

## APPENDIXES

## Appendix A

### Consent Form

**Study Title:** Needs and received responses among parents of hospitalized children

**Investigator:** Liu Ke

Miss. Liu Ke is a masters student studying the needs and received responses of parents of hospitalized children in this hospital. This study will provide information which will enable nurses to identify parents' needs and check whether they receive responses or not. It will also help them to provide better care to you and your child, and to other parents and children.

The study procedures involve no foreseeable risks or harm to you or your child. The procedures include: (1) completing a demographic data sheet. (2) responding to a questionnaire about the needs and received responses of parents of hospitalized children. Participation in this study will take approximately 30 minutes. You are free to ask any questions about this study.

Your participation in this study is voluntary. You have the right to withdraw at any time and the care of your child and your relationship with the health care team will not be affected.

The study data will be coded so they will not be linked to your name. Your identity will not be revealed while the study is being conducted or when the study is reported and published.

I have read this consent form and voluntarily consent to participate in this study.

Subject's signature \_\_\_\_\_  
Date \_\_\_\_\_

I have explained this study to the above subject and gave sought his/her understand for information consent.

Investigator's Signature \_\_\_\_\_  
date \_\_\_\_\_

## Appendix B

### Demographic Data

Subject identification number \_\_\_\_\_ Date \_\_\_\_\_

#### Data of the child

1. Gender (1) Male (2) Female

2. Age \_\_\_\_\_ years \_\_\_\_\_ months

3. Educational level (1) No schooling  
(2) Primary school  
(3) Secondary school

4\*. Medical diagnosis \_\_\_\_\_ (Obtain from the child's medical record)

5. Duration of the present illness ( the total number of months, weeks or days after the child's illness has been presented and diagnosed) \_\_\_\_\_

6\*. Type of illness (categorized by the researcher)

- (1) Acute illness
- (2) Chronic illness

7. Duration of hospitalization \_\_\_\_\_ days

8. Number of previous admission (exclude the present admission)

8.1 Previous admission in this hospital \_\_\_\_\_ times

8.2 Previous admission in other hospitals \_\_\_\_\_ times

#### Data of the parent

1. Gender (1) Male (2) Female

2. Age \_\_\_\_\_ years

3. Education level (1) Uneducated  
(2) Primary school  
(3) Secondary school  
(4) High school or vocational school  
(5) College level  
(6) University level or above

5. Occupation (1) Worker  
(2) Farmer  
(3) Businessman

- (4) Government staff
- (5) Others \_\_\_\_\_

6. Family income (income of both parents) \_\_\_\_\_ Yuan/per months

7. Family type
- (1) Nuclear family
  - (2) Extended family
  - (3) single-parent family

8. Rooming-in with the child
- (1) yes
  - (2) no

If the answer is no, please answer No.9

9. Visiting times after the child's admission \_\_\_\_\_ times  
(include this time)

## Appendix C

### Inventory of needs and received responses of parents of hospitalized children

#### Introduction:

The following items are statements of needs which you may have while your child is hospitalized. I will read every question to you and then ask you to tell me whether you need it or not. If you need it, I will ask you whether you received responses or not. There is no RIGHT or WRONG answer, please give me the answer that best represents your perceptions of each item.

#### Part I

Yes=1    No=0

Questionnaire item	Need Yes   No	Responses Yes   No
<p><b>1. Information need</b></p> <p>1.1 Do you want to know the cause of the disease your child suffered?</p> <p>1.2 Do you want to know the facts of the child's condition?</p> <p style="text-align: center;">.</p> <p style="text-align: center;">.</p> <p style="text-align: center;">.</p> <p style="text-align: center;">.</p> <p style="text-align: center;">.</p> <p><b>2. Need for the best medical care and nursing care for the child</b></p> <p>2.1 Do you want your child to get the immediate treatment when he/she shows any change in condition or symptoms?</p> <p>2.2 Do you want that your child receives the best treatment?</p> <p style="text-align: center;">.</p> <p style="text-align: center;">.</p> <p style="text-align: center;">.</p> <p style="text-align: center;">.</p> <p style="text-align: center;">.</p> <p><b>3. Need for parental role</b></p> <p>3.1 Do you want to feel that you are needed by</p>		

<p>your child?</p> <p>3.2 Do you want to do daily care to your child, e.g. feeding and bathing?</p> <p>.</p> <p>.</p> <p>.</p> <p>.</p> <p>.</p> <p>.</p> <p>4. Need for emotional support</p> <p>4.1 Do you want to express your feelings with staff privately about your child's illness and hospitalization?</p> <p>3.2 Do you want staff to recognize your feelings?</p> <p>.</p> <p>.</p> <p>.</p> <p>.</p> <p>5. Physical need</p> <p>5.1 Do you want the hospital to have good food and drink available for you to buy?</p> <p>5.2 Do you want to have time to rest and sleep?</p> <p>.</p> <p>.</p> <p>.</p> <p>.</p> <p>.</p> <p>6. Need for financial support</p> <p>6.1 Do you need financial support for the hospital fee?</p> <p>6.2 Do you need financial support for transportation while your child is in the hospital?</p> <p>.</p> <p>.</p> <p>.</p> <p>.</p>		
---	--	--

## Part II

As a parent of a hospitalized child, do you have any other needs which we may have forgotten to mention?

## Appendix D

### Letter for Asking Testing Content Validity

October 9, 1997

Dear nursing expert

I am a Chinese graduate nurse student. I am going to conduct a research of "Needs and Received Responses of Parents among Hospitalized Children". I will use Inventory of Needs and Received Responses of Parents of Hospitalized Children in this study. This instrument developed by myself according to the literature review.

This questionnaire includes two parts. Part I consists of items about needs of parents of hospitalized children and be categorized into 6 groups. The answer sheet is indicated by dichotomous items (yes=1, no=0). Part II is one open-ended question to ask parents whether they have experienced needs as a parent of a hospitalized child other than those in the questionnaire.

To be sure the content validity, I would like to invite you to evaluate this instrument first. Please indicate your comments about each item and the open-ended question.

Thank you for your consideration and help.

Sincerely yours,

Liu Ke

### Appendix E

#### List of the Experts for the Assessment of Validity of the Inventory of Needs and Received Responses of Parents of Hospitalized Children

1. Associate Professor Wilawan Pichiansathian
2. Associate Professor Wanwilai Chumpirom
3. Assistant Professor Malee Urharmnuay
4. Assistant Professor Dr. Seepan Kantawang
5. Assistant Professor Prissana Soontornchai
6. Miss Punnee Boonpeng (Head Nurse of Pediatric Ward 5 of  
Maharaj Nakorn Chiang Mai Hospital)



## CURRICULUM VITA

Surname, name Miss Liu Ke

Date of birth August 6, 1972

Place of birth GuiYang, Guizhou, P. R. China

**Educational background**

1989-1994 Bachelor degree of Faculty of Nursing,  
Sun Yat-sen University of Medical Sciences

**Working experience**

1994-present Nursing instructor  
Faculty of Nursing  
Sun Yat-sen University of Medical Sciences