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Nurses' perceptions of the interaction process between parents and nurses in a pediatric ward: nurses' feelings

Yurika Usami[1], Yuki Takahashi[1,2], Akiko Yamada[1,3] and Miho Narama[4]

[1]*Department of Integrated Health Sciences, Nagoya University Graduate School of Medicine, Nagoya, Japan*
[2]*Now with Kyoto Prefectural Medical University, Graduate School of Nursing, Kyoto, Japan*
[3]*Now with Shubun University, Faculty of Nursing, Ichinomiya, Japan*
[4]*Sapporo City University, Sapporo, Japan*

ABSTRACT

Pediatric nurses are expected to involve parents in the care of hospitalized children. However, parent–nurse interactions are among the most challenging aspects of their practice. This study aimed to explore nurses' perceptions of the nurse–parent interaction process in detail in pediatric wards. Individual semi-structured interviews were conducted with 14 nurses from six hospitals: three from children's hospitals, three from university hospitals, and eight from general hospitals. The nurses had worked in pediatric wards for at least 1 year in Japan from June to September 2019 and November 2022 to January 2023. A grounded theory approach was used to capture the interaction processes with parents. The phenomenon of "nurse's feelings" was extracted from all participants through the analysis of interview data. This phenomenon comprised 23 categories, with the category "nurse's feelings" at the center. Pediatric nurses perceived the process of interaction with parents through their feelings. Nurses use their feelings as sensors to understand parents' psychological states and respond appropriately. Building relationships with parents involves listening to parents' concerns and being flexible in meeting their needs.

Keywords: emotions, family nursing, grounded theory, parents, pediatric nursing

INTRODUCTION

In clinical settings, parents often communicate for children who have difficulty expressing their symptoms and opinions. More than 85% of parents in Japan have accompanied their children during hospitalizations.[1] These experiences not only result in notable changes in parental lifestyle patterns, such as the reorganization of visitation schedules regardless of co-hospitalization, but also heighten parents' sensitivity to nurses' attitudes, behaviors, and the overall hospital atmosphere. Moreover, nurse-parent collaboration depends on the nurse's sensitivity to the parents' input and reactions.[2] Thus, a nurses' role as collaborative partners with parents is important for ensuring optimal care for children.

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Corresponding Author: Yuki Takahashi, PhD
Kyoto Prefectural Medical University, Graduate School of Nursing,
465 Kaji-cho, Hirokoji-agaru, Kawaramachi-dori, Kamigyo-ku, Kyoto 602-8566, Japan
E-mail: yukitaka@koto.kpu-m.ac.jp

The parent–nurse partnership is a key element of pediatric nursing. The Institute for Patient and Family Centered Care (IPFCC) outlines four core concepts of patient- and family-centered care (PFCC): respect and dignity, information sharing, participation in care and decision-making, and collaboration, positioning collaboration as a mutually beneficial relationship that contributes to improving healthcare quality and safety.[3] While families play a key role in pediatric care and nurse-family relationships are essential for quality nursing,[4,5] the process of establishing such partnerships remains unclear despite their recognized importance.

Parent–nurse interaction is crucial for facilitating parental involvement in pediatric care based on the PFCC concept.[6] In this context, interaction is defined as "verbal or nonverbal communication between two individuals who influence each other".[7] Imbalanced interactions may lead to dissatisfaction[8,9] and feelings of alienation among parents.[10] Conversely balanced interactions are key to optimal care and enhance the quality of care delivered with respect for children and families.[5] While nurses are expected to support parental participation, they often find these interactions challenging.[11] The characterization of parent–nurse interactions remains unclear.[12] Our previous study identified key elements of interaction based on pediatric nurses' experiences, revealing that they engage with parents through receptive attitudes and that subjective experiences such as fulfillment can influence daily practice.[13] However, the process of interaction could not be fully described.

Understanding how nurses perceive the interaction process with parents is essential for building effective partnerships in pediatric nursing. Thus, the aim of this study was to explore in detail process of these perceptions to inform nursing practice and support strategies for fostering meaningful relationships and optimal care for children (Figure 1).

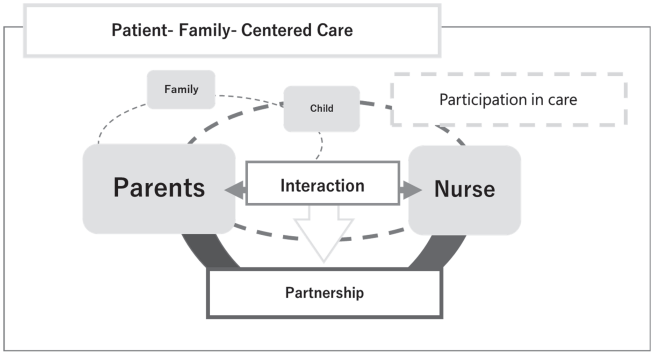

Fig. 1 Concept framework

MATERIALS AND METHODS

Research design

This study used interview data from six participants who underwent exploratory analysis, along with eight newly conducted interviews. A grounded theory approach was applied to all fourteen data. The grounded theory approach captures the interactions of people in a phenomenon and the resulting process of change from the perspective of the people involved. This approach also allows the coding process to be applied after gathering most or all the data[14,15,16]; therefore, we re-analysed the past six interviews as a dataset.[13] This methodological conversion reflects the shift in the study's goal from describing the phenomenon to elucidating the process of interactions

with parents. Data were abstracted to preserve the essence of the interviews. Data pertaining to categories related to the content of interactions have been published in Japanese (Figure 2).[13]

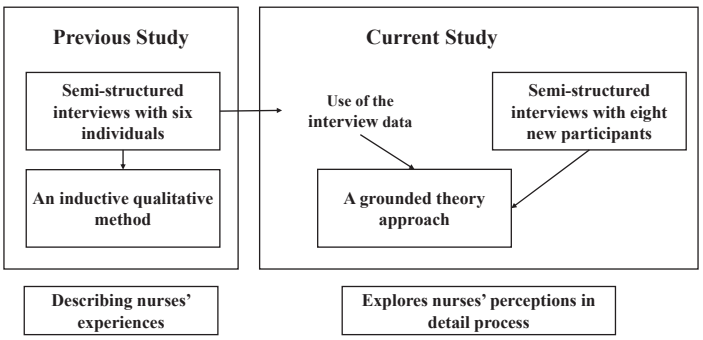

Fig. 2 Overall research flow

The previous study refers to the academic paper that has already been published.[13] Within this paper, the previous interview dataset and new interviews were applied for a grounded theory approach to elucidate the interaction process between parents and nurses.

Participants and sampling

The inclusion criteria were as follows: nurses who had worked in a pediatric ward for at least 1 year and were able to conduct interviews in Japanese. Nurses with past or present psychiatric disorders were excluded from the study.

Data collection

Semi-structured interviews were conducted between June and September 2019, November 2022, and January 2023, in Tokai region of Japan. Six nurses were interviewed[13] in 2019, and eight or more were interviewed between 2022 and 2023 to achieve the purpose of this study. The COVID-19 pandemic interrupted data collection, creating a 3-year gap between interview phases. Given the pandemic's significant impact on hospitals, we decided to utilize existing interview data from ethical and methodological perspectives. The analysis of secondary data was an effective and non-invasive method. The existing dataset contained detailed descriptions of parent-nurse interactions. Furthermore, by supplementing interviews with participants from diverse backgrounds, this study was able to gather broader information regarding the interactions between parents and nurses during hospitalization. Both phases of data collection were conducted consistently by the first author, who had experience in pediatric nursing. Consistent data collection ensured uniform interview methods and contextual awareness across participants, helping maintain high data quality and reliability. Multiple researchers determined that data saturation had been reached, as no new insights emerged from further discussions among the researchers. Twelve of the 14 interviews were conducted face-to-face in a private room where third parties could not hear the conversations. Only two interviews were conducted online (via Zoom, Zoom Communications). Each interview was recorded using an audio recorder and transcribed, verbatim. The interviewer had no prior relationship with the participants of the study.

Before the interview, the participants were asked to provide demographic information using a self-administered questionnaire. The questionnaire included items regarding age, gender, years of overall experience, and years of experience in pediatric ward. Each participant was interviewed in accordance with the guidelines developed by the authors (Table 1). The main interview ques-

tions were the following: “Please tell us about a memorable episode in your interaction with a parent,” and “What did you think at that moment.” The first author recorded the field notes during and after the interviews.

Table 1 Interview guide

	Question
Q1	What types of illnesses do the children admitted to the ward where Mr./Ms. ●● works (or worked) have?
	How long is the typical length of hospital stay?
	How do you generally decide on accompanying persons?
Q2	Could you share an episode that left a lasting impression on you while working in the pediatric ward, particularly in your interactions with parents whose children were hospitalized? These interactions weren’t limited to verbal exchanges.
	Select questions from the list below based on the content of the narrative and ask them.
	Have you had any experiences interacting with parents that truly touched your heart?
	Please tell me about that episode and what you were feeling at the time.
	When you felt that way, how did you react?
	If there’s anything that stands out to you about the parents’ behavior in that episode, please share it.
Q3	What kind of experience was that episode for you? Looking back on the episode, please tell me how you feel about it now.

Data analysis

Data were analyzed using the grounded theory approach which enables us to reveal the process of change through interaction based on data.[16,17] First, the text was read repeatedly and then intercepted. Properties and dimensions were created for each intercept. Labeling categories were created based on their properties and dimensions. Synthesized diagrams were created using properties and dimensions to visualize the rationale behind their connections. One chart was created from the first dataset and another from the second; the two charts were merged to create a one-category relationship integration chart. This process was repeated for each dataset, culminating in a final integration chart that included the nurse-parent interaction processes in the pediatric ward of 14 participants. The first author conducted the labeling, categorization, and association. We held regular review meetings and discussed any disagreements until a consensus was reached. MAXQDA 2020 (VERBI GmbH, Japanese version) was used for data management.

Ethical considerations

The study protocol was approved by ethics review committee of Nagoya University Graduate School of Medicine (approval number, 18-142, 21-128-2) and was conducted with permission from ethics committee of the collaborating institution or the director of the institution.

Participants were informed in writing and orally that their participation in the study was entirely voluntary. Participants in the initial study had provided informed consent for secondary use of their data in future research. They were assured that non-participation would not result in any disadvantages and that their consent could be withdrawn at any time. Furthermore, anonymity and protection of privacy will be ensured. If the participants agreed, they were asked to sign a consent form, and an interview was conducted. Interviews were recorded after obtaining informed consent. None of the nurses declined to participate.

RESULTS

Participants' characteristics

Fourteen Japanese nurses from six hospitals were interviewed: three from children's hospitals, three from university hospitals, and eight from general hospitals. The duration of the interviews ranged from 49 to 92 minutes, with an average duration of 59.9 minutes (Table 2).

Table 2 Participant characteristics: pediatric nurses

	Number
Sex, (n)	Men, 1; Women, 13
	Mean ± SD
Age, mean, SD, y	36.6 ± 8.4
Overall experience, mean, SD, y	13.2 ± 7.9
Experience in pediatric ward, mean, SD, y	7.0 ± 4.2

SD: standard deviation

Category synthesized diagram

The phenomenon of "Nurse's feelings" was extracted from all participants through interview data analysis (Table 3, Figure 3).

Table 3 Categories of pediatric "Nurse's feelings"

Phenomenon	**Categories**
Nurse's feelings	Family situations following the child's hospitalization
	Rough time of parents
	Parents' feelings
	Requests of parents
	Characteristics of family
	Parents' demeanor
	Mindset in dealing with parents
	Valued listening
	Do what was best for the children and family
	Nursing colleague consult
	Parental openness
	Regret
	Achievement through opportunities with parents
	Nurse's feelings
	Struggled to relate
	Other nurses' opinions
	Nurses' position
	Nurses' attitudes
	Dealing with family situation
	Consultation with other professionals
	Could not develop trust with parents
	Developed relationship with families

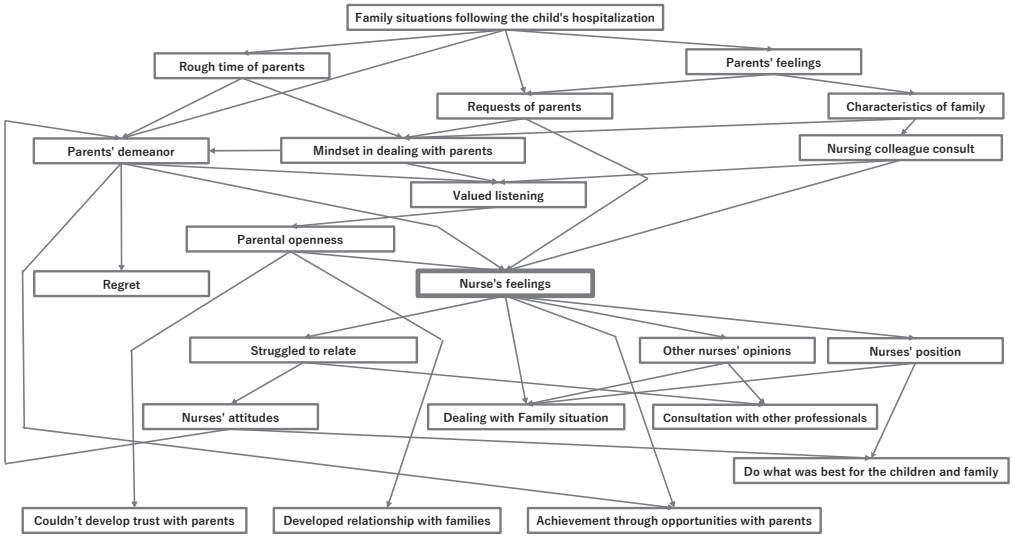

Fig. 3 Category synthesized diagram

Storyline

In this section, we describe the storyline and nurses' narratives on the phenomenon of "Nurse's feelings" based on categories. The storyline was created based on a category-synthesized diagram.

The storyline leading to building trust

Parent–nurse interactions were influenced by family situations following a child's hospitalization. In the case of families with younger children other than the patient, parents had a rough time when they came to the hospital, leaving their crying siblings at home. As the child's vitality decreased, the parents' feelings were filled with worry. The nurses recognized the significance of valued listening when parents seemed conflicted and tired.

"She had not heard anything from the doctor, so she was anxious, and I sensed that it was not a good situation." (H)

In this situation, when the family was reticent, the nurses considered the parents' struggle and performed valued listening for the parents' worries while also picking up their verbal expressions.

"Since I place great importance on listening to what they say, I may often accept them by repeating 'Yes, that's right,' as if parroting back and forth, until all the mother's thoughts come out." (M)

In this manner, they applied a mindset in dealing with the parents. Sometimes, the nurse listening to the parents backfired, leading to the parents completely shutting the nurses out. Nurses felt that they could not develop trust with parents because of a lack of consultation from them. However, as shown below, nurses' actions, such as talking about themselves, may facilitate parental openness.

"I do not talk much about myself, but I say, 'My child is like that too.' I think that this kind of conversation is a good way to build trust with the mother." (G)

"If you want to communicate, you must talk about yourself too. That is, how conversations can lead to something more exciting. I think that this sometimes guides trust." (C)

Nurses felt that they could develop relationships with families when they were consulted by the parents.

"I never heard my mother speak to me in such a vulnerable manner. So, well, I guess my relationship with their mother was better than before? That's what I thought." (B)

"I try to ask the mothers what they want to know. Later, um, I am happy, I am happy you are relying on me like that and I have to respond." (E)

Nurses also felt happy to be depended on by parents when they experienced parental openness.

"Not only with the job, but with the parents of that child, they become like friends." (H)

This led to the conclusion that nurses gained a sense of achievement through opportunities with parents.

The storyline leading to regret and accomplishment

There were certain family situations where nurses thought, "I must look out for (these situations)," such as when parents did not seem to look forward to coming over. Even if the nurses experienced difficulty in such situations, they tried to deal with the family context of the patient. If the parents' demeanor included silence toward the nurse's response, they regretted their response.

"I had to be close to the mother. Of course, I know that there are many mothers who cannot say anything because their children are here. Fortunately, she told me about it (her parental feelings) later, and I got to know … When I heard that I felt sorry. I must be careful and reflect again." (F)

In contrast, once the parents' psychological state stabilized, nurses experienced a sense of achievement through opportunities with parents.

The storyline leading to doing what was best for the children and family

In instances where the parents' demeanor was difficult for the nurse to handle, the nurse engaged in a dialogue to deal with the family situation, considering multiple opinions from other nurses.

"Staff members who want to give (parents) rest, and staff members who think that it would be good to take care of the children when they are not feeling well." (F)

Moreover, depending on other nurses' opinions, they sometimes consulted other professionals.

"When I hear the stories, I understand very well how the mothers feel; so yes, there is hesitation and difficulty in what to prioritize... I want to let them go to their children's sports day. I wonder if there are many nurses who hear that kind of story. I was wondering… I will talk to the primary doctor about that kind of situation as well. … As for other professions, I think it would go more smoothly if they had a goal of 'I want to be able to do this by that time.'" (D)

Furthermore, depending on the family's characteristics, the nurses consulted with nursing colleagues. The consulted nurse tried to listen to the parents again. Alternatively, nurses who felt baffled that the parents could say such a thing reported it to the head nurse.

Sometimes, parents became frustrated because of family situations, such as not being able to

attend to an older child who was in the hospital because of a younger child. Frustrated parents sometimes made requests based on their feelings which were contrary to their child's medical condition.

"Parents who want to discharge their children for their own reasons or say they will discharge their children from the hospital bewilder me." (J)

The nurses practiced a mindset of dealing with the parents, such as speaking modestly when the parents were demanding.

"Some mothers occasionally want to use antipyretics. A lot of times, they do not want me to lower it because the doctor's treatment plan makes them lose track of their fever pattern, so I do what I can with other coping strategies... I try to respond in a way that leads to a peace of mind." (H)

The nurses felt surprised by the parents' requests, yet explained why it was unacceptable from the nurses' position when dealing with the family situation.

"I cannot talk about medical conditions... There is always a line in my mind between what I am allowed to answer as a nurse and what I am not allowed to answer because I am not a physician." (H)

They did what was best for the children and their families because they were the primary nurses.

"But I think at the root of it, it is for the patients; well, I think it is somewhere in me." (C)

"I did not want to go, but I thought that if I did not tell them, they would not understand the importance of the procedure, and it would not be beneficial to the patient if I proceeded without explaining." (K)

When nurses struggled to relate to the parents, they attempted to consult other professionals about how to get involved. Moreover, nurses adopted the nursing attitude of looking away or making it turbid. The nurses' attitudes, such as 'giving them cold stares,' sometimes affected the parents' demeanor, making them reluctantly accept the situation.

"Perhaps I am pulling back; maybe I am looking at her with a slightly detached look. It seemed that she had accepted it for a moment." (J)

DISCUSSION

This study showed that nurses' feelings are core to the process of developing nurse-parent interactions.

The nurses' feelings were related to building relationships between parents and nurses. This phenomenon occurs in the context of changes in a family situation following a child's hospitalization. A child's hospitalization has a significant impact on the parent's living environment and thus changes the parent's feelings. When parents do not express their feelings directly, nurses use their own feelings as sensors to predict parents' feelings. They then derive the necessary responses according to the parents' situation. These interactions are highly delicate. Through repeated interactions, parents and nurses develop relationships. These aspects of the interaction, beginning with the child's hospitalization, are illustrated in Figure 4.

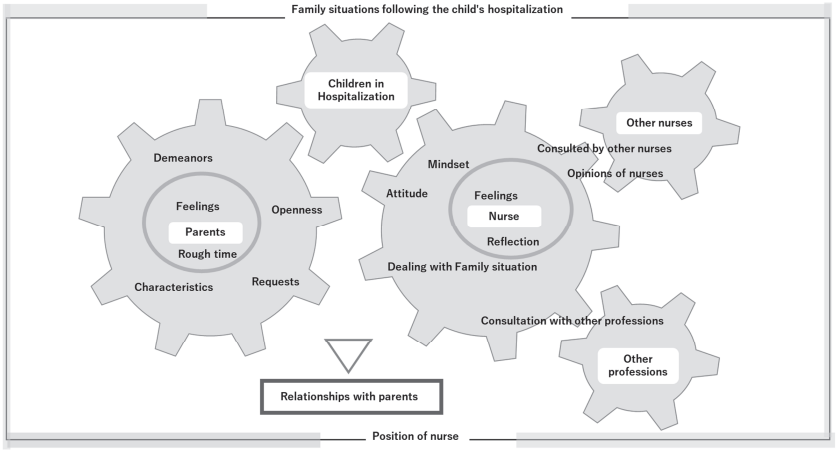

Fig. 4 Interaction process regarding nurse relationships with parents

Mindset of nurses to build relationships with parents

The nurses engaged with parents and had the mindset to build relationships with them. As part of their mindset, the nurses considered it important to consult with parents and took the time to listen to them. Nurses have been reported to communicate with patients and their families using techniques such as silence and listening (nodding or other leading cues, and adding brief affirmations such as "I understand").[18] In this study as well, a sincere willingness attitude of listening to parents' concerns was observed as a common stance among all participating nurses.

Nurses felt that their relationships with parents developed when the parents were open to them. Hence, nurses were aware of their relationship with the parents depending on whether parents consulted with them. Finding practical ways to help parents open up and share their feelings and concerns can help develop trust, respect, and nurse-parent relationships.[19] In these situations, each nurse was prepared to be consulted by the parents and, in particular, was ready to listen to them. Therefore, the parents' ability to be open is key to the parent–nurse relationship.

The benefits of shared experiences of hospitalization with parents, namely, establishing trust with staff,[20] are related to daily practice. Nurses developed friendships with the parents through personal conversations. Personal connections were established as nurses engaged with patients and families, offering emotional support, empathy, and, in some cases, attachment to specific family members.[21] They felt that many things were due to their personal relationships with the parents. Nurses obtained their impressions of parental involvement from the parents' reactions. Thus, positive impressions of parental involvement motivated the nurses. Such impressions arise when nurses confirm that care has achieved the expected goals and met needs.[22] Conversely, disappointing impressions of their involvement also improved care.

The perceptions of the parent–nurse relationship gained from parents' reactions were linked to subsequent nursing practice. In the pediatric ward, parents and nurses have the opportunity to treat each other as unique individual relationships.[23] When a child is hospitalized, nurses focus on building a relationship with the parents. Nurses' preparedness opens parents' minds and hearts. The nurses recognized that their relationship with the parents had progressed because the parents were willing to talk about themselves. The nurses were happy when this occurred and reflected on their gratitude. It is important for nurses to recognize their relationship with the parents. This study highlighted the critical importance of a listening mindset in nursing practice and indicated

that nurses' reflections on their own practice led to the next nursing practice.

Nurses sensor to detect parent's condition

Nurses used their own feelings as sensors to detect parents' conditions. Although they found it difficult, they practiced their responses to the family's situation in collaboration with other nurses and professionals.

The nurses observed parents' responses and reflected on whether their engagement were inadequate when the parents remained silent. However, when the parents' psychological state seemed calm, the nurses felt a sense of accomplishment. Parental psychological distress has been found to affect parents' perceived health-related quality of life of their children, and they rate care lower depending on their hospitalization status.[24,25] In other words, parents who feel psychologically distressed may perceive care as being inadequate, and nurses must have a keen awareness of parental conditions. If the nurses' own sensors detect difficulties in the parent's situation, they consider appropriate responses to address the family's situation. When the nurses experienced difficulties, they sought advice from other nurse colleagues. Furthermore, while previous studies have shown that emotional labor affects collaboration with other professionals,[26] the participants in this study sought help from other professionals, triggered by their own sense of difficulty. In doing so, they were able to practice responses that were appropriate for the parents' situations.

The nurses dealt with the parents' situations based on their own sensory perceptions of the parents' conditions, as detected by their sensors. That is, nurses incorporate feelings into their decision-making process.[27] If the parents remained silent, the nurses reflected on whether their response was inadequate. However, if the parents' psychological state calmed, the nurse felt a sense of accomplishment for her involvement. Thus, it is believed that the nurses' perceptions obtained from their sensors supported their decisions on how to respond to the parents' conditions.

Nurse's feelings and attitudes

Nurses responded to the parents' requests regarding the care of their child in a way that eased their fears. The nurses had mixed feelings about the parents' demands, and these feelings were sometimes expressed in the nurses' attitudes. At times, this attitude changed the parents' reactions.

However, nurses negatively expressed parents' claims and attitudes that their own feelings were more important than their child's medical condition. The results suggest that nurses perceived parental requests directed at the child positively, but those directed at the parent themselves negatively. When they felt that the parent's request was too demanding, the nurses practiced calming the parent by changing their approach, such as by talking slowly and softly and talking at the parent's eye level. Previous studies have shown that nurses' emotional triggers, experienced emotions, and attitudes may influence patient interactions and safety outcomes.[28,29] The participants in this study experienced changes in parental responses beneficial to children based on their own attitudes. The nurses thought "for the children and family", regardless of their impressions of the parents. Nurses believe that caring for patients in any situation is their primary job and that the essence of the nursing profession is to adapt to and succeed in difficult situations despite negative emotions.[30] Even if the nurses had negative impressions of the parents, they practiced what they could for the children and their families.

Moreover, their positions as nurses affected their interactions with the parents. Nurses were aware that their positions and roles in communicating with families differed from that of physicians, given their different specialties.[31] Hence, the presence of other nurses and professions also influenced the parent–nurse interaction process. Moreover, the nurses' feelings were sometimes influenced by the opinions of other nurses, which, in turn, affected their subsequent practice.

Nurses experienced a range of emotions when interacting with parents. Emotional intelligence

is associated with the development of a partnership between parents and nurses.[32,33] When nurses' emotions were shaken by the parents' situation, they sometimes expressed this in the form of momentary attitudes. These attitudes did not necessarily have a negative impact on the outcomes of care or on parental relationships. Although proximity and emotional involvement with parents can be emotionally taxing for both parents and nurses.[11] A glimpse into another person's emotions when engaging with them should also be considered essential for building relationships.

The strength of this study lies in identifying the processes through which pediatric nurses experience interactions, achieved through re-analysis of data using the grounded theory approach and analysis of new datasets. However the study population was limited to nurses, it was impossible to elucidate all aspects of the interaction phenomenon. Future research should include interviews and observational studies involving both parents and children. Despite these limitations, this study maintained a rigorous and ethical approach. To ensure strict alignment with the research objectives, all new interviews were conducted by the first author. This methodological choice enabled a more faithful reflection of the processes experienced in clinical settings.

CONCLUSION

This study highlighted the critical importance of a listening mindset in nursing practice and indicated that nurses' reflections on their own feelings and practice led to good nursing practice. Moreover, it suggested that nurses' feelings function as sensors in interactions with parents and nurses, and that honing this sensor is necessary to build constructive relationships with them. Furthermore, showing one's emotions to others in moderation may help build relationships. In other words, having the opportunity to reflect on one's own feelings, such as how one tends to feel in certain situations, can be beneficial in nursing practice. Future large-scale studies involving all three parties (nurses, parents, and children) may be warranted to further clarify the dynamics of nurse–parent–child interactions in pediatric wards.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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