you understand that participation is voluntary, that you or your child may withdraw at any time, that whether or not your child participates in this study will not affect the way he/she is treated in this agency, and the child's name will not be revealed in the results of the study.

If your child feels uncomfortable or becomes frightened by the ideas he/she perceives from each picture, I will offer support and comfort him/her. If the child does not want to continue with the interview, he/she may do so.

Consent Form
TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

Consent to Act as a Subject for Research and Investigation:

The following information is to be read to or read by the subject. One copy of this form, signed and witnessed, must be given to each subject. A second copy must be retained by the investigator for filing with the Chairman of the Human Subject's Review Committee. A third copy may be made for the investigator's files.

1. I hereby authorize Donna Linthicum, R.N., B.S.N. to perform the following procedure or investigation:

   Administer 10 black-and-white ambiguous pictures to my child and ask the question, "What do you think the nurse will do?" These pictures were constructed to convey ambiguity in terms of feelings, activities, and relationships of the human figures in each picture. The pictures show children in a hospital setting with a nurse in each picture. In addition to children and nurses, one of the pictures contains an adult female and another picture contains both an adult female and male.

2. The procedure or investigation listed in Paragraph 1 has been explained to me by Donna Linthicum, R.N., B.S.N.

3. (a) I understand that the procedure or investigations described in Paragraph 1 involve the following possible risks or discomforts:
   1) It may make the child feel uncomfortable in answering the question.
   2) It may frighten the child with the ideas he perceives from each picture.

   If my child becomes frightened or feels uncomfortable by the ideas he/she perceives from each picture, the investigator will offer support and comfort to him/her. If the child does not want to continue, he/she may do so without affecting his/her care.

(b) I understand that the procedures and investigations described in Paragraph 1 have the following potential benefits to myself and/or others:

The results of this study may provide nurses with a better understanding of what children think about them and thus nurses can improve the child's experience during hospitalization and make it less traumatic for them.

(c) I understand that--No medical service or compensation is provided to subjects by the university as a result of injury from participation in research.

4. An offer to answer all of my questions regarding the study has been made. If alternative procedures are more advantageous to me, they have been explained. I understand that I may terminate my participation in the study at any time.

_____ _____

Subject's Signature Date

(If the subject is a minor, or otherwise unable to sign, complete the following.)

Subject is a minor (age_____), or is unable to sign because:

Signatures (one required)

_____ _____

Father Date

_____ _____

Mother Date

_____ _____

Guardian Date

_____ _____

Witness (one required) Date

APPENDIX F

DATA COLLECTION FORM

Code No._____

Instrument Scoring: entire verbal response given by subject.

Picture 1_____

_____

Picture 2_____

_____

Picture 3_____

_____

Picture 4_____

_____

Picture 5_____

_____

Picture 6_____

_____

Picture 7_____

_____

Picture 8_____

_____

Picture 9_____

_____

Picture 10_____

_____

APPENDIX G

School of Nursing
618-692-3256
Southern Illinois University at Edwardsville | Edwardsville, Illinois 62026

September 21, 1979
3111 Hamelle Dr.
St. Charles, MO. 63301
314-946-5916

Donna Linthicum
6203 Bordeaux, #203
Dallas, Texas 75209

Dear Donna,

It was very exciting to receive your letter of September 15th, and find that you are interested in replicating either a portion or all of my research on "How Five-Year-Olds Perceive the Role of the Nurse." You certainly have my permission to utilize the two tools I developed for the study. You should have no difficulty in duplicating in duplicating my first tool of 37 items used to care for children as my pictures were cut from magazines and catalogues and then pasted to 3x5" file cards. I hope you will utilize some of my suggestions for future research, particularly those of including at least one male nurse in the ambiguous pictures and the wording of the interview question for the first tool to "Would a nurse need this to take care of children?"

I hope you enjoy using these two tools. It's quite flattering to be asked to check them and pleasing to do so. If I can be of help in any way, please let me know. I'm looking forward to hearing about your progress. Please feel free to call at home or school. The best times to reach me at school are Monday morning and Tuesday; at home on Tuesdays, Monday evenings and Sunday evenings. Best of luck!

Sincerely,
Grace Rumbelt
R.N./D.S.N.

APPENDIX H

SUBJECT INFORMATION SHEET

Code No._____

Race_____Sex_____Date of Birth_____

Diagnosis_____

Number of admissions to hospital_____

APPENDIX I

ORAL PRESENTATION TO THE CHILD

My name is Donna, and I am a nurse. I would like for you to draw a picture for me about anything you wish, and then we are going to talk about your picture. Then I am going to show you some pictures of children and nurses together in a hospital and ask you what you think the nurse will do in each picture. If you do not want to talk to me about the pictures, it is okay, and I will leave.

APPENDIX J

CLASSIFICATION OF CATEGORIES

The set of categories used to classify responses according to the nature of the described action is presented below. The set includes two major categories; each is specified by subcategories.

1. Clinical actions--This category encompassed all responses by subjects that described actions of a professional nature; that is, actions either reflecting or requiring the use of specialized knowledge or skill. Clinical action responses were tabulated under the following five subcategories; examples are given for each.
   a. Assessment--Actions concerned with either physical or behavioral assessment through examination of observation methods.
      Examples: The nurse is checking the baby's feet. The nurse is going to listen to her heart.
   b. Communication--Actions concerned with imparting specialized information through oral or written modes.
      Examples: The nurse is telling the mother to bring the child to the hospital. The nurse is writing down what the boy can't do.
   c. Treatments--Actions concerned with carrying out specific diagnostic or therapeutic procedures or treatments.
      Examples: The nurse is giving the baby an enema. The nurse is going to give the baby an x-ray.
   d. Medicines--Actions concerned with securing and administering oral, parenteral, or topical medications.
      Examples: The nurse is going to give him a shot. She is filling out a prescription.
   e. Nonspecific care--Actions of a clinical nature but not indicating any particular intervention.
      Examples: The nurse will make him better. She's going to fix his arm.

2. Nonclinical actions--This category encompassed all responses by subjects that described actions of a general nature; that is, actions not reflecting or requiring the use of specialized knowledge or skill. Nonclinical actions were tabulated under the following three subcategories; examples are given for each.
   a. Communication--Actions concerned with imparting general information or directives. Examples: She's telling them it's time to go to sleep. The nurse is going to tell him to put on his clothes.
   b. Personal care--Actions concerned with helping a child to take care of his body through means common to adult caretakers. Examples: The nurse is changing his diaper. She is feeding the child.
   c. Miscellaneous--Actions of a nonclinical nature but not within the realm of communication or personal caretaking. Examples: The nurse is going to put a pin in his body. She's going to give him away. (Rumfelt, 1975, pp. 35-38)

The set of categories used to classify responses according to the implied intent of the described action is presented below. The set includes seven categories; examples are given for each.

1. Punitive and/or aggressive actions--This category included all responses that implied the action of the nurse was intended to harm an individual by inflicting pain or discomfort purposefully.
   Examples: The nurse is going to spank him. She is going to throw him in the bathtub.
2. Separative actions--This category included all responses that implied the action of the nurse was intended to create or maintain physical distance between a child and his parents.
   Examples: She is keeping parents away. The nurse is going to give him away.

3. Supportive actions directed toward parents--This category included all responses that implied the action of the nurse was intended to help, comfort, or strengthen parents by listening or sharing information with them.
   Examples: The nurse and mother are talking about how the child is doing. The nurse is telling the mother the child is sick.
4. Coercive actions--This category included all responses that implied the action of the nurse was intended to force or compel an individual to do something.
   Examples: The nurse is making him sit up. The nurse is going to make him eat.
5. Directional actions--This category included all responses that implied the action of the nurse was intended to instruct or advise an individual to do something.
   Examples: She is telling him to stop crying. The nurse is telling the parents to bring him to the hospital.
6. Nurturant actions--This category included all responses that implied the action of the nurse was intended to nourish a child and/or promote his development.
   Examples: The nurse is reading her a book. She's going to give the girl something to eat. The nurse is helping the child to get better.
7. Neutral actions--This category included all responses that did not imply any particular intent on the part of the nurse in carrying out an action.
   Examples: She is taking his blood pressure. The nurse is going to wake him up.
   Statements that did not meet the definition of a response were tabulated as unclassified statements.
   Examples: She is going in there. The nurse is going to open the door. I don't know what the nurse is going to do. (Rumfelt, 1975, pp. 38-40)

APPENDIX K

TALLY SHEET

Code No._____

	Picture									
	1	2	3	4	5	6	7	8	9	10
Clinical										
Nonclinical										
Unclassified										

	Picture									
	1	2	3	4	5	6	7	8	9	10
Punitive/ Aggressive										
Separative										
Coercive										
Supportive										
Directional										
Nurturant										
Neutral										
Unclassified										

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