

growth and family functioning so that the parents become empowered in caring for their child. Strategies such as bedside reporting that allow parents to be involved in the discussion of the child's current status are moving health care settings closer to family-centered care ([Anderson and Mangino, 2006](#)). Liaison nursing roles in tertiary care settings are also focused on improving communication between parents and health care providers ([Caffin, Linton, and Pellegrini, 2007](#)).

Because the mother tends to be the usual family caregiver, she usually spends more time in the hospital than the father. However, not all parents feel equally comfortable assuming responsibility for their child's care. Some may be under such great emotional stress that they need a temporary reprieve from total participation in caregiving activities. Others may feel insecure in participating in specialized areas of care, such as bathing the child after surgery. On the other hand, some mothers may feel a great need to control their child's care. This seems particularly true of young mothers, who have recently established their role as a parent; mothers of children too young to verbalize their needs; and ethnic minority mothers when the hospital setting is predominantly staffed by nonminority personnel. Individual assessment of each parent's preferred involvement is necessary to prevent the effects of separation while supporting parents in their needs as well.

With lifestyles and gender roles changing, fathers may assume all or some of the usual "mothering" roles in the household. In these cases, it may be the father-child relationship that requires preservation. Fathers need to be included in the care plan and respected for their parental role. For some fathers, the child's hospitalization may represent an opportunity to alter their usual caregiving role and increase their involvement. In single-parent families, the caregiver may not be a parent but an extended family member, such as a grandparent or aunt.

One of the potential problems with continuous parent involvement is neglect of the parent's need for sleep, nutrition, and relaxation. Often the sleeping accommodations are limited to a chair, and sleep is disrupted by nursing procedures. Encouraging the parents to leave for brief periods, arranging for sleeping quarters on the unit but outside the child's room, and planning a schedule of alternating visits with another family member can