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PARENTAL USE OF CORPORAL PUNISHMENT**

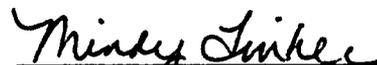
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DEDICATION

In memory of my father, Lynwood N. McKinley and to my mother, Virginia T. McKinley who instilled in me the power and importance of education.

**ATTITUDES OF PEDIATRIC NURSE PRACTITIONERS TOWARDS
PARENTAL USE OF CORPORAL PUNISHMENT**

BY

KATHLYN M. EYDENBERG, RN, BSN, CPNP

THESIS

**Presented to the Faculty of the Graduate School of
The University of Texas at El Paso
in Partial Fulfillment
of the Requirements
for the degree of
MASTER OF SCIENCE IN NURSING**

**College of Nursing and Allied Health
THE UNIVERSITY OF TEXAS AT EL PASO**

May 1994

**The assertions and opinions expressed herein are
the private views of the author and are not meant to be
misconstrued as representing the opinions of the U.S.
Air Force or the Department of Defense.**

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To my colleagues who's help made this project possible; the members of NAPNAP and UNPA who participated in this study, I appreciate their support and interest; the staff of the Mental Health and Pediatric Clinics at Holloman AFB, NM, and the Pediatric Clinic at Maxwell AFB, AL, for their assistance in the pilot study. A special thanks to Kathy Underwood and LtCol Donna Shankles for their advice in the pilot study.

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skills: Majors Kathleen O. Concannon and Virginia M. McKinley.

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Date submitted: May 1994.

ABSTRACT

Two hundred sixteen civilian and military pediatric nurse practitioners responded to a questionnaire concerning attitudes and beliefs related to the spanking of children. Respondents were presented with nine scenarios of common childhood misbehavior and asked if they would approve or recommend parental use of spanking as an appropriate discipline response. Overall, 45% of the participants favored spanking in at least one of the presented scenarios. There was no significant difference between the civilian and military groups. Support for corporal punishment was greatest when the misbehavior was one that is considered dangerous to the child. In both groups, 55% did not support the use of corporal punishment in the specific scenarios, but 68% believed some benefit could be gained by the use of spanking as a discipline strategy. The results of this study were consistent with other research in that dangerous acts were more likely to find practitioners favoring the use of corporal punishment and that the majority of the respondents believe spanking can be beneficial.

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Chapter I. The Problem

Introduction

With the declining availability of extended families to support and advise young parents, pediatric primary care providers are increasingly consulted about the behavioral management of children, especially about appropriate disciplinary measures. A minority of parental concerns (about 30%) are related to medical problems, 15% are nutritional concerns, but over half are child-family issues such as sleeping, parenting skills, discipline, and safety (Ryberg, & Merrifield, 1984; Hickson, 1983). Pediatric nurse practitioners (PNPs), whose educational and role emphasis is on well-child care and anticipatory guidance, are in a pivotal position to support and advise parents on discipline issues. By providing both physical and psychosocial care, the PNP can have considerable influence on parenting. The special relationship that develops between the PNP and the family, allows for prevention, early detection, and successful management of many common problems in discipline.

A review of related literature finds agreement among authors on the role of discipline in socializing children for adult roles (Leung, Robson, & Lim, 1992;

Whaley and Wong, 1991; Christopherson, 1986; AAP, Committee on Psychosocial Aspects of Child Care and Family Health, 1983; Smith & Tassel, 1982).

Controversy is found not in the need for discipline, but in the form. Numerous approaches are recommended, each of which has advantages and disadvantages. In the United States, corporal punishment is an accepted and frequently encouraged means of disciplining children (Straus, 1991; Straus & Gelles, 1990; Gil, 1971), yet the use of corporal punishment as a disciplinary tool is controversial. Advocates of corporal punishment believe children are looking for help in establishing boundaries and are relieved when the boundaries are outlined and enforced (Fredricks, 1993; Manely, 1993). They believe that disciplining a child by spanking, without anger, and with an attitude of love and concern, produces well-adjusted, happy, respectful children (Faull, 1993; Gangel & Rooker, 1993; Hurlburt, 1993; Larzelere, 1993). Others believe that corporal punishment in the form of spanking is a socially acceptable form of child abuse and serves as a future model for aggressive and delinquent behavior (Straus, 1993; Straus, & Gelles, 1990; Carlson, 1986; Henzberger & Tennen, 1985; Straus, Gelles, & Steinmetz, 1980).

Although corporal punishment and its effects on children have been extensively studied, the findings from the research are neither consistent nor conclusive about the nature of the relationships between parental use of corporal punishment and possible outcomes of its use (Straus, 1993; Carlson, 1986; Henzberger & Tennen, 1985). Even so, several national organizations, including the American Academy of Pediatrics (AAP) and the National Association of Pediatric Nurse Associates and Practitioners (NAPNAP) have taken a stand against corporal punishment in the home and in the school (NAPNAP Position Statement on Corporal Punishment, 1993; AAP Committee on School Health, 1991).

According to Straus (1991), one main issue about physical punishment is the universality of the experience. He indicates that almost the entire U.S. population is involved in physical punishment, either as the victim, perpetrator, or observer. This suggests that despite the controversy over the topic, many, if not most, Americans regard physical punishment as an appropriate child rearing technique.

However, there has been very little research to determine if clinicians agree with or advocate these recommendations. Few studies have been found that

queried primary health care provider's attitudes towards corporal punishment. No studies were found specifically addressing nurse's attitudes towards parental use of spanking. While organizations such as NAPNAP have adopted policies against corporal punishment, it is a culturally accepted discipline tool. Are PNPs advocating this discipline technique? What factors influence a PNP's advice on spanking? Are PNPs who practice in a disciplined, structured work environment, such as the military, more likely to recommend spanking?

The demands of military nursing are unique when compared to their civilian colleagues. While military nurses practice in many of the same subspecialties as civilian nurses, including nurse midwifery, anesthesia, and pediatric and women's health nurse practitioners, the primary mission of all military nurses is to support America's fighting forces to accomplish their wartime mission. By virtue of being a military nurse corps officer, even the most junior nurse has a responsibility to supervise and maintain discipline of all lesser ranking personnel in their unit. Additionally, this discipline is not specific to the work environment. All military personnel are

responsible for the behavior of their family members. It is not unusual for a military member to be counseled over the behavior of their spouse or dependents when not meeting the standards established by the military. Careers can be jeopardized if a family member's actions are deemed inappropriate to military authorities (Concannon, 1992). It is not unreasonable to consider that the military lifestyle and its inherent discipline standards might influence a PNP's professional recommendations for parenting.

Parenting advice comes from a myriad of sources. Advice is offered or sought from relatives, friends, neighbors, clergy, counselors, the media, and health care providers. Nurses, especially child-health nurses, are in a key position to assist parents with discipline strategies. PNP's attitudes toward corporal punishment and how these beliefs are reflected in their practice, should be examined.

Statement of Purpose

The purpose of this study was to examine pediatric nurse practitioner attitudes towards parental use of corporal punishment. This study also seeks to determine any differences associated with the type of practice setting (i.e. military vs. civilian

practitioners) as a basis for recommendations on discipline strategies. This study also explores attitudes towards corporal punishment as a reflection of race, age, religion, parental responsibilities, gender, and education. Additionally, participants were asked questions on anticipatory guidance on discipline and their and significant others beliefs about spanking.

Since the use of physical punishment has brought into question its relevance in the development of physical abuse and later aggressive behavior, it is important for the nursing profession to know the attitudes and beliefs of the clinicians in the field. PNPs contribute to the teaching of disciplinary techniques to parents. If most PNPs still believe that corporal punishment is appropriate, then there may be implications for nursing education.

Problem Statement

The research problems addressed by this project were:

1. Is there a difference in attitudes between military and civilian pediatric nurse practitioners toward corporal punishment?

2. What are the pediatric nurse practitioner's beliefs towards corporal punishment?
3. What are the pediatric nurse practitioner's subjective norms towards corporal punishment?
4. What demographic factors may influence a pediatric nurse practitioners' attitude toward corporal punishment (gender, age, ethnicity, parenthood, religion, education, area of practice, and income)?
5. Is anticipatory guidance given on discipline? If so, at what age of the child is it offered?
6. Are alternative methods to corporal punishment offered to parents?
7. If corporal punishment is offered as a disciplinary tool, in what type of circumstances is it recommended?

Definitions of Terms

Terms used in this study are defined as follows:

Anticipatory Guidance: advice PNPs offer to families on parenting, including discipline strategies.

Attitude: PNP's feeling of favorableness or unfavorableness toward spanking.

Corporal Punishment / Physical Punishment: limited in this study to spanking and excluding practices that might be considered abusive.

Military Pediatric Nurse Practitioner: a pediatric nurse practitioner currently on active duty, reserve status, or retired in the Army, Navy, Air Force or Public Health Service nurse corps.

Pediatric Nurse Practitioner: a registered nurse who is a graduate of an advanced pediatric nursing program who provides primary health care to children (Tabers Medical Dictionary, 1990).

Spank: striking of a child's buttocks or hand with an open hand, lightly, leaving no mark except transient redness (McCormick, 1991).

Variables

The independent variables in this study are military/civilian status and sociodemographic characteristics. Military status includes those currently on active duty in any of the military corps or those retired from active duty or in the reserves. Sociodemographic characteristics include age, gender, religion, ethnicity, education, state of practice, rural or urban area of practice, salary, and children living in the home. The dependent variable is attitude toward corporal punishment as manifested by spanking.

Hypotheses

The null hypotheses are:

1. There is no difference between civilian and military pediatric nurse practitioner's attitudes toward the use of corporal punishment as a disciplinary tool.
2. Age has no relationship with a pediatric nurse practitioner's attitude toward corporal punishment.
3. Gender has no relationship with a pediatric nurse practitioner's attitude toward corporal punishment.
4. Religion has no relationship with a pediatric nurse practitioner's attitude toward corporal punishment.
5. Race has no relationship with a pediatric nurse practitioner's attitude toward corporal punishment.
6. Education has no relationship with a pediatric nurse practitioner's attitude toward corporal punishment.
7. Number of children living in the home has no relationship with a pediatric nurse practitioner's attitude toward corporal punishment.

8. Area of practice has no relationship with a pediatric nurse practitioner's attitude towards corporal punishment.

9. Income has no relationship with a pediatric nurse practitioner's attitude towards corporal punishment.

Assumptions

This research assumes:

1. The responses to the questionnaires are answered truthfully.

2. PNPs' opinions on discipline contribute to subsequent parental discipline behaviors.

3. PNP's beliefs and subjective norms influence attitudes.

4. PNP's attitudes towards parental discipline are influenced by the practice environment and community values.

Limitations

This research has several limitations, some of which are identified by McCormick in his initial study.

1. Attitudes towards discipline strategies are controversial and highly variable.

2. The definition is limited to the common practice of spanking to exclude practices that might be

considered abusive. It is understood that some people would consider this too severe, or this would not be their definition of corporal punishment.

3. It is recognized that the subject of corporal punishment can be a sensitive issue. Consequently, a possible source of measurement error must include response set biases (Polit & Hungler, 1991).

4. The instrument used for this study has been adapted from the tool used by McCormick in his original 1992 research (see Appendix A). Reliability and validity have not been established because of its use in only a single study. It measures one aspect of corporal punishment, spanking.

5. Subjects were drawn from the membership of the National Association of Pediatric Nurse Associates and Practitioners (NAPNAP) and the Uniformed Nurse Practitioner Association (UNPA), excluding PNPs who are not members of these organizations. Consequently, the findings and implications can only be generalized to these two groups.

6. Generalization of results is also limited by a nonexperimental survey design.

Chapter I includes an introduction, statement of purpose, problem statement, variables, definition of terms, hypotheses, assumptions, and limitations of the study. Chapter II reviews the literature and the conceptual framework.

Chapter II. Review of Literature

Conceptual Framework

The efforts of social scientists and psychologists to accurately predict individual behavior or intentions to perform a given behavior on the basis of attitudes and beliefs typically have met with limited success (Jorgensen & Sonstergard, 1984). In order to improve the ability to predict behavioral intentions, Ajzen and Fishbein (1980) have proposed a Theory of Reasoned Action to account for how individuals make decisions about carrying out certain behaviors (see Appendix B for model). In the theory, actual behavior is predicted from a person's intention to perform that behavior. A person's behavioral intention is a function of two factors: (a) attitude toward performing the behavior in question, and (b) subjective norms or a person's perceptions of the expectations of significant others with regard to performing the behavior.

Attitude is a composite variable that includes a person's beliefs about the consequences of performing the behavior, weighted by the person's evaluation of the expected outcome of performing that behavior. Subjective norms are a function of the expectations of significant others, weighted by a person's motivation

to comply with these expectations. Therefore, behavioral intentions are derived from the combination of personal and interpersonal factors, personal beliefs and perceived beliefs of significant others. When individuals believe a behavior will result in valued consequences, and that people important to them consider the behavior to be worthwhile, they are likely to execute that behavior. Consequently, barring unforeseen events, individuals are expected to act according to their intentions. Intentions can change over time; therefore, behavior prediction is generally an inverse function of the interval between measurement of intention and behavior (Miller, 1988).

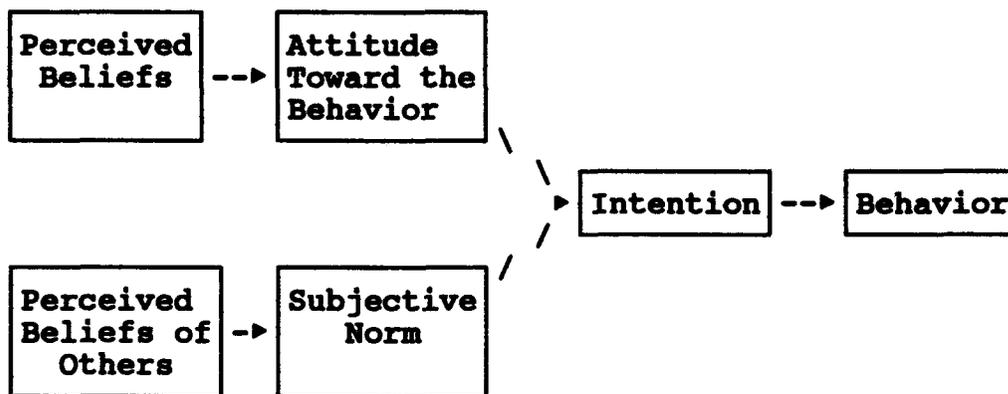


Figure 1. Fishbein Model of Reasoned Action

The theory of Reasoned Action emphasis is on attitudes toward the behavior, not the attitudes towards the object, people, or institution.

Additionally, in this theory, demographic variables (external variables) may influence the beliefs a person attaches to attitudinal considerations, but there is no necessary relation between any given external variable and behavior. From this theory, an external variable will have an effect on behavior only to the extent that it influences the determinants of that behavior. This study will explore the model's element of the PNP's attitude toward the behavior (corporal punishment), subjective norm (anticipatory guidance), and relationship between external variables and behavior intention.

Literature Review

Discipline

Discipline means helping children to learn self-control and follow a set of standards (Campbell, 1992; Schmitt, 1987). The aim of discipline is to set reasonable limits to protect children from harm and to teach them what is safe and what is not (Leung et. al., 1992). If children are to grow up into responsible, conscientious, and dependable adults, they need to learn the social, moral, and ethical rules that are considered acceptable in their society (Leung et. al., 1992; Howard, 1991; Dinkmeyer & McKay, 1982). The

types of disciplinary methods are numerous and varied. They reflect situational factors such as the child's age, and philosophical, social, religious, and cultural values. Discipline principles emphasize rewards to reinforce good behavior and generally discourage the use of physical punishment (Campbell, 1992; Whaley & Wong, 1991; Levine, Carey, Crocker, & Gross, 1987; Schmitt, 1987, Dinkmeyer & McKay, 1982).

The search for the effectiveness of various forms of discipline on children's behavior has been a focus of social sciences research for several decades. Findings from previous research tend to indicate that the overall effects of discipline are complex and depend on several variables including timing, intensity, and consistency of the punishment (Larzelere, 1993; Larzelere, 1985; Park, 1974; Baumrind, 1967; Sears, Maccoby, & Levin, 1957). Sears, Maccoby, and Levin's (1957) classic study examining the child-rearing practices of 379 American mothers concluded that if discipline is to be effective as a training device, it must be accompanied by techniques which reinforce the behavior that the mother would like to persist, it must be specific in regard to the disapproving act, and it must be concrete in the

timing. These author's overall conclusion of punitive punishment was that it was "ineffective over the long term in eliminating the kind of behavior in which it was directed" (Sears, Maccoby, & Levin, 1957, pg 484). In a series of studies, Baumrind (1967) found that punishment, even corporal punishment, was an effective means of controlling children's behavior when it occurred shortly after the transgression, is consistently applied, and it is reinforced with appropriate behavior (Lamb, Ketterlenus, & Fracasso, 1992).

Positive reinforcement for appropriate behavior has been shown to be more effective than punishment for bad behavior. Trickett & Kuczynski (1986) found parents differ in approaches to discipline but generally agreed that nonphysical punishment promotes immediate compliance. Campbell's (1991) discipline survey to gain data on parenting disciplinary practices preceding parenting classes found children were more cautious in approaching their fathers because physical punishment from them was more severe than from their mothers. Carlson's (1986) study explaining children's beliefs about discipline and physical punishment found only 64 of the total 804 responses recommended physical

types of punishment. Overwhelmingly, even when behavior was judged very bad, participants recommended that parents talk to misbehaving children about what they did wrong so they would not do it again.

Generally speaking, behavioral research supports the premise of separating the child from the behavior, concentrating on praising positive behavior and to avoid severe punishment (Wycoff & Unell, 1984).

Corporal Punishment (spanking)

The majority of parents in the United States use corporal punishment as a response to misbehavior. The 1985 National Family Violence Survey found 90% of parents of toddlers used corporal punishment during the year of the survey (Wauchape & Straus, 1990). A 1986 survey found that 84% of the US population agreed or strongly agreed that "it is sometimes necessary to discipline a child with a good, hard spanking" (Straus & Gempel, 1992). Sears et. al. (1957) interviews on child rearing practices found only 1% of the respondents never using physical punishment.

The main focus of the research on corporal punishment has concentrated on severe, abusive punishment and its impact on the physical and psychological health of the child and family. (Straus,

1991; Holmes & Robbins, 1988; Finkelhor, 1985; Trickett & Kuczynski, 1985; Kalmuss, 1984; Owens & Straus, 1975). Little research has been done specifically on mild to moderate corporal punishment (spanking) and its effects (personal conversation, Straus, January 1994). Even though parental advice books tend not to recommend spanking, these sources allow that it is sometimes necessary in specific situations (Howard, 1991; Ormrod, 1990; Schmitt, 1987; Wycoff & Unell, 1984).

Baumrind's (1967) research found authoritative parenting style (which included corporal punishment and other negative sanctions in strategies to control children's behavior) was associated with optimal child development both in social responsibility and in individual initiative (Larzelere, 1993; Lamb, Ketterlenus, & Fracasso, 1992; Baumrind, 1967). Baumrind's research assessed patterns of parental behavior using interviews, standardized tools, and observations of parent-child interactions in the home and in nursery school. She identified four patterns of parenting, authoritarian, authoritative, permissive, and nonconformist. She found that both permissive and authoritarian styles were associated with less achievement orientation and independence in girls and

more hostility in boys (Lamb et. al, 1992; Baumrind, 1967).

In Larzelere's (1993) review of the literature empirically justifying the use of spanking found three themes of research that indicated some spanking is beneficial, the treatment of autistic children, the behavioral training of young children by parents, and the reduction of recurrent misbehavior in toddlers. Larzelere emphasizes in these studies that spanking was combined with other, less negative, discipline strategies (Larzelere, 1993).

Sears, et. al. (1957) found that mothers who viewed spanking as having positive effects on their child's behavior also used reasoning along with the spanking. 57% of the mothers who used physical punishment frequently, and a high use of reasoning, felt spanking was effective. In this same study, 38% of mothers who used physical punishment frequently, but rarely used reasoning, felt spanking was helpful.

Parke (1974), reviewing his studies on the effectiveness of various forms of punishment for inhibiting children's behavior, found that punishment accompanied by a verbal rationale produced greater inhibition than did punishment without any accompanying

rationale. In a later study he found that rationale alone was more effective than punishment alone. Additionally, he found that a combination of punishment and a rationale is the most effective procedure (Parke, 1974).

Although it is generally assumed that corporal punishment done in moderation by parents who explain the reason for the punishment is not harmful, there is a growing body of research that suggests that even limited corporal punishment by loving parents can put a child at risk for later psychological problems. Larzelere (1985) found that there was a relationship between moderate physical punishment (frequency of spanking) and children's aggression. He found that spanking had a minimal effect on aggression for frequent reasoners, but a combination of infrequent reasoning and frequent spanking was associated with increased aggression. Larzelere points out in his study there was no control for the intensity of the physical punishment. Sears, et. al. (1957) found that the mothers who punished severely for aggression noted increased aggression in their children. If the mothers did not punish aggression severely, the use of physical

punishment for other kinds of misbehavior had no effect on the amount of aggression the child showed.

Kandell's (1992) review of the literature examining physical punishment and its casual relationship to aggressive or violent behavior found that in studies where abuse was controlled for, physical punishment was associated with an increase in the child's aggression; however, of nine studies which separated moderate punishers from severe punishers, three observed that moderate physical punishment produced the least aggressive children, and three more found no difference in aggression between children of low to moderate uses of physical punishment. Three others found that moderate physical punishment did increase aggression.

Straus & Kaufman-Kantor (1991) found that children of parents who used physical punishment had an increased risk later in life of depression symptoms, suicide thoughts, alcohol abuse, physical abuse of children, and spouse abuse. There were several limitations to this study in that information was based on recall, some of the subjects may have also been abused, and the findings were based on physical punishment in the adolescent years. This was

consistent with the study of Holmes and Robbins (1988, 1986) looking at harsh and inconsistent discipline in predicting alcohol and depressive disorders in adulthood. Other concerns about corporal punishment are that it can get out of hand, escalating to abuse and serve as the basis for tolerance of violence in adults (Straus, 1991; Dubowitz, 1990; Wessel, 1980; Herzberger & Tennen, 1985).

According to Straus (1993), there has been a large amount of research on the effectiveness of corporal punishment of animals, but little on the effectiveness of spanking children. In fact, he found what little research there was on children, agreed with the research on animals in finding that spanking is not more effective than other modes of correcting misbehavior (Straus, 1993). Chamberlain (1978) investigated the hypothesis that children of more authoritarian (including corporal punishment) styles of child rearing would have more school and home problems than children of accommodative style of discipline. He found no significant differences between the groups. Day and Roberts (1983), using time out and enforcing the child to stay in time out, found the method just as effective as spanking in correcting misbehavior.

Cultural Norm

Spanking and other forms of corporal punishment are routine events for children which are legal and, for the most part, expected of parents in the U.S. (Straus, 1993). The cultural definition of child rearing in the United States does not exclude the use of physical force toward children by parents and other caretakers (Gil, 1971). The common law of every American state permits parents to use physical punishment. Even child abuse laws passed in the 1960's reaffirmed cultural support for physical punishment by declaring that nothing in the statutes should interfere with the rights of parents to use physical punishment (Straus, 1991).

The idea that adults, both as parents in the home or as teachers and administrators in the schools, have the right, even the obligation, to spank children seems deeply ingrained in our society (Straus, 1993; McClure & Choonara, 1992; Grasmick, Brusek, & Kimpel, 1991; Burns & Straus, 1987; Gill, 1971). Straus and Gelles (1990) found strong support among the public for parental use of spanking and little change in levels of this support between 1975 and 1985.

Religion

One explanation of the acceptability of physical punishment of children in the U.S. is that it is deeply rooted in Euro-American religious traditions. Historically, disobedience towards parents has not been considered acceptable. This can be illustrated by the quote of Martin Luther who said "I would rather have a dead son than a disobedient one." (McClure & Choonara, 1992; Grasmick, Bursik & Kimpbell, 1991).

Grasmick, Bursik, and Kimpel (1991) studied the effect of religion, specifically Protestant fundamentalism, on attitudes toward punishment. The authors used a simple, random sample of 394 adults drawn from an Oklahoma city directory and conducted face-to-face interviews, looking at respondent's attitudes toward corporal punishment in the home and school, religious affiliation, religiosity, biblical literalness, and images of God. Although there were limitations in this study, specifically a small sample size in a local area, their research demonstrated that Protestant fundamentalism is closely linked to favorable attitudes toward corporal punishment of children in the home and the school. Emphasis on

biblical literalness among fundamentalists appeared to be a major source of advocacy of corporal punishment.

Ellison and Sherkat (1993), looking at conservative Protestantism and support for corporal punishment, found that support for corporal punishment reflected an acceptance of doctrine of biblical literalism, the conviction that human nature is inherently sinful, and the belief that human sin demands punishment. This study focused on the normative support for corporal punishment and not the actual practice of corporal punishment.

Wiche (1990) examined religious influence on parental attitude towards the use of corporal punishment. His sample consisted of 831 people who were members of denominations classified as literal or nonliteral believers in the Bible. He found that subjects subscribing to a literal belief in the Bible valued the use of corporal punishment, such as spanking or hitting, as compared to alternative means of punishment or discipline

School

There is a great deal of controversy over the acceptance of physical punishment in schools. The number of states prohibiting physical punishment grew

from just four in 1979 to eleven by 1989 (Straus, 1991). Support for use of physical punishment in schools is not nearly as great as support for physical punishment by parents. Many teachers, and a large segment of the public, believe that teachers have a similar right to use physical punishment "when necessary" (Straus, 1991). One school system showed 60% of the teachers hit or struck a child at least once during the year (Johnson, 1990).

In 1977 the Supreme Court ruled that the cruel and unusual punishment clause of the Eighth Amendment and the procedural due process clause of the Fourteenth Amendment, did not apply to corporal punishment as a disciplinary tool in the public school (Nelms, 1988; Hyman, Bongiovanni, Friedman, & McDowell, 1977). In 1987, the United States Department of Education Office of Civil Rights compiled statistics about corporal punishment in elementary and secondary schools. Approximately one million incidents of corporal punishment in schools were reported. In regions where corporal punishment is allowed, 60% of school officials favor its continued use (Committee of School Health, 1991).

Military

The military, like the rest of society, is concerned about family violence and its prevention. Shwed and Straus (1979) analyzed 591 cases of confirmed physical abuse of Air Force children to compare the rates of child abuse in the military community with rates reported for the civilian population, and to investigate aspects of military life that may account for any differences. The findings suggest that child abuse was somewhat more prevalent in the military and, contrary to civilian population, fathers were more abusive than mothers. Within the military, geographical isolation, low rank, assignment to a command with a "violent" mission, and a military job involving violence were found related to higher rates of child abuse. This study suggests that those engaging in legitimate violence were more likely to generalize the use of violence to other situations (Straus, 1991; Shwed & Straus, 1979).

In the past decade, the United States Armed Forces and the Department of Defense, have administered a child advocacy program for the identification, treatment, and prevention of child abuse and neglect in the military system. The program, known as the Family

Advocacy Program (FAP), deals with family and domestic violence and its prevention (Mishnik & Ferry, 1992). The FAP allows the armed forces to be proactive in preventing, detecting, and treating child abuse and neglect. Although there is interservice variability in the program's application, there is a uniformity of the overall program guidelines. Each program has an emphasis in prevention services (Mishnik & Ferry, 1992; Mollerstrom, Patchner, & Milner, 1992). Although the services do not dictate specifics on how parents can discipline their children, the FAP emphasizes parent training programs to prevent child abuse and neglect (Mollerstrom, 1992). The United States Air Force (USAF) FAP has joined forces with the Father Flanagan's Boy's Home to test and further develop a parent training program (Mollerstrom, 1992). Additionally, the USAF FAP has recently initiated a program utilizing community public health nurses to offer prevention services in the home for all first time parents. The program has just been instituted but will be looking at early interventions to compare with later abusive or neglectful behavior (Mollerstrom, personal communication, Aug, 1993).

Presently there is a concern about violence in military families. Nelson (1993) noted the workload of the military's FAP programs has risen 23% in the past five years and expected to increase by 5,000 each year through 1996 due to additional stresses brought on by recent military drawdowns.

Several national organizations have taken a stand against corporal punishment in the home and in the school. The American Academy of Pediatrics (AAP) reaffirmed its position that corporal punishment in schools should be prohibited by state statutes in all states (AAP, Committee on School Health, 1991). Their position statement included the belief that corporal punishment may adversely effect student's self-image and school achievement, and may contribute to disruptive and violent student behavior. The NAPNAP 1993 policy statement affirms to:

1. Oppose the use of corporal punishment.
2. Support the use of alternative methods of discipline in schools.
3. Encourage efforts to educate parents in the use of alternative positive disciplinary techniques.

4. Offer information that will heighten public awareness of the negative impact of corporal punishment.

5. Challenge all nurses and physicians committed to the care of children to become actively involved in the abolition of corporal punishment in their communities.

6. Promote the support of governmental restrictions prohibiting corporal punishment in the school system. (NAPNAP Position Statement on Corporal Punishment, 1993).

A study by McCormick (1992) surveyed 619 family physicians and pediatricians to assess their attitudes toward corporal punishment (spanking) in nine scenarios of common childhood misbehavior. Seventy percent of the family physicians and 59% of the pediatricians supported corporal punishment in at least one scenario. McCormick (1992, p. 3161) concluded "most family physicians and pediatricians support the use of corporal punishment in spite of evidence that it is neither effective nor necessary." He recommended that physicians teach appropriate discipline techniques and encourage discussion of these approaches when providing anticipatory guidance. Although this study has several

limitations including a small and local sample size, and the limitation of the definition of corporal punishment, it still provides a framework for investigating pediatric nurse practitioner attitudes toward corporal punishment.

Summary

A review of the literature reveals that the value of corporal punishment is disputed among social scientists and pediatric health care professionals. While some regard it as harmless, others consider it potentially harmful and used inappropriately. In the United States there is considerable tolerance and, in some areas, approval of corporal punishment. Although text books and literature in child-health nursing emphasizes the importance of discipline and positive reinforcement (Nelms, 1993; Campbell, 1992; Whaley & Wong, 1991; Chow, Durand, Feldman, & Mills, 1987), no studies were found addressing the PNP's attitude towards spanking or what they recommended or approved of in their practice. Research studies, mostly medical, sociological, and psychological, have examined the issue and the most pertinent of these have been reviewed.

In summary, Chapter II includes the conceptual framework and a review of the literature. Chapter III will include the research design, setting, sample, instrument, procedure for data collection, and the statistical analysis of this study.

Chapter III. Methodology

Research Design

A self report survey design was used for this study. The study's design replicates McCormick's (1992) research on assessing attitudes of family practice physicians and pediatricians towards corporal punishment. Permission has been received by the author to replicate his study design (see Appendix C). This design was selected because of the interest in collecting information on PNP attitudes towards corporal punishment. This type of design allows for a large amount of data to be collected on a one-time survey of a population spread over a wide geographical area.

Setting

Data for this study was partially collected at the Annual National Conference of Military Nurse Practitioners (Uniformed Nurse Practitioner Association) held at the Hyatt Regency Hotel in Denver, Colorado, November 7-11, 1993. This association is a non-profit organization of nurse practitioners and certified nurse mid-wives from the Army, Navy, Air Force, and Public Health Services. Over 95% of the

membership is comprised of active duty military officers assigned worldwide in a variety of practice settings. The 1993/94 membership included 227 military officers. At the conference, 164 members attended with 60 attendees being PNPs. Permission was given by the president of UNPA to ask the PNP membership to participate in this study (see Appendix D). Additionally, surveys were mailed to the UNPA/NAPNAP PNP members using the home addresses supplied (with permission) by each organization (see Appendix D & Appendix E).

Sample

The subjects were selected from the membership of two national organizations of pediatric nurse practitioners. Since military PNPs can also belong to NAPNAP, a cross listing was obtained from the NAPNAP organization identifying the military members. A total of 127 military PNPs were identified in both organizations. A survey was either mailed to the home address or completed at the conference. A matching number (127) of surveys were sent to the civilian members of NAPNAP. Selection of the civilian group was made by a random selection of the NAPNAP membership.

A total of 254 PNPs were asked to participate. 221 surveys were received by the investigator for a 87% return rate. Of the 221 surveys, 5 were not completed, 4 participants were not practicing in the role of a PNP and 1 was working in a sub-specialty. Consequently, this research is based on the analysis of 216 PNPs for an 85% response rate.

The criteria for subject selection included: (1) pediatric nurse practitioner, (2) membership in either NAPNAP or UNPA, and (3) involvement in primary care including well-child care.

Procedure for Data Collection

Permission to conduct this study was obtained from the University of Texas at El Paso's Office of Sponsored Projects (see Appendix F). Following this approval, permission to survey the memberships of UNPA and NAPNAP was granted by each organization (see Appendix D & Appendix E).

The investigator had the opportunity to attend the annual UNPA National Conference in Denver, Co. Permission was received to ask the PNP attendees to participate in the study while at the conference. The investigator presented the study prior to a general session on the third day of the conference. A booth

was setup outside the main conference hall and PNPs approached the booth to participate. Included in the package was a cover letter describing the study and informed consent form. The names of these participants were noted on a separate list and later crossed off from the mailing roster. The remainder of the participants received surveys via mail to their home addresses (see Appendix G). Military PNPs who were at the conference but did not participate at that time were given another opportunity via the mail. A second mailing was sent approximately three weeks after the initial mailing to give a final opportunity for participation (see Appendix H). Table 1 summarizes participant responses.

Table 1. Survey Return Data

<u>Category</u>	<u>Participants</u>	<u>N</u>	<u>%</u>
Overall	216	254	85
Military	123	127	96.8
Civilian	93	127	73.2
Conference	39	60	65
Military	39	60	65
First Mailing	133	215	62
Military	61	88	69
Civilian	72	127	57
Second Mailing	44	82	53.7
Military	23	27	85
Civilian	21	55	38.2

The data were analyzed, identifying any difference between the conference, first, and second mailing responses by use of a means comparison ANOVA. Overall, there was no statistically significant difference between the groups' responses for those who favored or were against corporal punishment. There was a statistical significance in two specific scenarios (2 year old and 8 year old refusing to go to bed) in that the conference attendees were more likely ($p=.0422$) in both scenarios to recommend spanking. The only other significant differences were found in the demographic data. The conference group had a higher proportion of males ($p=.0026$) compared to the other groups and a higher mean salary ($p=.0238$).

Instruments

Three instruments were used in the study, a demographic questionnaire, McCormick's Scenarios Assessing Attitudes Towards Spanking, and a questionnaire inquiring about personal and significant others beliefs about spanking.

Demographic Questionnaire

The demographic questionnaire focused on 12 areas: the participants age, gender, military status, religion, ethnicity, education, nurse practitioner

education, children living in the home, practice area, state of practice, work status, and income (see Appendix A)

This instrument was constructed for the purpose of this study. It was piloted prior to the research for content validity by health care providers who work with and give advice to families on child care issues. These providers were both in the military and civilian sectors. Included in this panel of twenty were family practice physicians, pediatricians, pediatric nurse practitioners, and an outpatient pediatric clinic nurse manager. Additionally, a social worker, psychologist, and mental health counselors who work in a family advocacy clinic were asked to participate. An educational specialist reviewed the structure of the questions. These individuals evaluated the questionnaire for clarity and relevance. Only minor changes were made in the format of the questions.

McCormick's Scenario's Assessing Attitudes Towards Spanking

This study replicated McCormick's research assessing family practice physicians and pediatricians attitudes towards corporal punishment, specifically spanking. The first part of the survey presents

respondents with nine scenarios of childhood misbehavior, three different scenarios for three age groups. The scenarios were designed to sample respondent's opinions about corporal punishment (spanking) in various age groups as well as in response to dangerous, trivial, and aggressive behavior. Subjects were asked to rate whether they would advise parents in their practice that spanking is an appropriate response for each combination of misbehavior and age. In the survey, the term spanking was used to exemplify corporal punishment and was explicitly defined. This was to avoid any concern over a harsher form of corporal punishment that might be considered abuse. The second part of the survey asks respondents to indicate how often they include discipline related issues when providing anticipatory guidance, if they offer alternatives to spanking, and at what age they offer guidance on discipline.

The reliability of this tool has not been established. Although interest has been shown by other professions to use this instrument, it has only been used by McCormick in his original study. McCormick did complete content validity on the tool and, as a consequence, the instrument was a product of multiple

revisions. For this study, content validity was assessed by health care providers who worked with children and their families. Included in this panel were physicians, PNPs, pediatric RN, social worker, psychologist, and counselors. No changes were made in the tool.

This survey was administered with permission from the author (see Appendix C). A sample of the tool is included (see Appendix A).

Questionnaire on Beliefs

Item III of the questionnaire asks the respondent two questions regarding their beliefs about spanking and their significant others beliefs (see Appendix A, Item III). These questions were developed specifically for this study. The investigator was interested in determining if any correlation exists between beliefs about corporal punishment and respondents answers to the scenarios. An additional interest was to discover if there was any relationship between individual's beliefs about corporal punishment and their significant others beliefs. These questions were reviewed for content validity by the previously described group and only minor revisions were made in the response structure.

Statistical Analysis

Descriptive and inferential statistics were used to summarize the data. An alpha (α) of .05 was utilized for all hypotheses studied. Measurements of central tendency, chi-square, t-test, and Mann-Whitney U tests were used. Nonparametric statistics were used because the variables were measured on nominal and ordinal scales, and because nonparametric statistics do not require any assumptions about the underlying population. A descriptive statistical table of demographic variables was presented on the PNP sample.

The PNP's were divided into military or civilian groups. Military status includes those on active duty, retired, or in the reserves. Participants were further divided into "in favor of" or "against" corporal punishment. In favor of corporal punishment was determined by agreement that spanking would be an appropriate recommendation in any of the scenarios. The frequency of military and civilian PNPs favoring corporal punishment was determined along with the frequency in each individual scenario. Chi-square analysis was used to test for differences in frequency of military and civilian PNPs supporting spanking. Positive spanking responses were further analyzed by

the age of the child, the specific misbehavior, and the PNP's employment group with a chi-square analysis.

Results of the subject's responses to anticipatory guidance, the discussion of alternatives to spanking, and the child's age when guidance on discipline is offered was presented by a frequency table. A Mann-Whitney U test was presented to show if there was a difference between military and civilian PNP's discussion of anticipatory guidance in discipline, alternatives to corporal punishment, and the age of the child when it is offered.

Participant's beliefs about spanking and their subjective norm beliefs about spanking were presented with a frequency table. A chi-square analysis was used to determine if there was any difference between military and civilian PNP's beliefs about spanking. A Mann-Whitney U test was presented to show if there was any significance between beliefs about spanking and responses to the scenarios and if there was a significance between individual beliefs and subjective norms beliefs about spanking.

The participant's responses toward spanking were also analyzed with respect to the demographic data. PNP responses towards corporal punishment and age were

analyzed with a chi-square. The PNP responses towards corporal punishment and military/civilian status were analyzed with a chi-square test. Responses towards corporal punishment and PNP gender, religion, race, children in the home, geographic location, and education were each analyzed with a chi-square test. Responses towards corporal punishment and salary were analyzed by a chi-square. Statistical analysis was performed on a IBM 486 computer using SPSS (Statistical Package for the Social Sciences).

In summary, the methodology of this study has been presented and includes a description of the research design, setting, procedure for data collection, and statistical analysis. Chapter IV will include the presentation and interpretation of the data.

Chapter IV. Results and Discussion

Presentation of Data

The data analysis for this study is presented in three parts in this chapter. The first part contains a description of the sample. The second part interprets the data obtained from McCormick's scenarios on attitudes towards corporal punishment. The third part presents the data to test the hypotheses.

Sociodemographic Characteristics

The sociodemographic characteristics measured in this study include the PNP's age, gender, military status (active, retired, or reserves), religion, ethnicity, highest education, PNP education, children in the home, rural or urban practice environment, geographic area of employment, and income status. Of the 216 respondents, 123 (56.9%) were military and 93 (43.1%) were civilian (see Figure 2). In the military, 76 (52.3%) were active duty, 13 (10.5%) were in the reserves, and 33 (27%) were retired (see Figure 3). The sample was predominately female (see Figure 4), Caucasian (see Figure 5), between 40 and 49 years of age (see Figure 6), and MSN educated with certificate PNP training (see Figures 7 & 8).

Civilian / Military Response Rate

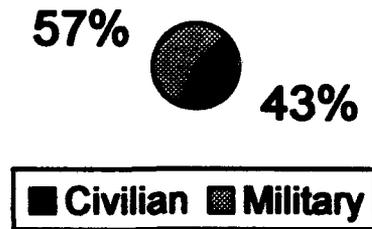


Figure 2. Military / Civilian Status

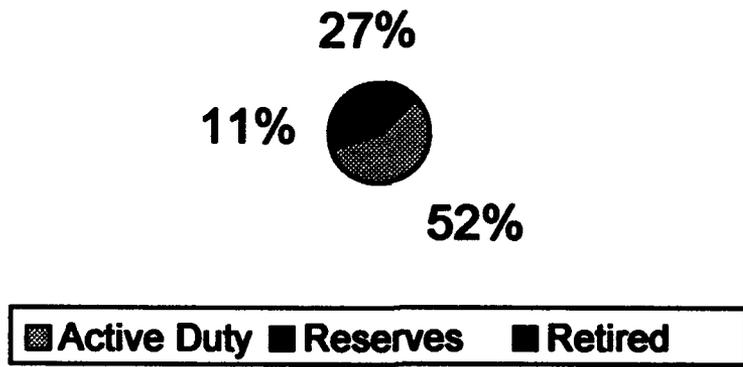


Figure 3. Military-Active Duty, Reserves, Retired

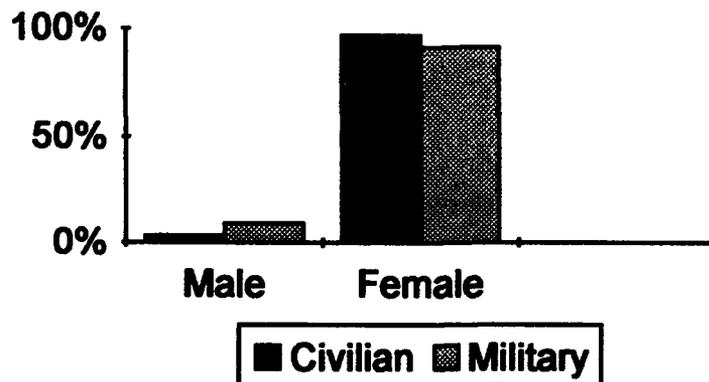


Figure 4. Male / Female Composition

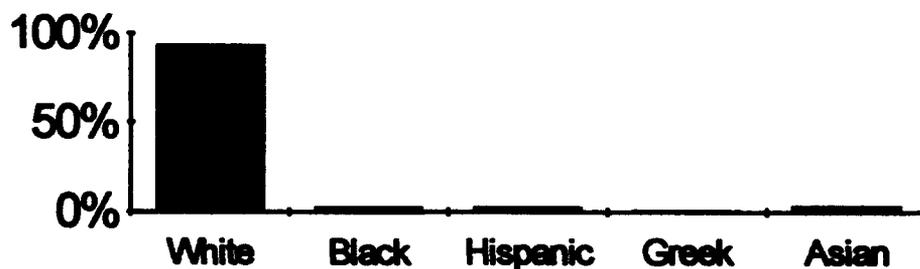


Figure 5. Ethnic Composition

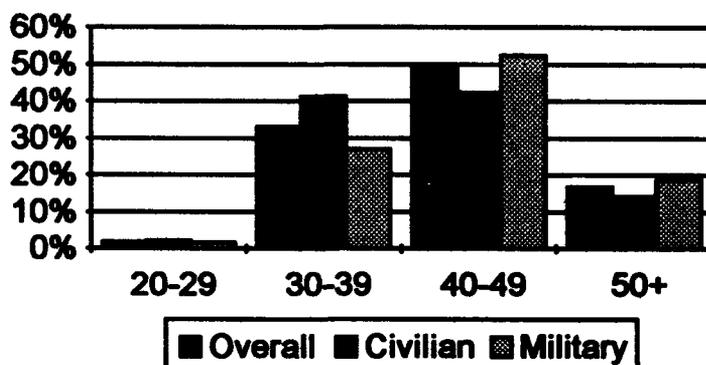


Figure 6. Age Comparison

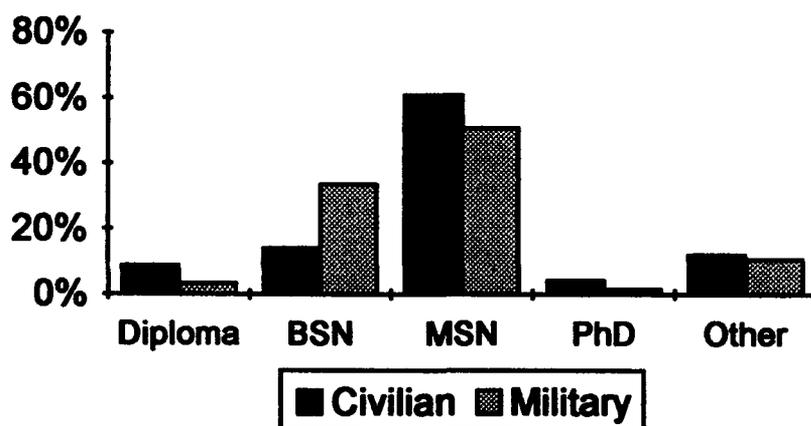


Figure 7. Education Distribution

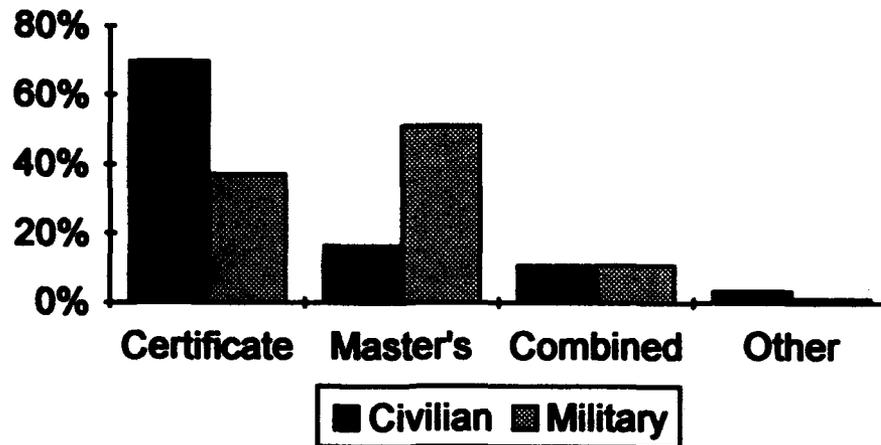


Figure 8. PNP Education

The modal religious affiliation was Catholicism (see Figure 9). Practice setting was primarily urban (see Figure 10) with participants employed in 41 states and 10 overseas locations (see Figure 11).

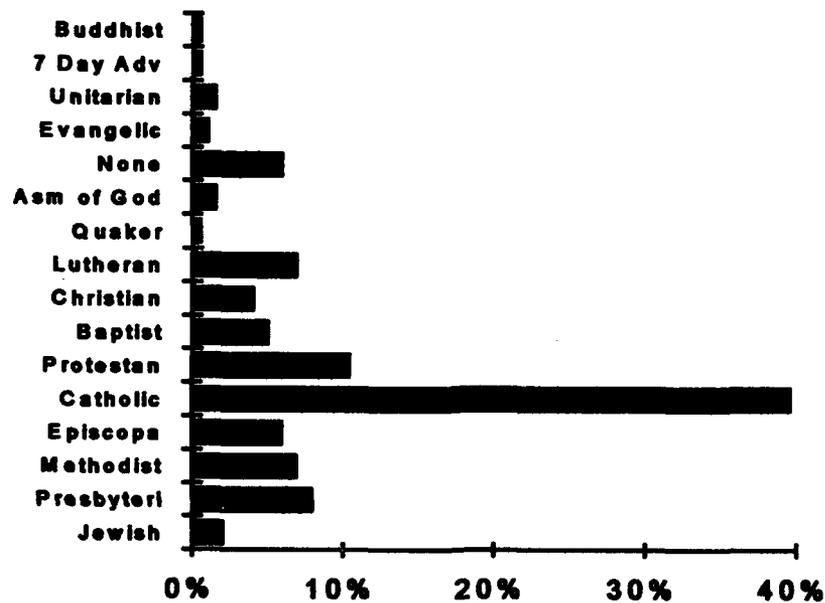


Figure 9. Religious Affiliation

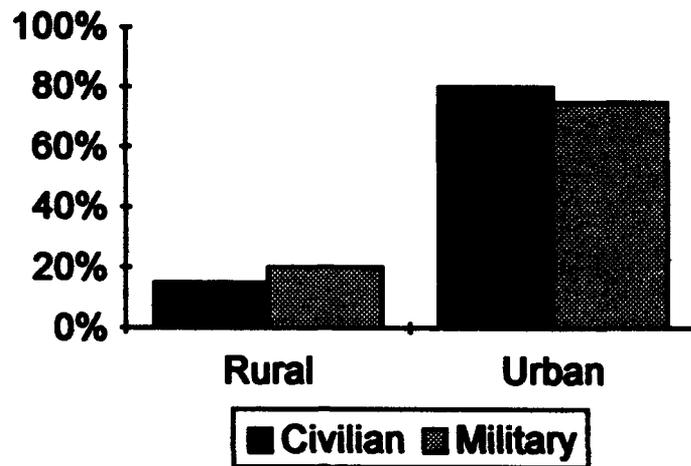


Figure 10. Urban/Rural Setting

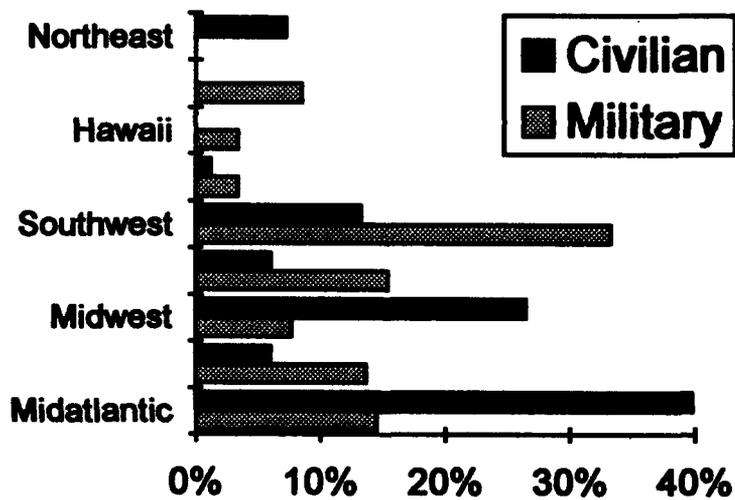


Figure 11. Regional Employment Distribution

The majority of the sample had no children in the home (see Figure 12) and the highest percentage of respondents income was between \$40,000 and \$49,999 (see Figure 13).

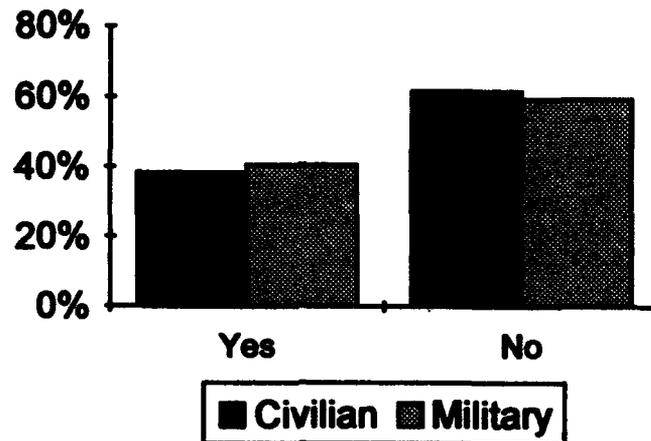


Figure 12. Children in the Home Status

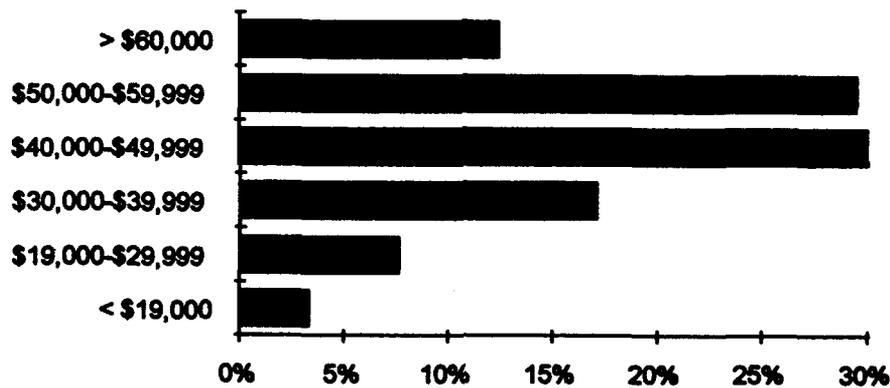


Figure 13. Income Distribution

The results of the participants' demographic information was analyzed for differences between the civilian and military groups. Using chi-square and t-test (for parametric data), no statistically significant difference was found between the two groups with the exception of three areas.

There was a difference between military and civilian PNP's highest educational level attained. Although the majority of both groups were MSN educated (civilian - 60.9%, military - 50.8%), the military had significantly more BSN educated PNPs (33.6%) compared to the civilian sector (14.1%) and civilian PNPs have a larger proportion of Diploma nurses (8.7%) compared to the military (3.3%) (chi-square= 3.04, df= 4, p= .011).

There was a significant difference in military/civilian PNP advance practice education. The majority of civilians were master's prepared (51.1%) whereas military PNPs (69.7%) were primarily educated in certificate programs (chi-square = 31.33, df= 3, p=.0000).

The last significant area in demographic data comparison was in the region of practice. The majority of civilian practitioners (38.8%) were from the mid-atlantic states and the majority of the military group (33.3%) were from the southwestern states with 12% in overseas locations (chi-square=60.32, df= 9, p= .0000).

Interpretation of Data McCormick's Scenario's on Attitudes Towards Spanking

The PNP's were divided based on military or civilian employment. Military status included those on

active duty, retired, or in the reserves. The participants were further divided into those who favored and those against parental use of corporal punishment. Favoring corporal punishment was determined by agreement that a spank would be an appropriate recommendation in any of the scenarios. Respondents to the survey include 93 civilians (43%) and 123 military (57%). One hundred eighteen participants were against spanking in any of the scenarios (54.6%), but 98 (45.4%) were in favor of spanking in at least one of the scenarios presented (see Figure 14).

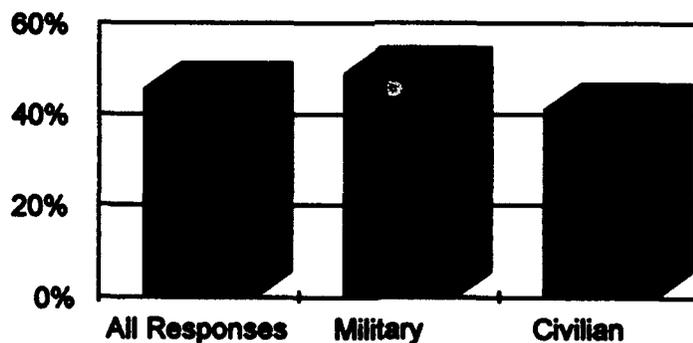


Figure 14. Pro Corporal Punishment Distribution

Favoring corporal punishment was also analyzed in relation to the age of the child and the specific misbehavior. The most frequent misbehavior that practitioner's advocating parental use of spanking was related to safety and the youngest age group.

Seventy-nine (36.6%) of the respondents agreed a spank was appropriate for a two year old running into the street without looking (see Figure 15).

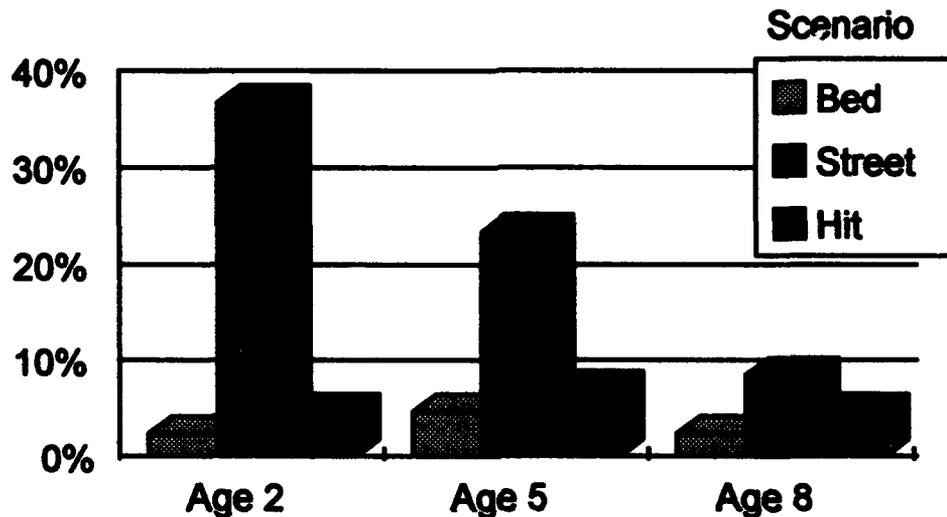


Figure 15. Pro Corporal Punishment by Scenario

Data on favoring spanking were next analyzed for differences in misbehavior, child's age, and military/civilian status. The most frequent scenario chosen by 47 military PNPs (37.6%) advocating spanking was a two year old running into the street. Thirty-one (24.8%) advocated spanking a five year old running into the street. Similar results were obtained for civilian PNPs with 31 (35.6%) recommending spanking a two year old running into the street and 17 (19.5%) recommending

the same discipline for a five year old running into the street (see Figure 16).

Civilian / Military Scenario Responses

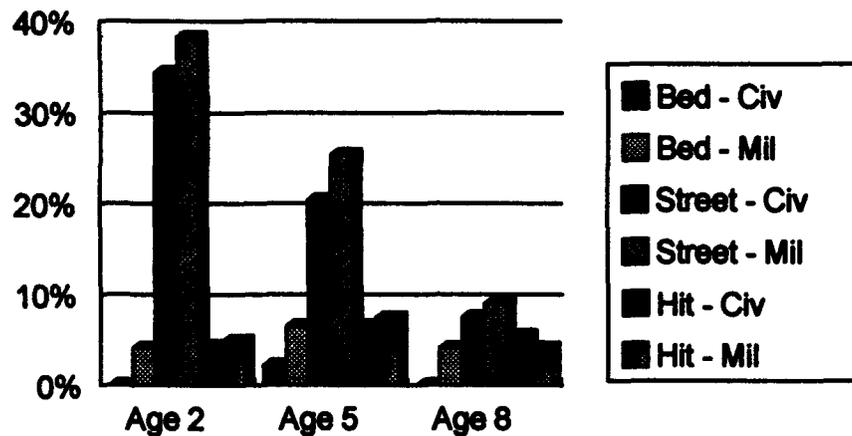


Figure 16. Scenario Responses - Military/Civilian

Overall there was no association between favoring spanking and military or civilian status (chi-square= 1.3403, df= 1, p= .24697).

A chi-square analysis was used to test for differences between civilian and military response frequencies for individual scenarios. In the scenario "bed at two", all 5 positive responses (2.3%) are from military providers (chi-square= 3.87, df= 1, p=.04915). Similar responses were found in the "bed at eight" scenario where 5 positive responses were from the military sector (chi-square=3.87, df= 1, p= .04915).

All other scenario responses by military/civilian status were not statistically significant.

Anticipatory Guidance

The majority of participants (N=143, 66.2%) provided guidance on discipline "most of the time". Results were similar when dividing the group into military status (N=82, 67.2%) and civilian status (N=61, 67%). There were no significant differences between military and civilian responses (see Figure 17).

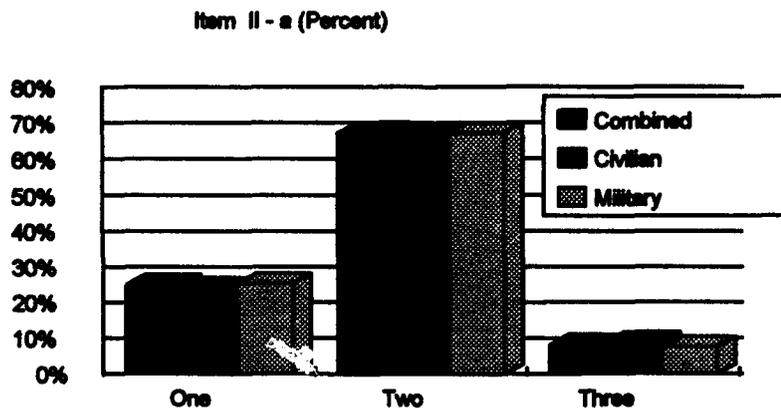


Figure 17. Anticipatory Guidance

The majority of participants (N=161, 74.5%) "always" offer alternatives to spanking with 92 military (74.8%) and 69 civilians (75.8%) selecting this response. There was no significant difference

between military and civilian responses (see Figure 18).

Item II - b (Percent)

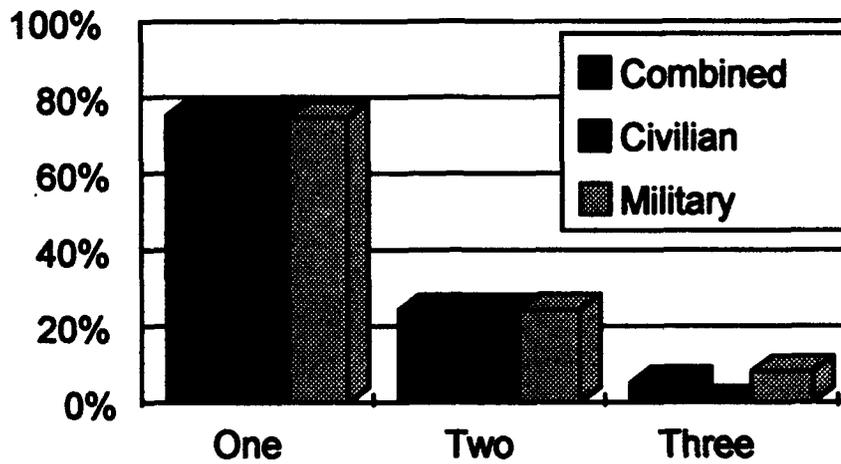


Figure 18. Alternatives to Spanking

Discipline strategies were offered to parents primarily between the ages of 7-12 months (N=84, 38.9%). Fifty (41.0%) military and thirty-four (38.2%) civilian practitioners selected this response. There were no significant differences between military and civilian responses (see Figure 19).

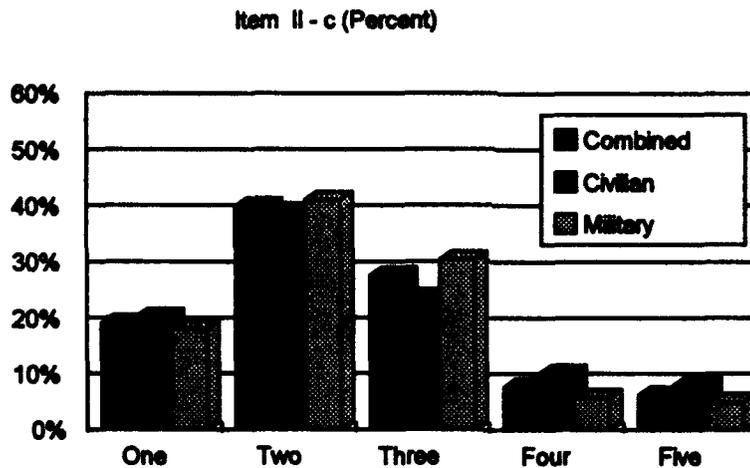


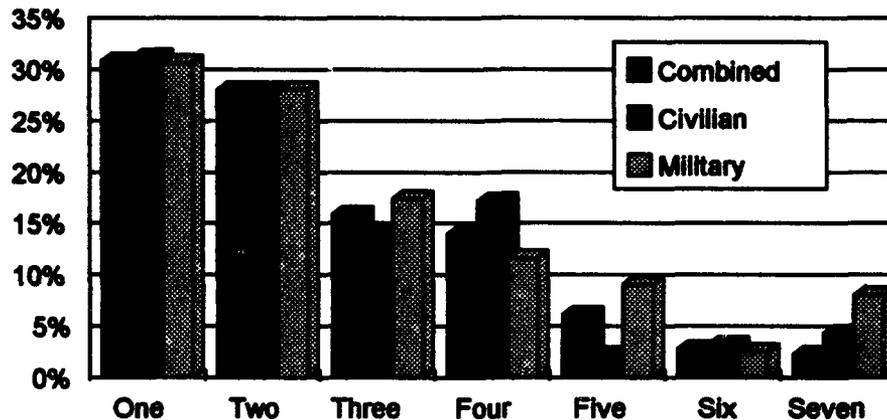
Figure 19. Discipline Strategy

A Mann-Whitney U test showed that there were no significant differences between anticipatory guidance and the age that discipline guidance was offered in relation to favoring corporal punishment attitudes. Those PNPs that favored corporal punishment were more likely to "rarely" or "never" offer alternatives to spanking ($Z=-2.877$, $p= .004$).

Beliefs About Spanking

On an ordinal scale from one (harmful) to seven (beneficial), 66 (30.6%) of the respondents chose item one as their belief that spanking can be harmful of which 37 (30.6%) were military and 29 (31.2%) were civilian (see Figure 20).

Item III - a Percent)

**Figure 20. Beliefs About Spanking**

One hundred forty-eight (69%) of the respondents saw some benefit to spanking with a median response of item two. Eighty-four (69.4%) military saw some benefit (median response item 2). Sixty-four (68.8%) civilians saw some benefit (median response item 2).

Fifty-five (25.5%) of respondents (thirty-five military [28.7%] and 20 civilian [21.7%]) felt their significant others would believe that spanking is harmful (see Figure 21).

One hundred fifty-nine (74.3%) believed their significant others would see some benefit to spanking with a median response of item 2. Eighty-seven (41%)

military and 72 (34%) civilians saw some benefit to spanking (median response item 2).

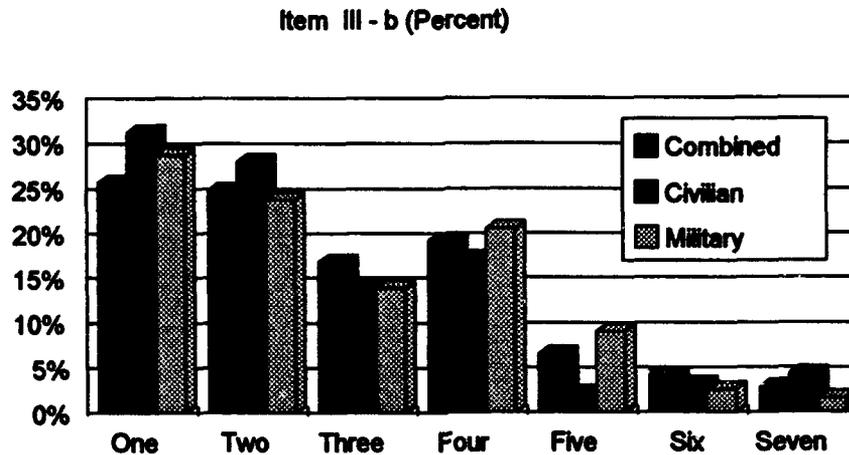


Figure 21. Subjective Norms Beliefs

A Mann-Whitney U test was calculated to see if there was a significance between beliefs about corporal punishment and favoring corporal punishment responses to the scenarios. PNPs who had positive corporal punishment attitudes were more likely to believe that spanking had some benefit ($Z = -6.771$, $p = .0000$). Those who responded that their significant others supported spanking were more likely to support corporal punishment in the scenarios ($Z = -4.453$, $p = .0000$). Additionally, there was a statistical significance between personal beliefs and subjective norms beliefs about corporal punishment ($\text{chi-square} = 473.94$, $\text{df} = 36$).

$p = .0000$). Those that marked spanking as harmful were more likely to believe their significant others felt spanking to be relatively harmful (Pearson's $r = .77160$, $p = .000$).

Test of Hypotheses

The null hypotheses tested in this study were:

There is no significant difference between civilian and military pediatric nurse practitioners' attitudes towards the use of corporal punishment as a disciplinary tool. While both the military and civilian population disfavored corporal punishment and a higher frequency of civilian PNPs (59%) were against spanking when compared to their military counterparts (51%), the survey results were not statistically significant ($\chi^2 = 1.3403$, $df = 1$, $p = .24697$).

There is a relationship between age and a PNP's attitude towards corporal punishment. Within the age groups of 20-29 years and over 50 years, the PNPs were more likely to recommend spanking. The 30-39 age year group was more likely to be against spanking ($\chi^2 = 11.144$, $df = 3$, $p = .01097$).

In the military, participants who favored corporal punishment were more likely to be in the age groups 20-29 years and over 50 years ($\chi^2 = 8.521$, $df = 3$, $p =$

.03639). There was no significant difference with the civilian group.

Gender had no relationship on a PNP's attitude towards corporal punishment (chi-square= 2.173, df= 1, p= .14048). There was no statistical significance by gender overall or in the military group (chi-square= 2.1768, df= 1), p= .14048). However, there was a statistical significance for civilian PNPs (chi-square= 4.6098, df=1, p= .03179). All civilian males indicated they would recommend corporal punishment in at least one of the scenarios.

Religion had no relationship on a PNP's attitude towards corporal punishment (chi-square= 14.24, df=15, p= .5072). There were no significant differences between the military and civilian responses.

Race had no relationship on a PNP's attitude towards corporal punishment (chi-square= 2.255, df=4, p= .6881). There were no significant differences between the military and civilian responses.

Education had no relationship on a PNP's attitude towards corporal punishment (chi-square= .23515, df=4, p= .99361). There were no significant differences between the military and civilian responses nor was

there a difference in PNP's advance practice education and corporal punishment.

Children living in the home was unrelated to a PNP's attitude towards corporal punishment (chi-square= .10334, df=1, p= .74786). There were no significant differences between the military and civilian groups.

Working in an urban or rural environment, had no relationship with a PNP's attitude towards corporal punishment (chi-square= .5593, df=1, p=.45445). There were no significant differences between the military and civilian groups. Additionally, there was no statistically significant difference with the region of practice.

Income had no relationship on a PNP's attitude towards corporal punishment (chi-square= 1.277, df=1, p= .9372). There were no significant differences between the military and civilian responses.

The main hypotheses of no significant difference between military and civilian pediatric nurse practitioner's attitudes towards parental use of corporal punishment was not rejected. The PNP's age and gender may influence their support or non support of corporal punishment.

In both groups, 55% of PNPs did not support the use of corporal punishment in the specific scenarios. However, 68% believed some benefit could be gained by the use of corporal punishment as a discipline strategy. Additionally, 74% of respondents believed their significant others would see some benefit from spanking. Thus even though a slight majority of PNPs in this study did not support the use of corporal punishment in the presented scenarios, the majority believed and perceived their significant others believed there was some benefit to the use of spanking as a discipline strategy.

In summary, the results of this study have been presented and included a description of the sample population, the McCormick Scenarios on Attitudes Towards Corporal Punishment, the beliefs about corporal punishment, and a presentation of the data to test the hypotheses. Chapter V will include a summary, conclusions, and recommendations.

Chapter V. Summary, Conclusions, and Recommendations

Summary

This self-report survey design employed a convenience and random sample of military and civilian pediatric nurse practitioners who worked in primary pediatric care. Surveys were sent or given to 254 PNPs. Two hundred and sixteen completed the survey (85%). Of the 216 respondents, 123 (57%) were military and 93 (43%) were civilian.

The research question that directed this study was: Do pediatric nurse practitioners support parental use of corporal punishment (spanking). The null hypotheses generated from this question were:

1. There is no difference between civilian and military pediatric nurse practitioner's attitudes toward the use of corporal punishment as a disciplinary tool.
2. Age has no relationship with a pediatric nurse practitioner's attitude toward corporal punishment.
3. Gender has no relationship with a pediatric nurse practitioner's attitude toward corporal punishment.

4. Religion has no relationship with a pediatric nurse practitioner's attitude toward corporal punishment.

5. Race has no relationship with a pediatric nurse practitioner's attitude toward corporal punishment.

6. Education has no relationship with a pediatric nurse practitioner's attitude toward corporal punishment.

7. Children living in the home has no relationship with a pediatric nurse practitioner's attitude toward corporal punishment.

8. Area of practice has no relationship with a pediatric nurse practitioner's attitude towards corporal punishment.

9. Income has no relationship with a pediatric nurse practitioner's attitude towards corporal punishment.

Fifty-five percent (118) of all participants were against parental use of spanking in any of the scenarios. Conversely, 45% (N=98) favored spanking in at least one of the scenarios. Dividing participants into military and civilian status shows 55 (59%) of civilians against spanking and 38 (41%) favoring

spanking in at least one of the scenarios. In the military sector, 63 (51%) were against spanking but 60 (49%) were pro spanking in at least one of the scenarios.

Conclusions

In McCormick's (1992) original study, 70% of family practice physicians and 59% of pediatricians supported spanking in at least one of the scenarios. His results were consistent with other surveys that asked health care professionals' attitudes towards corporal punishment. Morris, Johnson, and Clausen's (1985) interviews assessing physicians' attitudes towards discipline and child abuse found that only 10% of the physicians thought that "spanking, bottom, open hand, lightly" was inappropriate. Anderson and Anderson (1976) looked at practicing psychologists' attitudes and practices related to the spanking of children. They found that the majority of the respondents (58%) spanked their own children, 71% felt children needed to be spanked sometimes, and 51% felt school personnel should have the option to use spanking. In Anderson and Anderson's survey, the attitudes towards spanking were related to the psychologists' contact with parents and present

employment but were unrelated to the subject's age, parenting status, education, or gender.

It is encouraging to see in this present study that nurses tend to be less supportive of corporal punishment than other health care providers. This may be due, in part, to PNPs' educational focus on behavioral science, developmental, and child rearing issues.

In this study, the support for corporal punishment was greatest in all age groups when the misbehavior was one that was dangerous to the child (running into the street). The highest support was for the youngest age group (2 year old) with 79 (37%) PNPs indicating spanking as an appropriate response. In this situation, 32 (34%) of civilian PNPs and 47 (38%) of military PNPs favored corporal punishment. In McCormick's study, 42% of the physicians would support spanking only for dangerous misbehaviors. In a recent survey conducted by the journal Pediatric Management, 70% of 130 physicians polled supported the use of spanking when a child engages in a dangerous behavior (White, 1993). Of the nurses who elected to comment on this survey, the major theme of those that favored corporal punishment replied that it should only be used

sparingly for dangerous misbehavior. Many of these nurses also commented that this technique was for "attention" getting followed by a verbal explanation.

Overall, 91% of the participants indicated they discussed discipline related issues either always or most of the time in anticipatory guidance. This held true for both civilian and military PNPs (91% and 93% respectively). This was consistent with McCormick's study where physicians stated they discussed discipline 90% of the time in anticipatory guidance topics. Additionally, almost all of the PNPs (99%) discussed alternatives to spanking.

The above results are reassuring but when answering questions about beliefs on corporal punishment, 148 (69%) of the participants saw some benefit to the use of corporal punishment. The civilian and military PNPs were very similar in their beliefs (68.8% and 69.4%). This is consistent with the literature in that the majority of Americans believe corporal punishment is a viable discipline strategy. This is in contrast to the professional literature that gives some evidence that corporal punishment, even mild, can be detrimental.

The noteworthy demographic data and pro spanking response was in the age group of the participants. In this study, those within the age groups of 20-29 years and 50 years of age or older were more likely to recommend spanking. McCormick's study found those physicians younger than 40 were more supportive of corporal punishment but further analysis found no linear age effect. A logical explanation for the 20-29 year old PNPs would be they were more likely to have younger children in their home; however, this study found no differences on attitudes towards corporal punishment with children in the home. This was also true in McCormick's study. An explanation in the older age group is possibly a reflection of the traditional use of spanking for discipline.

The data suggests civilian men were more likely to recommend spanking than the military male PNPs. However the sample size was too small for any generalizations to be made.

A slight majority of PNPs did not support the use of corporal punishment in the scenarios presented of common childhood misbehaviors; however, the majority believed there was some benefit to the use of spanking. There was no significant difference between the

military and civilian groups. This implies a possible ambivalence of the PNP's attitude towards corporal punishment. Even though they may not overtly recommend the practice, the results in this study suggest they tend to believe there is some benefit of spanking as a disciplinary tool. Does a positive belief on the role of corporal punishment spill over into practice by condoning its use, especially in regard to dangerous misbehavior?

Several of the respondents who wrote comments mentioned that although they did not suggest spanking as a discipline strategy, they did not reject its use when parents use it in specific circumstances. Additionally, many of the respondents commented on how they used corporal punishment with their own children, but were reluctant to recommend this discipline in their practice.

The issue for nursing may not only be more education. The need for dialogues and discussion among PNPs, their leaders, and educators in what clinicians actually believe on discipline, the rationale of their beliefs, and how this implicitly affects practice, should be explored.

Recommendations

The findings of this study have several limitations. The participants were given limited choices of children's misbehavior to indicate their attitude towards corporal punishment. The definition of corporal punishment was specified as spanking and this may not have satisfied everyone's definition of the term. Additionally, only two questions were asked on beliefs about corporal punishment. An individual's belief system on discipline may not have been ascertained by these limited and superficial questions.

There were several limitations in the sample demographics. There were few male participants and few non-white participants. Although this was a national survey, the sample was only from the memberships of NAPNAP and UNPA. An attempt was made to survey all UNPA's PNP membership but this does not include all the PNPs in the military. NAPNAP has a membership of over 3,000. Consequently, the sample size was small for this group.

However, given these limitations, the findings do give some indication on attitudes of practicing PNPs in the civilian and military environments in regard to corporal punishment. The results were consistent with

other studies in that dangerous acts were more likely to find practitioners advocating corporal punishment. Even though PNPs were less likely to advocate spanking in the presented scenarios, the majority believed corporal punishment could be beneficial. This was consistent with other research.

Many participants included comments about their beliefs on corporal punishment. Of those that commented, the majority felt spanking had its place in the discipline of children, but it was to be used only for dangerous acts, young children, and not progressing beyond a spank. Many of those who commented about appropriate use of spanking were very concerned it could get out of hand. This was particularly true of the military participants.

Of those that commented against the use of spanking, many admitted using this on their own children. The major themes of their responses were feelings of guilt, betraying their children, and its ineffectiveness. Others commented that when they resorted to spanking, it was usually when they were frustrated, tired, and/or stressed.

Finally, two respondents who were against corporal punishment had thought provoking comments: "I feel that

violence is everywhere and that home should be a safe haven. Peace should start at home" and "Anecdotaly, I have never had to spank my own child; and at 14 1/2 years, he is a kind, warm, responsive teen".

Additional research on the subject of childhood discipline is required. A larger sample size assessing the attitudes and beliefs of PNPs is necessary to generalize the findings. Research is needed on beliefs systems and how this can affect one's practice.

Additional research is needed on mild to moderate corporal punishment (spanking) and its immediate and latent effects on children. More empirical evidence is needed if spanking is detrimental so that the process of changing attitudes can begin. Conversely, if spanking is shown not to be detrimental, structured criteria for its use must be established.

Finally, encouraging PNPs to present and collaborate with other professional colleagues on alternatives to corporal punishment should be invited. Without education, individuals advocate what they know and, for many, this is the use of corporal punishment.

In summary, this study has examined the attitudes and beliefs of practicing PNPs towards parental use of corporal punishment. Further research is needed on the

practitioner's attitudes towards corporal punishment and belief system. Additionally, ongoing research is needed on childhood discipline strategies and its later consequences.

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Appendix A
Survey Tool

Survey on Attitudes toward Spanking

Item I. Below are nine scenarios of misbehavior, three behaviors at three ages. In each box, mark an "X" if you would advise parents of a child in your practice that spanking would be an appropriate response to the misbehavior. Mark an "O" if you would advise that spanking would be an inappropriate response to the behavior.

Spanking: Striking the child one or more times with an open hand on the buttocks or hand, leaving no mark except transient redness.

	Age 2	Age 5	Age 8
The child refuses to go to bed at the usual established time.			
The child runs into the street without looking.			
The child hits one of his playmates.			

Item II. Please complete the following statements.

87

a. When providing anticipatory guidance to parents of children in my practice, I discuss issues related to discipline: (check one)

Always Most of the time Rarely Never

b. When discussing issues of discipline, I offer alternatives to spanking: (check one)

Always Most of the time Rarely Never

c. At what age do you offer guidance on discipline: (check one)

0-6 months 7-12 months 13-18 months
 19-24 months Other

Item III. Please complete the following statements. (please do not mark between ratings)

1. Spanking can be: (check one)

Harmful 1 2 3 4 5 6 7 Beneficial

2. People, whose opinions I value, think spanking is:

Harmful 1 2 3 4 5 6 7 Beneficial

Thank you for taking time to complete this survey. Your comments are welcome. Please write them on the bottom or reverse of this survey.

Appendix B

Conceptual Model Theory of Reasoned Action

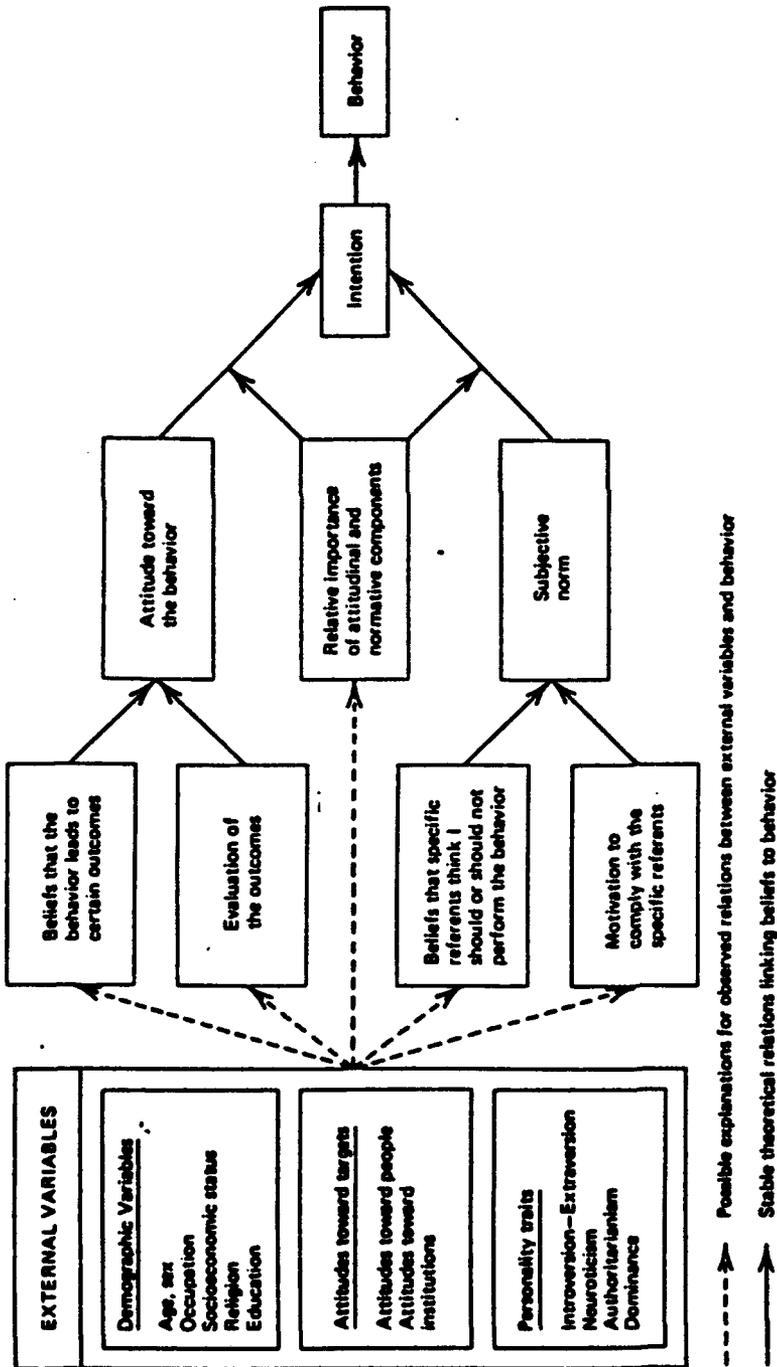


FIGURE 7.1
Indirect effects of external variables on behavior.

Appendix C

Permission Letter from McCormick



Permission Letter from Dr McCormick

KENELM F. JRMICK, M.D.
Family Medicine
92
LEATHERMAN ROAD
WADSWORTH, OHIO 44281-8202
Telephone (216) 334-6661

February 6, 1993

Ms. Kathlyn Eydenberg
3209 10th St.
Almogordo, New Mexico 88310

Dear Ms. Eydenberg,

I very much appreciate your interest in my study of attitudes of physicians toward corporal punishment, which appeared in the June issue of the JAMA. I am delighted in your interest in replicating the study using nurse practitioners as subjects. I have enclosed a copy of the instrument and the cover letters that I used for your review. I have also let Ms. Farrell know about your interest in this project. As you may recall Ms. Farrell is a pediatric nurse practitioner student in Minnesota.

You may be interested to know that professionals from several other disciplines have expressed similar interest to yours in studying members of their own disciplines with regard to their attitudes toward corporal punishment. I have sent copies of the instrument and cover letters to professionals in the fields of sociology and psychology. I am very rewarded by yours and others' interest in my study.

Please feel free to call or write if you have any questions or if I can be of any assistance.

Sincerely,

Kenelm F. McCormick, M.D.

KFM:dm

Appendix D
UNPA Approval

To: Kathlyn M. Eydenberg, Principal Investigator

From: Major John Neil, President, Uniformed Nurse Practitioner Association

Date: 27 October 1993

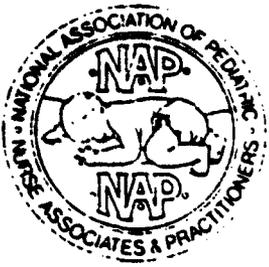
Subject: Research - "Attitudes of Pediatric Nurse Practitioners Towards Corporal Punishment"

The research protocol and tool have been reviewed and are in accord with the Uniformed Nurse Practitioner Association (UNPA) policy. The review indicates that the project involves only minimal risk to the human subjects, that your safeguards are adequate and that the proposed consent forms are appropriate.



John Neil, Major, USA, NC
President, Uniformed Nurse Practitioner Association

Appendix E
NAPNAP Approval



National Association of Pediatric Nurse Associates & Practitioners 96

NAPNAP MEMBERSHIP LIST - LETTER OF AGREEMENT

NAME: Kathlyn M. Eydenberg

AFFILIATION: 3209 10th Street
Alamogordo, NM 88310

PHONE: (505) 434-0146

FAX:

NAPNAP MEMBERSHIP LIST TO BE USED FOR: (CHECK ONE)

Educational Program

Recruitment

Other: SURVEY (WOULD YOU BE WILLING TO SHARE INFORMATION WITH NAPNAP ONCE SURVEY IS COMPLETED?)

yes.

**PRESSURE SENSITIVE LABELS FOR MILITARY CHAPTER
(APPROX. COUNT = 55) RANDOM SAMPLE FROM PACIFIC, MOUNTAIN,
CENTRAL, EASTERN U.S.A. (APPROX. COUNT = 458).
TO BE RUN IN ZIP CODE ORDER**

**THIS OFFICIAL STATEMENT SHALL SERVE AS A LETTER OF AGREEMENT
RESTRICTING THE USE OF THE NAPNAP MEMBERSHIP LIST TO THE PURPOSE
STATED. IN ADDITION, THE LIST WILL NOT BE REPRODUCED, SOLD OR
SHARED WITH ANYONE. THIS LETTER OF AGREEMENT MUST BEAR AN
ORIGINAL SIGNATURE AND CANNOT BE RETURNED BY FACSIMILE.**

AGREED TO: Kathlyn M Eydenberg 2 NOV 93
(Signature) (Date)

**THIS SIGNED LETTER OF AGREEMENT MUST BE RECEIVED PRIOR TO RELEASE
OF THE MEMBERSHIP LIST. THANK YOU.**

**QUOTE: \$100 COMPUTER FEE PLUS \$25 PER THOUSAND NAMES
MINIMUM CHARGE IS: \$125 DATE: 10/29/93**

Appendix F

UTEP Office of Sponsored Projects Approval



Office of
Sponsored Projects

MEMORANDUM

TO: Kathlyn M. Eydenberg, Principal Investigator
College of Nursing and Allied Health

FROM: Julie P. Sanford, Associate Vice President for Research
and Director of Graduate Studies 

DATE: October 26, 1993

SUBJECT: Research Protocol #551 - "Attitudes of Pediatric Nurse
Practitioners Towards Corporal Punishment"

The Research Protocol has been reviewed and is in accord with University policy. The review indicates that the project involves only minimal risk to the human subjects, that your safeguards are adequate and that the proposed consent forms are appropriate.

If your research significantly changes or you involve human subjects in activities not described in the Protocol, you should submit and amended Research Protocol to this office. A copy of the Protocol is attached.

JPS/sc

Attachment

Appendix G

Consent and Cover Letter-First Mailing

Project Title: Attitudes of Pediatric Nurse Practitioners
Towards Corporal Punishment.

100

Dear Pediatric Nurse Practitioner:

I am a pediatric nurse practitioner currently enrolled in a master of nursing program in Parent-Child Health at the University of Texas at El Paso. I am researching attitudes of pediatric nurse practitioners towards spanking. I am sending this survey to a sample of pediatric nurse practitioners whose names and addresses I obtained from the NAPNAP/UNPA membership directories. Your response is very important to me.

Please complete the survey and return it in the enclosed, stamped envelope. By filling out the survey, you consent to participate in this study. Your response will be anonymous. The number on the lower left hand corner of the return envelope will only be used to remove your name from my mailing list. The return envelope will be destroyed upon its receipt to ensure confidentiality.

If you are interested in the results of this research or if you have any questions about the study, please feel free to call me at (505) 434-0146.

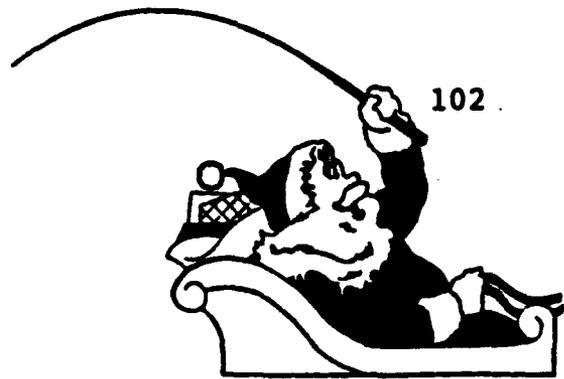
Sincerely,

Kathlyn M. Eydenberg
Kathlyn M. Eydenberg
3209 Tenth St.
Alamogordo, NM 88310

Appendix H

Consent and Cover Letter-Second Mailing

Forget Something?



Project Title: Attitudes of Pediatric Nurse Practitioners Towards Corporal Punishment

Dear Pediatric Nurse Practitioner,

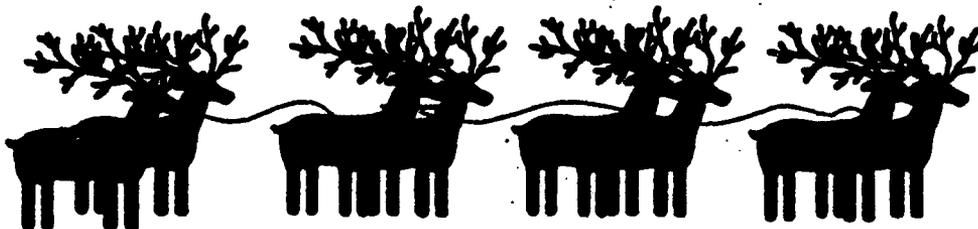
I recently sent you a survey asking your participation in a study looking at PNP's attitudes towards spanking. I am a pediatric nurse practitioner currently enrolled in a master of nursing program in Parent-Child Health at the University of Texas at El Paso. I obtained your name, with permission, from the NAPNAP/UNPA organizations.

I realize during the holiday season it is a busy time, but your response is very important to me. I'm enclosing another survey and stamped, return envelope. By filling out the survey, you consent to participate in this study. Your response will be anonymous. The number on the lower, left corner of the return envelope will only be used to remove your name from my mailing list. The return envelope will be destroyed upon its receipt to ensure confidentiality.

If you have already returned the survey, please ignore this reminder. Additionally, if you are interested in the results of the research or have any questions about the study, please feel free to call me at (505) 434-0146

Sincerely,

Kathlyn M Eydenberg
Kathlyn M. Eydenberg



Curriculum Vitae

Kathlyn M. Eydenberg, was born 22 July 1952 in Rabat, Morocco to Lynwood and Virginia McKinley. She graduated from Brigham and Women's Hospital School of Nursing in Boston, Massachusetts 1973. She was commissioned as a 2nd lieutenant in the USAF nurse corps in 1975. After working various nursing positions, she returned to school in 1981 to pursue her bachelors' degree in nursing. In 1983, she received her degree, cum laude, from Pacific Lutheran University in Tacoma, Washington and returned to the USAF as a Captain. In 1988, she earned a Pediatric Nurse Practitioner Certification from the U.S. Air Force School of Health Care Sciences, Sheppard AFB, TX and was nationally certified. She has been a speaker at various military conferences on pediatric nursing issues. In August 1992, Major Eydenberg enrolled in the Graduate Nursing Program at the University of Texas at El Paso in Parent-Child Nursing.

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