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RESEARCH ARTICLE (ORIGINAL) &

# Validation of the Nurse-Parent Support Tool for the Portuguese culture: Reliability and validity

Validação da escala Nurse-Parent Support Tool para a cultura portuguesa: Confiabilidade e validade

Validación de la escala Nurse-Parent Support Tool para la cultura portuguesa: Fiabilidad y validez

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#### **Abstract**

**Background:** Assessing the perceptions of parents of hospitalized children about the support provided by nurses can contribute to assessing the quality of pediatric nursing care.

**Objective:** To complete the cultural adaptation and validation of the Nurse-Parent Support Tool (NPST) for the Portuguese population by assessing its reliability and validity.

**Methodology:** Quantitative methodological study, with a sample of 291 parents of hospitalized children. The psychometric properties of the instrument were measured by assessing its reliability using Cronbach's alpha coefficient and its construct validity through exploratory factor analysis with Varimax rotation. **Results:** The pychometric characteristics of the NPST show that it is appropriate to the Portuguese population of parents of hospitalized children (Cronbach's alpha of 0.925), as well as a reliable and valid tool to measure the support provided by nurses to these parents.

**Conclusion:** The European Portuguese version of the NPST - Escala de Apoio dos Enfermeiros aos Pais (EAEP) - is a reliable and valid instrument with very good internal consistency to assess the support provided by nurses to parents during a child's hospitalization.

Keywords: child, hospitalized; parents; support; validation study; pediatric nursing; nursing care

#### Resumo

**Enquadramento:** A avaliação da perceção dos pais de crianças hospitalizadas sobre o apoio dos enfermeiros constitui um contributo para aferir a qualidade dos cuidados de enfermagem pediátricos. **Objetivo:** Concluir o processo de Adaptação Cultural e Validação da *Nurse-Parent Support Tool* (NPST) para a realidade portuguesa, avaliando a confiabilidade e validade.

**Metodologia:** Estudo metodológico quantitativo, com uma amostra de 291 pais de crianças hospitalizadas. As propriedades psicométricas do instrumento foram aferidas, avaliando a confiabilidade, através do cálculo do coeficiente do alfa de Crohnbach, e a validade de construto, pela análise fatorial exploratória, com rotação Varimax.

**Resultados:** A NPST apresenta características psicométricas apropriadas à população portuguesa, de pais de crianças hospitalizadas (alfa de Cronhbach 0,925), garantindo-lhe a confiabilidade e validade para medir o apoio dado pelos enfermeiros.

**Conclusão:** Os resultados demonstraram que a Escala de Apoio dos Enfermeiros aos Pais (EAEP), versão portuguesa da NPST, é um instrumento fiável e válido para avaliar o apoio dos enfermeiros, aos pais da criança hospitalizada e apresenta muito boa consistência interna.

**Palavras-chave:** criança hospitalizada; pais; apoio; estudo de validação; enfermagem pediátrica; cuidados de enfermagem

#### Resumen

**Marco contextual:** La evaluación de la percepción de los padres de niños hospitalizados sobre el apoyo de los enfermeros es una contribución para evaluar la calidad de la atención de enfermería pediátrica. **Objetivo:** Completar el proceso de Adaptación Cultural y Validación del *Nurse-Parent Support Tool* (NPST) para la realidad portuguesa, evaluando fiabilidad y validez.

**Metodología:** Estudio metodológico cuantitativo, con una muestra de 291 padres de niños hospitalizados. Se midieron las propiedades psicométricas del instrumento, evaluando la fiabilidad mediante el cálculo del coeficiente alfa de Crohnbach y la validez de constructo mediante análisis factorial exploratorio, con rotación Varimax.

**Resultados:** El NPST presenta características psicométricas apropiadas para la población portuguesa de padres de niños hospitalizados (alfa de Cronhbach 0,925), garantizando su fiabilidad y validez para medir el apoyo dado por los enfermeiros.

**Conclusión:** Los resultados mostraron que la *Escala de Apoio dos Enfermeiros aos Pais* (EAEP), versión portuguesa de NPST, es un instrumento confiable y válido para evaluar el apoyo de las enfermeras, a los padres, durante la hospitalización del niño y tiene muy buena consistencia interna.

Palabras clave: niño hospitalizado; padres; apoyo; estudio de validación; enfermería pediátrica; cuidados de enfermería

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### Introduction

The literature shows that a child's hospitalization has a significant impact on the parents/family, generating stress, anxiety, anguish, and uncertainty about the future after discharge. These reactions vary according to their perceptions of the severity of the situation. Given that this event may disrupt family life, nurses' support should be extended to the family from a new perspective of pediatric care. The interaction between the nursing team and the hospitalized child's parents was addressed in Casey's Model of Nursing (2006). This model focuses on parents' engagement in their child's care, recognizing them as the best providers of their care, within a dynamic and negotiated partnership with nurses that involves the active participation and agreement of all partners on objectives and interventions, with sharing of power and knowledge.

Therefore, pediatric nurses should establish a supportive relationship with the parents of hospitalized children, given the importance of this relationship for how they cope with the problems arising from their child's hospitalization (Akbulut & Uysal, 2022; Miles et al., 1999). This assertion is in line with the prevalent view that the best pediatric practice is the philosophy of family-centered care, which is based on cooperation between nurses and parents to provide quality care to children (Shevell et al., 2019). It is also in line with the emphasis that has been given to patient satisfaction in the evaluation of health care (Loureiro et al., 2021), which, in pediatric settings, is usually measured using parents as representatives of the child's interests (Loureiro et al., 2019, cited by Loureiro et al., 2021).

The importance of nurses' support to parents in pediatric nursing practice justifies the use of an instrument to assess parents' perception of the support provided by nurses - the Nurse-Parent Support Tool (NPST) developed by Miles et al. (1999) - and the cultural adaptation and validation of the scale for the Portuguese reality. This process is critical given the possibility of using the tool in pediatric inpatient units in the future, which will make a valuable contribution to providing excellent nursing care to children and their families.

In view of the above, this study aimed to complete the cultural adaptation and validation of the NPST for the Portuguese population initiated by Valadão (2012), assessing its reliability and validity.

# Background

Miles et al. (1999) developed the NPST to assess the support provided by nurses to parents of hospitalized children. This instrument assesses parents' perceptions of this support, measuring the construct itself as a general concept of support, given the overlapping nature of the interventions. For its development and based on House's (1981) conceptual definitions of social support, the authors designed the conceptual model of nursing support for parents of hospitalized children - the Nurse Parent Support Model – as a basis for selecting and retaining the

items to be included. This model advocates that nurses should establish a professional relationship of support for parents due to its influence on how parents cope with their child's illness, hospitalization, and health problems after discharge, directing care toward the child and the family (Miles et al., 1999).

Content validity was assessed by analyzing the clarity of the items and the relevance of the needs expressed by the parents. Criterion validity was assessed through Spearman's correlation coefficient (rho). The NPST total score was correlated with five items from another scale - the Stress Support Scale (SSS) - and significant correlations were found (p < 0.001), namely for informational support (r = 0.49), emotional support (r = 0.48), cognitive support/ esteem (r = 0.52), and overall satisfaction (r = 0.76). Construct validity was checked through factor analysis with Varimax rotation. Internal consistency through Cronbach's alpha coefficient (0.95) was used to assess reliability. Its psychometric properties have confirmed its validity and reliability (Miles et al., 1999).

The NPST has already been adapted to different cultures, namely Iranian (Sanjari et al., 2009); Brazilian (Rossetto et al., 2011); Polish (Aftyka et al., 2017); Chinese (Mok & Leung, 2006), Australian (Tran et al., 2009); Arabic (Rabie et al., 2021), and Turkish (YiĞiT et al., 2017). The Turkish version was applied in recent studies (Akbulut & Uysal, 2022), as well as the Arabic (Mariano et al., 2022) and Brazilian versions (Tosca et al., 2020).

Knowing that the continuous improvement of nursing care requires constant evaluation, using the NPST is crucial, as evidenced by the adaptations mentioned above. Therefore, Valadão (2012) began the process of cultural adaptation to the Portuguese reality, assessing conceptual and linguistic equivalence and designing the Portuguese version for subsequent assessment of psychometric properties. This quantitative study aims to complete this process by measuring the psychometric properties of the European Portuguese version of the NPST (*Escala de Apoio dos Enfermeiros aos Pais - EAEP*) by assessing its reliability and validity.

## Research question

Is the NPST a valid and reliable tool for assessing the support provided by nurses to Portuguese parents of hospitalized children?

# Methodology

This methodological quantitative study aimed to assess the psychometric properties of the European Portuguese version of the NPST (EAEP), namely its reliability and validity, to complete the cultural adaptation and validation for the Portuguese population.

A process of cultural adaptation is not a mere translation, as it involves measuring a similar phenomenon in a different culture. It represents added value for research, allowing studies to be conducted more quickly and less

expensively than building an instrument from scratch (Grove & Gray, 2022).

The process of cultural adaptation of the NPST was initiated by Valadão (2012) with the verification of conceptual and linguistic equivalence and content validity (qualitative study), which led to the European Portuguese version (EAEP).

The NPST consists of 21 empirical indicators rated on a 5-item Likert scale ranging from *almost never* (score 1) to *almost always* (score 5). The higher the score, the greater the support provided.

Its use was authorized by Margaret Miles, the author of the original instrument who holds the copyright, and Sandra Valadão, the author of the European Portuguese version. For data collection, authorization was required from the ethics committee and the board of directors of the Unidade Local de Saúde de Matosinhos (ULSM), Information No. 083/CE/JAS and No. 193/15/RS, respectively, with the commitment to respect ethical principles when applying the instrument. The EAEP, the European Portuguese version of the NPST, was administered to parents who willingly agreed to participate. They were informed by the researcher, when the questionnaire and informed consent form were handed out (on the day of the child's discharge or the day before), of the purpose of the study; the expected benefits; that they could withdraw at any time without any harm or damage; that anonymity and confidentiality would be ensured; and of the need to sign the informed consent form.

Data were collected between March 2019 and March 2020 at the Pediatrics department of the Hospital Pedro Hispano I of the ULSM. Although Valadão (2012) conducted a pre-test, it was decided to do so because the population of that sample was from the Azores and the context was neonatology.

The pre-test was carried out with 20 parents (father/mother) of children hospitalized (from 0 days old to 17 years and 364 days) in the department mentioned above, considering the parental figure who stayed with the child the longest (at least 50% of hospital length of stay, including one night) and who knew how to read and write in Portuguese. No doubts or difficulties were expressed, and the data collection continued.

When the questionnaires were handed out, the participants were explained how to fill them. The researcher had no contact with the participants during the completion of the instrument, except when clarifying any doubts, to avoid information bias. The participants placed the completed questionnaires and informed consents in separate boxes identified for this purpose.

The study population was the mother or father of children hospitalized in the pediatric department mentioned

above, considering presenting the parental figure and the child, as stated in the pre-test. The inclusion criteria were also those of the pre-test. The sample consisted of 291 participants. The minimum sample size was 105 (5\*21 items; Hill & Hill, 2000). Data were processed using IBM SPSS Statistics software, version 20.0.

In order to assess the psychometric properties of the instrument, exploratory factor analysis (EFA) was conducted to assess construct validity, extracting the factors using the principal components method, followed by Varimax rotation. The fit of the factor model to the correlation matrix for factor analysis (calculating the degree of homogeneity or similarity of the various items or questions in the instrument) was ensured using Kaiser's rule and the Kaiser-Meyer-Olkin (KMO > 0.6) measure and Bartlett's test of sphericity (BTS < 0.05). The minimum factor loading value for item retention was 0.5 (Marôco, 2014; Pestana & Gajeiro, 2020). Cronbach's alpha coefficient was calculated to assess internal consistency.

### Results

The European Portuguese version of the NPST (EAEP) was applied to 291 participants (271 mothers and 18 fathers), and all the questionnaires were considered valid. According to the Table 1: most parents were aged between 31 and 40 years (43.3%) and between 21 and 30 years (42%) and were married/cohabiting (78.7%). Regarding academic qualifications, 33.7% of parents had completed secondary education, 30.9% had completed basic education (9th grade or equivalent), and 21.6% had an undergraduate degree. Most parents were service workers (32.6%), 22.7% were experts in intellectual and scientific activities, and 12% were unemployed. In terms of the distance between home and hospital, the majority (70.8%) were within walking distance (0-30 minutes). Regarding the number of children, 41.2% of parents had only one child and 37.5% had two children. As for previous hospitalizations, the majority (57.7%) of parents had no previous experience of a child's hospitalization, followed by 22.3% of parents who had previously experienced a child's hospitalization. In terms of the hospitalized child's age, most of the children were aged 0-12 months (45%), followed by 3-6 years (22.3%) and 13 months-2 years (17.5%). As for the number of hospitalizations of the hospitalized child, the majority (72.2%) were hospitalized for the first time. With regard to the reason for their child's hospitalization, 58.1% of parents believed it to be severe, 22.7% very severe, and 19.2% not severe. Most of the children (54%) were hospitalized for 3 to 9 days. The majority of hospitalizations (79.4%) were unplanned.

 Table 1

 Sociodemographic characterization of the sample

Parents' characteristics	N	%
Degree of Kinship		
Mother	273	93.8%
Father	18	6.2%
Other	0	0.0%
Total	291	100%
Age		
31-40 years	126	43.3%
21-30 years	120	42%
41-50 years	28	9.5%
Under 21 years	11	3.8%
Above 50 years	3	0.9%
Total	291	100%
Marital status		
Married/Cohabiting	229	78.7%
Single	47	16.2%
Divorced	13	4.5%
Widowed	2	0.7%
Total	291	100%
Academic qualifications		
Secondary education or equivalent	98	33.7%
Basic education (9th grade or equivalent)	90	30.9%
Undergraduate degree	63	21.6%
Basic education (4 <sup>th</sup> grade)	22	7.6%
Master's degree	15	5.2%
Doctoral degree	2	0.7%
Bacharelato (3-year undergraduate degree)	1	0.3%
Less than 4th grade	0	0%
Total	291	100%
Profession		
Personal, security and safety service workers and vendors	95	32.6%
Experts in intellectual and scientific activities	66	22.7%
Unemployed	35	12%
Unskilled workers	33	11.3%
Administrative staff	18	6.2%
Skilled workers from industry, construction and craftsmen	15	5.2%
Intermediate-level technicians and professions	14	4.8%
Plant and machine operators and assembly workers	8	2.7%
Students	4	1.4%
Representatives of the legislature and executive bodies, directors, directors and executive managers	2	0.2%
Farmers and skilled workers in agriculture, hunting, fishing and forestry	1	0.3%
Total	291	100%
Distance between home and hospital (minutes)	-/-	
0-30 minutes (short distance)	206	70.8%
More than 30 minutes (long distance)	85	29.2%
Total	291	100%

Number of children besides the hospitalized child		
None	120	41.2%
1 child	109	37.5%
2 children	46	15.8%
3 children	12	4.1%
4 or more children	4	1.4%
Total	291	100%
Experiences of previous hospitalizations		
None	168	57.7%
With this child	65	22.3%
With another child	38	13.1%
With this and another child	20	6.9%
Total	291	100%
Child's characteristics	N	%
Age of the hospitalized child		
0 months-12 months	131	45%
3 years-6 years	65	22.3%
13 months-2 years	51	17.5%
7 years-11 years	28	9.6%
Above 12 years	16	5.5%
Total	291	100%
Number of hospitalizations		
First	210	72.2%
2-3 hospitalizations	61	21%
4-6 hospitalizations	10	3.4%
Above 6 hospitalizations	10	3.4%
Total	291	100%
Disease severity		
Severy	169	58.1%
Very severe	66	22.7%
Not severe	56	19.2%
Total	291	100%
Hospitalization characteristics	N	%
Length of hospital stay		
3-9 days	157	54%
1-2 days	82	28.2%
10 or more days	46	15.8%
Less than 24 hours	6	15.5%
Total	291	100%
Type of admission		
Unplanned	291	70.4%
Planned	60	20.6%
Total	291	100%

*Note.* N = Number of individuals; % = Percentage.

The reliability of the EAEP was determined by calculating the Cronbach's alpha coefficient, whose value is (0.925) consistent with that of the original study (0.95). In the four sub-dimensions of this instrument, the Cronbach's alpha value was higher than 0.77: informational support (0.870), esteem support (0.820), instrumental support

(0.806), and emotional support (0.787). The process included the corrected item-total correlation (between 0.456 and 0.741), the value of alpha if item is deleted (minimum value of 0.918), the mean (between 3.36 and 4.83), and the standard deviation (between 0.445 and 1.199) of each item in the final scale. The results indica-

ted a good internal consistency of all the items retained. Exploratory factor analysis was carried out to assess construct validity. The adequacy of the sample was analyzed using the KMO test based on the classification criteria defined by Marôco (2014) and Pestana and Gajeiro (2020), with a KMO = 0.916, which according to them is considered excellent and very good, respectively. The factorability of the correlation matrix was confirmed by Bartlett's test of sphericity (X2 = 3112.977; p < .001). These indicators show a significant correlation between the variables and confirm that the sample is suitable for factor analysis.

The exploratory factor analysis was conducted using the principal components method with Varimax rotation, resulting in a 4-factor solution with a variance of 63.2. There was no discrepancy between the number of factors obtained in this analysis (four) and the number of factors in the original scale (four). However, although most items matched, there was a slight difference in the number of items in each subdimension between the original scale and the European Portuguese version: Informational support

included seven items in the Portuguese version and nine items in the original version; Cognitive support included five items in the Portuguese version and three in the original version; Instrumental support included five items in the Portuguese version and six in the original version; Emotional support included three items in the Portuguese version and four in the original version. This difference is associated with the characteristics of Portuguese culture. Moreover, question 9 "Helped me understand my child's behavior and reactions" did not load on any of the subdimensions, as the saturation value (0.419; 0.453; 0.454), was lower than the minimum factor loading value for item retention (0.5). This question was removed from the instrument because its absence did not have a significant impact on the total value (Cronbach's alpha for 21 items - 0.931; Cronbach's alpha for 20 items - 0.925). Therefore, the factor solution of the European Portuguese version (with 20 items) was maintained, since the total Cronbach's alpha (0.925) showed very good internal consistency.

Table 2 shows the subdimensions measured in the EAEP, as well as the items that assess them and their variance.

 Table 2

 Distribution of the items across the EAEP subdimensions and variance

		Informational support	Esteem support	Instrumental support	Emotional support	
1	Helped me talk about my feelings, worries, or concerns	0.691				
2	Helped me understand what is being done to my child (for example: tests, treatments, medicines, etc.)	0.649				
4	Made me feel important as the parent	0.555				
6	Answered my questions satisfactorily or find someone who could	0.718				
7	Told me about changes/improvements in my child's condition	0.683				
8	Included me in discussions when decisions were made about my child's care	0.666				
12	Responded to my worries or concerns	0.809				
3	Taught me how to give care to my child		0.645			
5	Let me decide whether to stay or leave during medical procedures		0.751			
10	Helped me know how to comfort my child during or after procedures		0.597			
11	Let me know I am doing a good job in helping my child		0.594			
18	Allowed me to be involved in my child's care whenever possible		0.633			
15	Gave good care to my child			0.568		
17	Were sensitive to my child's special needs			0.620		
19	Showed that they like my child			0.702		
20	Responded to my child's needs in a timely fashion			0.585		
21	Were optimistic about my child			0.703		
13	Showed concern about my well-being (for example: sleeping, eating, etc.)				0.799	
14	Helped me know the names and roles of the staff caring for my child				0.544	
16	Encouraged me to ask questions about my child				0.613	
						Total
	Variance	43.4	7.7	6.4	5.7	63.2

### Discussion

In this study, the psychometric properties of the questionnaire were assessed in terms of reliability by determining the Cronbach's alpha value, which was 0.925 for the total questionnaire, showing very good (Pestana &

Gajeiro, 2020) and excellent internal consistency (Hill & Hill, 2000).

The NPST has been culturally adapted and validated in other countries, which resulted in the following versions: the Turkish version - Cronbach's alpha of 0.87 (YiĞiT et al., 2017); the Polish version - Cronbach's alpha of

0.95 with only two subdimensions (Aftyka et al., 2017); the Iranian version - Cronbach's alpha of 0.95 in the pilot group (Sanjari et al., 2009); the Egyptian version - Cronbach's alpha between 0.93 and 0.96 in the joint application the NPST and the Parental Stressor Scale: Neonatal Intensive Care Unit (Rabie et al., 2021).

The Cronbach's alpha values of the original version (0.95) and the versions mentioned above show that the EAEP (0.925) has very good internal consistency, which is a key indicator of its accuracy and reliability.

The assessment of construct validity identified the four subdimensions of the EAEP, showing that they are the same as those in the original scale and that they measure the indicators they are intended to measure. However, the results showed a very little significant difference in the number of items in each subdimension, with the majority of items matching, which can be explained by the characteristics of Portuguese culture. The results also showed that one of the items did not load on any of the subdimensions because it failed to meet the minimum factor loading (0.5). For this reason, the item was deleted because its absence did not significantly affect the results (Cronbach's alpha with 21 items - 0.931; Cronbach's alpha with 20 items - 0.925). The EAEP consisted of 20 empirical indicators, one item less than the original version. Limitations include the fact that data collection ended earlier than expected due to the COVID-19 pandemic, which made it impossible to have a larger sample that could have benefited the assessment of the instrument's psychometric properties.

Therefore, it can be concluded that the EAEP can measure the quality of the support provided by nurses to parents of hospitalized children.

The statistical tests confirm that the instrument is valid and reliable for use with parents of hospitalized children.

### Conclusion

The EAEP is a reliable and valid tool for assessing the support provided by nurses to parents during their child's hospitalization, as evidenced by the results of the assessment of its psychometric properties (internal consistency and construct validity), in line with the results of the NPST and the versions of its cultural adaptation to other countries.

The use of the EAEP in parents of hospitalized children contributes to the development of knowledge by making it possible to compare results in different populations and assess the quality of the support provided by nurses to parents. The results can lead to the definition of new strategies for nursing practice, making an important contribution to improving the quality of pediatric care and fostering the development of nursing as a profession and discipline.

A suggestion for further research is to apply the instrument in different pediatric settings.

### **Author contributions**

Conceptualization: Antunes, A. L., Festas, C., Quelhas, I. Data curation: Antunes, A. L.

Formal analysis: Antunes, A. L., Almeida, S. P. Investigation: Antunes, A. L., Festas, C., Quelhas, I. Methodology: Antunes, A. L., Festas, C., Quelhas, I.

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Writing – review and editing: Antunes, A. L., Festas, C., Quelhas, I.

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