

THE EFFECTS OF PARENTAL SELF-ESTEEM
ON FATHERS' PARTICIPATION IN CHILDREARING

by

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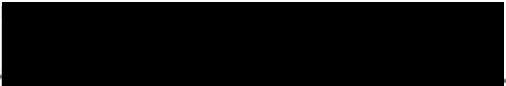
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CHAPTER I

INTRODUCTION TO THE PROBLEM

The study of relationships among members of the family can enhance the understanding of family dynamics. Intrafamily relationships are governed by many complex individual attitudes and behaviors. In particular, a more comprehensive understanding of the father's role in the family and his own personal perceptions is needed. Health care professionals dealing with any family member would benefit from a clear understanding of fathers and their relationship to the family and its individual members.

The present study is designed to examine parental attitudes toward fathering, the influence of the fathers' and mothers' self-esteem on fathering attitudes and behaviors, and the relationships between them. If fathers want to be involved in childrearing to a larger extent than they are, what hinders their involvement? What role do mothers play in that involvement? Do fathers' behaviors reflect their attitudes toward parenting? These are a few of the unanswered questions concerning fathering. This research will add to the knowledge base about fathering.

Review of the Literature

A review of the literature presents a changing role in fathering over the past years. The concept of self-esteem, as it relates to the attitudes and performance of the fathering role, is a major emphasis of this study. Therefore, self-esteem will be defined and discussed

followed by a review of the literature on fathering and the mothers' influence on the role of the father. Finally, role theory will be examined as it pertains to the fathers' involvement in the family.

Self-Esteem

Self-esteem has been equated with several other terms, such as self-respect, self-concept, self-image, and self-identity. For the purpose of this study, self-esteem will be used to refer to the concept described below.

The dictionary definition of self-esteem reads, "a confidence and satisfaction in oneself" (Webster's Ninth, 1985, p. 1006). Brandon (1969) believes self-esteem is the result of cognitive appraisal or value judgment and is the most important factor in psychological development. Ellison (1985) summarizes self-esteem as the degree of negative or positive feelings one has as a result of an assessment of one's abilities. This assessment is demonstrated by the level of individual functioning.

Coopersmith (1967) defines self-esteem as "the extent to which the individual believes himself to be capable, significant, successful, and worthy. In short, self-esteem is a 'personal' judgment of worthiness that is expressed in the attitudes the individual holds toward himself (p. 5). One of the earliest writers to examine the self was William James. James (1890) held that a central concept in social psychology was that self-evaluation developed in response to the evaluation of others. His writings were so thorough and incisive that, even today,

his work is considered to be one of the classics on the subject of self-esteem.

Charles Horton Cooley (1912) wrote of "the looking glass self" (p. 168). He theorized that how a person thinks he or she is perceived by others can, in part, shape that person's feelings about him or her self. George Herbert Mead (1934) introduced the concept of the "reflexive self" (p. 134), that is, Mead thought that we see ourselves as others see us. He wrote of the importance of a mother's reaction to the child. Mead believed that a positive maternal attitude could result in improved self-esteem in children.

In 1947, Harry Stack Sullivan examined the self and its formation by approval and disapproval of significant others (parents). He spoke of the importance of positive parent-child interactions, believing that the self is made up of "reflected appraisals" (p. 22). Therefore, he said, the quality of a person's perception of himself derives directly from the perception of that person by significant others.

Erikson (1963) enlarged on Sullivan's ideas. He identified the concept of trust and its importance to the developing child and his self-esteem. According to Erikson, "... trust is influenced primarily by the quality of the maternal relationship" (p. 249). Erikson went on to state that "this (trust) forms the basis in the child for a sense of identity which will later combine a sense of being 'all right', of being oneself, and of becoming what other people trust one will become" (p. 249).

In 1979, Morris Rosenberg stated that the self-esteem motive is one of the most important to the human being. He writes of the "significant other" (p. 146), maintaining that the more significant a person is to us, the more their opinions of us influence how we see ourselves. In 1983, Mack stressed the importance of positive reinforcement of a child's self-concept by the parents. He wrote that if the child's self-esteem is not validated, the child feels abandoned, which can lead to lowered self-esteem.

The common theme that runs through this theoretical literature is the importance of positive feedback from a significant other in building and maintaining one's self worth. A person's self esteem is based on how others relate to that person and how the person believes he or she is seen by others. A person who is nurtured by significant others in a kindly and loving way is more likely to have high self-esteem. A person who receives continual negative messages is more likely to develop low self-esteem.

In a critique of self-esteem scales, Gilberts (1983) cites studies using varied scales which demonstrate that people who have high self-esteem experience better social relationships, value independence, and expect more success. Those with higher self-esteem show more leadership tendencies, more satisfaction with life, and are less likely to conform (Ellison, 1985).

Self-esteem is not innate, but is developed as one integrates the value others place onto oneself (Brandon, 1969; Ellison, 1985). Parental attitudes and behavior are therefore among the strongest

influences on the formation of self-esteem in children, and the evaluation of society and significant others is of great importance to adults. According to Ellison, the level of self-esteem is a measure of the discrepancy between the ideal and perceived self, with a larger discrepancy leading to a lower self-esteem. Cummings (1976), using the 46-item Sentence Completion Test, the self-acceptance scale of the Bergner Inventory and the Shoben Parental Attitudes Inventory Modified, studied 60 fathers in four groups--those with (a) mentally retarded children, (b) chronically physically ill children, (c) neurotic children, and (d) healthy children. Four personality variables were assessed in the fathers: prevailing mood (as influenced by the child), self-esteem, interpersonal satisfaction in relating to family and others, and childrearing attitudes. Cummings found that fathers of handicapped children had lower self-esteem than fathers with healthy children, suggesting the influence of both children and societal values on fathers' self-esteem.

The relationship between self-esteem and fathering will be better understood by exploring selected background literature. A review of literature on fathering is presented below.

Fathering

Until recently, fathers have been a neglected part of family and interpersonal research. Early studies stemmed from Freud's theory of the resolution of the Oedipus conflict and focused on the role of the father as a model for sex role identity of children, studying children who had absent fathers in contrast to those with intact families (Lynn,

1974; Popplewell & Sheikh, 1979). Parsons (cited in Lynn, 1976) characterized the father as having an instrumental role (society's representative in the family, supplying discipline, sound judgment and authority) and the mother an expressive role (caretaker, keeping intact the affairs of the family).

The changing role of the father in the family has been the topic of much recent study and discussion. Abelin (1975) used a case study report to explore the role of the father in early child development and point out the importance of father involvement. Murphy (1986) discusses the fathers' role in the care of high-risk infants and notes that traditionally "the father's role was to support the mother as she nurtured the child" (p. 42). Fathers, Murphy notes, are becoming increasingly involved in a dynamic relationship with their children as they are increasingly available and responsive to interaction with the children. She further comments: "It is interesting to note that a common deterrent to paternal participation in child care is maternal reluctance to relinquish caretaking responsibilities" (p. 42).

Gecas (1976) examined parenting roles in childrearing tasks. This was done from two perspectives, that of socialization and the child care role. Several Likert-type scales were used to assess the attitudes of 100 mothers and 100 fathers of preschool and school-aged children. The findings indicate that parents are increasingly sharing tasks in socialization and child care roles. The results also indicate decreased involvement of the wife. However, wives were expected (by both wives and husbands) to take more responsibility in all of the child care tasks

when preschoolers were present in the home as opposed to only school-aged children.

In an Australian study of 51 families with young children, Russell (1983) looks at current patterns of fathers' participation in child care. He also examines possible antecedents of this participation. The consequences to children, fathers, and mothers of increased paternal involvement were examined. He concluded that fathers' participation in child care will increase at a slow but constant rate. These changes can be expected to be experienced differently by females and males due, in part, to the fathers' and mothers' perception of the fathers' ability to care for children. The aforementioned studies indicate that the fathers' participation in child care is increasing and that attitudes toward this participation differ between fathers and mothers.

An effort has been made to determine what characteristics a father possesses that lead to his greater participation in childrearing. Several studies compare the degree of androgyny with the fathers' involvement in child raising (Barshney, 1986; Radin, 1981; Russell, 1978) and result in the idea that men who have higher femininity scores are more involved in child care. Radin found that in 59 intact, middle-class, white families, high father involvement was more frequently demonstrated when the wife's father had been uninvolved in childrearing but was nurturant, and when both parents came from homes in which their mother worked. Another study of 50 first-time Swedish parents suggests that parental style (traditional or nontraditional) was more influenced by the sex of the parent than by family type (Lamb,

Frodi, Hwang, & Frodi, 1982). Lamb and his colleagues suggest that the difference is biological or due to well socialized sex differences. The same study found that parental attitudes toward the value of work and the value of parenthood were correlated to anticipated division of parental responsibility.

The father's role is characteristically classified as traditional or nontraditional, the traditional role being that of provider and protector (Bernard, 1981). The nontraditional role is characterized by caretaking and nurturing tasks which historically have been attributed to the mother. Bigner (1977) uses the term "developmental" rather than nontraditional to identify those attitudes toward fathering that have been characterized as "involving democratic behavior, emphasis on training children for self-reliance, helping children to develop socially, emotionally, and mentally, frequent demonstration of affection, and expressions of concern for children's happiness, well-being and self-worth" (p. 100).

As the father's role has expanded to include increasing amounts of responsibility in child care and nurturance, the importance of the father in child development has been recognized (Lamb, 1981). Lamb includes research discussing the role of the father in a child's social, cognitive, moral sex role, and personality development. While working only with fathers, Boyd (1980) found that fathers who participated in the assessment of their newborns using the Brazelton Neonatal Behavioral Assessment Scale scored significantly higher on the Parental Attitude Scale than did fathers who did not participate in their infant's

assessment. In a longitudinal study of 132 couples, Boyd and Duncan (1985) examined the attitudes and behavior of fathers and mothers of newborns. The involvement of the mother in infant caretaking activities remained stable and higher than the father's level of activity. In both studies (Boyd, 1980; Boyd & Duncan, 1985), the father's participation decreased as the complexity of the infant caretaking activity increased. It was found that when mother's attitude toward father's participation was positive, the father's attitude tended to be more positive, and he was more likely to be involved in caretaking activities. As found in a review of cross-cultural studies, the father takes an active role in parenting (Russell & Radin, 1983). However, the authors suggest that the role of the mother as gatekeeper can influence the father's involvement with the children.

In a study similar to the one proposed here, Bigner (1977) found a weak positive relationship ($r = .21$, $p < .05$) between fathering attitudes and behavior in 77 fathers of preschool children. Age of the father, age of the child, and sex of the child were not found to directly influence the father's attitude or fathering activity, but second and third children were treated with a more developmental (nontraditional) attitude than were firstborns. This study suggests that as children develop, the father's responses change accordingly. Fathers of older children demonstrated more nontraditional attitudes, while those of younger children displayed a more traditional approach. Bigner also found some indications that fathers play an important part in the socialization of the child. In this context, socialization

refers to "preparation of the child for adjusting to and interacting with the larger society beyond the family unit" (p. 106).

In a frequently cited study of paternal involvement, Sagi (1982) found that fathers from 60 Israeli families felt they were more involved in childrearing than their own fathers, and determined that fathers demonstrated both instrumental and expressive elements of parenting. Sagi also demonstrated that increased paternal involvement in child care was related to a higher level of paternal satisfaction, and a lower level of involvement was associated with paternal dissatisfaction.

Parenting

As we look at the expanding role of fathers, so must we examine the role of the mother and the interplay between the two. To understand how the mother is a factor in the father's participation with children, it is necessary to first look at parenting roles and their evolution from an historic perspective.

In prehistoric times women and men both contributed to the livelihood of the family. Childbearing and mothering were not the only role of the woman (Chodorow, 1978). Women planted food and gathered it in addition to raising the children. In Biblical times women were a very important part of the family economy. The home was in actuality a small business and manufacturing plant. Food was grown and processed, cloth was woven and sold to the town's merchants, vineyards were tended, and children were raised. The role of the mother as a very important contributor to the survival of the family continued through the Middle Ages and into more recent times.

In this country's earliest years, women, alongside men, were still very much involved in providing necessities for their families. Women worked in the fields as well as in the home. Although childrearing was an important part of the woman's life, mothering was but a part of that life. The household was still one of the key elements in producing the necessities of life for the community. Thus, women shared with men the responsibilities of the society. Lamb (1987) identifies the father's major role during this time as that of moral overseer. He was to assure that children acquired the values of society and was, therefore, ultimately responsible for their education in order to assure the reading of Scripture.

The industrial revolution was a major factor in changing the roles of women and men in the family. Gradually, industrialization moved the production of goods out of the home. No longer was the home a workplace. Goods that once were produced at home were manufactured more cheaply and in large quantities in factories. Men went to work away from the home, so men and women no longer shared the economic responsibilities of the family.

As the home and the workplace became separate entities, a change in the parenting roles also occurred. Chodorow (1978) states that the family went from the main production unit of the society to "the personal sphere of society" (p. 4). The mother's main role was now childrearing, centered in the home; the father's main role was providing for his family outside the home. The term "good provider" is used by Bernard (1981, p. 2), while Lamb (1987) has used "breadwinner" in

describing the new role of the father. This good provider role continued as a major role of the father from the 1830s to the present. One result of the father assuming the provider role was that the mother lost much of her power base. Rather than contributing financially to the family, her contributions were now almost totally in the domestic area. The home which had once been a multifaceted business became more and more the domain of the mother and children.

Not only did the rise of industrialization move the production of goods out of the household, but it moved people out as well. No longer was the home comprised of grown, unmarried children, grandparents, boarders, and perhaps servants. Most found work elsewhere. This left the mother and children home alone. Children often became the sole focus of the mother's life. According to Chodorow (1978):

Women's emotional role in the family and their psychological mothering role grew just as their economic and biological role decreased. We notice women's mothering today because it has ceased to be embedded in a range of other activities and human relations. It stands out in its emotional intensity and meaning, and in its centrality for women's lives and social definition. (p. 6)

Within the last 10 years, as more and more women work outside the home, the role of good provider is no longer completely valid; however, our society still feels its effects. Even though the number of women in the labor force increases yearly, they still shoulder the major share of childrearing responsibilities (Lamb, 1987).

The present day father is identified as the "nurturant participant" in childrearing (Lamb, 1987). Lamb's studies indicate that the amount of time fathers spend with their children is not changing. However, the type of behavior such as caretaking, soothing and playing, are increasing slowly.

When seen in an historical light, it becomes clear how the mother's perception of her role could influence a father's increased participation with his children. Russell (1983) found that there was an increase in conflict between mothers and fathers that directly correlated with an increase in the fathers' participation with household and childrearing tasks. He concludes that this increased conflict may be due in part to the fact that mothers feel proprietary about child related tasks; as a result, mothers feel threatened when fathers intrude on what has traditionally been their territory. Lamb (1987) states that only 30% of women wish their partner was more involved in childrearing, while 70% are happy with their husband's current involvement. Lamb believes women may find power and prestige in their home responsibilities. For at least 150 of the last 160 years, the main focus of most women's lives has been their children. The role of mother has defined their lives and been a primary source of their feelings of self-worth and accomplishment. As a result of most women's strong ties to childrearing, an increased parenting role on the part of the father could be a threat to a woman whose primary source of self-esteem is derived solely from mothering. Hoffman (1983) states that the unemployed mother is particularly vulnerable to these feelings:

Thus, studies suggest that, particularly when the children are of school age, the nonemployed mother may feel a need to amplify her maternal role. She may feel threatened by the child's growing independence that signals the diminishment of the role that has been her major source of self-esteem. . . . For her, the greater participation of the father in parenting might exacerbate her anxiety insofar as it further undermines her feelings that she is a contributing member of the family who provides a unique service. (p. 176)

According to Chodorow (1978), women who do not have careers or postponed their careers to have children are dependent on their parenting role for self-esteem.

It seems clear then that a person's sense of self-esteem is directly correlated to their sense of being needed, of fulfilling a necessary role. Women's principle source of self-esteem during the last 150 years has been her role as mother. It would seem to follow that shared parenting, by reducing women's unique role, could threaten a loss of self-worth. This would come about particularly with those women whose sole sense of self is derived solely from the feelings of competency, indispensability, emotional gratification, and personal satisfaction which flows to them from their role as mother.

An additional factor must be considered: The role of mother provides a special source of self-worth for women. Hoffman (1983) indicates that even in young, employed women, 96% derived a great deal of satisfaction from their role as parent, while fewer than 50%

indicated the same level of satisfaction from their jobs. The same pattern holds true for men, although in a less pronounced fashion. All indications, then, are that motherhood is a major, if not principle, source of satisfaction and self-identity for women in industrialized nations.

Based on the foregoing, it is reasonable to postulate that a mother who derived satisfaction from her role as parent, whether employed or unemployed, may suffer a loss of self-worth if the father became more actively involved in the parenting role. It also follows that a woman's level of self-esteem will affect her attitudes toward father participation in childrearing.

Role Theory

Role theory provides many ideas which help to clarify and organize the concepts presented here. The transition to parenthood tends to cause an increase in adoption of traditional sex-typed roles (Huston & McHale, 1983; LaRossa & LaRossa, 1981; Parke, Power, Tinsley, & Hymel, 1979). As couples change and adopt new roles throughout parenthood, transitions continue to occur. Role transitions require the incorporation of new knowledge, altered behavior, and a changed definition of oneself (Meleis, 1975). From this perspective, a father's attitude and actions in childrearing are influenced by his knowledge in the area and his definition of his role. Meleis believes that creating, modifying, and defining a new role is accomplished through interaction with others and practicing the role with significant others. Self-concept is then defined as the incorporation of these

practiced roles into one's identity (Meleis, 1975; Robischon & Scott, 1969). Self-esteem, being closely linked to self-concept, is therefore related to one's role definition. Attitudes toward fathering are derived from one's definition of the role of the father.

Clear role definition facilitates performance. The more clearly a role is defined, the more coordination is seen in the behaviors of those performing roles together, such as a mother and father (Robischon & Scott, 1969). Difficulty in defining and performing a role may be related to incongruency between one's self-concept, the anticipation of significant others, and unfulfilled expectations (Meleis, 1975). Radin (1981) indicates that fathers with secure gender identity (clear definition, positive self-esteem) were more able to deviate from expected role norms.

Role performance in fathering has been closely related to self-esteem by a number of authors. In a study by Alter (1978) of 98 married couples with children under the age of 3, father's participation with children was positively related to his self-esteem. Keith and Schafer (1984) interviewed 265 men and found that in both traditional and nontraditional families, role behavior of both mothers and fathers had an effect on fathers' self-esteem. Men with traditional attitudes toward the roles of women and men and who were the sole source of income for the family had higher self-esteem. In discussing the interaction of self-esteem and role performance, Meleis (1975) states that role performance is associated with role behavior as perceived by significant others as well as self. Robischon and Scott (1969) indicate that role

identity must be conceptualized as being congruent with self-concept in order to create confidence in the role.

Conceptual Framework

Relationships among the concepts of self-esteem, fathering attitudes, father behavior, and mothering are clearer when role theory is used to explain these relationships. In the following paragraph, these concepts will be organized into a theoretical framework.

Self-esteem plays a part in both the formation of one's definition of a role and in the performance of the role. Clear role definition allows for better performance, and performance in a role helps to define it. A father's attitudes toward fathering will influence his behavior just as his behavior will affect his attitudes. His self-esteem may alter and be altered by both his attitudes and his behavior. Likewise, the mother's self-esteem will affect her attitudes and actions in her mothering role which in turn will affect her attitudes and actions toward the father's role. As discussed earlier, the father's attitudes and actions in the fathering role may be affected by the mother's attitudes and behavior. Thus, the self-esteem of both the father and the mother appear to influence the attitudes of the father toward parenting and his involvement with his children.

Hypotheses

The following hypotheses are formed based on the review of literature and the conceptual framework:

1. Fathers' self-esteem will correlate positively with their perception of their involvement in childrearing.
2. The higher the level of fathers' self-esteem, the more nontraditional will be their attitudes toward fathering.
3. Fathers' degree of nontraditional attitudes toward fatherhood will be positively correlated with their perception of their involvement in childrearing.
4. Mothers' self-esteem will be positively correlated with both mothers' and fathers' perceived paternal role identity.

Operational Definitions

Attitude: A way in which one's thoughts or feelings reflect one's opinions, that is, the definition of one's role. In this study, attitude is measured by Bigner's Attitude Toward Fathering Scale (see Appendix D).

Self-esteem: "The extent to which the individual believes himself to be capable, significant, successful, and worthy" (Coopersmith, 1967, p. 5), as measured by the Tennessee Self-Concept Scale (see Appendix C).

Perception: The awareness, impression, comprehension, or understanding of a specific idea or concept as measured by individual responses on scale items.

Involvement: Participation in parenting, that is, behavior as measured by Bigner's Father-Child Activity Scale (see Appendix E).

Nontraditional Fathering: Involvement in child care and household tasks. Nurturant and affectionate behavior toward children.

Shared decision-making with family members. "Developmental" attitude by Bigner's definitions.

Role Identity: The pattern of attitudes and involvement as defined above which one attributes to his position.

CHAPTER II

METHODS

This chapter describes the study including its design and subjects, and the procedures used to conduct the study. The measures used are identified. A discussion of the methods of analysis completes this section.

Design

The research is a descriptive study designed for the purpose of determining if relationships exist among paternal self-esteem, paternal attitudes toward fathering, paternal involvement in childrearing activities, maternal self-esteem, maternal attitudes toward fathering, and maternal assessment of paternal-child involvement. There is much to be learned about the attitudes and behaviors of fathers and their relationship to other variables before studies designed to determine cause and effect can be implemented. Data were collected by mailed self-administered questionnaires from parents of preschool children.

Subjects

The subjects were recruited from a previous study by Boyd and Duncan (1985). In the original study, parents were approached approximately 12-36 hours after delivery at a hospital in the Northwest and asked to participate. Subjects were recruited between January, 1982 and March, 1983; data collection was completed in October, 1984. The original sample consisted of 132 families meeting the following criteria: (a) parents lived within a 25-mile radius of the

investigators; (b) parents were able to read and write English, (c) parents were between 18 and 45 years old; (d) physical assessment of the infant at birth indicated a normal, healthy baby; (e) fathers were planning to live in the home with the mother and infant; and (f) there were no antepartum, intrapartum or immediate postpartum maternal complications.

The present study used a convenience sample of mothers and fathers obtained from the original group. Inclusion criteria were: (a) consent to further study, and (b) father and mother continuing to live in the home with the child from the original study (additional children were not a reason for exclusion). A packet was sent to 114 families with current addresses requesting their participation. Seven families were dropped from the study: three were dropped due to separation or divorce and the packets for four others were returned without a forwarding address. Completed surveys were received from 61 of the 107 families who received packets. Due to the method of recruitment, the sample probably represents a highly motivated, interested population of parents, a fact which must remain a major consideration when generalizing results to a larger population.

Research Procedure

A cover letter explained the purpose of the study. Fathers were asked to complete a packet containing the following material:

(a) Father's Data Sheet, (b) Attitudes Toward Fathering Scale, (c) Father-Child Activity Scale, and (d) Tennessee Self-Concept Scale.

Mothers were asked to complete a packet containing the following

material: (a) Mother's Data Sheet, (b) Attitudes Toward Fathering Scale, (c) Father-Child Activity Scale Adapted for Mothers, and (d) Tennessee Self-Concept Scale.

Families were contacted by mail and asked to complete the four study questionnaires. They were instructed to return the blank questionnaires if they did not wish to participate, and no further contact was attempted. Return of the completed questionnaires represented consent to participate. A reminder postcard was mailed 2 weeks after the initial packet was sent to the 82 families who had not responded. Thirty-eight phone contacts were made 2 weeks after the postcard to encourage a response from the remainder of the parents. Reminder letters were sent to 20 families who could not be reached by phone. A stamped, self-addressed envelope accompanied the packet for use in returning the forms.

Confidentiality was assured to the respondents by using only code numbers on the questionnaires. The original numbers assigned to the family in the Boyd and Duncan (1985) study were used. Names, addresses, and phone numbers necessary for recontacting those who did not respond were obtained from the Boyd and Duncan study file and were available only to the researchers. Subjects remained anonymous to all others.

Self-report questionnaires were chosen for data collection because of the availability of appropriate measures, the ease of distribution to a large sample, and the ability to gather a large amount of information with the least expenditure of time. It was estimated that the entire packet would take approximately 1 hour to complete.

The data sheets (see Appendices A & B) were adapted from the one used by Boyd and Duncan (1985). This information updates the demographic data of the families, and some of the information collected in this study may be of interest to Boyd and Duncan.

Variables to be Examined

In the following section the instruments for data collection will be discussed and critiqued. Self-esteem was measured by the Tennessee Self-Concept Scale (Fitts, 1965), attitudes toward fathering was measured by the Attitudes Toward Fathering Scale (Bigner, 1977), and participation in fathering was measured by the Father-Child Activity Scale (Bigner, 1977).

Self-Esteem

The Tennessee Self-Concept Scale (TSCS) was chosen for use in this study, because: (a) it is one of the more accepted measures of self-esteem, (b) it has been extensively used, (c) it is recommended for research purposes, (d) it has been tested for reliability and validity, and (e) it was designed for use with adults. The TSCS has two forms: the Counseling Form consisting of 14 subscales of self-concept, and the Clinical and Research Form consisting of 30 subscales. The Counseling Form (see Appendix C) was used in this study. It consists of 100 self-descriptive items which are responded to on a 5-point Likert-type scale ranging from "Completely True" to "Completely False." Scores are obtained on the following: self-criticism, positive, variability, distribution, time, true-false ratio, net conflict, total conflict

scores, and empirical scales. The positive score breaks down into further subscales such as identity, self-scales factor, behavior, physical self, moral ethical self, personal self, family self, and social self (Androlis, 1977). A profile of self-concept across the subscales is plotted on the TSCS profile sheet and can be visualized and interpreted in a uniform manner. The total positive score (total P score) was used as a measure of self-esteem in this study. Although this is termed a self-concept scale, Fitts (1965) describes the P score as the single most important item on the counseling form and an overall reflection of the level of self-esteem.

The TSCS was standardized on a group of 626 subjects from across the United States ranging in age from 12 to 68, sampling both sexes and including mixed races. All intellectual, social, economic, and educational levels from grade six through the Ph.D. level were sampled (Androlis, 1977, p. 180). It is important to note that despite this wide sampling, the test group has been criticized as not being representative of the national population (Gilberts, 1983).

No tests of internal consistency for the TSCS have been reported, but test-retest reliability of the entire measure is reported as .80 (Gilberts, 1983) with reliability ranging from .60 to .92 for all subscores (Androlis, 1977). Content validity was assessed by a panel of experts consisting of seven clinical psychologists, and only items agreed upon by all were retained. Construct validity has been checked against known groups (e.g., 80% accuracy discriminating psychiatric patients from nonpatients) and in correlation with other measures (e.g.,

TSCS correlates with the MMPI in the expected direction in most scales) (Powers, 1985). The TSCS appears to discriminate between individuals (such as alcoholics and nonalcoholics) and to correlate with some individual characteristics ($-.70$ with anxiety) (Gilberts, 1983).

The usefulness of the TSCS has been shown in individual counseling, clinical assessment and diagnosis, research in behavioral sciences, and personnel selection (Androlis, 1977). The scale is a paper and pencil, untimed inventory which takes 10 to 20 minutes to complete. Scoring can be done either manually or by the publisher according to Androlis. The researchers scored the test manually.

Role Identity

Role identity is defined as the attitudes and behaviors one attributes to one's position. Role performance is the action one exhibits as a direct result of one's role identity.

Attitudes. Bigner (1977) developed the Attitudes Toward Fathering Scale and the Father-Child Activity Scale (see Appendices D & E) for his study from what he felt were established research findings on these topics. These scales are used in this study because they appear to be measures which accurately identify variables of interest, have been previously tested and used, and are the only measures known to the researchers to identify fathering variables for children of preschool age.

The Attitudes Toward Fathering Scale was constructed to determine if the subject's orientation toward fatherhood was nontraditional (developmental) or traditional. Bigner (1977) used this scale to

measure fathers' attitudes. In this study, both mothers and fathers were asked to complete the scale. Questions on the scale are worded to be appropriate for either mothers or fathers. It consists of 36 Likert-type items with choices ranging from "Strongly Agree" to "Strongly Disagree." Traditional attitudes were measured by 18 items, and nontraditional attitudes were measured by 18 items. A total score ranges from a maximum of 150 to a minimum of 30. Although Bigner states that scores below 90 indicate a traditional attitude and scores above 90 indicate a nontraditional attitude toward fathering, for the purpose of this study scores were assessed on a continuum rather than simply labeling an attitude as nontraditional or traditional.

Bigner (1977) determined the reliability of the attitude scale by the test-retest method with a 2-week interval between tests and a resultant reliability coefficient of .81. A panel of experts in family relations and child development were used to establish content validity, with .84 correlation of agreement between raters. In the present study, the alpha reliability for internal consistency on the fathers' attitude scale was found to be .68 for fathers and .65 for mothers (see Table 1).

Activity. Areas of fathering activity are classified into four categories on the Father-Child Activity Scale. They include child care, activities in the home, school and community activities, and interpersonal interactions. Bigner (1977) again used Likert-type items, and responses concerning the degree of activity with the child range from "Always" to "Never." The total score on the 26-item scale can range from 26 to 130. A test-retest measure of reliability yielded a

Data Analysis

The demographic characteristics of the sample as a whole are described and presented in table form. Frequencies are reported for race, income level, and employment status. Parents age and parental education level are reported using mean, range, and standard deviation values.

The relationship between each of the major variables in this study--father's self-esteem, father's attitudes, father's activity, mother's self-esteem, and mother's attitudes toward fathering--were analyzed using correlation coefficients. Computer computation of Pearson's product-moment correlation was used to examine the relationships. Pearson's r is the result of a basic parametric procedure for comparing relationships between different variables. Results were accepted as significant at a level of .05 or below. Self-esteem was interpreted from profiles of the subscales of the TSCS and were reported as a total positive score as previously described. Attitude was assessed on a continuum from nontraditional to traditional with a higher score indicating a more nontraditional attitude. The total father-child activity level was reported as a numerical value within the range previously described.

CHAPTER III

RESULTS

This chapter will begin with a description of the sample. Scale scores will be reported and presented in table form. A presentation of the data collected in relationship to the hypotheses will conclude the chapter.

Sample Demographics

The demographic characteristics of the 61 couples participating in this study, including mean, range, and standard deviations, are presented in Table 2. The sample consisted of 59 white and 2 non-white couples with an average yearly income of \$30,000-40,000. Income ranged from \$5,001 to over \$40,000 annually.

The mean age of the mothers was 33.9 years with a range of 25 to 41 years. The fathers ranged in age from 25 to 47 years with a mean age

Table 2

Parental Characteristics (N = 61)

	Race	
	Mothers	Fathers
Caucasian	59	59
Spanish/American	1	1
Oriental	1	0
Afro/American	0	0
American Indian	0	1

Table 2 (Continued)

Family annual income (in dollars)	
5,001 - 10,000	2
10,001 - 20,000	7
20,001 - 30,000	10
30,001 - 40,000	9
> 40,000	33
Employment status	
# mothers who work outside home: ^a	
Yes	35
No	26
Hours/week mothers work outside home: ^b	
< 10	5
10 - 20	5
20 - 30	6
> 30	18
Hours/week fathers work outside home: ^b	
< 40	6
40-50	28
50-60	19
> 60	8

^aData from mothers' report. ^bData from fathers' report.

Table 2 (Continued)

Parental age (in years)			
	Mean	Range	Standard Deviation
Mothers	33.9	25 - 41	4.62
Fathers	34.0	25 - 47	4.87
Parental education (in years)			
Mothers	14.6	11 - 19	2.07
Fathers	15.2	10 - 20	2.09

of 34.0 years. Mothers had an average of 14.6 years of education with a range of 11 to 19 years. The mean educational level of the fathers was 15.2 years, ranging from 10 to 20 years.

Of the 61 mothers participating in the study, 35 worked outside the home. According to information obtained from 60 father's questionnaires (this section not completed by one father), 5 mothers worked outside the home less than 10 hours a week, 5 worked 10-20 hours a week, 6 worked 20-30 hours a week, and 18 worked more than 30 hours per week. Fathers reported their time spent working outside the home as follows: 6 spend less than 40 hours per week, 28 spend 40-50 hours, 19 spend 50-60 hours, and 8 spend more than 60 hours away from home.

Scale Scores

Scores on the Tennessee Self-Concept Scale (TSCS) completed by mothers ranged from 236 to 415 with a mean of 350.95, while the fathers' scores ranged from 229 to 422 with a mean of 348.83 (see Table 3). The Mothers' Assessment of Father-Child Activity Scale resulted in a mean score of 91.1 with a range of 65 to 121. The fathers' assessment of their activity shows a range of 49 to 121 and an average score of 95.7 (see Table 3). In Bigner's (1977) study, the mean score on the Father-Child Activity Scale was 92.5. The Attitude Toward Fathering Scale completed by mothers resulted in a range of scores from 111 to 151 with a mean of 129.8; when completed by fathers, the range was 108 to 148 with a mean of 124.5 (see Table 3). Bigner reported a mean score of 121.2 for fathers completing the attitude scale.

Hypotheses

The first hypothesis was: Fathers' self-esteem will correlate positively with their perception of their involvement in childrearing. The fathers' scores on the TSCS were compared with the results of the Father-Child Activity Scale. As was predicted in this hypothesis, a positive correlation ($r = .28$, $p = .03$) was found between these two variables (see Table 4).

The second hypothesis was: The higher the level of fathers' self-esteem, the more nontraditional will be their attitudes toward fathering. A nontraditional attitude is indicated by a higher score on

Table 3

Scale Scores

Tennessee Self Concept Scale				
Value	Mothers		Father	
	<u>n</u>	%	<u>n</u>	%
226 - 275	1	1.7	2	3.3
276 - 325	7	11.7	11	18.3
326 - 375	36	60.1	33	55.0
376 - 425	15	25.0	14	23.4
Mean	350.95 ^a		348.83	
Standard Deviation	56.31		33.79	

Activity Scales					
Value	Mothers Assessment		Fathers Assessment		Bigner's Results
	<u>n</u>	%	<u>n</u>	%	<u>n</u> %
< 70	3	4.9	1	1.6	- -
70 - 79	7	11.5	2	3.3	16 21
80 - 89	14	23.0	9	14.8	10 13
90 - 99	19	31.2	29	47.6	28 36
100 - 109	13	21.3	14	23.0	12 16
110 - 119	4	6.6	5	8.2	11 14
> 119	1	1.6	1	1.6	- -
Mean	91.9		95.7		92.5
Standard Deviation	13.01		10.96		-

^aOne missing score.

Table 3 (Continued)

Attitude Scale						
Value	Mothers Assessment		Fathers Assessment		Bigner's Results	
	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%
90 - 99	-	-	-	-	1	1
100 - 109	-	-	2	3.3	11	14
110 - 119	4	6.6	17	27.9	26	34
120 - 129	25	41.0	27	44.3	19	25
130 - 139	23	37.7	12	19.7	16	21
140 - 149	8	13.1	3	4.9	4	5
> 149	1	1.6	-	-	-	-
Mean	129.8		124.5		121.2	
Standard Deviation	8.36		8.82		-	

the attitude scale. No correlation was found between the fathers' scores on the TSCS and the attitude scale ($r = .08$, $p = .54$), indicating no relationship between these variables (see Table 4).

The third hypothesis was: Fathers' degree of nontraditional attitudes toward fatherhood will be positively correlated with their perception of their involvement in childrearing. The fathers' attitude showed no significant correlation with participation as measured by the Father-Child Activity Scale when the data was originally analyzed ($r = .22$, $p = .09$). However, upon further investigation, it was found that one score of 49 on the Father-Child Activity Scale was greater than four standard deviations from the mean score of 96 and could, therefore, be considered an outlier (see Figure 1). When the correlations were run

Table 4

Correlations

	Fathers			Mothers		
	Self-esteem	Attitude	Activity	Self-esteem	Attitude	Activity
Fathers						
Self-esteem	1.000	$r = 0.08$ $\underline{p} = 0.541$	$r = 0.281$ $\underline{p} = 0.030$	$r = 0.388$ $\underline{p} = 0.002$	$r = 0.154$ $\underline{p} = 0.240$	$r = 0.07$ $\underline{p} = 0.60$
Attitude		1.000	$r = 0.217$ $\underline{p} = 0.094$	$r = 0.156$ $\underline{p} = 0.237$	$r = 0.319$ $\underline{p} = 0.012$	$r = -0.01$ $\underline{p} = 0.92$
Activity			1.000	$r = 0.310$ $\underline{p} = 0.017$	$r = 0.087$ $\underline{p} = 0.504$	$r = 0.59$ $\underline{p} = 0.00$
Mothers						
Self-esteem				1.000	$r = 0.100$ $\underline{p} = 0.454$	$r = 0.25$ $\underline{p} = 0.06$
Attitude					1.000	$r = -0.04$ $\underline{p} = 0.79$

again without this aberrant score, a positive relationship ($r = .26$, $p = .05$) was demonstrated (see Table 5).

The fourth hypothesis was: Mothers' self-esteem will be positively correlated with both mothers' and fathers' perceived paternal role identity. The mother's self-esteem does not correlate with either the mothers' or fathers' attitudes ($r = -.10$, $p = .45$; $r = .16$, $p = .24$, respectively). (See Table 4). However, the mother's self-esteem is positively correlated with the father's perceived activity ($r = .31$, $p = .02$). The correlation between the mother's self-esteem and the mothers report of the fathers' activity level approaches significance ($r = .25$, $p = .06$). The mothers' and fathers' perception of the fathers' involvement is positively correlated ($r = .59$, $p = .00$).

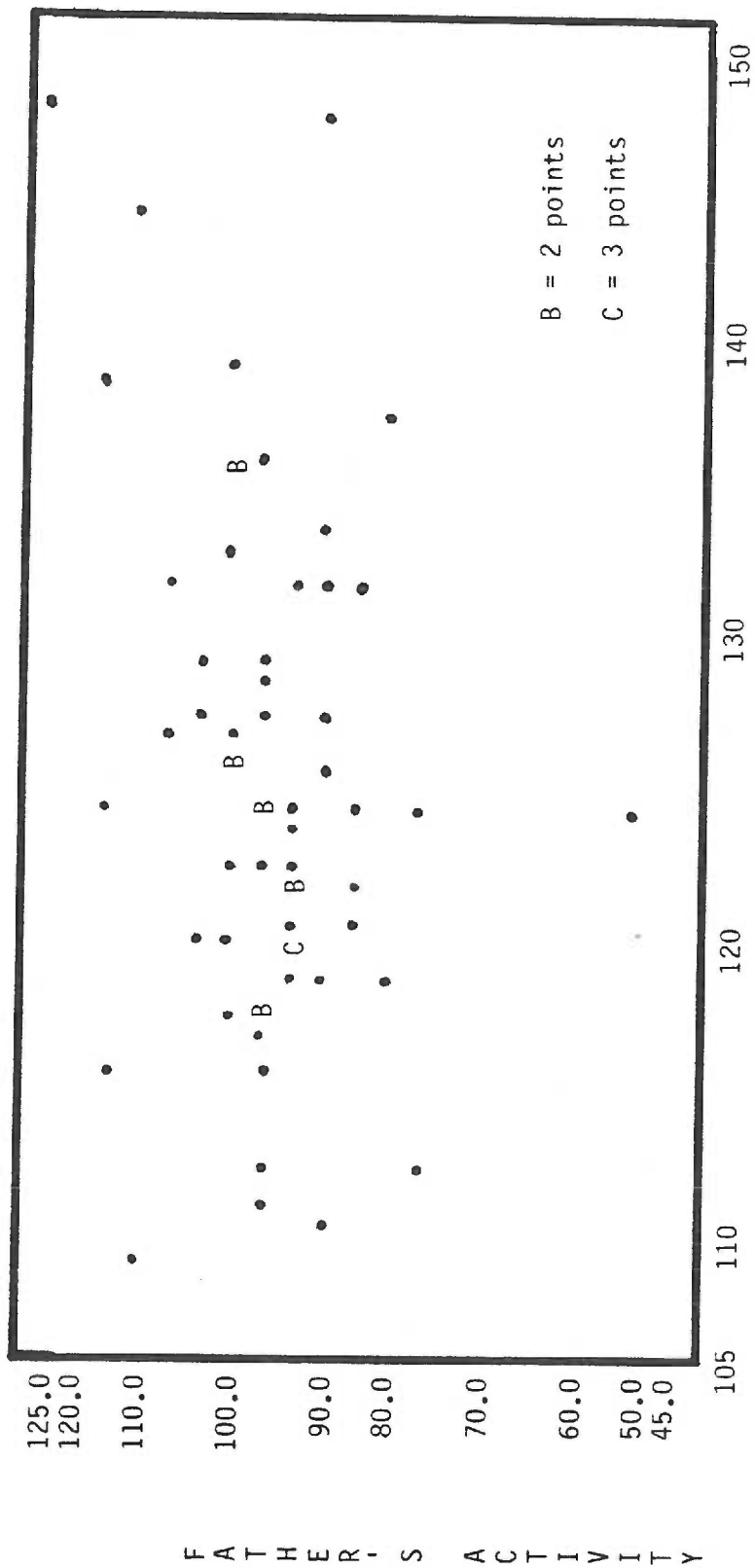


Table 5

Correlations Without Outlier

	Fathers			Mothers		
	Self- esteem	Attitude	Activity	Self- esteem	Attitude	Activity
Fathers' activity	$r = 0.316$ $p = 0.015$	$r = 0.255$ $p = 0.049$	1.000	$r = 0.279$ $p = 0.034$	$r = -0.008$ $p = 0.954$	$r = 0.55$ $p = 0.00$

CHAPTER IV

DISCUSSION & RECOMMENDATIONS

In this chapter the results of the data analysis will be discussed in relationship to each hypothesis. Limitations of the study, implications for nursing practice, and recommendations for future research are also presented.

This study supports the first hypothesis by demonstrating that there is a relationship between fathers' self-esteem and their participation in childrearing. The fathers' self-esteem does correlate positively with their perception of involvement in childrearing. A father who feels good about himself is more apt to participate in raising his children. As his participation increases, his skill and comfort in performing childrearing tasks may increase, leading to increased confidence in the role, perceived success in fathering, and increased self-esteem. There may be a reciprocal pattern between fathers' self-esteem and participation in childrearing. Similarly, time spent with a child may be interpreted by the child as caring, thereby increasing the development of the child's self-esteem as this value is integrated into the child's personality. A child with a higher self-esteem may be more rewarding to parent, leading to increased involvement by fathers.

The mild correlation found in this study suggests that other factors may interact with self-esteem to influence fathers' participation in parenting. Various components of self-esteem may relate more strongly to specific fathering activities. A man may feel

confident in his job and his role as husband, leading to a general good feeling about himself but feeling incompetent concerning the care and nurturing of children. The use of the total positive score on the Tennessee Self-Concept Scale may not provide enough sensitivity to identify the essential portions of self-esteem that relate to parenting. Comparing TSCS subscale scores for identity, behavior, family self, physical self, and social self with individual father-child activities could further clarify the interaction between these variables. The correlation shown in this study may be a general indication of stronger relationships between more specific measures of self-esteem and parenting activity.

The second hypothesis is: The higher the level of fathers' self-esteem, the more nontraditional will be their attitude toward fathering. A nontraditional attitude is described by Bigner (1977) as nurturant, affectionate, demonstrating involvement in household tasks, and democratic decision making. This hypothesis was not supported by the study results. An issue which must be addressed at the outset is the reliability of the Attitudes Toward Fathering Scale. As far as is known to these researchers, this study is only the second to test this scale. In his study for which the scale was created, Bigner (1977) found a reliability of .81 using the rest-retest method. This study, however, finds alpha reliability coefficients of only .68 for fathers and .65 for mothers. The differing methods used for obtaining the reliability may be an explanation. Bigner's results indicate that the scale gives consistent results over time. The use of alpha coefficients

for this study measure the internal consistency of the scale. Is it measuring the same concepts throughout? The lower values may indicate that there is some variability in the consistency of the measure of fathering attitudes in the scale.

Attitudes are difficult to measure accurately. Questions may be too broad to identify fine differences in individual thinking. This scale, developed 16 years ago, may not allow for subtle changes in fathering attitudes since that time, or changes in socially acceptable behavior. The separation of fathers' attitudes into traditional and nontraditional by means of this scale may not be appropriate for this sample. Bigner set a cutoff score of 90, above which fathers were considered to have a developmental (nontraditional) attitude and below which they were considered to be traditional. The lowest score obtained in this study on the attitude scale was 108, making all of the fathers nontraditional by Bigner's standard. This might reflect cultural shifts in attitude over time necessitating redefinition of traditional and nontraditional. These fathers might more accurately be designated "more" or "less" developmental, as in Bigner's study.

The wording of the questions on the attitude scale may allow for a high degree of social desirability response set bias in this middle class, educated sample. The "right answers" may seem obvious regardless of how a parent actually feels about fathering. This would lead to further questioning of the reliability of the scale with this sample.

Another question that should be addressed is whether fathers' attitudes as measured by this scale are a correct measure of a nurturant

attitude. Does a more traditional attitude translate to a less nurturant attitude? It has been assumed that a father with a nontraditional attitude would be more nurturing to his children and that his self-esteem would be related to this nurturant attitude. As discussed earlier, the broad measure of self-esteem used may not identify those aspects of self-esteem which affect parenting attitudes. It may be that fathers' self-esteem is related to nurturing but that the scales used in this study do not accurately demonstrate that relationship.

Further questions arise if one considers the results of this study to truly reflect the subjects' attitudes and activities toward fathering. Why would self-esteem be related to a father's parenting activity but not his attitude? How does parental self-esteem affect parenting beliefs?

The evolving and somewhat obscure role of fathers in today's society may contribute to unclear attitudes concerning parenting. On the other hand, specific activities expected of a present day father are more tangible and therefore more easily incorporated into the parenting role.

Fathers' self-esteem may not be related to their attitude toward fathering. A nurturant attitude may not have a bearing upon fathers' self-esteem. Perhaps fathers' feelings of self worth are not influenced to any great degree by relationships with their children. Fathers may not consider child behavior or outcome an indication of their parenting

skills, or parenting skills may not be a factor influencing fathers' self-esteem.

In contrast to Chodorow's (1978) analysis of mothering (see page 12 of this study), a man's role as father is "embedded in a range of other activities and human relations." Fathering is not surrounded by "emotional intensity and meaning" (p. 6) and may not be central to men's lives and social definition.

Fathers with a high level of self-esteem will be able to perform currently expected fathering activities without feeling insecure in their parenting role. The type of activity (traditional or nontraditional) is not differentiated in this study and may account for the significant correlation between self-esteem and activity, as compared to fathers' attitudes.

Hypothesis three states that the fathers' degree of nontraditional attitudes toward fatherhood would be positively correlated with their perception of involvement in childrearing. If the outlier is removed as previously discussed, this hypothesis is supported by a positive association between fathers' scores on the attitude and activity scales ($r = .25$, $p = .05$). Bigner also found a significant correlation between the degree of fathering activity and attitudes toward fathering ($r = .21$, $p < .05$), as did Boyd and Duncan ($r = .22$, $p = .01$) at 12 months post partum). These correlations, although not strong, support the conclusion that less traditional attitudes toward fathering are associated with more involvement by fathers in childrearing. Whether the increased activity leads to the nontraditional attitudes or the

attitudes result in increased activity is not clear from this study. The researchers suggest again that there is a reciprocal relationship between these two variables. A stronger correlation between these variables might be identified using more sensitive scales or a less homogeneous sample. The results may more clearly point out that there are other factors which interact to influence fathers' attitudes and involvement in parenting.

Of interest when comparing the results of this study to Bigner's (1977) is the increased involvement of fathers in childrearing over time indicated by an increase in the mean score on the activity scale from 92.5 in Bigner's study to 95.7 in the present study. An increase of the mean score on the attitude scale from 121.2 in Bigner's study to 124.5 in the present study indicates an increase in nontraditional attitudes among fathers over the last 16 years. These findings support Lamb's (1987) conclusions that nurturing type behavior of fathers toward children, such as soothing, caretaking, and playing is slowly increasing. It is recognized that comparisons of sample demographics and statistical significance of the differences in the above studies is needed. However, these differences may represent a shift toward a generally more nontraditional philosophy of parenting over time.

Hypothesis four reads: Mothers' self-esteem will be positively correlated with both mothers' and fathers' perceived paternal role identity. As defined in this study, role identity includes both attitude and activity in parenting. Although mothers' self-esteem correlates positively with fathers' perceived father-child activity, and

the correlation between mothers' self-esteem and mothers' reports of fathers' activity approaches significance, an association is not shown to exist between mothers' self-esteem and parental attitudes toward fathering. The majority of items on the attitude scale completed by the mothers may be a reflection of their own attitudes regarding child behavior and maternal involvement rather than their attitude toward the fathers' involvement in child care. Given the concerns about the reliability of the attitude scale previously discussed, the low correlation between fathers' attitudes and activities, and the lack of true significance between mothers' self-esteem and mothers' assessment of fathers' activity, the lack of support for this hypothesis is not surprising. The measures of role identity used in this study may not accurately reflect the subjects' identity as parents.

The significant correlation between mother's self-esteem and the father's report on his own activity may be the most meaningful in relation to the possibility of mothers acting as gatekeepers toward fathers' participation in childrearing. Mothers with higher self-esteem were married to fathers that reported a higher level of child care participation. Thus, the mothers with higher self-esteem may not be as threatened by their spouse's involvement and may be more supportive and encouraging to the father. Additional maternal factors other than self-esteem may well influence her possible need for control over parenting and her concept of the fathering role. These issues merit further study.

Limitations of the Study

It is important in discussing the utilization of findings from this study to remember the limitations of the study. The sample selection process limits the generalizability of the study. The self-report method of data collection may include some response set bias. Attitudes and behaviors may have been reported erroneously due to social desirability. The Hawthorne effect could be influential as the awareness that they are under study may have changed behavior somewhat in these parents. The mothers may have completed the attitude scale as a reflection of their own attitudes rather than those of the fathers. However, if the process of completing the scales raised the awareness of these parents of their own attitudes and behaviors concerning childrearing, their role definitions may have become more clear, allowing for better performance in the parenting role as they define it.

Implications for Nursing Practice

The influence of the fathering role in children's development has been well documented in the literature. It is, therefore, important to encourage healthy father-child interaction at all stages of growth and development. Nurses have frequent contact with fathers who are developing and acting on their own definition of fathering, from prospective fathers in prenatal classes through delivery and the neonatal period, to clinic, hospital, or school visits of children through adolescence. At each of these contacts, the nurse can be influential in supporting and giving feedback to fathers performing their role. The feedback does not need to be formal. Simply addressing

a father in conversation with parents, or asking some questions of him during history taking may give him recognition and confidence.

Encouraging father participation in bath or other infant care classes may increase his skill in performing child care tasks and help him to incorporate these tasks into his identity as a father.

It is also important for nurses to be aware of the mother's attitude toward the father's involvement. The nurse can facilitate increased awareness by both parents of the effects the mother's attitudes have on fathering.

Frequently, fathers are not given credibility concerning childrearing. From expecting them to faint or drop the baby in the delivery room to assuming they do not know their child's immunization history, nurses promote the stereotype of the inept father. By giving fathers equal opportunity, acceptance, encouragement, and recognition from the beginning for learning parenting skills, nurses can help fathers to take an active role in their children's lives. By exhibiting these behaviors, the nurse also can serve as an effective role model for the mother. The positive correlations between self-esteem, and performance shown in this study suggest that efforts directed at one of these areas should increase healthy father involvement with children.

The influence fathers have on children has implications for future generations. As children model their own father, they incorporate his performance into their definition of fathering. The child's later performance in the fathering or mothering role is partly determined by the example of his own parents. It may be desirable to change the

definition as it is passed down from one generation to the next. This research has suggested a changing pattern in parenting and illustrated that there are multiple factors influencing the attitudes and performance of the fathering role.

The father's role within the family not only influences individuals but also the family as a unit. In working with families, an understanding of the influences of the father on the other members and on the general family function will facilitate assessment and understanding of individuals as well as family dynamics. How the father seems himself within the family may determine much family interaction. His role influences and is influenced by the roles of all other members and must be taken into account by nurses assessing family function.

This research may help to raise the awareness of nurses to the needs and attitudes of fathers. The fact that most nurses are women puts them at a disadvantage in gaining personal understanding of the experiences of men in childrearing. Fathering behavior may be observed and judged without fully comprehending the attitudes and needs underlying the behavior.

This study indicates a positive correlation between increased father and mother self-esteem and paternal involvement with children. Nurses dealing with families should make parents aware of this added reason for encouraging the development of self-esteem. This will affect not only present, but also future generations.

Nurses need to be aware of the interrelationship between parental self-esteem and father-child interactions. An increase in these

variables may lead to an increase in the other. Nurses can be influential in encouraging father-child interaction and fathers' feelings of competency and accomplishment in the parenting role.

Nurses should not be judgmental about what kind of activities fathers perform with their children. Whether fathers interact with children in traditional or nontraditional ways is not the issue. The extent to which fathers are involved with their children in mutually positive activities becomes the salient factor.

This research may help nurses to become aware of fathers' needs to better define and perform their changing role. It may also increase awareness of possible influence mothers have on paternal participation. Gaining insight into these aspects of parenting could be useful in planning and implementing parent education programs taught by nurses that address more clearly the concerns surrounding fathering and fostering paternal competence.

Bigner (1977) suggested further testing and utilization of the tools he developed for his study. This study has added data necessary for refinement of the scales that might lead to more precise measurement of parenting behavior and attitudes.

Recommendations for Future Research

The following are recommendations for future research:

1. Comparison of the subscales on the Tennessee Self-Concept Scale to the Father-Child Activity Scale and the Attitudes Toward Fathering Scale and to individual fathering activities. This may further clarify factors influencing paternal attitude and activity in childrearing.

2. Measurement of the social desirability of Bigner's Attitude Scale by asking subjects to purposefully answer questions in one way or another.

3. Further investigation into the internal consistency issues of the attitude scale identified in this study.

4. Comparison of Boyd and Duncan's (1985) study to the present study with the following considerations: (a) sample demographics, noting who self selected for this study; (b) comparison of father attitude and activity over time; and (c) identification of possible factors leading to continued involvement in fathering over time.

5. Further comparison of the present study with Bigner's study to more clearly identify changes in fathering attitudes and involvement over time.

6. Due to the problems inherent in measuring attitudes and the implications from the literature that fathers' involvement is the important factor effecting children, future research may focus on fathers' actual participation in childrearing. The measurement of fathering behavior in absolute frequencies such as amount of time or frequency of behavior could result in a more accurate representation of fathering activity.

7. Investigation of other paternal, maternal, and family variables which may influence fathers' attitudes and involvement in parenting such as career choice and promotion, job flexibility, marital satisfaction, or desire to parent. Identification of these variables may require qualitative study.

Conclusion

This study has explored relationships among mothers' and fathers' self-esteem, attitudes toward fathering, and fathers' participation in childrearing. The study is based on a review of literature on self-esteem, fathering, mothering, and role theory, and role theory has been used to conceptualize the ideas for the study.

Four hypotheses were presented, and two were supported by the data. Fathers' self-esteem was found to positively correlate with fathers' perception of involvement with their children but not with their attitudes toward parenting. The fathers' attitudes toward parenting and their involvement in childrearing showed a low positive association, supporting findings in previous studies. The mothers' self-esteem was not found to be associated with the mothers' or fathers' perceived paternal role identity, contrary to what was hypothesized. However, the mothers' self-esteem was positively correlated with the fathers' activity ($r = .31$, $p = .02$). The results of the study were discussed in relation to the concepts presented in the literature.

The attitude and activity scales used in this study may not accurately identify those fathers who are nurturant to their children or may not reflect a general change in parenting philosophy over time. The total scores of self-esteem, attitude, and activity used in this study may be too broad to accurately identify significant variables. A major contribution of this study is the identification of methodology which may prove useful in further research.

Implications for future nursing practice are identified in the study. This research may help to raise the awareness of nurses to the needs and attitudes of fathers and mothers as fathers become more involved in childrearing. Nurses' frequent contact and involvement with families of childrearing age make this study particularly applicable to their practice.

This study suggests there are complex interactions between variables influencing parental attitudes, activities, and roles. Many of these variables have not been identified, and the relationships between others need to be clarified by further study.

REFERENCES

- Abelin, E. (1975). Some further observations and comments on the earliest role of the father. Internal Journal of Psychoanalysis, 56, 293-302.
- Alter, J. (1978). The relationship between self-esteem and the male parental sex role. Dissertation Abstracts International, 39(3-B), 1451.
- Androlis, R. (1977). Adult assessment: A source book of tests and measures of human behavior. Springfield, IL: Charles C. Thomas.
- Barshney, A. (1986). Androgyny and its relationship to fathers' attitude toward and participation in infant caretaking activities. Unpublished master's thesis. Oregon Health Sciences University, Portland.
- Bigner, J. (1977). Attitudes toward fathering and father-child activity. Home Economics Research Journal, 6(2), 98-106.
- Bernard, J. (1981). The good provider role: It's rise and fall. American Psychologist, 36, 1-12.
- Boyd, S. (1980). Paternal involvement in the interactive behavioral assessment process. Unpublished doctoral dissertation, Texas Women's University, Denton.
- Boyd, S., & Duncan, M. (1985). Patient/infant interaction in the first eighteen months. Final progress report: Parent infant interactions in normal and high risk pregnancies. Nursing Research Program Grant (No. 5 P01 NU00886-03).

- Brandon, N. (1969). The psychology of self-esteem. New York: Bantam Books.
- Chodorow, N. (1978). The reproduction of mothering. Berkeley: University of California Press.
- Cooley, C. H. (1912). Human nature and the social order. New York: Charles Scribner's Sons.
- Coopersmith, S. (1967). The antecedents of self-esteem. San Francisco: Freeman.
- Cummings, S. (1976). The impact of the child's deficiency on the father: A study of mentally retarded and of chronically ill children. American Journal of Orthopsychiatry, 46, 246-255.
- Ellison, C. (1985). Self-esteem. In D. Benner (Ed.), Baker encyclopedia of psychology (pp. 1945-1047). Grand Rapids, MI: Baker Book House.
- Erikson, E. (1963). Childhood and society (2nd ed.). New York: W. W. Norton.
- Fitts, W. (1965). Manual, Tennessee self concept scale. Los Angeles: Western Psychological Services.
- Gecas, V. (1976). The socialization and child care roles. In F. Nye (Ed.), Role structure and analysis of the family (pp. 33-60). London: Sage Publications.
- Gilberts, R. (1983). The evaluation of self-esteem. Family and Community Health, 6(2), 29-49.

- Hoffman, L. W. (1983). Increased fathering: Effects on the mother. In M. Lamb & A. Sagi (Eds.), Fatherhood and family policy (pp. 167-186). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Huston, T., & McHale, S. (1983). A longitudinal study of the transition to parenthood and its effect on the marriage relationship. Unpublished manuscript, University of Texas at Austin and Pennsylvania State University, Philadelphia.
- James, W. (1890). Principles of psychology. New York: Holt.
- Keith, P., & Schafer, B. (1984). Role behavior and psychological well-being: A comparison of men in one-job and two-job families. American Journal of Orthopsychiatry, 54, 137-145.
- Lamb, M. E. (Ed.). (1981). The role of the father in child development. New York: John Wiley & Sons.
- Lamb, M. E. (1987, June). The changing role of fathers. Lecture presented at Inside Families workshop, Oregon State University, Corvallis.
- Lamb, M., Frodi, A., Hwang, C. P., & Frodi, M. (1982). Varying degrees of paternal involvement in infant care: Attitudinal and behavioral correlates. Nontraditional families: Parenting and child development (pp. 117-137). Hillsdale, NJ: Lawrence Erlbaum Associates.
- LaRossa, R., & LaRossa, M. (1981). Transition to parenthood: How infants change families. Beverly Hills, CA: Sage.
- Lynn, D. (1974). The father: His role in child development. Monterey, CA: Brooks/Cole.

- Mack, J. (1983). Self-esteem and its development: An overview. In J. Mack and S. Ablon (Eds.), The development and sustenance of self-esteem in childhood (pp. 1-44). New York: International Universities Press.
- Mead, G. H. (1934). Mind, self and society. Chicago: University of Chicago.
- Meleis, A. (1975). Role insufficiency and role supplementation: A conceptual framework. Nursing Research, 24, 264-271.
- Murphy, C. (1986). Assessment of fathering behaviors. In S. Johnson (Ed.), Nursing assessment and strategies for the family at risk: High-risk parenting (2nd ed.) (pp. 41-60). Philadelphia: Lippincott.
- Parke, R., Power, T., Tinsley, B., & Hymel, S. (1979). The father's role in the family system. Seminars in Perinatology, 3(1), 25-34.
- Popplewell, J., & Sheikh, A. (1979). The role of the father in child development: A review of the literature. International Journal of Social Psychiatry, 25, 267-284.
- Powers, H. (1985). The relationship of self-concept as measured by the Tennessee Self-Concept Scale to adjustment in seminary as measured by the Sentence Completion Scale, Seminary Socialization Scale, and Seminary Attrition Scale. Doctoral dissertation, Western Conservative Baptist Seminary, Portland, Oregon.
- Radin, N. (1981). Childrearing fathers in intact families: Some antecedents and consequences. Merrill-Palmer Quarterly, 27, 489-514.

- Robischon, P., & Scott, D. (1969). Role theory and it's application in family nursing. Nursing Outlook, 17(7), 52-57.
- Rosenberg, M. (1979). Society and the adolescent self-image. Princeton, NJ: Princeton University Press.
- Russell, G. (1978). The father role and its relation to masculinity, femininity, and androgyny. Child Development, 49, 1174-1181.
- Russell, G. (1983). The changing role of fathers. London: University of Queensland Press.
- Russell, G., & Radin, N. (1983). Increased paternal participation: The father's perspective. In M. Lamb & A. Sagi (Eds.), Fatherhood and family policy (pp. 139-165). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Sagi, A. (1982). Antecedents and consequences of various degrees of paternal involvement on child rearing: The Israeli project. In M. Lamb (Ed.), Nontraditional families: Parenting and child development (pp. 206-232). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Sullivan, H. S. (1947). Conceptions of modern psychiatry. The first William Alanson White memorial lectures. Washington, DC: The William Alanson White Psychiatric Foundation.
- Webster's ninth new collegiate dictionary. (1985). Springfield, MA: Merriam-Webster.

APPENDIX A
FATHER'S DATA SHEET

Code _____
Date _____

FATHER'S DATA SHEET

Age _____

Present Occupation _____

Education: Last Grade Completed:

4	5	6	7	8
Grade School				
9	10	11	12	
High School				
1	2	3	4	
College				
1	2	3	4	5
Post-Graduate				

Annual Family Income:

1. Below \$5,000
2. \$5,000 - \$10,000
3. \$10,001 - \$20,000
4. \$20,001 - \$30,000
5. \$30,001 - \$40,000
6. Over \$40,000

Does your job require you to be "out-of-the-house"?

1. Less than 40 hours per week
2. 40-50 hours per week
3. 50-60 hours per week
4. More than 60 hours per week

Does your wife work outside the home?

1. Yes
2. No

If yes, how many hours a week does she work outside the home?

1. Less than 10
2. 10-20
3. 20-30
4. More than 30

Have you taken a course on child care or child development since the birth of the child for which you were recruited to this study?

1. Yes
2. No

If yes, who offered the course? _____

How many books on child development have you read?

1. None
2. 1-2
3. 3-4
4. More than 4

APPENDIX B
MOTHER'S DATA SHEET

MOTHER'S DATA SHEET

Age _____

Present Occupation _____

Marital status: 1. Married
2. Single

Living with or married to
father of child for which you
were recruited to this study: 1. Yes
2. No

Education: Last Grade Completed: 4 5 6 7 8
Grade School
9 10 11 12
High School
1 2 3 4
College
1 2 3 4 5
Post-Graduate

Do you have any other
children: 1. Yes
2. No

If yes, are they living with
you? 1. Yes
2. No

What are the birthdates of
your children? First _____
Second _____
Third _____
Fourth _____

Do you work outside of the home? 1. Yes
2. No

Have you taken a course on child
care or child development since
the birth of the child for whom
you were recruited to this study? 1. Yes
2. No

If yes, who offered the course? _____

How many books on child development
have you read?

1. None
2. 1-2
3. 3-4
4. More than 4

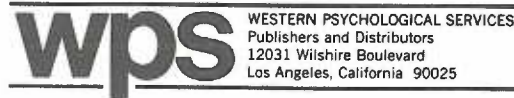
If you work, who takes care of the
child?

APPENDIX C
TENNESSEE SELF CONCEPT SCALE

Tennessee Self-Concept Scale

William H. Fitts, Ph.D.

Published by



INSTRUCTIONS

On the top line of the separate answer sheet, fill in your name and the other information except for the time information in the last three boxes. You will fill in these boxes later. Write only on the answer sheet. Do not put any marks in this booklet.

The statements in this booklet are to help you describe yourself as you see yourself. Please respond to them as if you were describing yourself to yourself. Do not omit any item. Read each statement carefully, then select one of the five responses listed below. On your answer sheet, put a *circle* around the response you chose. If you want to change an answer after you have circled it, do not erase it but put an X mark through the response and then circle the response you want.

When you are ready to start, find the box on your answer sheet marked *time started* and record the time. When you are finished, record the time finished in the box on your answer sheet marked *time finished*.

As you start, be sure that your answer sheet and this booklet are lined up evenly so that the item numbers match each other.

Remember, put a *circle* around the response number you have chosen for each statement.

Completely False	Mostly False	Partly False and Partly True	Mostly True	Completely True
1	2	3	4	5

You will find these response numbers repeated at the top of each page to help you remember them.

Completely False	Mostly False	Partly False and Partly True	Mostly True	Completely True
1	2	3	4	5

	Item No.
1. I have a healthy body	1
3. I am an attractive person	3
5. I consider myself a sloppy person	5
19. I am a decent sort of person	19
21. I am an honest person	21
23. I am a bad person	23
37. I am a cheerful person	37
39. I am a calm and easygoing person	39
41. I am a nobody	41
55. I have a family that would always help me in any kind of trouble.....	55
57. I am a member of a happy family.....	57
59. My friends have no confidence in me	59
73. I am a friendly person	73
75. I am popular with men	75
77. I am not interested in what other people do	77
91. I do not always tell the truth	91
93. I get angry sometimes	93

Completely False	Mostly False	Partly False and Partly True	Mostly True	Completely True
1	2	3	4	5

	Item No.
2. I like to look nice and neat all the time	2
4. I am full of aches and pains	4
6. I am a sick person	6
20. I am a religious person	20
22. I am a moral failure	22
24. I am a morally weak person	24
38. I have a lot of self-control	38
40. I am a hateful person	40
42. I am losing my mind	42
56. I am an important person to my friends and family	56
58. I am not loved by my family	58
60. I feel that my family doesn't trust me	60
74. I am popular with women	74
76. I am mad at the whole world	76
78. I am hard to be friendly with	78
92. Once in a while I think of things too bad to talk about	92
94. Sometimes, when I am not feeling well, I am cross	94

Completely False	Mostly False	Partly False and Partly True	Mostly True	Completely True
1	2	3	4	5

	Item No.
7. I am neither too fat nor too thin	7
9. I like my looks just the way they are	9
11. I would like to change some parts of my body	11
25. I am satisfied with my moral behavior.....	25
27. I am satisfied with my relationship to God	27
29. I ought to go to church more	29
43. I am satisfied to be just what I am	43
45. I am just as nice as I should be	45
47. I despise myself	47
61. I am satisfied with my family relationships	61
63. I understand my family as well as I should	63
65. I should trust my family more	65
79. I am as sociable as I want to be	79
81. I try to please others, but don't overdo it	81
83. I am no good at all from a social standpoint	83
95. I do not like everyone I know	95
97. Once in a while, I laugh at a dirty joke	97

Completely False	Mostly False	Partly False and Partly True	Mostly True	Completely True
1	2	3	4	5

	Item No.
8. I am neither too tall nor too short	8
10. I don't feel as well as I should	10
12. I should have more sex appeal	12
26. I am as religious as I want to be	26
28. I wish I could be more trustworthy	28
30. I shouldn't tell so many lies	30
44. I am as smart as I want to be	44
46. I am not the person I would like to be	46
48. I wish I didn't give up as easily as I do	48
62. I treat my parents as well as I should (Use past tense if parents are not living)	62
64. I am too sensitive to things my family says	64
66. I should love my family more	66
80. I am satisfied with the way I treat other people	80
82. I should be more polite to others	82
84. I ought to get along better with other people	84
96. I gossip a little at times	96
98. At times I feel like swearing	98

Completely False	Mostly False	Partly False and Partly True	Mostly True	Completely True
1	2	3	4	5

	Item No.
13. I take good care of myself physically	13
15. I try to be careful about my appearance	15
17. I often act like I am "all thumbs"	17
31. I am true to my religion in my everyday life	31
33. I try to change when I know I'm doing things that are wrong	33
35. I sometimes do very bad things	35
49. I can always take care of myself in any situation	49
51. I take the blame for things without getting mad	51
53. I do things without thinking about them first	53
67. I try to play fair with my friends and family	67
69. I take a real interest in my family	69
71. I give in to my parents (Use past tense if parents are not living)	71
85. I try to understand the other fellow's point of view	85
87. I get along well with other people	87
89. I do not forgive others easily	89
99. I would rather win than lose in a game	99

Completely False	Mostly False	Partly False and Partly True	Mostly True	Completely True
1	2	3	4	5

	Item No.
14. I feel good most of the time	14
16. I do poorly in sports and games	16
18. I am a poor sleeper	18
32. I do what is right most of the time	32
34. I sometimes use unfair means to get ahead	34
36. I have trouble doing the things that are right	36
50. I solve my problems quite easily	50
52. I change my mind a lot	52
54. I try to run away from my problems	54
68. I do my share of work at home	68
70. I quarrel with my family	70
72. I do not act like my family thinks I should	72
86. I see good points in all the people I meet	86
88. I do not feel at ease with other people	88
90. I find it hard to talk with strangers	90
100. Once in a while I put off until tomorrow what I ought to do today	100

APPENDIX D
ATTITUDES TOWARD FATHERING SCALE

Instructions: The following statements describe feelings about attitudes toward the fatherhood role. Please indicate the degree of your reaction to these statements by circling one response that is listed below the statements.

SA = Strongly Agree
A = Agree
U = Undecided
D = Disagree
SD = Strongly Disagree

1. Discipline of children should be mainly the father's responsibility.

SA A U D SD

2. Children should have the feeling that their father knows most everything.

SA A U D SD

3. Children should be allowed to get dirty sometimes.

SA A U D SD

4. Firm and strict discipline in childhood creates a strong character later in life.

SA A U D SD

5. Children should not be expected to obey rules and commands without being given reasons for them.

SA A U D SD

6. A father should allow his children to decide what they will be when they grow up without trying to influence their decision.

SA A U D SD

7. Preschool-age children need fathers more than school-age children.

SA A U D SD

8. Children should never be forced to eat anything against their will.

SA A U D SD

9. Children need some of their natural meanness taken out of them.

SA A U D SD

10. Children who repeatedly disobey their fathers should be spanked.

SA A U D SD

11. Fathers need to "get away" from their children and be alone sometimes.

SA A U D SD

12. Children should be permitted to play with whomever they please.

SA A U D SD

13. Fathers should spend more time with their sons than daughters to shape their son's masculine development.

SA A U D SD

14. Sometimes a father dislikes the way his children behave.

SA A U D SD

15. Children have a right to make a harmless mess just for the fun of it.

SA A U D SD

16. The main responsibility of the father is being the provider for the family.

SA A U D SD

17. The reason for much of the youth problem today (drugs, disrespect, etc.) is because more mothers are working outside the home.

SA A U D SD

18. In raising children, one's feelings are a better guide than carefully planned rules.

SA A U D SD

19. Children should be permitted to have secrets from their parents.

SA A U D SD

20. It is possible to show too much physical affection to children.

SA A U D SD

21. A family is not complete or really happy unless there are children in the home.

SA A U D SD

22. My children's friends are always welcome in our home.

SA A U D SD

23. A father should never "give in" to his child.

SA A U D SD

24. Children should obey their fathers because they are their fathers.

SA A U D SD

25. Fathers should not tease their children.

SA A U D SD

26. A child's freedom should be restricted in danger situations only.

SA A U D SD

27. Mothers should receive their life satisfaction from raising their children and being a homemaker.

SA A U D SD

28. Adults should step in to solve quarrels and disagreements between children.

SA A U D SD

29. Early weaning and toilet training is important to preparing children for life.

SA A U D SD

30. Children should be permitted to do as they wish with their own toys.

SA A U D SD

31. It is unwise for a father to admit his mistakes to his child.

SA A U D SD

32. Fathers should help in homemaking chores (cooking, dishes, etc.).

SA A U D SD

33. Children should be allowed to openly disagree with their parents.

SA	A	U	D	SD
----	---	---	---	----

34. A child should be permitted to spend his money as he wishes.

SA	A	U	D	SD
----	---	---	---	----

35. Children's whims should always be repressed.

SA	A	U	D	SD
----	---	---	---	----

36. A father should always take time to listen to his child.

SA	A	U	D	SD
----	---	---	---	----

APPENDIX E
FATHER-CHILD ACTIVITY SCALE

Instructions: Listed below are a number of activities in which you may participate with your preschool-aged child. Please answer all questions in regard to your activities with this child. Indicate the degree of your involvement by marking an X on the scale to the right of the statements. Check only one space for each item.

Example:

I take my child with me when I visit friends.

<u>Always</u>	<u>Often</u>	<u>Some- times</u>	<u>Seldom</u>	<u>Never</u>
_____:	_____:	<u>X</u> _____:	_____:	_____:

I. CHILD CARE

a. I put my child to bed at night.

_____:

b. If my child cried or called at night, I would take some action.

_____:

c. I babysit when my wife is busy or away from home.

_____:

d. I have taken care of my child for one full day or more.

_____:

e. I supervise bathtime.

_____:

II. ACTIVITIES IN THE HOME

a. I play games with my child.

_____:

b. I teach my child proper manners at the table.

_____:

c. I encourage my child to assist me when doing household chores (gardening, repairs, etc.).

_____:

d. I play sports with my child.

_____:

e. I have one meal or more a day with my child.

_____:

- | | <u>Always</u> | <u>Often</u> | <u>Some-
times</u> | <u>Seldom</u> | <u>Never</u> |
|--|---------------|--------------|------------------------|---------------|--------------|
| f. I work together with my child on hobbies or other interests of the child. | _____: | _____: | _____: | _____: | _____: |
| g. I intentionally create activities that will be of special interest to my child. | _____: | _____: | _____: | _____: | _____: |

III. SCHOOL AND COMMUNITY ACTIVITIES

- | | | | | | |
|---|--------|--------|--------|--------|--------|
| a. I take my child to sports events. | _____: | _____: | _____: | _____: | _____: |
| b. I praise my child when she/he has done well on some project or task. | _____: | _____: | _____: | _____: | _____: |
| c. I go to parent-teacher conferences regarding my child. | _____: | _____: | _____: | _____: | _____: |
| d. I attend activities in which my child is a participant (recitals, programs, etc.). | _____: | _____: | _____: | _____: | _____: |
| e. I make an effort to know about my child's participation or progress at school. | _____: | _____: | _____: | _____: | _____: |
| f. I encourage my child to take part in community activities by my example or by providing transportation or money. | _____: | _____: | _____: | _____: | _____: |

IV. PERSONAL INTERACTION

- | | | | | | |
|---|--------|--------|--------|--------|--------|
| a. I read or have read books to my child. | _____: | _____: | _____: | _____: | _____: |
|---|--------|--------|--------|--------|--------|

	<u>Always</u>	<u>Often</u>	<u>Some- times</u>	<u>Seldom</u>	<u>Never</u>
b. My child and I discuss various common interests (child's personal activities, my activities, sports, etc.).	_____:	_____:	_____:	_____:	_____:
c. I take my child shopping for clothes and other things she/he may need.	_____:	_____:	_____:	_____:	_____:
d. I talk with my child about her/his personal problems.	_____:	_____:	_____:	_____:	_____:
e. I personally buy gifts for my child for special occasions.	_____:	_____:	_____:	_____:	_____:
f. I show physical affection to my child.	_____:	_____:	_____:	_____:	_____:
g. I take an active role in the guidance and discipline of my child.	_____:	_____:	_____:	_____:	_____:
h. I provide time to be alone with my child for one-to-one interaction.	_____:	_____:	_____:	_____:	_____:

APPENDIX F

FATHER-CHILD ACTIVITY SCALE ADAPTED FOR MOTHERS

Instructions: Listed below are a number of activities in which your husband may participate with his preschool-aged child. Please answer all questions in regard to his activities with this child. Indicate the degree of his involvement by marking an X on the scale to the right of the statements. Check only one space for each item.

<u>Example:</u>	Always	Often	Some- times	Seldom	Never
My husband takes our child with him when he visits friends.	_____:	_____:	X _____:	_____:	_____:

I. CHILD CARE

- | | | | | | |
|--|--------|--------|--------|--------|--------|
| a. My husband puts our child to bed at night. | _____: | _____: | _____: | _____: | _____: |
| b. If our child cried or called at night, my husband would take some action. | _____: | _____: | _____: | _____: | _____: |
| c. My husband babysits when I am busy or away from home. | _____: | _____: | _____: | _____: | _____: |
| d. My husband has taken care of our child for one full day or more. | _____: | _____: | _____: | _____: | _____: |
| e. My husband supervises bathtime. | _____: | _____: | _____: | _____: | _____: |

II. ACTIVITIES IN THE HOME

- | | | | | | |
|--|--------|--------|--------|--------|--------|
| a. My husband plays games with our child. | _____: | _____: | _____: | _____: | _____: |
| b. My husband teaches our child proper manners at the table. | _____: | _____: | _____: | _____: | _____: |
| c. My husband encourages our child to assist him when doing household chores (gardening, repairs, etc.). | _____: | _____: | _____: | _____: | _____: |
| d. My husband plays sports with our child. | _____: | _____: | _____: | _____: | _____: |

	<u>Always</u>	<u>Often</u>	<u>Some- times</u>	<u>Seldom</u>	<u>Never</u>
e. My husband has one meal or more a day with our child.	_____:	_____:	_____:	_____:	_____:
f. My husband works together with our child on hobbies or other interests of the child.	_____:	_____:	_____:	_____:	_____:
g. My husband intentionally creates activities that will be of special interest to our child.	_____:	_____:	_____:	_____:	_____:

III. SCHOOL AND COMMUNITY ACTIVITIES

a. My husband takes our child to sports events.	_____:	_____:	_____:	_____:	_____:
b. My husband praises our child when she/he has done well on some project or task.	_____:	_____:	_____:	_____:	_____:
c. My husband goes to parent-teacher conferences regarding our child.	_____:	_____:	_____:	_____:	_____:
d. My husband attends activities in which our child is a participant (recitals, programs, etc.).	_____:	_____:	_____:	_____:	_____:
e. My husband makes an effort to know about our child's participation or progress at school.	_____:	_____:	_____:	_____:	_____:
f. My husband encourages our child to take part in community activities by his example or by providing transportation or money.	_____:	_____:	_____:	_____:	_____:

	<u>Always</u>	<u>Often</u>	<u>Some- times</u>	<u>Seldom</u>	<u>Never</u>
<u>IV. PERSONAL INTERACTION</u>					
a. My husband reads or has read books to our child.	_____:	_____:	_____:	_____:	_____:
b. My husband and our child discuss various common interests (child's personal activities, husband's activities, sports, etc.).	_____:	_____:	_____:	_____:	_____:
c. My husband takes our child shopping for clothes and other things she/he may need.	_____:	_____:	_____:	_____:	_____:
d. My husband talks with our child about her/his personal problems.	_____:	_____:	_____:	_____:	_____:
e. My husband personally buys gifts for our child for special occasions.	_____:	_____:	_____:	_____:	_____:
f. My husband shows physical affection to our child.	_____:	_____:	_____:	_____:	_____:
g. My husband takes an active role in the guidance and discipline of our child.	_____:	_____:	_____:	_____:	_____:
h. My husband provides time to be alone with our child for one-to-one interaction.	_____:	_____:	_____:	_____:	_____:

APPENDIX G
COVER LETTER TO PARENTS



THE OREGON HEALTH SCIENCES UNIVERSITY

3181 S.W. Sam Jackson Park Road, EJSN, Portland, Oregon 97201 (503) 225-8382

*School of Nursing
Department of Family Nursing*

September 21, 1987

Dear Parents,

Enclosed please find more questionnaires! We would very much appreciate your help once again.

Julie DesCamp and Katrina Davis are graduate students who are working on their thesis. They are also interested in parenting and in how the parent's self-concept affects parenting. We are asking that each of you read and sign the informed consent and then complete the enclosed questionnaires. They are marked only with your code numbers and are for either mother or father. Each questionnaire has its own directions. Be sure to read them carefully. Fathers please complete:

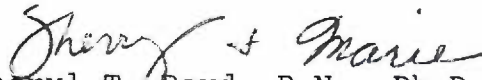
1. Tennessee Self-Concept Scale (mothers and fathers use same test booklet and separate score sheets marked mother or father.)
2. Father-Child Activity Scale
3. Attitude Scale

Mothers please complete:

1. Tennessee Self-Concept Scale (score sheet marked mother)
2. Mother's Assessment of Father-Child Activity Scale
3. Attitude Scale

Again, we appreciate your helping us look at another aspect of parenting. Please return the completed forms in the envelope provided within two weeks. Thank you very much for your continued interest in and support of our study.

Yours very truly,


Sheryl T. Boyd, R.N., Ph.D.
Marie Duncan, R.N., M.S.

Schools:
Schools of Dentistry, Medicine, Nursing

Clinical Facilities:
University Hospital
Doernbecher Memorial Hospital for Children
Crippled Children's Division
Outpatient Clinics

Special Research Division:
Institute for Advanced Biomedical Research

APPENDIX H
CONSENT FORM

CONSENT TO ACT AS A SUBJECT
FOR RESEARCH AND INVESTIGATION

Principal Investigators: Katrina Ellen Davis, B.S.N., R.N., and Julie
Powers DesCamp, B.A., R.N.
Under the direction of Sheryl T. Boyd, R.N., Ph.D.

I, _____ agree to
participate in the investigation entitled: The Effects of Parental
Self-Esteem on Father's Participation in Childrearing. The
investigation aims to explore family dynamics.

I understand that participation involves filling out the enclosed
questionnaires, a data sheet, The Tennessee Self Concept Scale, Bigner's
Attitudes Toward Fathering Scale, and Bigner's Father-Child Activity
Scale. These questionnaires will take approximately 1 hour to complete.

Although I may obtain no direct benefit from participating in this
study, my contribution will expand the knowledge about parenting and aid
in the development of parenting education programs which will prepare
individuals for the role of parenthood.

I understand it is not the policy of the Oregon Health Sciences
University, the Department of Health and Human Services, or any other
agency funding the research project in which I am participating to
compensate or provide medical treatment for human subjects in the event
the research results in physical injury. I also understand that the
Oregon Health Sciences University, as an agency of the State, is covered
by the State Liability Fund, and that if I suffer any injury from the
research project, compensation would be available to me only if I
establish that the injury occurred through the fault of the University,
its officers, employees or students. I hereby release and agree to hold
harmless the investigators, Katrina Davis, R.N., and Julie DesCamp,
R.N., from any claim which I or any person claiming through me may have
as a result of my participation in the investigation. I also understand
that if I have further questions, I should contact Dr. Michael Baird,
M.D., at (503)225-8014.

I understand I may refuse to participate, or withdraw from this
study at any time without affecting my relationship with, or treatment
at, the Oregon Health Sciences University. The investigators have
offered to answer any questions I might have regarding the study. I
have been assured that Oregon Health Sciences University and the
investigators will use their reasonable efforts to see that all
information collected in this study will be kept confidential.

I have read and accept the foregoing and agree to participate in
this study.

Father's Signature

Date

Mother's Signature

Date

APPENDIX I
BIGNER CONSENT LETTER

July 3, 1987

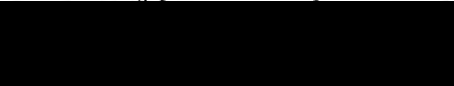
Ms. Julie P. DesCamp
Ms. Katrina E. Davis
2550 S. W. Ravensview Dr.
Portland, Oregon 97201

Dear Ms. DesCamp and Ms. Davis:

Thank you very much for your recent request regarding the use of my fathering scales. It isn't necessary for me to sign a release for your use of these in any manner so long as you cite the reference these are mentioned and described in. I'm very delighted that you are interested in using these and it is perfectly acceptable to adapt them to your own use with mothers without any additional permission beyond this described above. I do hope that you are aware that the validity and reliability of the scales will be altered and will have to be re-determined when you adapt them in any manner from which they were originally developed.

My best wishes to you both.

Cordially,



Jerry J. Bigner, Ph.D.
Professor

JJB:me

AN ABSTRACT OF THE THESIS OF
KATRINA ELLEN DAVIS, B.S.N., R.N.
JULIE POWERS DESCAMP, B.A., R.N.

For the MASTER OF SCIENCE IN NURSING

Date of Receiving this Degree:

Title: THE EFFECTS OF PARENTAL SELF-ESTEEM ON FATHER'S PARTICIPATION IN
CHILDREARING

APPROVED: _____

Sheryl T. Boyd, R.N., Ph.D., Thesis Advisor

The purpose of this descriptive study is to examine the relationships between the concepts of parental self-esteem and paternal attitudes and participation in childrearing.

The sample of 61 mother/father couples with preschool-aged children had participated previously in Boyd and Duncan's (1985) study entitled, "Parent/Infant Interaction in the First Eighteen Months." All subjects participating in the present study completed the Tennessee Self Concept Scale (TSCS) which has a reported test-retest reliability of .80, with reliability ranging from .60 to .92 for all subscales. Content and construct validity were established for this scale. Fathers also completed the Bigner Attitudes Toward Fathering Scale and the Father-Child Activity Scale. Bigner (1977) reported a test-retest reliability of .81 and content validity of .84 on the attitude scale and a test-retest reliability of .82 and content validity of .86 on the activity scale. Reliabilities for Bigner's scales in this study were .67 and .89, respectively. Mothers completed the TSCS and scales adapted for this study from Bigner's scales to measure maternal perceptions. The Mother's Assessment of Father's Activity Scale showed

a reliability of .90 while the Mother's Attitude Toward Fathering Scale produced a reliability of .65 in this study.

It was hypothesized that (a) the fathers' self-esteem will correlate positively with perceived involvement in childrearing, (b) the higher the level of fathers' self-esteem, the more nontraditional the attitudes toward fathering, (c) the fathers' degree of nontraditional attitudes toward parenting will be positively correlated with perceptions of involvement in childrearing, and (d) the mothers' self-esteem will correlate positively with both the mothers' and fathers' role identity.

For analysis, Pearson's r correlations were used, and the significance was established at the .05 level. Fathers' self-esteem was found to positively correlate with fathers' perception of involvement with children but not with attitude toward fathering. The fathers' perceived parental activities correlated positively with attitude toward parenting. However, mothers' self-esteem did not correlate with either maternal or paternal role identity.

The results of this study suggest that nurses need to be sensitive to fathers' needs and attitudes relative to childrearing. Perhaps most importantly, nurses need to appreciate the influences of individual characteristics and couple or parent-child interactions on the changing role of fathers.